Australian Capital Territory

Domestic Violence Agencies (Risk Assessment and Management Framework) Declaration 2026 (No 1)

Notifiable instrument NI2026–498

made under the

Domestic Violence Agencies Act 1986, s16AU (Risk assessment and management framework)

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1 Name of instrument

This instrument is the *Domestic Violence Agencies (Risk Assessment and Management Framework) Declaration 2026 (No 1).*

2 Commencement

This instrument commences on 24 November 2026.

3 Declaration

I declare the ACT Domestic and Family Violence Risk Assessment and Management Framework dated September 2026 set out in Schedule 1.

Caitlin Tough MLA
Minister for the Prevention of Domestic, Family and Sexual Violence
4 November 2026

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ACT Government

ACT Domestic and Family Violence Risk Assessment and Management Framework

Supporting an integrated domestic and family violence service system

Health and Community Services Directorate
September 2026

act.gov.au/DFVrisk



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Acknowledgement of Country

We acknowledge the Ngunnawal people as traditional custodians of the lands of the ACT and region and recognise other people and families with connection to these lands. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We acknowledge the expertise, powerful advocacy and vital leadership role of Aboriginal and Torres Strait Islander communities. Responses to domestic and family violence are best led by the community, delivered by the community, for the community. We are committed to listening deeply and continuously while working together in partnership with the Aboriginal and Torres Strait Islander community, to strive to create an ACT community free from violence.

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Produced by the Health and Community Services Directorate. Enquiries about this publication should be directed to the Health and Community Services Directorate.

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Publication: November 2026

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Terminology

Language in the domestic, family and sexual violence sector is evolving, contextual and deeply personal. We acknowledge not all individuals, workers and communities will use or identify with the terminology in this Framework. Language preferences are shaped by cultural context, lived experience, legal frameworks and professional practice settings.

Domestic and family violence

While acknowledging this Framework largely draws on research about intimate partner violence, we have used the term 'domestic and family violence' to acknowledge that violence occurs within a spectrum of relationships recognised in policy and legislation. In this Framework, 'DFV' includes sexual violence that occurs within family, or current or former intimate partner relationships.

The term 'domestic violence' usually refers to violence against an intimate partner or ex-partner, while 'family violence' may include violence perpetrated against children, older people, or parents by children, and other kin or family members. Many Aboriginal and Torres Strait Islander communities prefer the term 'family violence' to reflect broader family and kin relationships.

Victim-survivor

There are a range of terms used to refer to people who have experienced domestic and family violence. Throughout this Framework, the term 'victim-survivor' is predominantly used when referring to people who have lived or living experience of domestic and family violence. We acknowledge that some people may not resonate with this term, however it is used respectfully to acknowledge both the impacts of violence and the strength and resilience of those with lived experience. Importantly, the term victim-survivor includes adults, children and young people of all genders. In using this term, it is also important to acknowledge that some people who experience domestic and family violence do not survive.

Person using violence

This Framework generally uses the terminology 'person using violence' to focus on violence as a behaviour, rather than part of a person's identity. This term describes people whose actions cause harm in the context of domestic and family violence while recognising a person's ability to undergo personal development, be accountable for their actions and transform their behaviours.

Sometimes the term 'person using violence' is used interchangeably with the term 'perpetrator', which refers to someone who has committed an illegal act, including domestic and family violence. This Framework occasionally uses the term perpetrator to accurately reflect the language in the source it was drawn from.

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Foreword

The ACT Risk Assessment and Management Framework (RAMF) was first released in 2022 and updated in 2025–26. The update was supported by independent academics, SEQURE Consulting, who consulted the ACT's domestic and family violence (DFV) specialist sector, key government agencies and the broader community services sector on key improvements to the RAMF.

The 2025-26 update included a focus on embedding coercive control, reviewing the latest evidence on DFV risk and embedding practical tools for risk identification and risk assessment. SEQURE Consulting also facilitated an independent cultural safety review to advise Government on how the RAMF could better meet the needs of Aboriginal and Torres Strait Islander communities into the future. The ACT Government is committed to working with the ACT's Aboriginal and Torres Strait Islander community to improve and strengthen cultural safety and perspectives on risk assessment and management practices.

The 2025-26 update is informed by work from other Australian and international jurisdictions. In particular, we acknowledge the Victorian Family Violence Multi Agency Risk Assessment and Management Framework (the MARAM), which has informed the ACT's approach to introducing several dedicated RAMF tools, including guidance on identifying and assessing risk of people who use violence. We also acknowledge the Queensland Domestic and Family Violence Common Risk and Safety Framework (the CRASF) which has informed the ACT's approach to the introduction of screening and risk assessment tools.

The RAMF was also informed by the development of the National Family and Domestic Violence Risk Assessment Framework (the National Framework), which was endorsed by all Australian states and territories in August 2026. Wherever possible, the RAMF has drawn upon nationally consistent and evidence-informed approaches to risk identification, assessment and management of DFV, where these approaches are consistent with the best practice evidence relied upon in the RAMF.

The RAMF is intended to be a live document, which will continually be reviewed and updated where necessary, to incorporate emerging evidence and evolving best practices for identifying, assessing and managing risk of DFV.

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Commitment to Aboriginal and Torres Strait Islander families and communities

Aboriginal and Torres Strait Islander peoples have the right to self-determination, which is an ongoing process of choice to ensure Aboriginal and Torres Strait Islander communities can meet their social, cultural and economic needs.

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 services responses. Too often, this has led to approaches to DFV that are unsafe, ineffective or re-traumatising, rather than protective and healing.

The RAMF 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, seek to provide guidance to organisations and workers on culturally informed risk assessment and management practices. Building culturally responsive practices across service systems is an ongoing commitment to this work, and it is everyone's responsibility.

For Aboriginal and Torres Strait Islander peoples, DFV occurs in the context of intergenerational trauma, colonisation, and ongoing structural inequality. Experiences of violence for Aboriginal and Torres Strait Islander people cannot be dissociated from broader contributing social, cultural, historical and economic factors. These factors include the ongoing impacts of colonisation, including disruption to traditional laws, cultural practices, community norms, family and kinship ties and structures, socio-structural disadvantage, unemployment, personal stressors, and the experience of violence and forced removal from family, community and Country.

The impacts of DFV are compounded by systemic barriers to accessing culturally safe and appropriate services. Historically, Aboriginal and Torres Strait Islander peoples have experienced a lack of culturally appropriate services and responses to the needs of their cultural, family and community contexts. All work with Aboriginal and Torres Strait Islander people must be informed by an understanding of the past and ongoing injustices and recognise their right to self-determination.

Aboriginal and Torres Strait Islander people must always be offered choice about the services they wish to engage with and the actions they want to take. All agencies are expected to understand how to create a culturally safe environment that supports choice and promotes self-determination.

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Abbreviations

Table 1. List of abbreviations

Term	Description
ABI	Acquired brain injury
AOD	Alcohol and other drugs
AIHW	Australian Institute of Health and Welfare
ANROWS	Australia's National Research Organisation for Women's Safety
BCP	Behaviour Change Program
CALD	Culturally and linguistically diverse
CRASF	Domestic and Family Violence Common Risk and Safety Framework (QLD)
CSA	Child sexual abuse
CYF	Child, Youth and Families (ACT)
DFSV	Domestic, family and sexual violence
DFV	Domestic and family violence
DVCS	Domestic Violence Crisis Service (ACT)
DFVISS	Domestic and Family Violence Information Sharing Scheme (ACT)
FVSAP	Family Violence Safety Action Program (ACT)
IPSV	Intimate partner sexual violence
IPV	Intimate partner violence
LGBTIQA+	LGBTIQA+ is an umbrella term respectfully used to refer to the diversity of individuals that are lesbian, gay, bisexual, transgender, intersex, queer and/or asexual. It is also intended to capture diverse sexualities and gender identities, including (but not limited to) people who are agender, non-binary, gender fluid and pansexual, as well as individuals who prefer to use specialised personal terms to describe their own sex, gender or sexuality.
MARAM	Multi-Agency Risk Assessment and Management (VIC)
PUV	Person using violence
RAMF	Risk Assessment and Management Framework
SPJ	Structured Professional Judgement

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Overview

The Framework Overview summarises the purpose and function of the ACT Domestic and Family Violence Risk Assessment Management Framework (RAMF), including guidance on how agencies, services and workers are expected to apply the Framework when screening, assessing and managing DFV risk based on their specific roles and responsibilities.

The Framework Overview outlines:

- The seriousness of domestic and family violence across Australia
- Why a risk framework is needed
- The scope of the RAMF
- The principles underpinning RAMF
- Roles and responsibilities

The **roles and responsibilities** of agencies, services and workers are organised by tiers. These tiers are based on knowledge and skills, and agencies and services will need to self-assess their tier based on the guidance criteria in the RAMF. Depending on what tier level an agency, service or practitioner is, they will use different elements of the RAMF relative to their skills, knowledge and expertise. See *Roles and responsibilities under the RAMF*.

The RAMF has 4 Key Components. It is designed so users can access the parts of the RAMF relevant to their current role, responsibilities or work area, while building on foundational knowledge to support DFV-informed practice for workers of varying skills, knowledge and experience.

Key Component 1:
Shared Understanding of Domestic and Family Violence

Key Component 2:
A Shared Approach to Domestic and Family Violence Risk

Key Component 3:
Risk Identification, Assessment and Response for Victim-Survivors, including Children

Key Component 4:
Risk Identification, Assessment and Response with People Using Violence

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Why a risk assessment framework?

Domestic and family violence is a pervasive and serious problem in Australia. In 2025, more than 1 in 3 Australian men (35%) aged 18–65 years reported using intimate partner violence (IPV) in their lifetime, with an estimated 120,000 men starting to use it for the first time each year.[1] In 2024–25, one woman was killed every 11 days on average by an intimate partner.[2] Between 2010 and 2018, 106 children in Australia were killed by a parent following a history of DFV.[3]

One in three Australian women have experienced physical violence since the age of 15.[4] One in four women in Australia have experienced emotional abuse by a cohabitating partner and one in five women have experienced sexual violence since the age of 15.[5]

35% of Australian men aged 18–65 years reported using intimate partner violence in their lifetime

The risk of being subjected to DFV is not evenly distributed across the community. People from LGBTIQA+ communities, those with disability and Aboriginal and Torres Strait Islander people are more likely to be subjected to abuse, as are victim-survivors from refugee and migrant communities.[6]

Domestic and family violence is any behaviour or pattern of behaviours that is designed to control or intimidate the victim-survivor, rather than as an incident or series of incidents of violence. It is this underlying pattern of power and control by one person over another, often described as coercive control, that differentiates DFV from other forms of violence.

Research and reviews have shown that a common risk assessment and management framework is one key strategy to improve knowledge and confidence among responding organisations, and ensure consistent, informed, integrated and effective identification and responses to DFV.

The prevalence of DFV and the profound impacts on the health and wellbeing of victim-survivors means that responses will often involve multiple services. The involvement of different services can, if implemented and coordinated appropriately, result in strong and collaborative responses that collectively keep victim-survivors safe and hold people who use violence to account.

1 O'Donnell at al. (2025) *Insights #3, Chapter 1: The use of intimate partner violence among Australian men*. Australian Institute of Family Studies.
2 Australian Institute of Health and Welfare (2026) *Family, domestic and sexual violence: Domestic homicide.*
3 ADFVDRN & ANROWS (2022) *Australian Domestic and Family Violence Death Review Network Data Report: Intimate partner violence homicides 2010–2018.*
4 Australian Bureau of Statistics (2023) *Personal Safety, Australia: 2021-22.*
5 Australian Bureau of Statistics (2023) *Personal Safety, Australia: 2021-22.*
6 Hill et al. (2020) *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*; Boxall and Morgan (2021) *Who is most at risk of physical and sexual partner violence and coercive control during the COVID-19 pandemic?*; Maher and Segrave (2018) *Family violence risk, migration status and 'vulnerability': Hearing the voices of immigrant women*.

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Scope of the RAMF

The RAMF outlines a common approach to understanding domestic and family violence (DFV). It builds a shared understanding of the nature of DFV and provides a common language for describing DFV across the service system.

The RAMF also establishes a common approach to identifying, assessing and managing DFV risk in relation to child and adult victim-survivors and people who use violence. The RAMF 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 DFV. The RAMF does not seek to provide comprehensive guidance on sexual violence or child sexual abuse outside of a DFV context, or on children exhibiting harmful sexual behaviours.

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Principles of risk assessment and management practice

The principles of risk assessment and management practice should guide the decisions and actions of agencies across the ACT service system, including practitioners working directly with people and those involved in policy formulation.

The following principles have been informed by the New Zealand Government Family Violence Risk Assessment and Management Framework.[7]

1. The safety of victim-survivors is paramount
2. Everyone is responsible for identifying and responding to domestic and family violence
3. People who use violence are held to account
4. Children's needs are identified and managed in their own right
5. Autonomy and agency are respected
6. Responses are collaborative and integrated.

The safety of victim-survivors is paramount

The first priority of every response and interaction must be the safety of victim-survivors, including children and young people. Embedding this priority in practice can involve strategies ranging from understanding that screening cannot occur while the person using violence is present, through to ensuring that programs for people who use violence take the victim-survivor's assessment of risk into account as part of risk assessment, management and safety planning. It may also include workers taking a victim-survivor to a safe space in their office to call a support service with them.

At an organisation-level, services and agencies must recognise that service responses *can* generate risk if processes and procedures are not informed by evidence-based DFV practice. All organisations and workers are responsible for identifying and mitigating how their own system responses can adversely impact victim-survivor safety, and work proactively to integrate DFV-informed practices outlined in the RAMF.

Everyone is responsible for identifying and responding to domestic and family violence

All organisations and workers are responsible for the identification of DFV, including both victimisation and perpetration of violence.

Most organisations and services do not work directly with people to change their use of DFV. However, many workers engage daily with people who may be using DFV but are presenting to their service with other needs. Workers across the whole service system are responsible for identifying when someone is using DFV,

[7] New Zealand Government (2017) *Family Violence Risk Assessment and Management Framework: A common approach to screening assessing and managing risk.*

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record their observations, and to share information to support improved system responses. Underpinning this principle is that workers need to be equipped to engage safely with a person who may be using violence in a non-collusive way.

When a worker suspects someone may be experiencing violence, it can be challenging to ask questions or raise the issue of DFV. While acknowledging this, it is also critical that organisations and workers take responsibility to identify DFV and act within their roles and capabilities. The importance of frontline and other key workers knowing how to identify and respond appropriately to violence cannot be overstated.

People who use violence are held to account

This means ensuring that in every interaction the system has, with either a victim-survivor or a person using violence, that full responsibility for the violence is held with the person using violence. Some of the ways that responsibility is ensured are through:

- providing consistent information and messages that abuse is not tolerated or accepted,
- understanding and communicating that alcohol or drug use or mental health conditions do not mitigate responsibility for DFV,
- supporting people who use violence to engage in behaviour change or other appropriate interventions,
- reporting criminal offences that are disclosed, and
- identifying, assessing and sharing information about risk, including contributing to the monitoring of the behaviours of the person using violence.

A commitment to holding a person using violence to account is connected with the principle that all workers are responsible for identifying who is responsible for the violence and its impacts. The RAMF includes practical guidance to identify a person using violence, and how to detect and avoid misidentification.

Children's risk and needs are considered in their own right

The distinct risks, needs and aspirations of children should be accounted for in decisions that affect them. Children are victim-survivors of DFV in their own right, either as a result of experiences of DFV between others in the home or because of child maltreatment. The research is clear; children experience fear and trauma even if they have not been physically harmed, or been the direct target of DFV.[8]

Through the screening, risk assessment and management process, where appropriate, children should be given the opportunity to understand what is happening. Interventions and responses should aim to help them feel safe, have specific risks to their safety identified, and that their needs are heard and responded to. Opportunities need to be given to children to participate in decision-making (in a child-centred and developmentally appropriate way) when decisions affect them.

[8] Mathews et al. (2023) *The prevalence of child maltreatment in Australia: Findings from a national survey*; Fitz-Gibbon et al. (2022) *Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts.*

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Autonomy and agency are acknowledged and respected

A key tactic and impact of DFV is a victim-survivor's experience of loss of agency and their own sense of control over their own lives. This loss is deeply tied to the impacts of coercive control. System responses to DFV can risk disempowering victim-survivors further. It is important that workers and organisations recognise and respect the knowledge, experience and needs of victim-survivors when working alongside them. Victim-survivors should be given the opportunity to exercise autonomy and control over the decisions and choices in their lives.

Statutory and other proactive system responses can further limit the autonomy and decision-making of victim-survivors. For example, pro-arrest policies and requirements for mandatory reporting can remove decision and choice from victim-survivors despite their expressed wishes or how it may increase risk to them. In these situations, it is still possible – and essential – to provide some level of personal autonomy and agency for how victim-survivors are supported to engage in those mandatory system responses.

Responses are integrated

A victim-survivor or person using violence can be visible to many workers but still be invisible to the system. Responses will only be effective if they are part of an integrated and coordinated approach involving other agencies. This is particularly true for those people with complex needs who have (or will need to have) a range of services in place to meet their needs. All workers and organisations should be prepared to work collaboratively and respectfully with the other agencies and services involved in people's lives.

Who should use the RAMF

The RAMF should be used by all ACT organisations who come into contact with people experiencing DFV (including children and young people), people using violence or those suspected of using violence. This includes ACT organisations that provide universal services and are not specifically DFV service providers.

For some organisations in the ACT, it is a requirement to use the RAMF under the ACT's DFV Information Sharing Scheme (DFVISS), which is established by Part 3 of the *Domestic Violence Agencies Act 1986*. This means prescribed information sharing entities must use the Framework when requesting or sharing information to establish, assess, prevent, reduce and manage risk of DFV.

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Roles and responsibilities under the RAMF

The RAMF sets out roles and responsibilities for 3 tiers of organisations, services and workers. Tiers are based on domestic and family violence knowledge and skills and ensure workforces are supported with practice guidance and tools to participate in an integrated approach to responding to DFV.

Organisations are required to self-assess against the tiers below, to help identify and map roles and responsibilities across services. When self-assessing against relevant tiers, organisations should note that an entire workforce may not fit neatly into one tier over another. In these cases, organisations should identify the general tier of their organisation and identify specific roles and workers that fall within a different tier.

Table 2. Description of RAMF Tiers (1–3)

Tier 1 – Generalist providers	Tier 2 – Intermediate providers	Tier 3 – Specialist DFV providers
Generalist providers primary role is to address the universal needs of service users. They may encounter victim-survivors or people who use violence during their work, but providing a service response to DFV is not a core part of their work. They may have limited skills or training in relation to DFV. **Generalist providers include** most universal services, such as health, education or social services and may be government, community sector or private businesses.	**Intermediate providers primary role may be related to DFV, but it is not focused on DFV or DFV risk alone.** They often encounter victim-survivors or people who use violence during their work but responding to DFV is not a core part of their work. Intermediate providers often have some skills or training in relation to DFV. **Intermediate providers include** ACT Courts, Canberra Rape Crisis Centre, Children Youth and Families workers, social workers in Canberra Health Service, and Victim Support ACT.	**Specialist DFV providers primary role is directly related to increasing victim-survivor safety and/or addressing the risk of the person using violence.** They primarily work with victim-survivors and/or people using violence and should have specialist skills and knowledge about DFV-informed practice. **Specialist providers include** the Family Violence Unit (ACT Policing), Domestic Violence Crisis Service, Family Violence Safety Action Program (Victim Support ACT), specialist DFV Children Youth and Families workers, and Everyman.

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RAMF responsibilities and tiers

The breakdown of RAMF responsibilities compared to tiers highlights that there are several core responsibilities that apply to the entire ACT service system, with more specialised workforces having additional responsibilities.

Figure 1. RAMF Responsibilities by tiers (1–3)

RAMF Tiers	RAMF Responsibilities
All tiers (Tier 1 – 3)	**IDENTIFICATION (All workers)** All workers have a role to play in the identification of domestic and family violence. This must be underpinned by adopting a shared approach and understanding of DFV and DFV risk. All workers are responsible for contributing to an integrated system response to DFV, within their specific roles, service context and capabilities. **Responsibility 1:** Adopt the shared understanding of DFV **Responsibility 2:** Respectful, sensitive and safe engagement **Responsibility 3:** Adopt the shared approach to DFV risk **Responsibility 4:** Identification of DFV (screening and risk identification) **Responsibility 9:** Information sharing **Responsibility 10:** Coordinated risk management **Responsibility 11:** Collaborate for ongoing risk assessment and management
Tier 2	**INTERMEDIATE ASSESSMENT & RESPONSE** In addition to the above, intermediate providers are responsible for intermediate risk assessment with victim-survivors using the Intermediate Risk Assessment Tool and supporting risk management for identified risk, including safety planning. Intermediate providers should be confident in actively supporting people to access required services and making referrals to specialist DFV services. **Responsibility 5:** Intermediate risk assessment **Responsibility 6:** Intermediate risk management
Tier 3	**COMPREHENSIVE ASSESSMENT & RESPONSE** In addition to the above, specialist DFV providers are responsible for comprehensive risk assessment with victim-survivors using the Comprehensive Risk Assessment Tool and coordinating risk management for identified risk, including safety planning. Some specialist services working directly with people about their use of violence or those coordinating multi-agency responses are responsible for completing the Adult Person Using Violence Risk Assessment. Specialist providers can also support Tier 1 and Tier 2 providers by providing practice guidance and advice. **Responsibility 7:** Comprehensive risk assessment **Responsibility 8:** Comprehensive risk management

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RAMF responsibilities

Workers across a range of services and sectors have a role to play in working with victim-survivors and people using violence. These responsibilities reflect a shared approach to identifying, assessing and managing DFV risk, based on the experience and expertise of different service providers.

Some responsibilities outlined in the RAMF apply to all services and workers regardless of tier (Responsibilities 1–4, 9–11). Some workers also have a role in risk assessment and management at an intermediate (Responsibilities 5–6) or comprehensive (Responsibilities 7–8) level.

Table 3. Description of RAMF responsibilities

Responsibility	Expectations
Responsibility 1: Adopt the shared understanding of DFV	Workers are required to adopt the RAMF's shared understanding of domestic and family violence (Key Component 1). This is a key part of establishing a system-wide understanding of the nature, dynamics and impacts of domestic and family violence.
Responsibility 2: Respectful, sensitive and safe engagement	Workers facilitate an appropriate, accessible, culturally responsive environment for safe disclosure of information by victim-survivor service users, and to respond to disclosures sensitively. Ensure staff recognise that any engagement with service users that may be using violence must occur safely and not collude or respond inappropriately to coercive behaviours.
Responsibility 3: Adopt the shared approach to DFV risk	Workers are required to adopt the RAMF's shared approach to domestic and family violence risk (Key Component 2). This is a key part of establishing consistent approaches to DFV-informed practice and using the same language to describe risk.
Responsibility 4: Identification of DFV	Workers use information gained through engagement with service users and other providers to identify indicators of DFV risk and potentially affected family members. Workers may use screening tools (Adult Victim-Survivors or Child Victim-Survivors) to aid discussions with suspected victim-survivors. The Risk Identification Tool (Adult Person Using Violence) helps workers recognise the signs of DFV perpetration – based on evidence-based risk factors – and to record their professional observations about a person using violence, or someone they suspect may be using violence.
Responsibility 5: Intermediate risk assessment	Workers can competently conduct intermediate risk assessment with victim-survivors using the Intermediate Risk Assessment Tool.
Responsibility 6: Intermediate risk management	Workers actively address immediate risk and safety concerns and undertake immediate risk management and safety planning with victim-survivors. Those working with people using violence should contribute to coordinated risk management (Responsibility 10).

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Responsibility	Expectations
Responsibility 7: Comprehensive risk assessment	Workers in specialist DFV positions can undertake comprehensive risk assessment of DFV risk with victim-survivors, including children and young people using the Comprehensive Risk Assessment Tool. Depending on the circumstances, comprehensive risk assessment may also be informed by adopting a behaviour-focused approach to case noting and risk assessment, using the Person Using Violence Risk Assessment Tool. Workers that specialise in working with people using violence are trained and can undertake risk assessment with the person using violence, using a combination of the Risk Identification Tool and Person Using Violence Risk Assessment Tool. Workers can provide tailored intervention and support options to the service user about their use of violence.
Responsibility 8: Comprehensive risk management	Workers in specialist DFV positions can undertake comprehensive risk management through the development, monitoring and actioning of safety plans (including ongoing risk assessment), in partnership with the victim-survivor and support agencies. Workers that specialise in working with people using violence are trained and can undertake risk management through the development, monitoring and actioning of risk management plans, including information sharing (Responsibility 9). This should include monitoring the person across the service system and contributing to coordinated risk management where required (Responsibility 10).
Responsibility 9: Contribute to information sharing with other services (as authorised by law)	Workers should proactively share information relevant to the identification, assessment and management of domestic and family violence risk, and respond to requests to share information from others. Information sharing may occur under the ACT Domestic and Family Violence Information Sharing Scheme, privacy laws or other legislative authorisation.
Responsibility 10: Contribute to coordinated risk management	Workers contribute to coordinated risk management, as part of multidisciplinary and multiagency responses where required. This may include information sharing, referrals, risk management planning and the coordination of responses. Agencies contributing to coordinated risk management take shared responsibility for assigned actions, to ensure that actions and responses do not fall through the cracks.
Responsibility 11: Collaborate for ongoing risk assessment and management	Workers play an ongoing role in collaboratively monitoring, assessing and managing risk over time to identify changes in assessed level of risk, and ensure risk management and safety plans are responsive to changed circumstances, including escalation.

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Key Component 1: Shared Understanding of Domestic and Family Violence

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Overview

This Key Component supports a shared, evidence-based understanding of DFV. It recognises that children and young people are victim-survivors, and provides evidence-based information on DFV, including its nature, prevalence and impact, including across priority cohorts.

RAMF Requirements for Key Component 1

Demonstrate an evidence-based understanding of:

- domestic and family violence, its nature, dynamics, drivers and impacts
- the spectrum of domestic and family violence types, including sexual violence
- the complexity of experiences in different cohorts and communities
- misidentification, and DFV-informed practices to identification
- the experience of children and young people in the domestic and family violence context

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A shared definition of domestic and family violence

What is domestic and family violence?

DFV is any behaviour or pattern of behaviours that controls or dominates a former or current intimate partner or family member, and causes them to fear for their own or another person's safety or wellbeing. Behaviours are highly contextual, and can include behaviour that is physically, sexually, emotionally, psychologically, spiritually or culturally abusive.

The Framework uses a definition of DFV that is adapted from the *Family Violence Act 2016* (ACT). What is central to our understanding of DFV in both policy and legal settings, is that it is a pattern of behaviours designed to control or intimidate a victim-survivor, rather than as an incident or series of incidents of violence. It is this underlying pattern of power and control by one person over another, often described as coercive control, that differentiates DFV from other forms of violence.

Coercive control and pattern-based violence

Coercive control is almost always an underlying dynamic of DFV, 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 a pattern of abusive behaviours over time to create a climate of fear and deprive victim-survivors of liberty, autonomy and agency.[9] It is ongoing, repetitive and cumulative, and ranges from subtle and insidious to overt and escalated forms of abuse.[10]

Understanding coercive control as an intrinsic part of DFV is critical to improving risk assessment and management practices. This is because information or behaviour seen as an incident or series of discrete incidents fails to take into account the pernicious patterns of abuse that can lead to serious harm or lethal violence. Coercive control is strongly linked to escalating DFV risk, including intimate partner homicide, including in the absence of physical violence.[11]

One of the key features of coercive control is that controlling behaviours are often subtle, insidious and deeply contextual. A person using violence will often individually target and tailor their abusive behaviours to the victim-survivor, meaning that the manipulative nature of the abuse is often only visible to the victim-survivor.[12]

9 ANROWS (2021) *Defining and responding to coercive control: Policy brief.*

10 ANROWS (2021) *Defining and responding to coercive control: Policy brief*; Commonwealth of Australia (2023) *National principles to address coercive control in family and domestic violence.*

11 McEwan et al. (2023) *The validity of the ODARA in Australian intimate partner violence cases without prior assault/credible threat or cohabitation*.

12 Commonwealth of Australia (2023) *National principles to address coercive control in family and domestic violence.*

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Coercive control can include a wide range of behaviours, both physical and non-physical, including but not limited to:[13]

- **deprivation of liberty and autonomy**, such as preventing one person from leaving the house or requiring them to get permission. This may also involve regulating and micro-managing victim-survivor actions such as controlling the victim-survivor's appearance and what roles they perform in the home or relationship.
- **isolating an individual from friends, family and wider society**. This could occur through deprivation of liberty, undermining or sabotaging social connections manipulation by suggesting that friends and family are not supportive of the relationship or person using violence, or the use of the victim-survivor's social media to drive away family and friends.
- **withholding or controlling access to resources**. This can extend from controlling a victim-survivor's income, as well as denying the victim-survivor a say in the management of joint property, or using their property without their consent. This can also include restricting the victim-survivor's access to education, employment and training opportunities. It may also include withholding care, medication, disability aids, identity documents or access to gender affirming care or hormonal medications for gender diverse people.
- **systems abuse.** To facilitate their abuse, people who use violence can attempt to misuse or manipulate services, systems and processes (such as within legal, child protection and other social service systems). This is referred to as systems abuse.
- **psychological control and manipulation**, including by making the other person question their memory of events and agreements (that is, gaslighting), or threatening self-harm or suicide.
- **stalking and intimidation**, including through technological means such as installing tracking software, planting cameras or audio listening devices in the house or within children's toys, or installing and monitoring location sharing apps. Monitoring behaviour could extend to accessing a victim-survivor's emails, text messages and social media. Stalking and intimidation may involve engaging family or friends to follow a victim-survivor and report back to the person using violence.
- **physical assault or threats of physical assault**. Beyond physical assault of the victim-survivor, this can also include things such as the destruction of property or harming animals to instil fear. Threats can also be made against friends or other family members.
- **sexual violence**, including non-consensual intercourse, sexual harassment, sexual touching or coerced engagement in pornography. This may also involve the use of image-based abuse, such as threats to share intimate images against the victim-survivor's wishes.
- **reproductive coercion**, such as forcing the victim-survivor to become pregnant, denying access to birth control, or demanding an abortion.
- **threatening to take the victim-survivor's children**, to send them into care or to institute court proceedings to deny the victim-survivor access to the children.
- **using a victim-survivor's culture, spirituality or religion to control them**, or exerting another culture, spirituality or religion upon them. This could include controlling how they practice their culture, spirituality or faith, or criticising, shaming or belittling their beliefs.
- **child abuse**, including using behaviours to harm a child or young person's health, survival, development or dignity. This harm might be emotional, physical, sexual or other harm.
- **substance use coercion**, including keeping a victim-survivor from meeting treatment and recovery goals or deliberately encourage or facilitate their dependence on substances (such as alcohol, tobacco and other drugs).
- **identity-based abuse**, which is commonly perpetrated against LGBTIQA+ people. This may include pressuring a victim-survivor to conform to gender norms or threatening to 'out' the person's gender, sexuality, intersex status or HIV status.
- **lateral violence**, also known as horizontal violence or intra-racial conflict. Behaviours such as gossiping, jealousy, bullying, shaming, blaming others, social exclusion, family feuding and physical violence, may be used to perpetrate lateral violence.

[13] Commonwealth of Australia (2023) *National principles to address coercive control in family and domestic violence.* p. 12-13.

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Power and control

The Duluth Model of Power and Control is the most widely adopted model of domestic and family violence,[14] and it helps explain why coercive control is an inherent part of DFV. At the centre of the wheel is the goal: power and control over another person. The inner segments are the specific, subtle, contextual tactics that are used by a person using violence, to enforce their dominance and create a climate of fear. These are usually non-physical acts of violence. The outer ring represents physical and sexual violence, which are actions that make the inner segments credible and terrifying even in the absence of physical violence.

The Power and Control Wheel (Figure 2) is reproduced from the Queensland *Domestic and Family Violence Common Risk and Safety Framework (CRASF)*.[15]

Figure 2. The 'Power and Control' Wheel – Understanding coercive control



[14] Queensland Government (n.d.) *Domestic and Family Violence Common Risk and Safety Framework.*
[15] Queensland Government (n.d.) *Domestic and Family Violence Common Risk and Safety Framework*. p.7.

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Technology-facilitated abuse may underpin and amplify many coercive and controlling 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.

The difficulties with identifying coercive and controlling behaviours are exacerbated when the person using violence may be engaging in image management techniques, where they present themselves as charming, calm and reasonable. This could be in the context of trying to entrap victim-survivors in their relationships by making it less likely that people will believe them if they disclose abuse, or as a means of influencing systems and services they have contact with (e.g., the Family Law Court and police). This is further discussed in later sections on avoiding collusion (see Key Component 4).

This is why, as part of screening and risk assessment processes, it is important to speak to the victim-survivor about the impact of certain behaviours, or to try and observe the impact of behaviours, rather than relying on the *nature* of behaviours themselves.

Effects of coercive control on partners' parenting

The Safe and Together Model urges us to better understand and map the impact of the violence on parenting capacity and the wider effects on what David Mandel terms the family ecology.[16]

People using violence harm children by making it difficult for the protective parent to:

- be consistently physically and mentally 'present' for their child
- attend to their child's needs
- support their child's emotional expression
- feel confidence in their parenting role
- maintain a loving connection with their child.

It is also important to understand these impacts create complex barriers to women and children's escape from violence, including fears about their ability to cope without the person using violence, fears for their safety if they try to escape, not being believed, exclusion from their social networks or community, and issues related to child custody including presumptions courts can make about 'shared care'.[17]

In gaining a true understanding of the impacts of DFV for children, young people and families it is important to understand the ways people using violence can use systems to further perpetrate abuse. Research has shown that people who use coercive control use it across every system including immigration, health and legal systems.[18]

[16] Mandel (2009) *Batterers in the lives of their children.*; Mandel (2014) *Beyond domestic violence perpetrator accountability in child welfare systems.*
[17] Potton (2003) *Pathways: How Women Leave Violent Men*.
[18] Commonwealth of Australia (2023) *National principles to address coercive control in family and domestic violence.*

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Misidentification

While there is no single agreed definition of misidentification, it is generally understood that misidentification occurs when systems fail to correctly identify the person using violence and instead identify a victim-survivor as the person using violence.[19]

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.[20]

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, network 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.[21]

Misidentification of victim-survivors as the person using violence 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.[22] 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.[23]

See Factsheet: Determining the primary aggressor and avoiding misidentification

Identifying the person using violence

It is critical that all workers are skilled to determine the primary aggressor. The primary aggressor is the person who poses the most serious and ongoing threat to safety and wellbeing. Although the term "primary" may suggest two people are using violence, in most DFV contexts violence is used predominantly by one person.

The 'primary aggressor' is defined as the person who poses the most serious and ongoing threat to safety. It is important to understand the dynamics of DFV, which involves ongoing patterns of coercion and control. Workers should consider the history of violence, the nature of the injuries sustained by both parties, the context in which the violence took place, and the effects on the person.

19 No to Violence (2019) *New South Wales No to Violence Listening Tour Report 2019.*
20 Commonwealth of Australia (2026) *National Family and Domestic Violence Risk Assessment Framework.*
21 Heward-Belle et al. (2018) *Intervening with children living with domestic violence: Is the system safe*?
22 Brown and Boxall (2026) *Misidentification of Aboriginal women as primary aggressors in domestic, family and sexual violence: 2026 Policy Brief.*
23 Australian Human Rights Commission (2020) *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report.*

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Sexual violence

'Sexual violence' is a term that includes a spectrum of sexually violent behaviours.

In the context of domestic and family violence, sexual violence refers to any sexual activity that is forced or coerced against a victim-survivor, where consent is not freely given or obtained, is withdrawn, or the person is unable to consent due to their age or other factors.

Examples of sexual violence include (but are not limited to) sexualised touching, sexual abuse, sexual assault, rape, sexual jealousy, 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.[24]

Victim-survivors may not recognise or identify as victims of sexual violence, in the broader context of a coercive controlling relationship. This is because informed consent in these relationships can be difficult to decipher within the broader pattern of coercive control.[25] Victim-survivors may also not disclose this particular form of violence due to ongoing beliefs of stigmas around sexual violence in relationships.

Sexual violence is another high-risk factor consistently found in literature and DFV risk assessment tools internationally. For further information on sexual violence as a risk factor, please see Table 4. Evidence-based risk factors.

[24] Commonwealth of Australia (2026) *National Plan to End Violence against Women and Children 2022–2032.*
[25] Hamilton et al. (2023) *Family violence and sexual harm.*

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The drivers of domestic and family violence

Most domestic and family violence is, at its core, about power and control.

Gender is one significant dimension of power that people who use violence exploit in dominating other family members. All abuse is wrong, and all victim-survivors need access to support regardless of their own, or the person using violence's sex or gender. People are more likely to experience violence at the hands of men, with around 95% of all known victim-survivors of violence in Australia reporting a man as the person using violence.[26] Australian research shows that violence-tolerant attitudes and gender inequality, including binary gender stereotyping, is an underlying cause of DFV.[27]

The RAMF is informed by the overarching evidence and research base, which focuses on men's violence against women in the context of current and former intimate partner relationships. Recognising and acknowledging the gendered nature of DFV is one important component of understanding dynamics of power and control. However, as described in the MARAM, other drivers of DFV in Australia include colonisation, racism, sexism, ableism, ageism, biphobia, homophobia and transphobia.[28] This was evidenced in recent research which found that, among young men who participated in an online survey, those who endorsed homophobic and transphobic attitudes were also more likely to condone abusive behaviours towards women and girls.[29]

However, there is limited research which has explored the perpetration of DFV in other communities, including LGBTIQA+ communities, where gendered power dynamics may be less applicable or manifest in different ways. Further, people from Aboriginal and Torres Strait Islander communities, CALD communities, faith-based communities and LGBTIQA+ communities, may have a broader definition of family than currently discussed and described within the current literature. This may include family of origin and family of choice, which can extend to close community members. The presentations of risk in each of these family relationships may be different. In all these cases, DFV is characterised by ongoing patterns of coercive and controlling behaviours intended to create fear and/or compliance in victim-survivors.

Understanding intersectionality and incorporating it into practice allows for the RAMF to be utilised with a range of victim-survivors while research into their experiences of DFV is undertaken locally, national and globally. The RAMF will be reviewed regularly to respond to emerging evidence about experiences of DFV across different communities.

The crucial factor in responding effectively to DFV is recognising and understanding the use of power and control as a pattern of behaviour over time, irrespective of the sex or gender identity of the person using violence or the victim-survivor.

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26 Our Watch (2020) *Quick facts*.
27 The Men's Project (2024) *The Man Box 2024: Re-examining what it means to be a man in Australia.*
28 Victorian Government (2021) *MARAM foundation knowledge guide: guidance for professionals working with child or adult victim-survivors, and adults using family violence.*
29 The Men's Project (2024) *The Man Box 2024: Re-examining what it means to be a man in Australia.*

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Intersectionality and system responses

Intersectionality is a term used to describe the complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap and intersect.[30]

There are individuals who may be at greater risk of experiencing DFV due to a range of structural inequalities, discrimination and other drivers of violence. It is important to recognise that the effects of various oppressions interact with each other.

Inequality, discrimination and oppression are not additive — a person's intersection with other forms of marginalisation cannot be explained by a simple addition of the effects of multiple forms of oppression.[31] Instead, these experiences occur when different forms of oppression both intersect and interact.

Recognising the intersections between systems of oppression, discrimination and individual identity, is critical for understanding strategic patterns of abuse, the distinct impacts of abuse on victim-survivors and the barriers that might prevent or preclude certain actions. This will enable workers to better understand coercive control in a specific socio-cultural context.

An intersectional approach accounts for the complexity of a person's lived experience, with an emphasis on that person's distinct struggles.[32] This requires an exploration of how the individual victim-survivor experiences the impacts of the abuse, the social consequences they might face from others, and what additional barriers to safety they may anticipate and experience.[33]

For example, **lateral violence** (also known as horizontal violence or intra-racial conflict) is the product of intersecting oppressions arising from complex historical, cultural and social dynamics and discrimination.[34] Lateral violence is coercive behaviour that may be perpetrated in communities including Aboriginal and Torres Strait Islander communities. Lateral violence often involves several people working together to attack or undermine individuals, families or groups, which may enforce social isolation and compound risk.[35]

These inequalities can affect a victim-survivor's access to appropriate resources and can cause additional barriers to the disclosure of abuse. The intersection of a person's unique identity, social locations and communities must therefore also inform risk management approaches.

People who use violence may use threats related to the underlying drivers of DFV. The following section provides cohort specific information and practice considerations for DFV.

30 Crenshaw (1991) *Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color.*
31 Crenshaw (1997) *Intersectionality and identity politics: Learning from violence against women of color.*
32 Domestic Violence Research Centre Victoria (2018) *Intersectionality at Our Watch*; Sokoloff and Dupont (2005) *Domestic violence at the intersections of race, class and gender: challenges and contributions to understanding violence against marginalized women in diverse communities.*
33 Bograd (1999) *Strengthening domestic violence theories: Intersections of race, class, sexual orientation, and gender.*
34 Commonwealth of Australia (2023) *National principles to address coercive control in family and domestic violence.*
35 Commonwealth of Australia (2023) *National principles to address coercive control in family and domestic violence.*

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Aboriginal and Torres Strait Islander communities

DFV against Aboriginal and Torres Strait Islander women and children is statistically more frequent and severe than that experienced by other women and children in Australia.[36] This violence is perpetrated by men of all cultural backgrounds. Violence affecting Aboriginal and Torres Strait Islander communities is also driven by the ongoing effects of colonialism, intergenerational trauma and systemic racism. Aboriginal and Torres Strait Islander women are frequently wrongly identified as the person responsible for violence.[37]

This can deter victim-survivors from reporting and engaging with police and other service providers due to fears of punitive responses and concerns of child-removal.[38] For example, for Aboriginal and Torres Strait Islander victim-survivors, history of government interventions, culturally inappropriate service provision or being misidentified as the primary aggressor may not only affect their willingness to disclose experiences of DFV, but it can make systems unsafe for them to access.[39]

For Aboriginal and Torres Strait Islander people who live with disability or are from LGBTIQA+ communities, help-seeking can be even more restricted.

LGBTIQA+ communities

Most of the assessment tools available nationally and internationally have been built on evidence from heterosexual intimate partner violence.[40] However, emerging evidence on DFV risk in LGBTIQA+ communities shows that victim-survivors often, 'experience similar forms of violence' combined with threats to their identity, privacy or gender identification.[41]

LGBTIQA+ people may experience distinct types of abuse which is driven by systemic discrimination and marginalisation such as homophobia, heterosexism, cissexism and transphobia. DFSV perpetrated against LGBTIQA+ people often involves identity-based abuse, where people using violence engage in a variety of coercive behaviours to exploit stigma, discrimination, or a person's gender identity or sexuality. For LGBTIQA+ victim-survivors, the person using violence might use the threat of 'outing' the person to family members or their workplace to control them and enact harm, or threaten to limit their access to gender-affirming care, or forcing conformity to gender norms.[42]

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36 Australian Institute of Health and Welfare (2026) *Family, domestic and sexual violence: Aboriginal and Torres Strait Islander people.*

37 Commonwealth of Australia (2026) *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036.*; Nancarrow et al. (2020) *Accurately identifying the "person most in need of protection" in domestic and family violence law*.

38 Cunneen et al. (2025) *Independent Review into the Overrepresentation of First Nations People in the ACT Criminal Justice System: Strategies and Recommendations for Reducing Aboriginal and Torres Strait Islander Over-Representation in the ACT Criminal Justice System.*

39 Cripps (2023) *Indigenous women and intimate partner homicide in Australia: confronting the impunity of policing failures*; *Inquests into the deaths of Miss Yunupiŋu, Ngeygo Ragurrk, Kumarn Rubuntja and Kumanjayi Haywood* [2024] NTLC 14; Brown and Boxall (2026) *Misidentification of Aboriginal women as primary aggressors in domestic, family and sexual violence: 2026 Policy Brief.*

40 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence*; Australian Institute of Health and Welfare (2025) *Family, domestic and sexual violence: LGBTIQA+ people.*

41 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence*; Australian Institute of Health and Welfare (2025) *Family, domestic and sexual violence: LGBTIQA+ people.*

42 Closson et al. (2024) *Physical, Sexual, and Intimate Partner Violence Among Transgender and Gender-Diverse Individuals*; Australian Institute of Health and Welfare (2025) *Family, Domestic and Sexual Violence: LGBTIQA+ People*; Lusby et al. (2022) *Opening doors: Ensuring LGBTIQ-inclusive family, domestic and sexual violence services.*

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

People from migrant, refugee or culturally and linguistically diverse backgrounds may face increased risk of exposure to DFV alongside significant barriers to reporting and accessing services. Language barriers, social isolation, community norms, and limited access to trusted networks can be compounded by controlling partners restricting access to information about rights and services.

> While people from CALD backgrounds are not a homogenous group, people using violence may exploit factors such as migration status, language barriers, and cultural practices to exert coercive control, including visa related and dowry-related abuse.[43]

For example, for women from CALD backgrounds, the person using violence may use threats of their visa status being revoked in order to control them.[44]

People with disability

People with disability are more likely to be victim-survivors of DFV than people without disability.[45] They may experience unique forms of abuse, such as threats to withdraw care or restrict mobility, and encounter additional barriers to seeking help.[46] Research shows violence against women and girls with disabilities tends to occur more frequently, over a longer period of time, across a wide range of settings and from a greater range of people, than people without disabilities or men with disabilities.[47] Victim-survivors with a disability may also experience barriers to reporting victimisation, including concerns that if they disclose abuse they may not be able to find accessible, safe accommodation or appropriate care (if the person using violence is also their carer).[48]

Older people

Abuse and mistreatment of older people – referred to as elder abuse – occurs in a complex environment of dependency and trust. It is often hidden and goes under-reported.[49] Elder abuse includes physical abuse, sexual abuse, psychological or emotional abuse, financial abuse, neglect and cultural or spiritual abuse.[50] This violence can be perpetrated by family members, often involving abuse of elderly parents by adult children, but can also occur in institutional settings such as violence from support workers in residential aged care and health services.

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43 Australian Institute of Health and Welfare (2024) *Family, domestic, and sexual violence: People from culturally and linguistically diverse backgrounds.*

44 Segrave (2017) *Temporary migration and family violence: An analysis of victimisation, vulnerability and support*.

45 Australian Institute of Health and Welfare (2026) *Family, domestic and sexual violence: People with disability.*

46 Our Watch and Women with Disabilities Victoria (2022) *Changing the landscape: A national resource to prevent violence against women and girls with disabilities.*

47 Our Watch and Women with Disabilities Victoria (2022) *Changing the landscape: A national resource to prevent violence against women and girls with disabilities.*

48 Social Ventures Australia (2024) *Review of Sexual Violence and Domestic and Family Violence Crisis Response Services in the ACT: Final Summary Report*.

49 Qu et al. (2021) *National Elder Abuse Prevalence Study: Final Report.*

50 Commonwealth of Australia (2026) *National Plan to End the Abuse and Mistreatment of Older People 2026 – 2036.*

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Impacts of domestic and family violence

The impacts of DFV on victim-survivors are profound, diverse and experienced across the life course. These impacts extend beyond adult victim-survivors to include children and young people, families and communities, and encompass immediate and long-term physical, psychological, social and economic harms.

The following is adapted from the National Family and Domestic Violence Risk Assessment Framework.[51]

Physical: IPV is the leading contributor to death, disability and illness in Australian women aged 18 to 44.[52] Physical health impacts can include injuries, traumatic brain injury, sexually transmitted infections, reproductive health problems, chronic pain and disability. Stress-related physical symptoms alongside chronic pain from injuries, significantly reduces quality of life.[53]

Economic and financial: including loss of income, property or assets, costs associated with legal, housing and healthcare, and poverty and financial insecurity.[54] Recent analysis shows women who have experienced DFV are less likely to be employed, engage in higher education and are more likely to be under-employed (i.e., working part-time or casually) compared to women who had not experienced DFV.[55] DFV was also a primary reason for work absence, which impacted career progression and income. DFV is also a leading driver of homelessness for women and children in Australia.[56] 55% of women who permanently left a violent partner moved out, while their partner remained in the home.[57]

Social: isolation from friends, family, community and kinship systems.[58] A victim may experience social isolation due to the controlling behaviours of the PUV. Isolation may also be influenced by anxiety, shame, physical exhaustion, or AOD use associated with DFV.[59] For victims from culturally diverse, migrant and refugee, and Aboriginal and Torres Strait Islander communities, DFV can also result in disconnection from culture, Country, kinship or community.[60]

Psychological: The emotional and psychological trauma from DFV can lead to long term mental health conditions including depression, anxiety disorders, post-traumatic stress disorder (PTSD), increased risk of self-harm and suicidality, and substance use.[61] Exposure to DFV in childhood can affect mental wellbeing, development and cognitive functioning, impacting future behavioural and educational outcomes.[62]

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51 Commonwealth of Australia (2026) *National Family and Domestic Violence Risk Assessment Framework.*

52 Webster (2016) *A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women.*

53 Australian Institute of Health and Welfare (2026) *Family, domestic and sexual violence: Health outcomes.*

54 Australian Institute of Health and Welfare (2026) *Family, domestic and sexual violence: Factors associated with FDSV.*

55 Summers et al. (2025) *The Cost of Domestic Violence to Women's Employment and Education.*

56 ANROW (2019) *Domestic and family violence, housing insecurity and homelessness: Research synthesis*; Australian Institute of Health and Welfare (2026) *Family, domestic and sexual violence: Housing.*

57 Australian Institute of Health and Welfare (2026) *Family, domestic and sexual violence: Housing.*

58 Australian Institute of Health and Welfare (2025) *Family, domestic and sexual violence: Behavioural outcomes.*

59 Wessells and Kostelny (2022) *The psychosocial impacts of intimate partner violence against women in LMIC contexts: Toward a holistic approach*.

60 Tulich et al. (2020) *Understanding the role of law and culture in Aboriginal and Torres Strait Islander communities in responding to and preventing family violence.*

61 Australian Institute of Health and Welfare (2026) *Family, domestic and sexual violence: Health outcomes.*; Noonan et al. (2017) *Links between alcohol consumption and domestic and sexual violence against women: Key findings and future directions*.

62 Campo (2015) *Children's exposure to domestic and family violence.*

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Common myths about domestic and family violence

Leaving a violent relationship

There are many reasons why it is difficult for victim-survivors to leave violent relationships. One barrier is the increased risk to themselves, or other family members. For some people, they may be unable to escape family contexts and living structures, such as children, young people or others that depend on the care of people using violence toward them.

The period following separation is high-risk for victim-survivors experiencing an escalation in violence, including homicide.[63]

ANROWS notes the heightened risk of lethality during the post-separation period for victims:

> women are most at risk of being killed or seriously harmed during and/or immediately after separation. The NSW Domestic Violence Death Review Team recorded that two-thirds (65%) of female victims killed by a former intimate partner between 2000 and 2014, had ended their relationship within three months of the homicide.[64]

Limited safe housing and poverty may force victim-survivors to remain with or return to violent partners.[65] Other key barriers to leaving include the following factors:

- economic insecurity and illiteracy (particularly likely if the person using violence is controlling finances)
- social isolation and lack of social supports
- concerns about the safety of children
- residential instability
- emotional ties to the relationship and family unit
- internalised stigma and shame

Many of these barriers are often an intended impact of the violence. To ensure that their power and control over victim-survivors cannot be challenged through relationship separation, the person using violence may create a situation where the victim-survivor is entrapped in the relationship.[66] This social entrapment makes it harder for the victim-survivor to leave the relationship, and also undermines their confidence that they will be believed if they disclose to services.

This entrapment however, is not just enabled by the person using violence, but also systems and services that interact with them and victim-survivors. If a victim-survivor has a negative experience with a service, including being blamed for the violence, not believed or the violence being minimised, they may be less likely to reach out again, and in turn, become further entrapped in the relationship.

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63 Boxall et al. (2022) *The" Pathways to intimate partner homicide" project: Key stages and events in male-perpetrated intimate partner homicide in Australia*; Hay et al. (2023) *Mothers' post-separation experiences of male partner abuse: An exploratory study*; Matias et al. (2020) *Intimate partner homicide: A meta-analysis of risk factors.*

64 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence.* p.12.

65 Homelessness Australia (2024) *Homelessness and domestic and family violence: State of Response Report 2024.*

66 Tolmie et al. (2018) *Social entrapment: A realistic understanding of the criminal offending of primary victims of intimate partner violence*.

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Remaining in a relationship

Some victim-survivors decide to remain in a violent relationship or may be unable to safely leave. This may be for a range of different reasons, which workers may struggle to understand. However, it is not the role of services to coerce, force or manipulate a victim-survivor to end their relationship with the person using violence.

Remaining in the relationship could be a safety strategy, as ending the relationship could increase their risk of the abuse escalating. There may also be cultural and social reasons why the victim-survivor does not want to end the relationship. Many victim-survivors just want the violence and harmful behaviour to end – not the relationship.

When victim-survivors are not ready or do not want to end the relationship with the person using violence, pressuring them to do so can lead to disengagement and service avoidance. This is not a positive outcome for the victim-survivor or services.

Where a victim-survivor remains in a relationship or family unit with the person using violence, there are still actions that can be taken to mitigate risk, including:

- monitoring and assessing for escalation of risk to inform system responses,
- safety planning with the victim-survivor,
- referring the victim-survivor to specialist counselling and other supports, and
- providing housing, legal, financial and other assistance to address needs and increase the protective factors and strengths of the victim-survivor.

Character and reputation of people using violence

People using violence often maintain a public and private image. It is important to understand that they can limit their violence and control to certain relationships and actively work to present a different face to the rest of the world to maintain their reputation and maintain relationship control.

A person using violence can also use their reputation or situational power in the community as a tool to reinforce victim silence. They may present themselves in a positive light when interacting with services and their community, which can make DFV difficult to detect, as well as being a barrier to victim help-seeking through social isolation.[67]

44% of intimate partner homicide offenders did *not* have a criminal history or significant contact with the legal system

For example, a recent ANROWS Report found that a large proportion of offenders (44%) in intimate partner homicide matters either ***did not*** have a criminal history or significant contact with the criminal legal system.[68] This evidence should challenge workers perceptions about the 'type' of person that uses violent behaviours in their relationships and families. It also reflects how a loss in control – through separation – can escalate to serious acts of lethal and non-lethal violence.

Despite this, people who use DFV are often described by systems, courts, neighbours and friends as being otherwise 'good' people or great parents. These responses diminish responsibility for the violence and belittle the harms caused to victim-survivors.

[67] Wendt et al. (2017) *Seeking help for domestic and family violence: Exploring regional, rural, and remote women's coping experiences: Final report*.

[68] Boxall et al. (2022) *The" Pathways to intimate partner homicide" project: Key stages and events in male-perpetrated intimate partner homicide in Australia.*

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Children and young people who experience violence

Recognising them 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.[69] Early intervention and support is a critical prevention strategy for reducing domestic and family violence incidence later in life.

Responses to children and young people should recognise their 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.[70]

How children and young people experience violence

Children and young people experience DFV as a result of behaviours used by a person to exert power and control within the family. Children and young people often experience multiple and intersecting forms of violence, including child sexual abuse, neglect, and emotional and physical abuse.[71]

Children and young people may be directly targeted by the person using violence, or experience harm through that person's use of violence against a parent or caregiver, a sibling or other family member. Young people may also experience violence in intimate, dating or casual relationships.[72]

Please note

Various laws in the ACT place statutory obligations on adults and workers to proactively report and respond to serious child safety concerns. For example, you should consider if you are a mandated reporter or are required to make a report under the Reportable Conduct Scheme.

The impacts on children and young people

The 2023 Australian Child Maltreatment Study found that a large proportion of Australians have experienced DFV, with these experiences strongly associated with a range of adverse outcomes across the life course including increased risk of mental ill health, post-traumatic stress disorder, as well as substance misuse, self-harm and suicidality.[73] These impacts are widely understood through the lens of complex trauma, where ongoing exposure to DFV and other adverse child experiences can lead to 'cumulative harm' for the child or young person.[74]

There is growing evidence that experiences of DFV in childhood, while not deterministic, is associated with an increased risk of victimisation and perpetration of violence in adolescence and adulthood.[75]

See Factsheet: Impacts of domestic and family violence on children and young people

69 Campo (2015) *Children's exposure to domestic and family violence.*
70 Commonwealth of Australia (2026) *National Family and Domestic Violence Risk Assessment Framework.*
71 Haslam et al. (2023) *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report.*
72 Commonwealth of Australia (2026) *National Family and Domestic Violence Risk Assessment Framework.*
73 Mathews et al. (2023) *The prevalence of child maltreatment in Australia: findings from a national survey.*
74 Price-Robertson et al. (2013) *Rarely an isolated incident: Acknowledging the interrelatedness of child maltreatment, victimisation and trauma.* p.1; Commonwealth of Australia (2026) *National Family and Domestic Violence Risk Assessment Framework.*
75 Australian Institute of Health and Welfare (2026) *Family, domestic and sexual violence: Children and young people.*

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Resilience and protective factors of children

Children have their own agency, strengths, acts of resistance, and many rely on a range of coping mechanisms to manage the DFV they experience.[76]

Protective factors are individual, relational, and environmental characteristics that reduce the impact of violence and promote safety, recovery and wellbeing victim-survivors. Protective factors for children include:

- the protective parent, care giver responds to the violence and the supports that they receive from family, friends, community and the broader service system when seeking assistance for the violence
- the availability and responsiveness of a support system for the child within the family structure
- the availability and responsiveness of a support system outside of the family structure
- strong relationships with friends, peers, and community
- involvement in extracurricular school activities or cultural activities
- the child's own ability and strengths to handle stressful and frightening situations.[77]

Children and young people actively navigate and respond to violence in ways to protect themselves and others. 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.[78]

Child sexual abuse

There is a high correlation between child sexual abuse (CSA) and DFV. CSA is a serious form of harm and is a criminal offence. CSA is any act that involves a child or young person (under the age of 16) in sexual activities or contexts, or exposes them to sexual content or behaviour.[79]

CSA does not always involve physical contact.[80] It can include a range of behaviours to sexually 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. CSA may also be facilitated through technology, including image-based abuse or online exploitation.

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.

CSA must always be considered as a serious risk indicator, because the harms arising from sexual violence are severe.[81]

Please note

In the ACT, it is generally a criminal offence to not report a child sexual offence to police. This is the 'Failure to Report' offence.

[76] Katz (2022) *Coercive control in children's and mothers' lives.*
[77] Commonwealth of Australia (2026) *National Family and Domestic Violence Risk Assessment Framework.*
[78] Gillfeather-Spetere and Watson (2024) *In their own right: actions to improve children and young people's safety from domestic, family and sexual violence*.
[79] Olejníková et al. (2025) *Co-Occurrence of Child Sexual Abuse and Domestic Violence.*
[80] Olejníková et al. (2025) *Co-Occurrence of Child Sexual Abuse and Domestic Violence.*
[81] Commonwealth of Australia (2026) *National Family and Domestic Violence Risk Assessment Framework.*

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Violence used by children and young people

The guidance provided on children and young people using violence is adapted from Responsibility 7 of the MARAM.[82]

Violence used by children and young people is a distinct form of DFV that requires a different response, including therapeutic and diversionary approaches.

The behaviours used by a child or young person may reflect the full range of recognised DFV risk factors. Children and young people that use violence may themselves have also experienced or are continuing to experience family violence. The use of DFV by children and young people can often be a result of trauma, retaliation or defensive behaviours, or learnt behaviour because of experiencing DFV or other trauma.

Children and young people who use violence often experience complex behavioural, mental, physical and emotional impacts, such as:

- Neurobiological harm caused by developmental trauma, including from their own experiences of DFV or neglect.
- Emotional harm caused by recent exposure to DFV, abuse, abandonment or chronic neglect, substance use, family breakdown, unresolved grief and loss.
- Undiagnosed mental ill health.

The use of violence by children and young people may co-occur with substance use, health concerns or educational and social disengagement, which may increase existing emotional dysregulation and behavioural patterns.

Children and young peoples' use of violence towards family members have both similarities and differences with adult-perpetrated violence, including a sense of entitlement to gain power and control as a driver of this form of violence. Children and young people using DFV is also shown to have gendered dimensions, with boys and young men more commonly identified as those using violence, and mothers more commonly identified as victim-survivors.[83]

However, the gendered nature of violence for children and young people is generally less pronounced when compared to adult violence. There is a common pattern of girls using violence at an earlier age but reducing their use of violence over time, while boys may begin using violence at a later age, with the severity of violence potentially increasing as they age and may present in their intimate relationships.

Where there are other children in the family, there is a high probability that they will be experiencing violence, as well as their parents or carers. Research suggests that abuse of parents and carers tends to begin with verbal abuse before escalating to other forms of violence, increasing in both frequency and intensity without intervention.

The terminology 'child or young person who uses violence in the home' should be used instead of perpetrator or offender. This terminology recognises the behaviours used by children and young people often have different characteristics to DFV, and unique responses are needed for this cohort. This terminology also supports a non-judgemental approach to engaging families and parents about their child's behaviours.

82 Adapted from Victorian Government (2021) *MARAM Practice Guides, Responsibility 7: Comprehensive Risk Assessment.* p.293-296.
83 Fitz-Gibbon et al. (2022) *Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts.*

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Underlying factors and context to the use of violence

Assessment and management of risk require an understanding of the underlying factors and context of the violence. Violence used by children and young people is diverse and may present in a range of patterns influenced by many different factors:

- Being victim-survivors from an adult family member, usually their father or father figure. Young people may actively use violence against an adult user of violence to protect themselves or another family member.
- Growing up in an environment where violence is normalised.
- Modelling and learning that the use of violence is a way of resolving conflict and exerting power and control over others. For example, becoming a 'proxy' abuser towards their mother with encouragement from their father.
- General and developmentally low capacity for emotional and behavioural self-regulation.
- A strong sense of entitlement and expectation that their needs and desires should continue to be met in age-inappropriate ways. Young people may use violence when their inappropriate behaviour and demands are challenged as they become teenagers.
- Escalation of violence is associated with substance use, behavioural issues or disengagement from school or social activities, including refusal to attend or removal.
- Having a disability, such as autism, intellectual disability or acquired brain injury, can exacerbate use of violent behaviours. This cohort is over-represented among children and young people who use violence. A disability and medical support approach should be used to improve risk management strategies.
- Growing and becoming physically stronger, young boys in particular may become increasingly unsafe in their behaviours with family members.
- Using sexually harmful behaviours toward family members, particularly mothers and younger siblings, including where a young person has experienced DFV or CSA.

A distinct response to children and young people is essential

While violence used by a young person is clearly a form of DFV, risk assessment practice should reflect both their use of violence and experience of violence as a victim-survivor. Risk management responses need to be clearly differentiated from the response to adults using violence. Remember that children and young people are still developing, and their protection, safety and developmental needs should be prioritised, as well as how to address their behaviour.

A therapeutic and holistic response which addresses risks and needs as well as the sources of violence and abuse are generally recommended in place of a criminal legal response.

> Effective interventions should focus on family connection, as well as the child or young person's wellbeing and safety within the context of the violence they are using. As with adults using violence, responses should focus on responsibility and accountability. Workers should be aware of behaviours that may minimise, justify, deny, seek collusion from others, or blame others for their behaviour.

All workers, including police and other frontline workers, may face challenges in balancing safety for family members and responding to the needs of the child or young person involved in abusive and violent behaviours. The focus on maintaining family connection should prioritise the safety of all family members, and restorative processes may be used to support sustainable change.

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Supportive interventions for children and young people

Responses to children and young people who use violence should include a range of factors and strategies that support family functioning and child development, such as:

- Supporting children and young people to improve their communication, problem-solving and emotional regulation skills. This could include teaching them to separate emotions from behaviours, and providing space for self-soothing and conflict resolution.
- Identifying and providing support for health and wellbeing needs, such as social/education engagement, learning support, drug or alcohol use, mental health impacts, or therapeutic responses to their experience of violence.
- Strengthening parenting confidence to work with the child or young person to reduce their violent behaviours such as:
  - Recognising unhealthy patterns.
  - Moving from destructive to constructive forms of communication.
  - Reducing engagement with conflict or 'walking away' to prevent escalation.
  - Using positive disciplinary strategies, such as boundary setting and consequences for abusive behaviours.
- Supporting engagement with criminal legal processes where, as much as possible, responsibility and accountability are promoted.
- Offering appropriate supported accommodation options when the family is not safe if the child or young person remains in the family home. This should be alongside continued support to respond to their behaviours and needs and if possible, to maintain family connection.

Working with other family members affected by a child or young person's use of violence

The assessment of the child or young person's risk to family members is essential to set the engagement context. A comprehensive assessment should be undertaken with adult and child family members who are not using violence to understand the risk factors present and the unique family circumstances. Siblings and other children in the home will need to have their risk independently assessed, either directly, if age and developmentally appropriate, or through a parent or carer who is not using violence, usually their mother.

Family members experiencing violence, particularly parents and carers, may be reluctant to report violence from a child or young person. There may be deep feelings of shame or fear of the consequences, both for themselves and the young person, if authorities and organisations are involved. The approach needs to be sensitive and non-judgmental. Workers will need to be well informed about the range of services that may be available to all family members, including the child or young person using family violence.

A further consideration is exploring whether there is an adult using family violence within the family. The child or young person may also be a victim-survivor and these both should be considered when assessing risk and determining appropriate interventions for the child or young person. Where adult family violence is identified, it should be assessed and responded to as outlined in other parts of the RAMF.

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Working directly with the child or young person using violence

Children and young people using violence should be directly asked about their behaviour and its impact on other family members. Engagement should maintain a trauma-informed, age and development stage appropriate lens, as well as awareness of their needs and circumstances. This will include considerations, such as, their emotional and intellectual capacity, maturity, whether they have a disability, cognitive impairment or developmental delay, problematic drug or alcohol use, or experiences of being a victim-survivor of family violence.

Preferably, more than one person should be present when interviewing the young person. This could be via collaborating through secondary consultation or a co-case management arrangement. The appropriate 'team' should be tailored to the age and developmental stage of the child or young person and should include any relevant service supporting them in other presenting issues. Assessments also consider the experiences of adult and child family members who are not using violence. This will be done by asking questions about the impact of the child or young person's behaviours on family members.

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Key Component 2: A Shared Approach to Domestic and Family Violence Risk

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Overview

This Key Component provides a common framework to support consistent, best-practice risk assessment and management responses to victim-survivors and people who use violence. When organisations, agencies and workers share a common understanding of DFV risk and use consistent language and practices, the ability to accurately identify and assess DFV risk and provide timely and appropriate responses is strengthened.

RAMF Requirements for Key Component 2

Apply consistent, collaborative practice by:

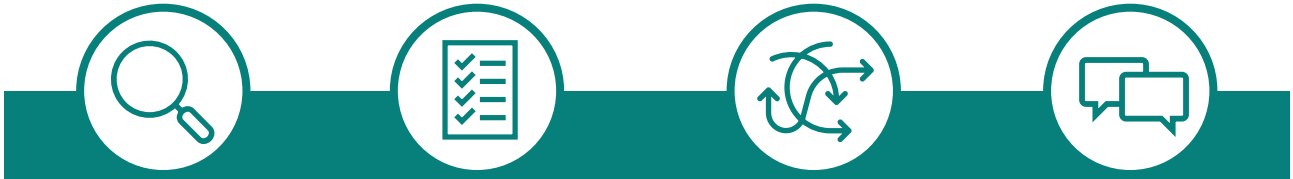
- Demonstrating an understanding of the evidence-based risk factors to support determination of risk
- Using RAMF tools and guidance to identify, assess and manage domestic and family violence risk
- Using the Domestic Family Violence Information Sharing Scheme or other laws to share information to support identification, assessment and management of DFV risk
- Adopting a structured professional judgement approach to risk assessment
- Adopting a common language of risk outlined in the identified levels of risk

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What does this Key Component cover?

The RAMF provides tier specific guidance in relation to the following key risk assessment and management activities. Further guidance is provided throughout this Key Component.

Figure 3. Key risk assessment and management activities



Identification	Risk assessment	Risk management	Safety planning
• All tiers are responsible for DFV identification through their engagement with clients or service users. This includes identifying when someone may be experiencing DFV as a victim-survivor or perpetrating violence. • The RAMF supports identification through 2 distinct processes. • Screening involves systemically and directly asking about DFV to identify victim-survivors who may be at risk of experiencing DFV and may require further assessment and support. • Identifying risk of a person using violence is supported using a Risk Identification Tool. Rather than direct screening, this process involves recognising the signs of perpetration and recording observations.	• Risk assessment is the process of identifying, analysing and evaluating the risk of further or escalating DFV. The RAMF uses 3 sources of information to guide the risk assessment process: evidence-based risk factors, the victim-survivor's own assessment of risk, and the practitioner's professional judgement. • The RAMF provides information on how to conduct a risk assessment. It includes common risk assessment tools, information on evidence-based risk factors and practice guidance to support workers to undertake a risk assessment.	• Risk management is the process of devising a plan to reduce or mitigate the risk of DFV, including the escalation of abuse. Risk management should be underpinned by an integrated service response as a key strategy for reducing the risk of abuse. • Risk management may include providing children, family members or friends with referrals to the services they need to try to increase their own and the victim-survivor's safety and support recovery and healing. • Risk assessment and management need to be undertaken on an ongoing basis. DFV risk is dynamic and can change over time.	• Safety planning involves discussing with a victim-survivor the actions that workers, or other organisations can undertake to manage risk from the person using violence and meet their needs. • Plans should be documented, and identify actions, individuals and organisations responsible, and timelines. • Safety plans require regular review and updates based on ongoing risk assessment.

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Structured professional judgement

The risk assessment process under the RAMF is informed by the practice model of structured professional judgement.

Structured professional judgement (SPJ) is a practice model that enables workers to assess information and determine the level or seriousness of risk. It requires workers to bring their professional knowledge, skills and experience to the risk assessment process.

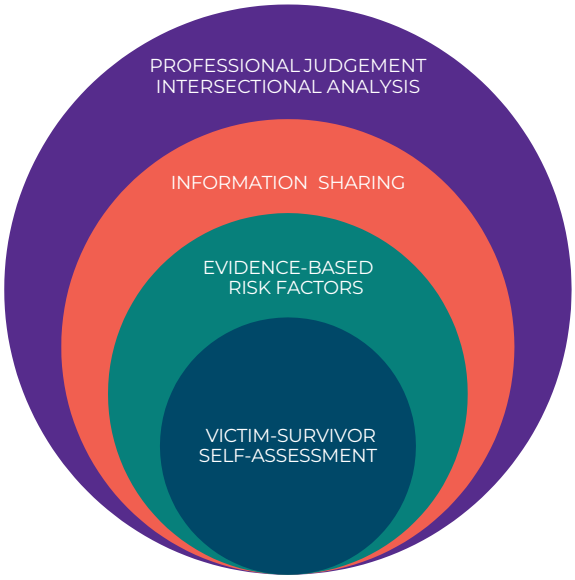
Structured professional judgement involves the consideration and interpretation of three different sources of information:

- evidence-based risk factors (see below)
- the victim-survivor's own assessment of their level of risk
- the practitioner's professional judgement.

SPJ requires an intersectional lens that understands how overlapping factors shape 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.[84]

Evidence shows that adult victim-survivors are often good predictors of their own level of safety and risk, and that their assessment is the most accurate assessment of their level of risk.[85] By taking a victim-centred approach to risk assessment and management and listening to and believing the victim-survivor, workers can recognise the victim-survivor as an expert in their own safety, with intimate knowledge of their lived experience of violence and abuse.

Figure 4. Model of Structured Professional Judgement[86]



Information sharing is essential

To inform risk assessment processes, workers should seek information from other organisations and services about the risk factors present or other relevant information about a victim-survivor or person using violence's circumstances. Information sharing is everyone's responsibility.

Please note

In the ACT, there is a dedicated law that authorises information sharing to help identify, assess and manage DFV risk. See www.act.gov.com.au/dfv-info-sharing for more information.

See Factsheet: Structured Professional Judgement

84 Crenshaw (1991) *Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color.*
85 Victorian Government (2021) *MARAM foundation knowledge guide: guidance for professionals working with child or adult victim-survivors, and adults using family violence*. p.36.
86 Victorian Government (2021) *MARAM foundation knowledge guide: guidance for professionals working with child or adult victim-survivors, and adults using family violence*. p.38.

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Evidence-based risk factors

A risk factor for DFV is a variable or indicator associated with the likelihood of future, ongoing or escalating harm to victims (including escalation which could lead to death).

Our understanding of risk of escalating harm or lethality is based on findings from empirical studies, academic and practice-based literature and reports produced by international and Australian domestic violence death review committees and Coroners' Courts. These indicate that some risk factors are associated with a higher likelihood of violence reoccurring and of serious injury or death in the context of intimate partner violence by men against women.[87]

The choice of which risk factors to include in risk assessments for DFV is continually being revised as more validation studies and research projects are undertaken. These studies measure the predictive power of individual factors, the level and nature of risk indicated by patterns of co-occurrence and the validity of risk factors in different social and geographical contexts.

The risk factors included in the RAMF have come from an assessment of national and international evidence and research and several similar risk assessment frameworks across the country. When combined with professional judgement and where possible, the victim-survivor's own assessment of risk, these risk factors can help indicate a level of risk of repeat and escalating abuse.

See Factsheet: Evidence-based risk factors

Additionally, risk factors identified in empirical research have almost exclusively been developed using heterosexual samples, so their application to people in LGBTIQA+ relationships remains untested. Risk assessment practices and common tools should be adapted in accordance with emerging knowledge about specific risk factors for different communities and as further research determines how well the existing evidence base on risk factors for DFV applies to diverse communities. Risk assessment practices for priority cohorts should also be informed by the other guidance in the RAMF. See *Intersectionality and system responses*.

'High-risk' factors

There are several risk factors that frequently present in 'high-risk' cases. These are evidence-based risk factors commonly associated with an elevated severity or frequency of abuse, including escalation resulting in homicide. Where a risk factor is associated a 'high-risk' of escalating, severe or lethal violence, this is indicated in the table below.

Risk factors must be considered in the context of the relationship, its interaction with protective factors and other risk factors. Relying on the presence of one 'high-risk' factor to decide assessment on risk creates the possibility of overinflating *or* underrepresenting risk.

> Best-practice approaches to risk assessment involve understanding and assessing how multiple, compounding high-risk factors cluster together rather than how they operate in isolation. This is often described as a 'constellation of risk'.[88]

[87] Boxall et al. (2022) *The" Pathways to intimate partner homicide" project: Key stages and events in male-perpetrated intimate partner homicide in Australia.*

[88] Boxall et al. (2022) *The" Pathways to intimate partner homicide" project: Key stages and events in male-perpetrated intimate partner homicide in Australia.* p.107.

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Table 4. Evidence-based risk factors

Risk factor	Description
Recent, pending or planned separation **HIGH-RISK**	Separation has been found to be a time of heightened risk for family members of the person using violence. Victim-survivors are most at risk of being killed or seriously harmed during and/or immediately after separation (AIHW, 2026). This includes increased risk of harm to children and familicide (where multiple members of a family are killed, typically followed by suicide of the person using violence). For victim-survivors who are experiencing DFV, the high-risk periods include when a victim-survivor starts planning to leave, immediately prior to acting, and during the initial stages of, or immediately after, separation. Victim-survivors who stay with the person using violence because they are afraid to leave often accurately anticipate that leaving would increase the risk of lethal assault. Victim-survivors (adult or child) are particularly at risk during the first 2–3 months of separation. It is also dangerous when a person using violence *perceives* the victim to be planning to leave, even if this has not been expressed directly. This is especially the case when a victim reported coercive controlling behaviours before, during or after separation. For example, the Australian Domestic and Family Violence Death Review Network Data Report (2022) found that actual or intended separation featured in more than half (58%) of IPH cases perpetrated by men between 2010 and 2018.
Pregnancy or recent birth **HIGH-RISK**	Pregnancy and the postnatal period are a time of heightened DFV risk for the victim-survivor and their baby. Emerging evidence identifies violence beginning or intensifying during pregnancy as an indicator of ongoing coercive control, assault, and psychological abuse, with risks peaking between conception and early infancy (ANROWS, 2022; Dhunna et al., 2018; Raponi et al., 2024). Where violence was previously occurring, it often escalates in frequency and severity. This heightened risk is mostly attributed to two reasons: (1) a coercive controlling person using violence may view increased external scrutiny on the relationship (such as from healthcare professionals or family members) as a challenge to their control, or (2) pregnancy may be used as a tool to further entrench or solidify a person using violence's access to a victim-survivor via the child. Other factors around pregnancy can and will often compound with other risk factors. DFV during pregnancy is regarded as a significant indicator of future harm to the victim-survivor and child. This factor is associated with control and escalation of violence already occurring.
Escalation in severity and/or frequency of violence **HIGH-RISK**	While the escalation in frequency of severity of abuse is recognised as its own high-risk factor, it cannot be looked at separately from other risk factors. An escalation is any increase, whether short or long-term, in the abuse experienced by a victim-survivor. This may include more frequent incidents of violence, greater severity or harm than previously reported or is a new type of violence not previously experienced. The escalation in frequency and severity of abuse over time is linked to lethality and often occurs when there are shifts in other dynamic risk factors, such as the attempts by the victim-survivor to leave the relationship. Dwyer and Miller (2014) found that police investigations and family, criminal or civil court proceedings can trigger an escalation in the aggressive and violent behaviour of the person using violence and heighten risk to the partner and children. Transition points such as this should be managed proactively and robustly.

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Risk factor	Description
Non-fatal strangulation **HIGH-RISK**	Non-fatal strangulation refers to a deliberate act of choking, strangling, or suffocating a person by applying pressure to a person's neck or obstructing any part of their respiratory system. When used against a victim-survivor it can have severe medical, emotional and psychological consequences. The use of non-fatal strangulation is a high-risk factor for not only severe abuse, but attempted and actual homicide (Glass et al., 2008). Non-fatal strangulation is also a common method of exerting control over victims through demonstrating the potential to kill and instil fear of death. Any history of non-fatal strangulation is a serious risk factor. The seriousness of strangulation as an indicator of future lethality is often misidentified or not responded to proportionately. This is because physical injury from non-fatal strangulation is often not visible. Medically, non-fatal strangulation may result in a victim-survivor experiencing both immediate and delayed health complications, including acquired brain injuries, blood clots and strokes. These complications may emerge weeks or months after the initial incident, and it is therefore important to not solely rely on physical or visible signs of strangulation. Loss of consciousness is linked to increased risk of lethality, hospitalisations and of acquired brain injury. In the context of intimate partner homicide, non-lethal strangulation can occur during or alongside acts of sexual violence (often under the guise of "rough sex").
Controlling behaviours **HIGH-RISK**	The presence of coercive and controlling behaviours is both a risk factor in and of itself, *and* a lens through which patterns of violence and other risk factors can be considered holistically. The use of controlling behaviours is strongly linked to homicide; coercive control occurs in the majority of cases where a victim is killed by a family member. Coercive control can include both physical and non-physical violence, and in many cases of homicide, there was no recorded history of physical violence before the victim being killed (Boxall et al., 2022). Examples of controlling behaviours include the person using violence telling the victim-survivor how to dress, who they can socialise with, what services they can access, limiting cultural and community connection or access to culturally appropriate services, preventing work or study, controlling their access to money or other financial abuse, and determining when they can see friends and family or use the car. People using violence may also use third parties to monitor and control a victim or use systems and services as a form of control over a victim-survivor, such as protection orders and family court proceedings. This behaviour may co-occur with other common high-risk factors, such as threats of suicide, threats to kill or harm, isolation of victim-survivors and grievance development by the person using violence.

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Risk factor	Description
Threats to harm or kill the victim (including children) **HIGH-RISK**	People who threaten to harm or kill their partner or former partner, other family members, or others including their children, are particularly dangerous. If a threat to kill is made against a partner, child, or pet, they must be taken as a credible threat to life. These threats are often made in the context of coercive control to create fear and enforce compliance. Campbell and colleagues found that women whose partners threatened them with homicide were 15 times more likely than other women experiencing violence to be killed (Cambell et al., 2003). This finding has been supported by more contemporary research which has similarly identified that threats to kill is a common risk factor for homicide (Boxall et al., 2022). The absence of this risk factor does not mean a victim is safe from severe or lethal violence (Boxall et al., 2022). For example, research on pathways to intimate partner homicide found that only 3 of 73 (4%) of 'persistent and disorderly' offenders made threats to kill prior to a homicide, demonstrating that lethal violence can occur even when threats to kill have not been disclosed or identified (Boxall et al., 2022).
History of domestic and family violence	One of the most consistently recorded risk factors is a previous history of DFV by the person using violence against an adult victim-survivor. Research also identifies prior harm to any children in the household, or pets, as high-risk indicators on their own. This includes threats to harm either. Identifying the prior use of violence should never be the sole risk factor considered in a risk assessment. DFV includes both physical and non-physical forms of violence.
Sexual violence **HIGH-RISK**	Sexual violence is a uniquely dangerous form of exerting power and control due to its invasive attack on victims' bodies and the severity of mental health, physical injury and urogenital health. Campbell and colleagues (2003) found that intimate partner sexual violence (IPSV) was the strongest indicator of escalating frequency and severity of violence, which again has been confirmed in subsequent findings from Domestic and Family Violence Death Review Advisory Board reports (Matias et al., 2020). The risk associated with sexual violence is increased when occurring alongside other high-risk factors, including coercive control, the use of alcohol or other drugs, physical assault during a sexual act, and the use of non-lethal strangulation. This is a constellation of risk factors that are crucial to pay attention to. Emerging research and practice have found several forms of sexual violence are increasingly associated with cases of severe violence and homicide. In cases of intimate partner homicide, this includes **sexual humiliation**, which involves the humiliation or degradation of a victim survivor for sexual gratification and control, including non-lethal strangulation or unwanted anal penetration. The presence of non-fatal strangulation (both within and outside the context of sex) is recognised as a high-risk factor individually (Boxall et al., 2022). **Sexual jealousy** is another prevalent high-risk indicator and is often related to a sense of 'ownership' or entitlement to the victim-survivor. In practice, it may look like a person using violence believing (or accusing) the victim-survivor of having an affair, or possessiveness over a victim-survivor when they want to leave a relationship. Often, these beliefs lead to an escalation of violence (Boxall et al., 2022).

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Risk factor	Description
Stalking **HIGH-RISK**	Stalking behaviours (repeated, persistent and unwanted) including technology-facilitated surveillance, GPS tracking, interferences with property, persistent phoning/texting and contact against court order conditions, increases risk of male-perpetrated homicide (Matias et al., 2020). Many people who use stalking are current or former intimate partners of the victim, and not strangers. Stalking when coupled with physical assault, is a high-risk behaviour, strongly connected to homicide or attempted homicide. Stalking behaviour and obsessive thinking, including the development of grievances and victimhood narratives, are highly related behaviours (Boxall et al., 2022). Technology-facilitated abuse, including on social media, surveillance technologies and applications is a type of stalking.
Access to and/or has made threats with weapons **HIGH-RISK**	The use of a weapon against a victim-survivor is a risk factor that increases the level of risk where the use of physical violence is already present. A weapon can be any tool or object used to threaten or intimidate, harm or kill a victim or victims, or to destroy property. A person's ongoing access to a firearm or weapon, legally or illegally, is another high-risk factor that must be considered and managed. The weapon does not necessarily need to be discharged or deployed to increase risk; for example, a weapon may be shown to the victim-survivor to create fear or get them to comply. Campbell and colleagues (2003) found that victim-survivors who are threatened or assaulted with a weapon are significantly more likely to be killed (Campbell et al., 2003). People who use violence with access to weapons, particularly guns and knives, are much more likely to seriously injure or kill a victim or victims than those without access to weapons (Campbell et al., 2003). For example, one study found that people using violence who had access to firearms were 7.9 times more likely to commit intimate partner femicide than those who did not have access (Campbell et al., 2003).
Breach of orders	Breaching an order, conditions of parole, a police issued family violence notice or any other protection order, indicates a disregard for the law and authority. It indicates that the person using violence is not willing to abide by directions issued by the court or police. Such behaviour is a serious indicator of increased risk of future violence, or escalating violence when a legal process is invoked against a person using violence. Importantly, breaching an order can be a form of coercive control. Where breaches are not consistently enforced, this may amount to systems abuse, undermining the protective intent of the order. This can discourage victim-survivors from seeking help, erode their trust in legal and support systems, and reinforce compliance from other family members. It demonstrates to the victim that orders and system responses will not stop the violence.

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Risk factor	Description
Threats or harm to pets	There is a relationship between cruelty to animals and DFV, including a link between violence and pets being abused or killed. Emerging evidence suggests that people who use violence against family animals are also likely to perpetrate frequent and severe forms of intimate partner violence (Collins et al., 2018; Taylor et al., 2020; Butler & MacDonald, 2024; Barrett et al., 2020). Abuse or threats of abuse against pets may be used as a tactic to control family members and even punish victim-survivors (Barbosa-Torres et al., 2024). 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 (Butler & MacDonald, 2024).
Alcohol and/or other drug misuse **HIGH-RISK**	The use of alcohol and other drugs (AOD) should never be seen as a cause of DFV. However, AOD use is often an exacerbating or moderating factor in predicting the dangerousness of a person using violence, and may increase the severity of future violence including lethal harm. It is a risk factor throughout a relationship (both when actively using, or when experiencing withdrawals), but also immediately prior to the use of lethal violence against a victim. Recent cessation of drug or alcohol use, particularly where addiction was present, can also exacerbate violent behaviour when the person using violence is not actively involved in a supported recovery and rehabilitation process. Emerging evidence also shows that AOD use can be deliberately used as a tactic of violence and control, where people using violence pressure, manipulate or exploit substance use to maintain power over victim-survivors (KODY Research Team, 2023).
Mental illness and the person using violence	Mental illness is common among people who commit intimate partner homicide and familicides, one of the most frequently referenced being depression (Lawler et al., 2023). The presence of mental illness may also be linked with the escalation, frequency and severity of violence (Victorian Government, 2018). Dynamic changes to mental health, including acute mental health deterioration, should be monitored and taken seriously. This is because deterioration or acute stressors may indicate a heightened risk of lethal violence where DFV is already occurring (Boxall et al., 2022). A person using violence may also exploit a victim-survivor's mental health concerns or diagnoses to exert control, undermine disclosures, or avoid accountability. This can include gaslighting – minimising responsibility and causing a victim-survivor to question their judgement, memory, sanity or sense of reality (Commonwealth of Australia, 2023).

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Risk factor	Description
Suicidal ideation and/or threats to suicide by person who uses violence	Threats or attempts to self-harm or suicide are a risk factor for intimate partner homicide, as well as homicide–suicide especially during separation or crisis (Karlsson et al., 2021; Matias et al., 2020; Kim & Merlo, 2023). While all threats to suicide or attempts should be taken seriously, it is well known that it can be used by people who use violence as a way to exert control over a victim-survivor. The Australian Domestic and Family Violence Death Review Network (ADFVDRN) research (2022) has found that 18% of men who killed an intimate partner in Australia between 2010 – 2018 died by suicide following the homicide and 22% of DFV-related filicide offenders died by suicide during or after committing the filicide. This link has led leading UK homicide researcher Professor Jane Monkton-Smith to say that if the person using violence threatens to kill themselves, take that as a threat that they are going to kill the victim (Monkton-Smith, 2021). This factor is an extreme extension of controlling behaviours.
Victims' perception of risk	A victim-survivor's own sense of fear of serious harm is one of the strongest short-term indicators of severe DFV outcomes (Jiang et al, 2026). Victim-survivors know the person using violence best and can often accurately predict their own level of safety and risk, including the risk of re-assault. However, workers need to be aware that sometimes victim-survivors may minimise their risk due to the person using violence's abusive tactics which can create fear, confusion or denial.
Grievance development **HIGH-RISK**	Grievance refers to unique or personal vendettas, often underpinned by a sense of injustice, loss, injury or victimisation. New research has pointed to personal grievances, or vendettas, held by a person using violence as a common factor in cases of lethal DFV (Cooper et al., 2022). These grievances can stir feelings of resentment and revenge-seeking, where the person using violence may see a victim-survivor as the source of their problems. Often, people using violence develop grievances that are objectively false or founded upon incorrect beliefs – but these are still equally dangerous. A 2022 study of 38 lethal family violence cases found evidence of grievance in 20 cases (53%), alongside high rates of mental illness relative to the general population (Cooper et al., 2022). In these cases, lethal violence was used as a way to enact revenge, while cases without grievance were motivated by 'altruism' or frustration in reaction to the victim. While grievances are not present in all cases of domestic and family violence, when they are identified and effectively challenged, it is an opportunity to reframe or "call in" a person's behaviours and beliefs. Grievance is also clearly seen in previous research that has highlighted feelings of injustice and entitlement held by people that use violence (Monkton-Smith, 2021). 'Fixated threat offenders' most clearly align with this concept (Boxall et al., 2022). These are people whose controlling behaviour escalated in the context of a perceived loss – loss of control over the victim during a separation. It is during this time, the "offender blames the victim for his loss of control in other domains of his life" (Boxall et al., 2022, p.31). Compared to the other two pathways, prior planning (for example, obtaining a weapon) and threats to kill were more common.

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Victim's self-assessment of risk

The Intermediate and Comprehensive Risk Assessment Tools explore the victim-survivor's view about their own level of risk, fear and safety.

Evidence is clear that an adult victim-survivor's self-assessment of risk is a crucial part of DFV risk assessment.[89] Incorporating a victim-survivor's perception of risk into professional judgement is widely recognised as best practice in risk assessment.[90]

This approach ensures the victim-survivor's lived experience of violence, including patterns of coercive control, is properly considered. It also supports responses that are tailored to their individual circumstances, needs, and priorities while respecting and maintaining their autonomy.[91]

Where an adult victim-survivor considers themselves (or any child victim-survivor) to be at serious risk of severe or lethal violence, workers should rely on the victim-survivor's self-assessment of risk, even if other risk factors have not been identified.

How to invite a victim's self-assessment of risk

Self-assessment may cover questions relating to an adult victim-survivor's feeling about level of risk. This may include asking them to describe how they feel fear, such as:

- "How scared or afraid do you feel given what happened in the last incidence?"
- "Do you think the violence will continue?"
- "How do you know when you're not safe? How does your body respond to danger? Is the situation getting worse?"

A child victim-survivor should only be directly spoken to if it is safe, appropriate and reasonable to do so. A child's age, capacity, maturity and ability to understand the question should be considered prior to assessment. If age and developmentally appropriate, an older child may be asked to self-assess their risk, including their level of fear.

Asking a child or young person about their experiences and safety in the home can be incredibly validating. The answers provided can also inform broader risk management responses. Examples include:

- "Are there times that you feel unsafe or scared?"
- "How unsafe do you feel? Can you answer this as a number out of ten, if 1 is a little bit scared, and 10 is very, very scared?"
- "Are there people in your family that you feel nervous or scared around? Who?"
- "Do you feel that way all the time or just sometimes? When?"
- "What is usually happening when you feel frightened? What do you feel frightened about?" (ask about fears for self, parents, siblings or other family members, possessions, pets)

When children are too young to be questioned directly about their experience of DFV, behavioural observations from other sources such as school and day care can assist in the assessment process, particularly observations about changes in behaviour. You can ask an adult about the child's experience of risk or fear, such as:

- "What do you notice about your child's behaviour when violence is occurring?"
- "Have you noticed a change in their behaviour?"

Information from a parent/carer about how a child may be experiencing fear or risk may also inform assessment. However, each child's risk should be assessed independently. An adult victim-survivor's self-assessment of fear, risk and safety is also relevant when assessing the level of risk to a child.

89 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence.*
90 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence.*
91 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence.*

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Interpreting a victim's self-assessment of risk

There may be times when a victim-survivor's self-assessment may not align with a practitioner's professional judgement, assessment of risk factors present or the level of risk to themselves or their children. This might be because the victim-survivor fears the consequences of disclosure or has become desensitised to high levels of risk and violence because of their experiences.

When fear is low, but risk is high – the paradox of self-assessment

All the information obtained from the assessment process (including information shared from other sources such as police) must be used to determine how much emphasis to give to the victim-survivor's assessment of their situation.

Some victim-survivors may be acclimatised to a high level of risk or fear, often as a coping mechanism. They may indicate a low level of risk or fear if a level of trust has not yet established, or they are concerned about the involvement of Child Protection or other services.

If the presence of risk factors indicates a level of risk which is inconsistent with a victim-survivor's own views about risk, fear or safety, workers should sensitively enquire into their reasoning for the self-assessment. This may include providing information about the evidence-based risk factors, and the worker's concerns about the level of risk from the assessment.

Remember

Many victim-survivors have lived through the experience of their child or children being removed from them by Child Protection, while other victim-survivors may fear the risk of child removal because of systemic historical and contemporary practices that marginalise specific cohorts. It is common for people using violence to use threats to have children removed to maintain control and dominance over the victim-survivor.

This risk of child removal is especially heightened for Aboriginal and Torres Strait Islander women, women with a disability or serious mental illness, women from a culturally and linguistically diverse community, including women who are not permanent residents, and women who were either removed themselves or have had children removed previously.

Workers should directly acknowledge a victim-survivor's fears and be clear about their organisation's processes about duty of care and mandatory reporting. It is helpful to use a strengths-based approach, in which the victim-survivor's attachment to their child is affirmed, and the parent's efforts to support child safety in the context of violence is made visible to the system. Victim-survivors with a disability might benefit from additional specialist support or advocacy in this context.

Secondary consultation with or direct involvement (with the victim-survivor's permission) of an Aboriginal and Torres Strait Islander or bi-cultural practitioner could help workers to understand and respond sensitively to the depth of child-removal concerns held by Aboriginal and Torres Strait Islander victim-survivors, or victim-survivors from CALD communities. This is an important aspect of cultural safety.

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Identification

All professionals have a role to play in the identification of domestic and family violence. This must be underpinned by adopting a shared approach and understanding of DFV and DFV risk. Workers are responsible for contributing to an effective and coordinated response to DFV within their professional roles, service context and capabilities. This includes identifying when a person is experiencing DFV as a victim-survivor or when a person may be using violence.



Prior to starting identification, a practitioner must have some foundational knowledge of DFV to support safe and effective responses. This includes:

- understanding and recognising the dynamics of power and control that underpin most DFV and the impact of this on victim-survivors
- understanding the risks associated with disclosure impact of disclosure and the increased risk to victim-survivors, including their children, that occurs when they disclose and/or leave the abusive relationship
- recognising the indicators for both victim-survivors and persons using violence
- knowledge about effective referral practices, information sharing and referral pathways specific to DFV.

The RAMF provides tools to support professionals undertaking identification, including:

- Screening tools to aid discussions with suspected victim-survivors.
- Risk Identification tool (Adult Person Using Violence) to help workers recognise the signs of perpetration and to record their professional observations.

Victim-survivors and persons using violence often present to services, such as health services and other frontline services, for a range of reasons other than the abuse. These and other frontline services provide an opportunity to intervene early with the provision of support and safety.

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Screening

Screening should occur directly and privately with a victim-survivor only.

Screening is a systematic process of asking people key questions about DFV and their safety, where a worker perceives they may be experiencing violence. The purpose of screening for DFV is to help identify early intervention opportunities for support and provide effective responses to people experiencing DFV.

Research highlights the importance of asking screening questions 'with interest and no judgement', and the questioner communicating genuine eagerness to offer support and provide validation, particularly for Aboriginal and Torres Strait Islander women.[92] Asking about DFV requires patience, empathy and the ability to ask sensitive and personal questions in a respectful way. Studies repeatedly show that victim-survivors are overwhelmingly positive about being asked the questions.

Cultural safety is a necessary part of any screening exercise, particularly when identifying risk for Aboriginal and Torres Strait Islander victim-survivors. A key aspect of culturally safe care involves workers examining institutional racism, the historical and current impact of invasion and colonisation, inter-generational trauma and, critically, the ongoing legacy of child removal.[93] Workers need to embed culturally safe practices in their screening assessments, such as providing information transparently about the purpose and intention of screening questions.

See: Screening Tool for Adult Victim-Survivors

See: Screening Tool for Child Victim-Survivors

Identifying risk of a person using violence

Workers must never complete the Risk Identification Tool in front of the person they suspect is using violence.

All workers also have a role in identifying when a person may be using violence. Identification of a person using violence is not reliant on a disclosure of DFV and may be informed by observed behaviours, information provided by others and professional judgement.

Identification is supported through the use of a PUV Risk Identification Tool, which assists workers to recognise narratives and behaviours to indicate the presence of risk factors. Importantly, workers should never use the Risk Identification Tool directly with a person using violence, as this can escalate the risk of harm to a victim-survivor. The Risk Identification Tool is embedded with specific, detailed guidance on the safe use of the tool.

Safe documentation practices are essential when completing the PUV Risk Identification Tool, as there are possible risks when compiling information about victims and people using violence within the same documents. In particular, prior sexual violence information or disclosures should generally not be recorded on documents that relate primarily to the PUV.

See: Risk Identification Tool (Adult Person Using Violence)

92 Spangaro et al. (2019) *'Yarn about it': Aboriginal Australian women's perceptions of the impact of routine enquiry for intimate partner violence*, p.795.

93 Spangaro et al. (2019) *'Yarn about it': Aboriginal Australian women's perceptions of the impact of routine enquiry for intimate partner violence.*

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Risk assessment

Please note

This section discusses **victim-survivor** risk assessment only. Risk assessment of persons using violence is addressed separately in Key Component 4.

Victim-survivor risk assessment is the process of identifying, analysing and evaluating the risk of further, or escalating DFV. The RAMF uses three sources of information to guide the risk assessment process: evidence-based risk factors, the victim-survivor's own assessment of risk, and the practitioner's professional judgement. This is the best-practice model of structured professional judgement. Information sharing is a key part of collating and synthesising information to support a risk assessment.

It is critical that risk assessment is not seen as an end. A risk assessment is designed to help workers and victim-survivors assess current and future risk so that it can support the development of risk management strategies, actions and approaches to increase safety. Risk assessment should be conducted alongside fulfilling information sharing obligations.

A shared approach to risk assessment recognises that:

- risk assessment is a dynamic, ongoing and collaborative process,
- best practice for risk assessment combines a victim-survivor's own assessment of their risk, a tool or list of known evidence-based risk factors, and structured professional judgement,
- risk assessment is complex because it is effectively trying to predict future behaviours – the RAMF aims to help workers manage that complexity,
- unmet needs can add to risk,
- all risk and all levels of risk must be responded to,
- even where risk of lethality may be low, the risk profile can still be serious and cause significant, ongoing harm to a victim-survivor,
- no matter where a victim-survivor enters the system, a risk assessment needs to be collaborative (and where possible, undertaken with the victim-survivor), respectful, inclusive and consistent with the RAMF, and
- people who use violence are solely responsible for their violence and all attempts will be made to hold them to account for their actions and behaviours.

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Risk and needs assessment

Understanding the difference between risks and needs and the way they intersect is important for all users of the RAMF. Needs arising from DFV are likely to extend beyond the immediate need for safety and protection. Unmet needs can contribute to risk, and compound the harm caused by the person using violence.

The following case study shows how risk is affected by an assessment of needs. It will demonstrate how general needs, particularly unmet needs, such as financial and housing stability, can impact on the risk to a victim-survivor and must therefore be included in any analysis of risk assessment and in the development of risk management strategies.



Case study

Laylah is 26 years old with a 4-year-old daughter. Four months ago, she moved to the ACT to live with her partner. Her partner's behaviour has become increasingly jealous and controlling of Laylah since the move.

He has physically assaulted Laylah on 2 occasions over the past month accusing her of flirting with other people. The pattern of coercive and controlling behaviour, combined with recent physical violence, raises significant concerns for the safety and wellbeing of both Laylah and her daughter.

Needs and risk management assessment

Scenario 1: Laylah has strong support networks and housing options
Laylah still owns her property in Melbourne and has supportive family members nearby, including her sister and brother. With a small amount of one-off financial support, she could relocate back to Melbourne with her daughter and establish stable accommodation. While this does not eliminate the risk of violence posed by her partner, Laylah's support networks and housing options may be protective of her agency and ability to leave the relationship.

Scenario 2: Laylah has limited supports, housing options and is financially dependent on her partner
Laylah no longer owns her previous property in Melbourne. She is not listed on the lease of her partner's property, has no family or social supports and is financially dependent on her partner. If she were to leave the relationship, Laylah may have increased difficulty securing stable housing for herself and her child, contributing to her sense of entrapment in being unable to leave the relationship.

Outcome

Despite the differences in the circumstances, the nature of the violence and level of risk posed by the person using violence are the same in both scenarios. However, the difference in Laylah's needs affect her safety, vulnerability to the person using violence, and the nature and level of supports that may be required of a system response to meet her other needs.

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Risk management

Risk management is the process of identifying, assessing, planning, addressing and managing risks related to DFV. Its purpose is to promote victim-survivor safety and promote accountability of the person using violence. Risk management is a conscious and planned approach to identify and prioritise risk factors, focusing on removing, reducing, or mitigating them.

Risk factors are not static and, in many cases, will change over time. The level of risk can change due to evolving patterns of violence, a change in circumstances, or changes relating to the needs of victim-survivors, people using violence, children and their families.

Risk management or responding to risk is a fundamental part of working with victim-survivors, including children and young people, regardless of the level of risk. It is important to recognise that 'where risk is not managed, it is unlikely that any other response or intervention will be effective and may compromise the safety of adult and child victims.'[94]

Like risk assessment, risk management is not an exact science. Effective risk management relies on a few key understandings and skills, and the patience and willingness of frontline workers, practitioners, and organisations to undertake the process of coordinating the range of services a victim-survivor needs. The key tool for effective risk management is consistent support and open and trusted lines of communication. Developing an understanding of the victim-survivor's circumstances through discussion better equips workers to formulate strategies together and to create meaningful and safe support.

Some key actions or strategies in risk management include:

- working with the victim-survivor to identify protective factors,
- working with the victim-survivor to identify unmet needs that could impact on risk,
- working with the victim-survivor to develop and implement a safety plan based on the risks, needs and protective factors identified in the risk assessment,
- referring the victim-survivor (and person using violence) to specialist domestic and family violence services,
- supporting the victim-survivor where they wish to apply for a Family Violence Order or to report their experiences of abuse to the police,
- seeking agreement from the victim-survivor to share information with other services, and
- sharing information with other services, without victim-survivor consent, if necessary, under the Domestic Family Violence Information Sharing Scheme or other applicable laws.

The management of risk is best achieved when the service system response is collaborative and integrated. Primary agencies who may be involved include specialist DFV services, police, courts, child protection, corrections, health services, advocacy services, crisis accommodation services and behaviour change programs. Service responses should also involve collaboration and engagement with the victim-survivor to ensure responses are appropriate and consent based (where possible) and support safety. Integrated responses are particularly important where victims are at extreme risk.

[94] Western Australian Government (2015) *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management.* p.44.

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Skills for risk management

Effective risk management relies on the skills and ability of workers and organisations to build positive working relationships with victims. This skill is not limited to supporting DFV victim-survivors — it is a skill that frontline workers and practitioners should already possess on employment or be trained to develop.

Managing risk in relation to DFV requires eliciting as much honest information from the victim-survivor or person using violence as possible. This honesty relies on the non-judgmental and trusting relationship a worker builds with the victim-survivor. It is also important not to assume that the victim-survivor has fully disclosed information in any previous risk assessments or is able to disclose during the risk management process. The ability of workers to collect accurate information from victim-survivors and people using violence will be influenced by a range of factors, including the circumstances under which they are conducting the process. For example, if ACT Policing completes a risk assessment at the time of their attendance at a DFV incident, their capacity to build a positive relationship with the victim-survivor could be impaired, and the recall of the victim-survivor may be limited by the highly stressful environment they are in.

A commitment to working with the victim-survivor to develop risk management strategies and safety planning, and a sound working knowledge of available supports will contribute over time to building the trust a victim-survivor needs to fully disclose.

Patience is a necessity in DFV-informed practice for all frontline workers and organisations. Navigating the range of services that might be needed, finding new solutions when services are not available and undertaking the processes those services require for access can be time consuming and, at times, a frustrating task. Worker frustration may compound when a victim-survivor responds to violence in a way that the practitioner does not expect or understand.

However, workers need to remember that their visibility of a victim's experience is only a fraction of the victim-survivor's actual lived experience in managing their own safety. Patience and persistence will result in better outcomes for the victim.

See Factsheet: Risk management conversation guide

Risk management planning

All responses need to prioritise and focus on safety, which involves managing risk by understanding it, developing safety strategies against the identified risks and working to engage the services a victim-survivor needs, as well as services that can appropriately maintain visibility of the person using violence.

A risk management plan identifies goals and objectives for the victim-survivor and their families and ways to achieve them, as well as outlining the roles and responsibilities of the agencies involved. A risk management plan in most cases will also include developing a safety plan with the victim-survivor.

Risk management planning, like risk itself, is a dynamic process and cannot be effectively done only once. Risk management planning needs to be continually assessed, monitored and modified as required based on individual victim-survivors and their family's needs. Key elements of risk management planning include information sharing relevant to risk and safety, and appropriate referrals to a range of services a victim/survivor or their family need.

A risk management plan brings all the pieces together, including the safety plan (which is primarily a document for the victim-survivor to enact when required). Importantly however, a risk management plan also outlines what actions services and workers need to take to contribute to safer outcomes for the victim-survivor(s) involved.

The risk management plan is a key tool in ensuring a strong and collaborative approach across multiple services by outlining and keeping track of the range of responses and actions that different services and workers need to undertake.

A risk management plan needs to be regularly monitored and updated.

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Safety planning

Developing a safety plan is a critical part of risk management and planning, regardless of the level of risk. A safety plan outlines in advance a range of actions that a victim-survivor can take in a crisis or emergency. It is important the plan is developed in partnership with the victim-survivor, as they know the risks, what strategies have worked for them in the past and factors that may place them at increased risk of harm

Most victim-survivors have developed strategic ways to keep themselves and their children safe, but may not have developed a formalised or written plan.

Developing a safety plan should not be left solely to the victim-survivor, as there are actions and responses agencies can take as part of the planning. A safety plan should build on what the victim-survivor is already doing to keep them safe and reflect what works for their circumstances, as well as how workers can support them.

Safety plans must be updated regularly as risk and circumstances will change.

See: Safety Plan Template

See: E-Safety Checklist

Protective factors

Protective factors are individual, relational, and environmental characteristics that reduce the impact of violence and promote safety, recovery and wellbeing victim-survivors.

Examples of protective factors that should be explored as part of risk assessment and management include housing stability and safety, health responses, support networks, the relationship between the adult and child victim-survivors and financial resources. For Aboriginal and Torres Strait Islander families and communities, protective factors may include connection to Country, culture, community, kinship networks, and cultural identity. Other protective factors that may not be considered in conventional risk assessments can include cultural caregiving practices, such as co-sleeping, kinship care arrangements, and acts of resistance by victim-survivors and their families to maintain safety and connection to culture.

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Levels of risk

The RAMF uses three levels of risk:
(1) At-risk, (2) Elevated Risk, and (3) Serious Risk

These levels are used consistently through the RAMF. This ensures that all agencies, services and workers can communicate risk using a common, evidence-based approach. This approach builds trust between organisations and drives a more integrated systems approach.

Table 5. RAMF risk levels summary

Risk level	Description
At-risk 	At this level, the person using violence still presents risk, but current circumstances and supports help reduce the likelihood of escalation. Very few risk factors may be present, and the victim-survivor may report low fear and higher levels of safety.
Elevated Risk 	At this level, multiple risk factors are present (including some high-risk factors), and the risk is likely to continue or escalate unless risk management is strengthened. The victim-survivor may report elevated fear and medium levels of safety.
Serious Risk 	At this level, multiple high-risk factors are present and there is evidence of escalation in the frequency, severity or intensity of the violence. Serious harm has occurred or is likely to occur, and there may be a serious or imminent threat to the life or safety of the victim-survivor, the person using violence, or the community.

Determining the risk level

Tier 2 and 3 workers determine the level or seriousness of risk following the use of a risk assessment process. This involves asking the client a series of questions, which is supplemented by the practitioner's structured professional judgement.

Assessments of level of risk include considering:

- a victim-survivor's self-assessed level of risk, safety and fear,
- a professional's assessment of risk against evidence-based risk factors,
- information sharing to inform assessment, and
- structured professional judgement, using an intersectional lens.

Remember

In some circumstances, the victim-survivor's own self-assessed level of risk, fear or safety should be relied upon to override the assessment of other risk factors, particularly where there is limited information or a lack of other information about the presence or absence of additional risk factors.

Serious Risk: what next?

Immediate, coordinated risk management is required whenever a matter has been identified as 'Serious Risk'. Workers must remember that serious risk does not necessarily mean that the harm is imminent. Harms can be severe and long-standing and cause significant impacts to a victim-survivor, and this requires a response.

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Table 6. Levels of risk and the likely presenting circumstances[95]

At-risk	Elevated Risk	Serious Risk
Likely circumstances at this risk level may include: • The pattern of behaviour of the person using violence may currently be contained or managed. • Frequency, recency or escalation of behaviours is low or decreasing. • Protective factors (e.g., monitoring, service engagement) are active and helping to manage risk. • The adult victim-survivor reports low fear, feels safe, and is engaged with appropriate support services. • A Safety Plan for the victim-survivor is in place. • A Risk Management Plan may exist and aligns with safety planning for the victim-survivor. • A referral to specialist services has occurred or is being considered. • The affected individuals have access to safe housing, is linked with required support services, and where necessary, has necessary court orders in place.	Likely circumstances at this risk level may include: • Risk management strategies may be missing, outdated, or need strengthening. • The person using violence may: – be pre-contemplative (not recognising their behaviour as a problem) – have inconsistent or minimal engagement with services – be likely to disengage if pressure reduces – show changes in dynamic risk factors – i.e., the abusive circumstances and behaviours are not stable nor consistent (e.g., escalation in coercive control) – make false claims, cross-accusations, or seek collusion from professionals • The likelihood of serious injury or death is not high, but the person using violence's behaviour is significantly affecting the victim-survivor's daily life. • Victim-survivor(s) report elevated fear and feel medium levels of safety. • Victim-survivor(s) may be engaged with specialist domestic and family violence services or other supports.	Likely circumstances at this risk level may include: • The person using violence has repeatedly used domestic and family violence against current or previous partners or family members. • They may be actively resisting or avoiding system responses (e.g., evading police or services). • Violence has increased or escalated rapidly, often within a short timeframe (e.g., over 1–4 weeks). • There is a clear pattern of coercive control, with rising hostility, entitlement, revenge or retribution. • Victim-survivor(s) report very high fear and low safety and may be unable to seek help due to the level of risk, or assess themselves as low risk and high safety, despite the presence of multiple high-risk factors. • Current multi-agency responses are not well co-ordinated or there is an absence of a service response. • Risk assessments, management plans or safety plans are out of date. • The person using violence is not visible to the system, which is creating challenges to monitor and disrupt the violence.

[95] Adapted from Victorian Government (2021) *MARAM Practice Guides, Responsibility 3: Intermediate risk assessment*, p.68-71.

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Key Component 3: Risk Identification, Assessment and Response for Victim-Survivors, including Children

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Overview

This Key Component outlines a shared approach to risk identification, assessment and management practice with victim-survivors. This includes the embedding of practice tools and factsheets to support screening, risk assessment and safety planning. The roles and responsibilities of organisations and workers under Key Component 3 depends on their specific tier.

RAMF Requirements for Key Component 3

Organisational leaders:

- Understand their organisations and worker's responsibilities in domestic and family violence risk identification, assessment and management in relation to victim-survivors
- Understand the different scope and purpose of intermediate and comprehensive risk assessment
- Understand which RAMF tools can be used by their workforce and practitioners
- Understand the operation and application of the DFV Information Sharing Scheme and other relevant laws to support information sharing and multi-agency responses
- Support their workforces with appropriate tools, resources and training to meet those responsibilities

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Screening for domestic and family violence

Overview

If there are concerns a client may be experiencing DFV, the first step is to administer a framework screening tool.

Screening tools aim to **identify** the presence of DFV and form a basis for further risk assessment and referral to support services.

This section provides practice guidance and tools to undertake screening with:

- Adult victim-survivors (or young people experiencing intimate partner violence)
- Child victim-survivors

Screening for adult victim-survivors

There are several key principles that must be applied any worker that intends to screen for DFV:

1. **Voluntariness:** Participation in screening is voluntary — clients must not be pressured or coerced into completing a DFV screen.
2. **Privacy and safety:** Screening must be conducted in a private, safe space. The client must never be screened in the presence of the person suspected of using violence, or anyone who may disclose what was shared to that person. If screening by phone, first confirm the client is alone and safe to speak.
3. **Confidentiality:** Assure clients of confidentiality where possible and explain its limitations. Be aware of mandatory reporting obligations, and the impact on Aboriginal and Torres Strait Islander families, noting the ongoing impact of the Stolen Generation and experiences of First Nation's communities and Child Protection.
4. **Time:** If DFV is disclosed, allow adequate time to respond appropriately.
5. **Children and dependents:** Where possible, ensure children or other dependents accompanying the client are cared for and not present during conversations that may cause distress. Wherever appropriate, treat accompanying children as victim-survivors in their own right — including assessing their own distinct risks and needs

If a client makes a direct disclosure of DFV, the screening tool does **not** need to be administered.

See: Screening Tool for Adult Victim-Survivors

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Screening for children

All children are unique, and their ways of understanding and responding to DFV will vary. Workers should listen carefully and attentively as each child may try to communicate experiences in different ways.

Children can use a range of different verbal and non-verbal communication techniques, including language, drawing, stories, play or behaviour. For example, describing a family member as 'funny' might simply mean they tell jokes and make the child laugh. However, it may also mean this person makes the child feel uncomfortable and they are testing whether their disclosure will be heard.

The effects of violence on children and young people will be distinct and varied — there is not a set list of behaviours that can inevitably tell us which children are living with violence. Impacts and effects will also vary by age. The secondary effects of violence can also be significant, for example unstable housing, lack of access to education, and poor access to antenatal and postnatal care, can also significantly impact on children's safety and wellbeing.

Create safe and supportive places and relationships for children and young people to talk

Screening should not occur in the presence of the person suspected of using violence or anyone who may disclose what was shared to that person.

Building opportunities to talk to, listen to and include children and young people is critical and often involves similar skills to building those opportunities for adults, such as being able to listen carefully, validate and respond to feelings.

Children and young people, particularly those who have experienced trauma, are attuned to the reality of the adults around them so to encourage them to communicate there must be a genuine willingness to listen. Be prepared to give them the time they require.

If a safe environment cannot be created – **do not screen**. The goal is to create an environment that encourages a conversation and where the child feels safe and comfortable to disclose possible violence.

Screening Tool for child victim-survivors

Screening for DFV can be done by speaking directly to the child (where appropriate and where a person is suitably qualified to work with children) or asking a parent or guardian about the child. The most appropriate option is dependent upon the age of the child, their cognitive abilities and other factors, however it is preferrable to speak to the child directly, without either of their parents present.

See: Screening Tool for Child Victim-Survivors

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Intermediate risk assessment and management for victim-survivors

Overview

The objective of the intermediate risk assessment is for Tier 2 or Tier 3 organisations and practitioners to take first steps to assess and manage risk of DFV, and where possible, to monitor risk over time. The Intermediate Risk Assessment Tool includes a series of risk screening questions alongside further questions designed to assess the presence, and context surrounding, evidence-based risk factors. The range of Tier 2 professionals who use the Intermediate Risk Assessment Tool may have a short-term or an ongoing relationship with a client, while certain Tier 3 providers may choose to conduct an intermediate risk assessment where there is a time-critical need.

It is critical that services and directorates build the capacity within their own organisations to respond beyond screening and referral so as not to overburden the specialist DFV response services (Tier 3). It is recognised that many frontline or direct service delivery areas have established risk assessment practices that work for their specific client group. It is also important to note that feedback from service users consistently notes the lack of integration and common approaches as unhelpful.

This section provides tier specific advice on:

- Who should conduct intermediate risk assessment
- Purpose of an intermediate risk assessment
- Approach to assessing risk
- Intermediate risk assessment, management and referrals (including safety planning)
- Using the Intermediate Risk Assessment Tool

See: Intermediate Risk Assessment Tool – Adult Victim-Survivor

Who should conduct an intermediate risk assessment?

An intermediate risk assessment should be undertaken when some form of DFV has been identified, including through routine screening or victim-survivor disclosure. Intermediate risk assessments should be conducted by all Tier 2 workers, or Tier 3 organisations that are undertaking risk assessment for a time critical or initial response.

These workers should be able to act as case managers and provide some level of ongoing support (though not necessarily crisis or high-risk management). Even if a worker is not usually in a position to provide ongoing support to a client, workers may need to spend some time supporting the individuals while the client waits to connect with a specialist DFV worker or service. Additional support may be available from specialist services, such as Domestic Violence Crisis Service (DVCS) and the Family Violence Safety Action Program (FVSAP).

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Purpose of an intermediate risk assessment

The purpose of a risk assessment is to begin to explore and understand the risks and safety of the adult victim-survivor and their children to help shape appropriate responses. A risk assessment not only works to identify and respond to the risk of abuse – it also supports victim-survivors to understand and explore their own level of risk. All identified risk must be responded to.

Risk assessment is an ongoing process that forms the basis of an effective response to DFV. It is critical to understand that risk can change markedly over time, or even within a short time. Risk assessment will only be effective if reviewed and updated regularly.

Approach to risk assessment

Risk assessment should be carried out in a conversational way to help the victim-survivor feel supported and understood. The Intermediate Risk Assessment Tool should be used to guide this conversation, rather than function as a static tick box exercise, or list of questions.

Be mindful of seeking only information that is necessary regarding risk and protective factors and avoid unnecessary questions, particularly if the information is already known or held by the worker or the organisation.

The initial aim of the assessment is to encourage the victim-survivor to tell their story and define their safety in their own words. Risk assessment is best done with the victim-survivor in partnership. This means building trust, including being honest, open and transparent about what is being done, why it is being done and working together to build a picture of risk. They are the expert in their experience, and the job of the worker is to help map that story against a set of evidence-based risk factors.

Victim-survivors are often best placed to assess their own level of risk, meaning that their concerns need to be treated seriously if they say they are at high risk of experiencing significant harms. However, minimisation of risk can also occur, even in situations where several evidence-based risk factors are present. This paradox creates a challenge for professionals. While a victim-survivor's self-assessment of high-risk should be a primary indicator for service intervention, a low-risk self-assessment must be carefully considered within the context of other evidence-based risk factors and professional judgement.

Creating a safe environment for risk assessment

- Ensure any conversation with a victim-survivor occurs in a safe and appropriate space without the person using violence or children present.
- Be familiar with this risk assessment and risk factors.
- Support and listen to the victim-survivor and explain that questions are being asked because there are concerns for their safety.

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Intermediate risk management and referrals

Central to effective risk management is the need for service providers to have an awareness of 6 key things. Service providers need to:

- **Understand that risk is dynamic and effective risk management will require different strategies at different points in time**. Risk of DFV, including serious harm or lethality, increases and decreases at different points in time. Increases could be related to factors in the lives of the victim-survivor, the person using violence and their families that increase stress, e.g., financial difficulties (loss of employment, physical health declines etc.)
- Know the range of services available and what they offer, both for DFV services and generalist services such as housing, health and financial services. A victim-survivor will most likely need a broad range of services to address their safety. This may include crisis and legal services as well as generalist services related to needs that can affect safety, such as finance, housing and health. Active assistance to access this range of services requires workers to have a sound working knowledge of relevant ACT services and referral processes (or easy access to finding them).
- **Refer the victim-survivor to specialist services where 'Serious Risk' is identified.** Specialist DFV services are available to offer support and advice about the work being done with victim-survivors.
- **Be clear about their own role in responding to DFV.** Service providers and workers need to be fully aware of what is expected of them by their agency in their role and be familiar with the relevant policies and procedures of their agency (rather than waiting until an issue of DFV arises). Different agencies will have different skills and capacities to provide certain supports, and it is important the agencies are clear in their role scope and can integrate their services with other relevant services to provide holistic, multi-agency support when needed.
- **Have sound skills in good practice referral.** All referrals must be made in consultation with the victim-survivor or the person using violence with consent (unless there is a serious or imminent risk to safety). It is critical that workers are comfortable and familiar with explaining the information-sharing practices and policies they work within. Workers need to be flexible and able to determine what level of support might be needed for a person at that particular time to support them to contact other services.
  - Workers must be clear about what other services can offer and what those services might do with any information that is shared with or given to them. Some victim-survivors might be able to engage with services independently, while others may require assistance to develop a coordinated plan for engaging with services. Some victim-survivors may need workers to do the first contact with them.
- **Know how to undertake risk management and safety planning activities.** Tier 2 workers who undertake case management or similar with clients (but for whom DFV is not their only or primary target group) can and should undertake risk management planning with victim-survivors if appropriate and safe to do so. A risk management plan brings all the pieces together, including the safety plan (which is primarily a document for the victim-survivor to enact when required). Importantly however, a risk management plan also outlines what actions services and workers need to take to contribute to safer outcomes for the victim-survivor(s) involved.

See: Safety Plan Template

See: E-Safety Checklist

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Comprehensive risk assessment and management for victim-survivors

Overview

The objective of comprehensive risk assessment is to guide the work of Tier 3 practitioners, who have specialised expertise to undertake comprehensive domestic and family violence risk assessment and management.

The Comprehensive Risk Assessment tool, addresses all evidence-based risk factors, including serious risk, current and historical experiences of DFV, and other factors which may be relevant to an individual's risk, needed and barriers to support, healing and recovery. This Tool was originally developed and used as part of the MARAM Framework in Victoria, and has been incorporated into the RAMF for Tier 3 workers in the ACT.[96]

Generally comprehensive risk assessment and management by specialist family violence practitioners will be undertaken as part of a case management framework that includes engagement, risk and needs assessment, safety and action planning, and coordination and review or case closure.

This section provides tier specific advice on:

- Approach to comprehensive risk assessment
- Purpose of comprehensive risk assessment
- Victim-survivor's self-assessment risk
- Use of the Tier 3 Comprehensive Risk Assessment Tool
- Safety planning

See: Comprehensive Risk Assessment Tool – Victim-survivor

[96] Adapted from Victorian Government (2021) *MARAM Practice Guides, Responsibility 7: Comprehensive risk assessment*, p.304-320.

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Approach to comprehensive risk assessment

Structured Professional Judgement underpins the comprehensive risk assessment to support workers to determine the current person using violence level of risk, history and pattern of violence, and inform risk management and intervention.

Comprehensive assessment involves directly asking questions about evidence-based risk factors that may be experienced by an adult, child or young person victim-survivor. The comprehensive assessment supports a person-centred approach to assessment.

An adult victim-survivor's self-assessment of risk, fear and safety is central to the assessment process. Where limited information is available, a victim-survivor's self-assessment of fear, risk and safety may be relied upon to guide professional judgement about the level of risk. In the context of information known or gained through assessment and/or information sharing, workers should be aware and consider if a victim-survivor is minimising their self-assessment.

Assessment of evidence-based risk factors may also be informed by information sharing. Specialist DFV practitioners should be proactive in seeking and sharing relevant information to inform risk assessment and management, as per their legislative requirements under the DFVISS.

Throughout this process and in the analysis of information to determine the level of risk, workers should apply an intersectional analysis lens. Intersectional analysis is a key element of comprehensive assessment. Information must be considered in relation to the victim-survivor's identity, experience and impact of family violence risk. Assessments should include consideration of barriers to accessing services, and ways in which structural inequality and discrimination may influence a person's experience.

Using a person-centred approach is consistent with also using an intersectional lens and trauma-informed approach and helps to maintain a focus on the victim-survivor and their experience. Understanding the individual's experience and impact of DFV, as well as past service engagement and responses, will inform the professional judgement on the level of risk. This understanding is also key to developing effective risk management and intervention responses.

Purpose of comprehensive risk assessment

The purpose of a comprehensive risk assessment is to:

- Determine the level or seriousness of risk and safety for each victim-survivor.
- Understand the pattern of abusive behaviour and circumstances to inform an assessment of whether the victim-survivor is at an increased risk of serious harm or lethality, the likelihood and severity of future violence, as well as identifying imminent risk.
- Understand the full spectrum, presentation and impact of risk, for each family member that is affected by the violence.
- Understand the level of risk at a point in time and changes in risk over time (where ongoing assessment is being undertaken).
- Explore the impact of DFV on a victim-survivor (particularly children and young people) to inform short and long-term risk management options.
- Determine the most appropriate comprehensive risk management activities and to safety plan for each victim-survivor.

Comprehensive risk assessment includes considering the risk, safety and needs of each individual separately, then collectively as a family unit and on the parent/carer-child bond and parenting, for example:

- each child and young person
- the parent (who is not using violence)
- the parent (who is not using violence) and child/ren together
- the behaviour of the person using violence.

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Conducting a comprehensive assessment includes applying professional judgement to the following actions:

- Asking directly about the identity and experience of each victim-survivor, other family members or people in their care and the person using violence.
- Asking the adult victim-survivor to describe their level of fear, risk and safety relating to the behaviour of the person using violence and any children. If information about risk is provided, this should be revisited over the course of an assessment to support an adult victim-survivor in determining their level of risk.
- Asking young people about their self-assessed level of fear, risk and safety, if it is appropriate for their age and developmental stage.
- Identifying the range of DFV risk-related behaviours a person using violence is using by asking questions about known evidence-based risk factors.
- Assessing a child or young person's risk independently and determining the most appropriate method by either asking questions:
  - To a parent/carer who is not using violence about the child's risk, if direct communication with a child or young person is not safe, appropriate or reasonable at that time.
  - Directly to a child or young person if it is safe, appropriate and reasonable. Note that young people who are closer to adulthood may be asked questions in the Adult Comprehensive Assessment Tool if it is age and developmental stage appropriate.
- Asking about the most recent violence, and the history of violence, by exploring patterns in previous episodes, changes in behaviour, frequency and escalation of severity. This includes what children experienced or have been exposed to.
- Identifying whether the behaviour used constitutes a criminal offence (for example, physical or sexual violence, threats, pet abuse, theft, property damage, stalking and/or breach of a protection order).
- Asking about any barriers or discrimination a victim-survivor may have experienced, or are apprehensive that they may experience, that would impact on their experience of risk and/or ability to access services.
- Identifying protective factors that support safety and recovery and exploring needs or wellbeing issues that might worsen the effects of violence for the victim-survivor and affect the likelihood of experiencing continued violence.
- Undertaking an assessment to identify the person using violence/primary aggressor, if there may have been a misidentification or there is uncertainty about the identity of the parties.
- Using professional judgement to determine the level of risk present and documenting the rationale for this determination.

Specialist DFV services are likely to have contact with victim-survivors at points of crisis and need to quickly and effectively analyse available information to assess the level of risk and develop risk management and safety plans.

Remember

Risk assessment is a 'point-in-time' assessment. For specialist DFV practitioners, monitoring dynamic risk is a key part of ongoing risk assessment. This will support the development of risk management activities and safety plans that are responsive to any changes in level of risk (such as escalation) or changed circumstances.

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Understanding responses to questions in the Comprehensive Risk Assessment Tool

The questions in the Comprehensive Risk Assessment Tool are about the presence of DFV risk factors. The responses to questions are 'yes', 'no', and 'not known'. A 'yes' may be indicated if:

- The person discloses that the risk factor is present.
- Observable signs or indicators of violence are noticed and recorded.
- Information is received from another source to indicate a risk factor is present.

The context and circumstances of risk factors identified should be noted in comments (for example, if information is received from another source).

If the answer to a question cannot be ascertained, then use "not known". This may occur if there is no opportunity to ask the question or where the response is unclear. When a question has not been asked, a comment should be made in the assessment.

It is important to let the person know they can choose not to answer a question, if they do not want to. For example, "I am going to ask you a series of questions. All are important for assessing risk, however, you may choose not to answer any question I ask if you do not want to". This is particularly important when communicating that information may be shared with others, particularly if there is a serious risk/threat.

When there is a comprehensive understanding of risk, the impact of risk should be explored to inform risk management and safety planning. This includes understanding protective factors which support safety and assist in addressing needs and wellbeing.

A comprehensive assessment should be reviewed and updated at each engagement with the victim-survivor, to understand if there have been any changes and to identify escalation in risk over time. Focus on asking about changes in the behaviour of the person using violence, including frequency and escalation, to assess whether the risk level has shifted.

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Safety planning

Safety planning involves discussing with a victim-survivor what actions can be taken or coordinated with other services to manage risk from the person using violence, and meet the victim-survivor's needs. Plans should be documented, and identify actions, individuals and organisations responsible, and timelines. Safety plans require regular review and updates based on ongoing risk assessment.

Safety plans need to be developed in partnership with the victim-survivor. Responsibilities for actions are shared between the victim-survivor, the specialist DFV practitioner (case manager), and a range of other professionals that have a role to provide services or interventions.

The safety plan **should** be documented and all parties to the plan should have a copy. If it is unsafe for the victim-survivor to keep a copy at home, alternative secure storage arrangements should be established.

The RAMF provides a template for safety planning, which has been adapted from the Domestic Violence Crisis Centre's safety plan checklist.

See: Safety Plan Template

See: E-Safety Checklist

Safety planning for an emergency

Discuss the importance of emergency planning with the victim-survivor, including what they and their children will do, and where they will go in case of an immediate danger. A safety plan may include the following:

- Pre-programme their phone with emergency number(s) if safe to do so. Discuss when and how they would call police, including discussing alternatives if they can't use their phone because of the actions of the person using violence (such as breaking or tracking a phone).
- Set up an alert system (e.g., code or signal) for neighbours, children, family, or friends so that they know when to call police.
- Plan what to do in an emergency with the child/ren and young people, either as their own safety plan, or as part of the adult victim-survivor's plan.
- Identify a safe place for the victim-survivor to go if in danger, and how to get there. The victim-survivor may go to the house of a neighbour, friend, or family member with the children, or send the children to these places.
- If the victim-survivor is living with the person using violence, identify a space in the house that is lowest risk that they can move to where they may be able to prevent the person using violence from accessing and can phone police for assistance, and which may afford an escape option.
- Identify a friend, family member or neighbour who can assist in an emergency, and how to make a plan with them to be a contact point.
- Let neighbours, co-workers and others know about the situation and what to do if the person using violence arrives at the residence.
- Prepare a bag with key belongings — extra sets of car and house keys, clothes, essential items including medication and prescriptions.
- Store valuables and important documents (or copies) in a safe place (e.g., at the home of a family member or friend).
- Keep a copy of any protection order at hand to show to police.
- Consider alternative communication methods if victim-survivors don't have mobile phones or access to other technology (e.g., if connectivity is an issue or accessibility technology is required), and practice memorising phone numbers. Consider if a mobile phone can be provided for use in an emergency.
- Any mobile app or website with external communication could be useful as a tool in an emergency.

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Safety in the family home

Discuss options for increasing the safety of the property if the victim-survivor has separated from or is not living with the person using violence and is staying in the family home. These may include:

- Applying for a Family Violence Order (protection order) to prevent the person using violence from approaching or attending the family home or other places frequented by the victim-survivor (adults, children and young people), including schools and childcare centres.
- Speaking to the landlord or property manager (if applicable) about security enhancements or changing the lease agreement.
- Changing locks on external doors, installing locks on selected internal doors and installing security chains, deadbolts and window locks.
- Installing security systems around the home, including alarm and light systems and CCTV, and mobile safety applications.
- Repairing any damage to doors or windows and installing security screens.
- Increasing visibility around the home, including the front and back yards.
- Obtaining legal advice if the house is owned by the person using violence or owned jointly.

Leaving the family home

If the victim-survivor leaves the family home, they and their children may require assistance to find alternative accommodation. The type and location of accommodation will depend on the level of risk, the location of their family, friends and support services, and the connections they have with work and community (including schools).

The discussion should include whether it is safe to tell the person using violence they are leaving as doing so can increase risk. Discuss when might be a safe time to leave. For example, when the person using violence is not at the family home, is at work, or otherwise away from home. Another opportunity to leave may be for a reason perceived as 'legitimate' by the person using violence, such as picking the children up from school, going to a medical appointment, or going to work.

A safety plan may require the following:

- Planning the departure and logistics for the leaving process. For example, identifying items to take, organising police presence during the move, storage arrangements, removalists, child minding etc.
- Assisting the victim-survivor to access emergency/refuge accommodation in the short term (if required).
- Technological safety such as ensuring location settings are not active/potentially replacing a phone and having a car screened for tracking devices.
- Assisting the victim-survivor to live with family members or friends in the short term.
- Ensuring the victim-survivor has key identity and financial documents (or copies of) including proof of relationship documents for victim-survivors who may face immigration issues.
- Assisting with securing stable housing. For example, exploring housing options, applications for housing, provision of rental assistance and referring for tenancy advice and advocacy support.
- Assisting with relocation costs such as material aid, transport, storage.
- Applying for a family violence protection order.
- Discussing further safety planning if there is a risk from extended family, identified third parties at risk or community members. This may be a particular risk for Aboriginal and Torres Strait Islander victim-survivors, and victim-survivors from culturally and linguistically diverse communities.
- Additionally, where there is an identified threat to any third person (including if they are not within the family, but their risk is related to the violence occurring), the third person should be notified they are assessed as at-risk and they should have their safety managed.

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Access to money and financial security

Discussing access to money is an essential part of risk management and safety planning.

The safety plan may require the following:

- Identifying ways the victim-survivor can access money in an emergency. This may include ensuring access to assets such as valuable jewellery.
- Support or information to enable them to remain connected to current employment or education.
- Referring the victim-survivor to financial and legal services to explore options.
- Securing documentation (or copies of) which may be required to establish a financial 'identity' such as birth certificates, passports, and other legal documents.
- Setting up or changing access to banking arrangements.
- Assisting the victim-survivor with:
  - Applying for income support with Centrelink, if eligible.
  - Information on obtaining child support from the person using violence.
  - Obtaining concessions for utilities and other costs as appropriate.
  - Access to material aid and emergency relief.
  - Accessing compensation through Victims of Crime Financial Assistance Scheme, which is administered by Victim Support ACT, if eligible.
  - Accessing compensation through WorkSafe ACT, Medicare, or insurance policies, if eligible.
- Advocating, as required, to obtain low- cost health services (e.g., bulk billing, mental health plan).
- Financial counsellors can provide support to access resources, applicable hardship policies and information in response to DFV, such as financial abuse and the impacts of separation and planning around financial instability.'

Transport and routines

Explore what access to transport the victim has. Discuss with the victim-survivor their usual travel routes and routines and explore ways of enhancing safety. These may include:

- Changing modes of travel.
- Always having a charger and mobile phone, and emergency contact numbers ready to dial.
- Letting friends, family, or co-workers know where the victim-survivor is, and when they expect to arrive home, at work, or other places.
- Ensure safe transport of children/young people to and from school, pre-school, or childcare.
- Ensure that older children who travel independently can do so safely.
- Vary travel routines. For example, avoiding the same shopping centres and other common places, changing departure times or routes from home or work, altering arrangements for picking up children from childcare, or any other repetitive behaviour that the person using violence may be aware of.

Geographical factors

In the ACT, geographical context can present unique challenges. For example, **proximity** in local and small communities can be a particular risk which requires risk management strategies. This can look different to other states and territories, where geographical factors like isolation will be prevailing risk considerations.

Risk management should respond to any geographical and telecommunication factors relevant to the victim's specific circumstances.

- Consider confidentiality issues and the perceived or real influence a person using violence may have in the community or on social and community associations. This includes possible stigma for a victim living in a small community.
- Where a victim-survivor lives in a border community where there are less or limited access to services, risk management planning and safety planning will need to consider the impacts of this, including telecommunication access.

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Technological safety

It is important to inform the victim-survivor their use of technologies can be exploited by the person using violence to increase risk.

Discuss with victim-survivors what steps they can take to 'stay safe technologically'. These may include:

- Acting normally if the victim-survivor believes their device/s have been accessed by the person using violence until technology safety can be re-established.
- Using computers or devices unknown to the person using violence (e.g., in a public library or community centre/service) which can reduce the risk of people using violence knowing the victim-survivor's whereabouts, and other personal information.
- Obtaining/using new devices if a person using violence has accessed an old device and this has been used to track or monitor the victim-survivor.
- Creating a new email and/or Facebook account which is unknown to the person using violence and use an anonymous username. Use strict privacy settings on new social media accounts, without identifying public photos.
- Accessing devices which send emergency messages, and/or which record events (e.g., if approached by a person using violence or have the ability to screenshot messages that can be saved to a file hidden under another app). Devices include bSafe, SafeTCard.
- Turning off their mobile when not in use, disabling location services, acquiring a new or additional mobile, and using landlines where possible. Children and young people's devices should also be considered.
- Checking for spyware. Some signs of spyware may include slow battery, programs operating in the background, slower speeds, or the person using violence knowing more about communication or movements than the victim-survivor is sharing.
- Using phones in a way that does not show 'numbers called' on the bill and ensure that there is an answering machine to record unwanted or illegal calls by the person using violence.
- Changing/creating passwords and PIN numbers for any protected accounts, e.g., banking. Do not use birth dates, children's or pets' names, favourite foods, colours or singers. If victim-survivors are worried they may forget new passwords, encourage them to create a list and leave it a safe place, like a trusted family member's home.
- Setting up new accounts if they have been irreparably accessed and controlled. Always log out and sign off when not using any device.
- Checking access to devices and accounts of any children/young people, including school-based apps designed to be assessed/used by all parents/carers, which may be used as a method of tracking an adult or child victim-survivor's movements.
- Being selective with future contacts, including on social media, only adding actual friends and removing anyone who may not be trusted not to communicate with the person using violence.

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Informing people and organisations

There may be several people and organisations in the lives of victim-survivors that need to be aware of the risks posed by the person using violence. This may include extended family members, friends, neighbours, workmates, people in the community and the children's school(s). Each individual and organisation need to have a clear understanding of what actions to take if they are contacted by the victim-survivor, or if they encounter the person using violence.

The safety plan may include the following:

- Identify key people and organisations in the lives of the victim-survivor and children, who can help support them and increase their safety.
- Inform neighbours, extended family members and friends. Clarify expectations and communications.
- Inform employers and co-workers, as well as education providers if applicable, about the risk and safety plan information relevant to them around monitoring and support.
- Explore options of support that an employer could offer — counselling, pay checks going to a different bank account, domestic and family violence leave, flexible working and/or security arrangements.
- Provide information to children's school(s), including a copy of any orders designed to protect the children from the person using violence, instructions about what to do if the person using violence comes to pick up or see the children in contravention of the order, a photograph of the person using violence and description of the car. Discuss not providing information that could increase risk.

Justice system

When developing risk management strategies with the victim-survivor, identify, work with and advocate for effective and timely responses from justice and statutory bodies, including police and courts. This might include:

- Sharing relevant information with police that might assist with investigations and possible criminal charges against a person using violence.
- Sharing relevant information about the person using violence with a victim-survivor where it is safe and appropriate to do so, and aligns with the DFVISS. This information might assist them to manage their risk, or that of their child, including assisting in obtaining a protection order or impact decision making around child living arrangements or other contact arrangements with a person using violence.
- Referring victim-survivors to appropriate support to seek advice regarding Victims of Crime entitlements, or other financial assistance such as enforcements of fines.
- Requesting information to determine if a person using violence is in prison, for example by using the Victim's Register to gain access to this information. Information may include any programs they are undertaking, their release date and assessing what risk management actions will be required to manage DFV risk.

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Managing risk with an intersectional lens

A person's identity and experiences of structural inequality and discrimination will influence how they might:

- Talk about and understand their experience of domestic and family violence, or presentations of risk.
- Experience trauma or relate domestic and family violence to their experience of barriers, structural inequality, and discrimination.
- Understand and trust their options for service responses or who they may seek services from.
- Explain impacts of the violence they experience.

People are multi-faceted and may identify with a range of identities or experiences. Considerations should be given to the person's whole identity and circumstances, including how geographical and telecommunication factors may interact with their needs. These factors should inform risk management and safety planning responses.

Priority cohort risk management considerations

Some additional risk management considerations for people from priority cohorts and at-risk age groups (including older people) are outlined below. This is not an exhaustive list as every person's circumstance and relationship with the person using violence and their family, community and culture are different.

Responses that do not engage with priority cohorts in a safe and informed way may inadvertently increase the risk to a victim-survivor or cause the person to disengage from services.

1. Aboriginal and Torres Strait Islander people
2. Migrant, refugee or culturally, linguistically diverse and faith communities
3. LGBTIQA+ communities
4. Older people
5. People with a disability
6. People living with mental ill-health

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Aboriginal and Torres Strait Islander victim-survivors

Some additional risk management considerations for Aboriginal and Torres Strait Islander people may include:

- The importance of cultural safety and connections to culture and community. For example, consider how housing or protection orders affect a victim-survivor's ability to stay connected to Country, family and community.
- Ask what family or community members are supportive and may be able to assist if needed.
- Confidentiality can be a heightened concern for the victim-survivor, including not wanting gossip or to be made to feel 'shame' within their community. This can especially be the case when the victim-survivor is engaged in culturally unsafe service response that community experiences as harmful.
- Ask if there are any concerns about calling police or emergency services. Any fear of engaging with police or emergency services arising from previous experiences may need to be addressed in a supportive and pragmatic way. Understanding they may be cautious about engaging with government, statutory authorities and justice agencies.
- Allow extra time to talk about safety for children, identify opportunities for support and advocacy, and explore any concerns or distrust the victim-survivor may have in relation to Child Protection.
- If applicable and if the victim-survivor wishes, consider secondary consultation with or direct involvement of an Aboriginal or bi-cultural worker to help understand and respond sensitively to the depth of child-removal concerns

Migrant, refugee or culturally, linguistically diverse and faith communities

There is significant diversity among different cultural, linguistic and faith-based communities. Workers should adopt an open and curious approach to learning about their client's specific context.

- Workers may need to explain how the police and criminal legal systems work, including how to engage with the police.
- Any fear of engaging with police or emergency services arising from previous experiences in Australia or overseas should be addressed.
- Workers may need to provide information about Child Protection systems and statutory obligations.
- There may be multiple people using violence — safety planning needs to address the risk for each person using violence and how their behaviour impacts the victim-survivor, individually and collectively.
- Discuss cultural or religious beliefs that the victim-survivor experiences as a barrier to leaving. There may also be community pressure, stigma, taboo etc. about leaving the relationship. Impacts of leaving may be far reaching, including on support networks, such as a person using violence using networks to inflict violence to other family members, including overseas.
- Support engagement with migration agents about visa status and consider the need to refer on or consult with them for information on family violence protection visas. Remember, asylum seekers, refugees, and people on temporary visas may be fearful of information being used to potentially compromise their visa status.
- Some victim-survivors may want to return overseas. This will require exploring options, risk and safety planning. Consider if there are children who are living in Australia and seek advice around this from legal and immigration services, as applicable.
- Consider postal addresses regarding immigration information as migration correspondence may be sent to an address associated with the person using violence.
- Consider available resources. For example, jewellery or other material possessions may be a person's only form of financial independence — if so, discuss options to take jewellery or other valuable possessions if planning to leave.
- Consider explaining privacy expectations, accommodating no contact requests on days of religious or cultural significance, and providing interpreting and translation services, including phone interpreters.

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LGBTIQA+ communities

The ability to affirm and practice safe and inclusive engagement with people from LGBTIQA+ communities will improve engagement with services, and result in better risk management outcomes.

- Safety planning should consider family of origin and family of choice and how people in each family may be either involved in the violence or are able to support the victim-survivor.
- Specifically affirm and recognise a person's identity, including when undertaking planning, facilitating connections to appropriate and safe services, and making referrals.
  - This includes confirming preferences for sharing personal information, such as preferred pronouns, before information is disclosed to another service.
- Consider if the use of DFV is targeting an area of a person's identity, such as their gender identity or sexuality and seek to respond to these specifically in risk management, where possible.
  - Communities relating to sexuality or gender identity have distinct needs, health disparities and experiences of DFV.
- Risk management should support the victim-survivor to be further connected to support systems, where possible.
  - This may include connecting the victim-survivor to peer workers, or peer-led support services, for safe advocacy and support.
- Ask if there are specific concerns about information sharing or barriers to accessing services.
- If there are children in the family, be aware of the possibility of different child-caring arrangements for rainbow families.
  - Biological parenthood is not just based on pregnancy one partner may be an egg donor and claim biological parenthood on that basis.
- An LGBTIQA+ victim-survivor may not feel safe to access mainstream services, including emergency services.

Safety planning for LGBTIQA+ victim-survivors may require creative eco-mapping of social and other supports:

- Gauging how the victim-survivor feels about calling the police and who they may feel safe talking to in an emergency.
- Identifying who they could stay with in an emergency, and for what period of time.
- Understanding where they work and who they may be able to rely on in that neighbourhood.
- Discussing who is safe in the victim-survivor's family of origin or choice, or broader social network
- Discussing social contacts that the person using violence does not know about (doctors, children's play network)
- Identifying places they can go to in an emergency, including well-lit public places: restaurants, community centres, library.
- Determining whether there any issues relating to medication or support aides that can be addressed, such as where these have been restricted or removed from the victim-survivor by the person using violence

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Older people

Age and age differences can result in power imbalances across relationships, which can be exploited by people using violence. Aging can also lead to increased needs and dependence on care, which can be a key aspect of the perpetration of violence.

- Be aware of concerns the older victim-survivor may have that might impact their capacity to act on a component of a safety plan.
- Consider if the appointment of a temporary guardian is needed or a temporary administrator to protect the older victim-survivor's property and assets.
- Be aware that carers or family members may provide incorrect information about the older person. Where possible, communicate directly with the older person and support their agency.
- Consider whether a referral is needed for a specialist assessment to determine capacity by a geriatrician or GP.
- Consider whether a referral is needed to assess for aged care services — particularly if a family member is a carer who is perpetrating violence and the victim-survivor needs additional supports in place to be safe.

People living with a disability

Wherever possible and appropriate, victim-survivor agency should be supported and promoted. Reasonable adjustments are essential to this.

- Consider communication and mobility needs, and/or care requirements to determine what supports are needed. Both adult and child/young person victim-survivors should be asked if they have a disability and risk management should address these needs individually.
- A safety plan should be in an accessible format, if required, and be readily accessible by the victim-survivor. For example, if the person has limited English or a cognitive impairment, design their safety plan to address any barriers. Consider giving plain language explanations and additional time and space to process information. Keep plans short and stepped out.
- Ask the person if there are other people in their family, friends or other supports in the community who may be able to help with executing a safety plan. Victim-survivors who have a cognitive impairment, such as an acquired brain injury (ABI) or a potential ABI, may have difficulties in interacting with services, retaining information about safety planning, and keeping track of the services or court matter involved. Adapt support and risk management strategies, if necessary, to reflect more intensive case management work that may be required.

Victim-survivors experiencing mental ill health

DFV can precipitate or exacerbate mental ill health for victims. Symptoms can include nightmares, flashbacks, emotional detachment, insomnia, avoidance of reminders ('triggers') and extreme distress when exposed to these, irritability, hyper-vigilance (watching for anger and signs of violence), memory loss, excessive startle response, clinical depression and anxiety, and loss of appetite.

This may affect the victim-survivor's capacity to retain information, access and interact with services.

- Consider asking a victim-survivor for consent to share information about these impacts with other services, to support safer and trauma-informed engagement across services.
- Safety planning should include sensitively asking about current or previous trauma events, being alert to triggers and understanding that it may not always be appropriate to ask certain questions or proceed with certain discussions that may retraumatise the person.
- Consider specific safety planning strategies for access to medication if the person is on medication, such as by having spare medication or scripts at a friend's house.
- Be respectful of trust barriers and work to build rapport and trust in partnership with the victim-survivor. A victim-survivor with mental ill health might only trust a professional that has already assisted them. Consider discussing who the victim-survivor trusts or who is in their 'trust group.'

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Key Component 4: Risk Identification, Assessment and Response with People Using Violence

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Overview

This Key Component provides guidance for organisations and workers of varying skills and responsibilities to provide safe and effective service responses and interventions to people using violence, including people suspected to be using violence.

While most organisations do not work with people who use violence about their use of violence, all agencies have a role to play in adopting a safe and coordinated whole-of-system approach to people who use violence, and those suspected to be using violence.

RAMF Requirements for Key Component 4

Organisational leaders:

- Understand and support their workforce to apply the principles for working with people who use domestic and family violence at all points of service provision
- Understand their organisations and worker's responsibilities in domestic and family violence risk identification, assessment and management in relation to people using violence
- Understand which RAMF tools can be used by their workforce and practitioners
- Understand the operation and application of the DFV Information Sharing Scheme and other relevant laws to support information sharing and multi-agency responses
- Support their workforces with appropriate tools, resources and training to meet those responsibilities

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Principles for working with people using violence

These foundational principles apply across all stages of identification, engagement, risk assessment, referral, and monitoring.

1. **Professional curiosity:** Stay open and inquisitive. Ask gentle, non-judgmental questions to understand patterns of behaviour, impacts on family members, and the person's level of responsibility. Curiosity helps to avoid assumptions and gather fuller information.

2. **Avoiding collusion and recognising image management:** People using DFV may minimise, justify or deny their behaviour, shift blame, present as calm and reasonable, or position themselves as the "real victim". Avoid agreeing with or reinforcing these narratives. Be aware of feeling drawn into their perspective — this is often a cue that invitations to collude are present.

3. **A balanced approach to engagement:** Engage respectfully and build rapport, while holding a clear, boundaried view of their violence. Avoid the two extremes of compliant collusion and oppositional confrontation.

4. **Keep responsibility with the person using violence:** Support the client to consider the impacts of their choices. Discussions should maintain a focus on behaviour and accountability — not external stressors, substance use, or the victim-survivor's behaviour.

5. **Safety of victim-survivors and children is central:** At all times, practitioner actions should align with the victim-survivor's safety. This includes accurate documentation, information sharing, and supporting victim-survivors to access specialist services.

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A whole of system approach to people using violence

A common belief about people who use DFV is that once they start, they do not stop. Instead, they escalate their abusive behaviours in frequency and severity. However, international research has shown that many people who use DFV do stop, or at least reduce their use of abusive behaviours over time.[97]

Achieving this, requires all parts of the ACT system working together to:

- keep people using domestic and family violence in view,
- hold them accountable for their use of abusive behaviours, and
- provide them with timely access to programs and services that address the drivers of their abusive behaviours.

Working with people using violence is not just the role of Tier 3 agencies; all parts of the system have a role to play.

Service providers (and friends and family) can create moments of opportunity that invite a person using violence to make forward movement towards changing their violence and abuse. As Twiselton and colleagues state, 'Violence can be 'interrupted' in several ways without necessitating direct work with men to stop this behaviour, which is the domain of specialists'.[98]

Factors that support desistance of domestic and family violence

Consistent research has found that desistance from any offending behaviour, not just domestic and family violence, is a non-linear, long process that can be characterised by multiple periods of relapse and remission. Complete cessation of all behaviours may take a significant period of time, if it is achieved at all. Certainly, the reduction in frequency and severity of abusive behaviours is more commonly reported by victim-survivors, than the complete end to all forms of abuse.[99]

The evidence base for domestic and family violence desistance is still being developed, and at time of releasing this iteration of the RAMF there was no desistance informed framework for working with people using violence that was publicly available. However, in their 2019 report on pathways for those who use violence, Vlais and colleagues note that there are 3 key scenarios that may prompt a person using violence to consider changing their behaviour:

- a perceived or actual threat of a significant negative outcome for themselves (such as loss of contact with children or loss of face),
- a felt crisis in their own life (such as loss of housing due to exclusion order or justice processes), and
- skilled and appropriate intervention from a service provider or someone in the immediate community of the person using violence who they respect. [100]

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97 Aldarondo and Sugarman (1996) *Risk marker analysis of the cessation and persistence of wife assault*; Bassuk et al. (2006) *Intimate partner violence in extremely poor women: Longitudinal patterns and risk markers.*

98 Twiselton et al. (2023) *Interrupting male violence with men who use domestic and family violence.* p.1.

99 Boxall et al. (2026) *Who defines desistance? Exploring the perspectives and experiences of female victim–survivors of intimate partner violence.*

100 Vlais and Campbell (2019) *Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities*.

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While accepting that one or more of these occurring does not guarantee a window for change, Vlais and Campbell (2019) note that they 'can produce forward movement towards change'. They state:

> For many perpetrators some seeds or the beginnings of an *internal* motivation to change are present … A wide range of service system agents can therefore help to sow these seeds or support the beginnings of internal motivation amongst the perpetrators with whom they engage.[101]

Service providers, friends and family can create moments of opportunity that invite a person using violence to make forward movement towards changing their violence and abuse. This could involve:

- supporting the person using violence to recognise the negative impacts of their behaviours on their family members and children,
- encouraging the person using violence to imagine an alternative self or future where they are not using domestic and family violence,
- reflecting to the person using violence that they believe they are capable of change,
- highlighting possible as well as actual negative outcomes if they continue to use domestic and family violence (e.g., imprisonment), and
- having the knowledge and skills to offer referral to interventions if any opportunities arise.

Roles and responsibilities of agencies

The Framework sets out a tiered system of responsibilities across the service system. All agencies play a role in recognising DFV and keeping victim-survivors safe, but the level of responsibility varies depending on the agency's function, mandate and training.

Assessing risk for people using violence works differently to assessing risk for victim-survivors. The key difference is about who does what, and when:

- Tier 1 and Tier 2 agencies are not expected to carry out any formal risk assessment with a person using violence they come into contact with. Instead, their role is to keep clear, detailed notes about any interactions or conversations they have with the PUV, along with their observations. This information is valuable and can be used by other organisations to assess and manage risk.
- Tier 3 agencies are supported to undertake formal, structured risk identification with a person using violence and is the responsibility of Tier 3 agencies only, using the Adult Person using Violence Risk Assessment Tool. This tool should be used by Tier 3 agencies as a comprehensive risk assessment tool when engaging with clients who they know or suspect are using DFV.

[101] Vlais and Campbell (2019) *Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities*. p.12.

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Table 7. Responsibilities of RAMF agencies specific to people who use domestic and family violence

Tier	Responsibilities	Suggested approaches
Tier 1	• recognise possible indicators of DFV perpetration, including observed narratives or behaviours indicating or disclosing use of domestic and family violence risk factors • listen for concerning narratives or behaviours • apply professional curiosity to explore concerns safely • document observations objectively and without collusion • share relevant information (as authorised) when risk indicators are present or DFV is suspected • refer the person using DFV to appropriate supports (e.g., Tier 2 or Tier 3 services) • check in with victim-survivors (if safe and appropriate)	• provide brief interventions that reinforce accountability (e.g., "violence is never acceptable") • support engagement with other services (e.g., housing, AOD, mental health) • request or share information to support coordinated risk identification
Tier 2	• recognise observed narratives or behaviours indicating or disclosing use of domestic and family violence risk factors • identify and respond to risk using RAMF tools and processes • hold people using domestic and family violence accountable through clear, non-collusive practice • share information proactively (as authorised) to support risk management • refer to Tier 3 services when domestic and family violence is present or suspected • support safety planning for victim-survivors and children • monitor ongoing risk where the service has continuing involvement	• provide short-term, targeted interventions to address risk • coordinate multi-agency responses where appropriate • use structured tools to support risk identification
Tier 3	• conduct comprehensive domestic and family violence risk identification • lead risk management planning for serious-risk cases • work directly with people using domestic and family violence through behaviour change programs or specialist interventions • provide partner/victim-survivor contact and safety support • support case coordination across services • document patterns of coercive control and changes in risk over time • provide specialist consultation to Tier 1 and Tier 2 services	• facilitate multi-agency risk panels or coordinated practice mechanisms • provide expert advice on misidentification or high-risk behaviours • deliver structured intervention programs, case management, or supervision

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Engaging safely with people using violence

Safe engagement is the foundation of all work with clients who may be using domestic and family violence. Frontline workers, practitioners and organisations often begin engaging with a client long before it is clear whether they are using violence, experiencing violence, or both. Adopting a balanced, non-collusive stance from the first interaction helps gather accurate information, avoids reinforcing harmful narratives, maintains rapport, and reduces the risk of escalation during later identification and assessment.

Holding people using violence accountable

Holding a person using violence to account for their behaviours refers to the:

> the 'ability of family violence systems agencies to work together to keep the perpetrator within view, so as to assess, monitor and manage dynamic risk … perpetrator accountability is seen less as a set of singular actions or consequences … and more as an ongoing response that flips the systems focus from solely protecting victims from risk towards also responding to and containing risk at its source'.[102]

Holding a person using violence to account does not mean using deliberately stigmatising language, refusing to provide service because 'they are a perpetrator' and naming and shaming them. This can have the opposite effect of making the behaviours more entrenched and difficult to change.

Some of the ways that accountability can be enacted or supported by services, programs and systems include:

- making the patterns of coercive control used by the person using violence more visible in case analysis, case management, case notes and other work with family members
- identifying, assessing and sharing information about risk and the patterns of abusive behaviours used by the person using violence with agencies who have a responsibility to manage risk
- challenging self-justification or excuses from the person using violence (or the victim-survivor) about the causes and 'reasons' for violence and abuse
- using a victim-survivor's account of the violence as the primary source of information
- verifying information provided by people using domestic and family violence (where appropriate and available)

[102] Vlais and Campbell (2019) *Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities*. p.14.

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- supporting people using domestic and family violence to engage in behaviour change or other effective interventions
- reporting concerns about children to child protection services
- strengthening, where possible, the person using violence's understanding of and motivation to comply with protection orders or bail conditions
- providing consistent information and messaging that violence is not tolerated or accepted
- recognising and rejecting attempts by the person using violence to seek collusion (see more below)
- contributing to the ongoing monitoring of the person using domestic and family violence's risk

Image management and avoiding collusion

People who use domestic and family violence often engage in image management, presenting themselves as calm, charming, reasonable or cooperative to influence how professionals view them. These tactics are designed to minimise their responsibility, create doubt about the victim-survivor's account, and shift attention away from their behaviour.

Because of this, collusion – agreeing with or being influenced by the person using violence's narrative – is an ongoing risk in domestic and family violence work. Collusion may be subtle and unintentional.

Common image management and collusion-inviting tactics

People using domestic and family violence may:

- present as calm, reasonable, charming or overly cooperative,
- portray the victim-survivor as irrational, unstable, mentally unwell, or the real aggressor,
- deny, minimise, or justify the violence ("she gives as good as she gets", "I was trying to protect the kids"),
- lie, omit details, or offer a partial account,
- suggest the victim-survivor is lying or fabricating evidence,
- claim the system or professionals are "out to get" them,
- reframe the violence as a problem of anger, substance use or stress to avoid addressing power and control,
- present themselves as a martyr or helper who is sacrificing their wellbeing for their partner,
- acknowledge some wrongdoing while denying responsibility ("yes, but…"),
- use humour or charm to shift attention, build rapport, or downplay their behaviour, and
- insist the violence is "in the past" to avoid scrutiny of ongoing risk

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These tactics are often intentional and can be effective in drawing workers into reinforcing the person using violence's narrative, even unintentionally.

This is not to say that these responses should never be used when engaging with the person using domestic and family violence. Instead, it is important to be alert to some of the ways people using domestic and family violence can seek collusion from others, and recognise situations where collusion is more likely to occur. For example, this may arise where there are mutual acquaintances or friends with the person using violence or shared interests.

It is also important to remember that allowing disclosures, justifications and victim blaming to pass without comment is a form of collusion, though challenging every comment and detail is not helpful.

Professionals tend to use one of three engagement styles when working with people who use violence. The style adopted can affect the ability to build rapport, keep the person engaged, and hold them accountable.

A balanced approach avoids validating violence-supporting narratives while also avoiding confrontational responses that increase risk or reinforce misuse of power.[103]

Compliant collusion: This occurs when the practitioner becomes aligned with the person using violence's narrative. It can look like accepting their explanations, minimisation or victim-blaming without challenge. This style unintentionally reinforces their beliefs and supports their use of violence.

Balanced approach: This is the recommended style. It involves holding two realities at once: the person may be seeking help for a legitimate need, and they may also be using domestic and family violence. A balanced approach keeps these narratives in mind, avoids collusion, maintains respectful engagement, and keeps responsibility for the violence clearly with the person using violence.

Oppositional confrontation: This occurs when the practitioner argues with, challenges aggressively, or uses their own power to "push back". While often well-intentioned, this mirrors the person using violence's own use of power and control, can escalate risk, and can push the person further from accountability. It can unintentionally reinforce harmful behaviour.

[103] Victorian Government (2021) MARAM Practice Guides, Responsibility 3: Intermediate risk assessment.

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Table 8. Taking a balanced approach to collusion

Compliant collusion	Balanced approach	Oppositional confrontation
Engagement feels friendly and easy, with little challenge to the person's narrative. Their explanations or minimisation may be validated, even unintentionally.	Acknowledge the person's needs while also recognising and holding their use of violence in mind. Support engagement with services that reduce risk and focus on responsibility-taking, even when the person feels conflicted or vulnerable.	Use information to "catch them out" or communicate judgement. This can result in the person feeling blamed and responding defensively, escalating resistance and mirroring the power and control dynamics that interventions are trying to interrupt.
Agreeing with or joining in on the person's views that blame others, justify their behaviour, or portray them as the victim-survivor. Their narratives about "provocation" or someone else being responsible go unchallenged.	Use professional curiosity to understand the situation, gently explore the person's role in the interaction, and invite them to reflect on how they might act differently. Acknowledge their experiences without supporting narratives that shift blame or excuse violence.	Directly confronting or accusing the person, telling them they are at fault or responsible for others' behaviour. This often leads to defensiveness, resistance, and escalation.
Over-empathise with the person's story of being a "victim" of others or their circumstances, which can reinforce their excuses or victim-stance.	Listen with curiosity, gather information about risk, and explore whether the person feels unsafe. If they report no fear, gently shift the focus to their empathy for others and the impact of their behaviour on family members.	Offering no empathy and responding bluntly, telling them they are the person using violence. This often shuts down engagement and increases defensiveness.
The person using violence feels the worker "understands" them more than their partner or family. The interaction may feel easier, with the worker feeling liked and their own anxiety reduces — but the narrative of the person using violence remains unchallenged.	The person using violence may value the support and remain engaged when interactions are respectful, curious and boundaried. Rapport can be maintained while still promoting accountability.	The person using violence dislikes the worker, disengages, becomes angry or verbally aggressive, or shuts down completely. This increases resistance and reduces the likelihood of meaningful change.

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Professional curiosity and a call-in culture

Professional curiosity is an approach that encourages workers to ask thoughtful, open questions, explore inconsistencies, and gently probe around areas of concern, even when the person using domestic and family violence is reluctant, defensive or minimising. Rather than accepting information at face value, workers stay alert to subtle cues, patterns of coercive control and the gaps between what is said and what is known. This approach creates space for disclosures by signalling that workers are safe, attentive and not easily deflected.

A call-in culture complements this by inviting, not forcing, people using violence to reflect on their behaviour. It involves naming concerning attitudes or actions in a calm, respectful and direct way ("I'm noticing…", "Help me understand…", "I'm concerned about…"). The aim is to challenge harmful narratives without shaming the person, creating opportunities for insight and self-accountability. 'Calling in' helps people using domestic and family violence to talk honestly about what is happening while making it clear that abuse, control and disrespect are never acceptable.

Together, professional curiosity and a call-in culture support workers to:

- build trust and rapport while still holding strong boundaries,
- ask the right questions at the right time to encourage disclosure,
- challenge minimisation and excuses in a non-collusive way,
- keep victim-survivor safety at the centre of the conversation, and
- guide people who use violence toward behaviour change pathways and appropriate supports.

When used consistently, the RAMF helps workers create the conditions where people using domestic and family violence feel able to talk about their behaviour, often the first step in reducing risk and promoting genuine change.

Increasing visibility of the person using violence in case noting

One of the most effective ways each service can support accountability of the person using violence is by documenting clear, detailed and behaviour-focused case notes about them. This includes recording what the person using violence did, how those behaviours impacted the victim-survivor and children, and how the family responded. A helpful framework for strengthening perpetrator-focused case noting is the Perpetrator Mapping Tool developed by the Safe and Together Institute.[104] Although originally designed for families with children, it is now used widely across adult domestic and family violence services as well.

[104] Safe and Together Institute (2026) *Perpetrator Pattern Mapping Tool: A Practitioner's Tool for Improving Assessment, Intervention & Outcomes*.

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Identifying whether the person is using domestic and family violence

Identifying whether a person is perpetrating violence can be supported by using the PUV Risk Identification Tool. This tool aims to help all organisations and workers identify risk of DFV perpetration, by recording and assessing information about a person suspected of engaging in DFV.

All organisations and workers can undertake identification if they are trained in the use of the PUV Risk Identification Tool embedded in the RAMF.

Additional guidance is embedded in this Component to support practitioner application of evidence-based approaches to identification. The guidance in this Component and the Tool is based on an adaptation of PUV Identification guidance and Tool in the MARAM.[105]

Most organisations and services do not work directly with people to change their use of DFV. However, many workers engage daily with people who may be using violence but are presenting to their service for other needs (e.g., mental health support, housing, AOD use, parenting challenges, financial stress). Given the prevalence of DFV in the community, it is likely that workers encounter people using violence even when this is not the primary reason for service contact.

Workers may become aware that a person is using domestic and family violence due to:

- their narrative – how they describe their experiences, themselves and their relationships or conflicts, including comments that reflect entitlement, blame or control,
- their behaviour – interactions with family members or professionals that indicate controlling, coercive or disrespectful patterns,
- direct or indirect disclosures from the person using domestic and family violence or from a victim-survivor or other family members, or information shared by other professionals or services.[106]

There are very few tools available in Australia or internationally that help workers identify domestic and family violence perpetration.

The PUV Risk Identification Tool in the RAMF provides prompts to help workers recognise:

- indicators of violent, coercive or controlling behaviour,
- concerning narratives or attitudes,
- risk factors associated with domestic and family violence perpetration, and
- whether a disclosure may be occurring.

See: Risk Identification Tool (Adult Person Using Violence)

[105] Adapted from Victorian Government (2021) *MARAM Practice Guides, Responsibility 2: Identification of Family Violence Risk.*
[106] Adapted from Victorian Government (2021) *MARAM Practice Guides, Responsibility 2: Identification of Family Violence Risk.*

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When to ask questions, and when to just observe

Unless there is a direct disclosure, Tier 1 and 2 agencies should not ask any questions directly about perpetration of domestic and family violence. Instead, workers should focus on recording observations and information-sharing.

Direct questioning about DFV behaviours can increase risk unless undertaken by a skilled professional working with sensitivity and in an appropriate setting. A person using or suspected to be using domestic and family violence can react to direct questioning by threatening the safety of victim-survivors, staff, other members of the community and themselves.

Clients should only be asked direct questions about behaviours or disclosures that relate to their suspected use of domestic and family violence if:

- it is relevant to the primary purpose of their engagement (for example, it relates to a presenting need or circumstance that is relevant to the service being provided),
- both the worker and the client are aware of the client's use of domestic and family violence, for example:
  - the client is attending the service due to a related referral or court order, or
  - the client has directly disclosed an awareness of their use of DFV (as opposed to disclosure of behaviours that they are not aware are DFV)
- questioning can occur in a non-confrontational or non-accusatorial manner, with communication that is respectful and curious to minimise feelings of mistrust or shame, reducing the likelihood they become defensive or escalate their risk to the victim-survivor.

What to look for during observations

The PUV Risk Identification Tool can be used to record observations of narratives and behaviours that may indicate a person is using domestic and family violence. This includes:

- narratives that may relate to underlying beliefs or attitudes that are pro-violence, discriminatory and/or are commonly associated with likely use of domestic and family violence (see below table),
- physical or verbal behaviours, such as aggression, hostility or malice, and
- narratives that are justify or minimise beliefs and attitudes or behaviours.

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Table 9. Identifying narratives or behaviours linked to use of domestic and family violence[107]

Observation	How to recognise beliefs or attitudes in narratives or behaviours
Narratives that may relate to underlying beliefs or attitudes	Certain underlying beliefs and attitudes can help workers identify signs of DFV. People who use violence often have particular narratives that may underly beliefs or attitudes that are pro-violence, discriminatory, or are otherwise associated with the likely use of DFV. Beliefs and attitudes that are commonly linked to the use of DFV include expressions about how a person uses power, structural inequality, barriers or discrimination in their relationships. Many of these beliefs or attitudes are rooted in a person's sense of entitlement over a family member. Entitlement may be based on gender roles, but can also relate to ethnicity, social class, nationality or immigration, generation, age or other ideology.
Physical or verbal behaviour	Recognising physical or verbal behaviour that may reveal the use of coercive control and violence, such as aggression, hostility or malice (in physical and/or verbal behaviour). Where these behaviours are not challenged, they reinforce the person's beliefs and attitudes, which are in turn expressed through future behaviour. For example, derogatory language about women, or anger about 'disrespect' shown to men or their position in the family.
Narratives that minimise or justify behaviour	Recognising narratives that minimise or justify beliefs and attitudes, or physical and verbal behaviour. Be aware of the following: • There is often a clash or internal conflict between a person's view of themselves and what their behaviour says about them. This minimising or justifying attempts to align this clash by projecting blame, guilt and responsibility for violence or its impacts onto others. • The person using violence may intentionally minimise or justify their narratives and behaviour to obscure their use of violence for the purpose of control. Accepting this invitation to collude can lead to misidentification of the victim-survivor. • The person may hold a sincere belief in projecting responsibility onto the victim-survivor.
Practitioner experience (of the service user)	The person may use the above narratives or behaviours during a session or over time. Workers may experience invitations to collude or feel intimidated, manipulated or controlled throughout engagement with them.
Immediate risk	The person using violence may make a direct or targeted threat against an adult or child victim-survivor, a third party or any other person (including a professional). The person using violence may also indicate risk to their own safety.

[107] Adapted from Victorian Government (2021) *MARAM Practice Guides, Responsibility 2: Identification of Family Violence Risk.* p.28.

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The below examples of violence-supporting beliefs may be held consciously or unconsciously by people who use domestic and family violence.

Table 10. Narratives that may be linked to use of domestic and family violence[108]

Common narrative	Reflection of violence-supporting beliefs
My partner is irrational.	May indicate beliefs about gendered roles, norms or expectations – may also relate to age or other identity as focus of negative commentary about capacity or mental illness
Things must be done my way.	May indicate beliefs about authority or role in decision making, and a need to control
Women/they can't be trusted	May indicate beliefs about the victim-survivors' capability or trustworthiness, such as common narratives about women being more promiscuous or needing to be controlled, or locating the family member as inferior – "I can't control myself when I get angry".
I lost my temper.	May indicate belief that anger cannot be controlled, or violence is a normal, legitimate reaction to anger
They got what was coming to them. *I've been pushed too far.* *If people push me, they deserve to be punished.*	May indicate belief that violence is an appropriate response, or they have a legitimate role or 'right' to discipline, particularly in response to times where victim-survivors don't behave as expected (e.g., outside of their expected/imposed role)

The PUV Risk Identification Tool may not be able to definitively determine the presence of DFV, without direct disclosure of risk behaviours. However, it supports the recording of information that can be analysed alongside other information. This includes information shared from other services, any disclosures (by the person using violence or victim-survivor, if applicable), and any observations of direct use of domestic and family violence behaviours.

The tool prompts workers to consider information sharing, and to apply their structured professional judgement to identify whether DFV may be occurring. This process is done in the context of understanding the person's individual behaviours, presenting needs and circumstances.

[108] Adapted from Victorian Government (2021) *MARAM Practice Guides, Responsibility 2: Identification of Family Violence Risk.* p.34.

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Adult person using violence risk assessment: when the use of violence is present

The Adult PUV Risk Assessment Tool is adapted from the Adult Person Using Violence Intermediate Risk Assessment Tool in the MARAM.[109] It has also been informed by the Safe and Together approach to behaviour focussed case-noting and 'perpetrator pattern mapping' developed by the Safe and Together Institute.[110]

Because of this, the Adult PUV Risk Assessment Tool can also be used to support ongoing case noting to continually collate and assess information relating to risk.

Who can use this tool?

Tier 1 or **Tier 2** organisations and workers are not responsible for completing the PUV Risk Assessment Tool. Instead, they are responsible for identifying risk of a person using violence, and documenting professional observations through case notes as supported by the PUV Risk Identification Tool.

Tier 3 organisations and workers are not mandated to use the PUV Risk Assessment Tool. However, this tool can be used when:

- a **Tier 3** practitioner is working with a person known to be using domestic and family violence about their use of violence; or
- a **Tier 3** practitioner is working with a victim-survivor (or as part of a multi-agency response) and is collating risk-relevant information about a person using violence and mapping their patterns of behaviour over time.

The PUV Risk Assessment Tool is for Tier 3 organisations and workers only.

The Person Using Violence (PUV) Risk Assessment Tool supports **Tier 3** workers to record and analyse information to assess the level or seriousness' of the risk presented by the person using violence to an adult or child victim-survivor, to themselves and the community (including professionals). This tool builds upon the PUV Risk Identification Tool.

When working with a person using violence, determining the level of risk requires analysis of all information related to:

- risk factors,
- the person using violence's behaviours, presenting needs and the background to the circumstances that brought them to the service system, and
- the pattern, history and intention for using domestic and family violence.

These elements, combined with an understanding of the effect their behaviour has on adult and child victim-survivors, will assist decision-making processes throughout risk assessment and risk management.

See: Adult PUV Risk Assessment Tool

[109] Adapted from Victorian Government (2021) *MARAM Practice Guides, Responsibility 3: Intermediate risk assessment*. p. 94-103.
[110] Safe and Together Institute (2026) *Perpetrator Pattern Mapping Tool: A Practitioner's Tool for Improving Assessment, Intervention & Outcomes*.

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Referring to Behaviour Change Programs

Referral to a Tier 3 agency that delivers Behaviour Change Programs (BCPs) may be one of the ways of supporting behaviour change processes. However, that does not mean that all clients who use domestic and family violence should be referred to a BCP. This section provides information about what BCPs are, and when a referral may be considered.

BCPs are (primarily) group-based programs that seek to hold people using domestic and family violence to account, offer them opportunities to address and change their behaviour, challenge their use of violence and keep victim-survivors, including children, safe by monitoring and responding to the risk presented.

BCPs are distinct in their aims and approach from individual counselling, anger management programs and relationship counselling.

BCPs do not operate in isolation and cannot on their own solve DFV. Rather, they are part of a broader spectrum or system of interventions with primarily men who perpetrate abuse in relationships, including policing and criminal justice interventions, protection orders and court-based programs, individual therapeutic interventions and counselling, health, mental health and addiction programs, and child protection intervention.

These systems and responses need to work together to ensure people who use domestic and family violence are visible to the system, are held to account for their behaviour and are offered appropriate opportunities to change that behaviour.

Table 11. What BCPs are and are not

BCPs are	BCPs are not
✓ brief, structured interventions focused on changing violent and controlling behaviour.	✗ intensive, long-term one-to-one counselling or therapy.
✓ programs that build people using violence's understanding of what domestic and family violence is and how it affects partners, children and families.	✗ designed to work through men's own experiences of trauma.
✓ programs that teach practical tools for managing conflict, emotions and high-risk situations safely.	✗ relationship counselling or joint sessions with partners.
✓ programs that create opportunities for people using violence to reflect on their behaviour, build insight and take responsibility.	✗ anger management programs (domestic and family violence is not caused by anger).
✓ a way to keep people who use violence in view, accountable and connected to support.	✗ a substitute for specialist services such as AOD treatment, mental health care, financial counselling or housing support.

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When should a client be referred to a BCP?

BCPs are not a 'silver bullet', they are not going to be appropriate or effective in all situations. Because the ACT has a small BCP system with limited places, referrals need to be purposeful and well considered.

Identifying whether someone is 'ready' to participate in a BCP is challenging. A recent systematic review found very few consistent predictors of program completion.[111] This said, one of the biggest factors associated with program attrition appears to be wait-periods; the longer someone must wait to participate in a program, the more likely they are to withdraw while on the waitlist.[112]

There is mixed evidence about whether court-mandating someone to attend a BCP increases engagement. Some studies show higher rates of program completion, but completion is not the same as meaningful change. Importantly, program attendance or completion can be weaponised by a person using violence. For example, to pressure a partner into reconciliation or to present themselves favourably to courts or services.

The following questions are designed to help workers think critically about whether a BCP referral is right for the client at this time, and what supports may need to be in place to improve engagement and safety. These should not be used to exclude someone, but to guide practitioner decision-making.

Question to guide referral decisions	Why this matters	Does this preclude participation?
Does the client have significant concerns that will prevent them from engaging in a BCP? *Examples: Unstable housing, severe mental illness, an acquired brain injury, lack of transport, unmanaged substance use.*	These issues can make it difficult for the client to attend sessions, concentrate, or do the reflective work required.	No. A referral (or participation) may need to be delayed until additional supports (housing, transport, case management, AOD treatment) are in place so the client can engage.
Has the client participated in a BCP before?	• Past non-completion may indicate the client was not ready for change or struggled with program expectations. • If they completed a BCP recently (e.g., within the last two years), another referral may duplicate work already done.	No. There should be a clear explanation about what will be different this time —what additional benefit the referral will have, and whether they are realistically able and motivated to complete it.
Is the client wanting to participate in a BCP mainly to reconcile with their partner?	Relationship breakdown can be a strong motivator, but if this is the only motivation, there is a risk the program will be weaponised or used for systems abuse.	No. But partner support must be in place, and communication between the BCP and partner-support workers is essential to prevent manipulation and monitor risk.

[111] Ralph et al. (2025) *Understanding Participant (Dis)Engagement from Domestic Violence Perpetrator Group Programs: A Review and Qualitative Synthesis*.

[112] Ralph et al. (2025) *Understanding Participant (Dis)Engagement from Domestic Violence Perpetrator Group Programs: A Review and Qualitative Synthesis*.

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When a client has participated in a BCP before

Some clients who have completed a Behaviour Change Program may need ongoing support to maintain the behavioural changes they have started to make. At present, the ACT does not have a dedicated post-program support option, although a recent report to the ACT Government recommended developing this type of service.[113]

However, clients may be eligible for the Changing for Good: Post-Men's Behaviour Change Program, delivered by MensLine Australia. This program is for men who have completed a BCP within the past 12 months. It provides up to six months of telephone-based counselling focused on helping men continue using the strategies, tools and insights they learned in their program.[114]

> Changing for Good is not a replacement for a full BCP, but it can offer valuable ongoing support to help consolidate change, reduce relapse, and keep men connected to safe, accountable practice.

[113] Fitz-Gibbon et al. (2024) *Innovative Perpetrator Responses in the ACT – Scoping Study. Final Report*.
[114] MensLine Australia (2026) *Changing for Good: Post-Men's Behaviour Change Program.*

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Risk monitoring and needs assessment with people using violence

People who use DFV are not a homogenous group. They will have a range of identities and lived experiences that have shaped who they are, their behaviours, impact on their level of risk, and influence their capacity and willingness to change.

Understanding the needs of people using violence is an important part of the picture when trying to support behaviour change. While a service is unlikely to be able to provide support for all of these needs, having visibility of them supports decision making about what kind of referrals may be required, as well as whether or not a client is suitable to participate in a Behaviour Change Program delivered by a Tier 3 agency.

The person in their context

To understand the needs of the person using domestic and family violence, it is helpful to use, what the MARAM calls, the 'person in their context' approach.[115] This is described as helping:

> …to build an understanding of the person's life experiences that inform their interactions and relationships with friends, family, community, services and society. This includes the values, norms and beliefs that shape their views and expectations. These are expressed in their narratives about their role and relationships, likelihood of continued violence and/or escalation over time, and barriers to personal accountability, safety and change.[116]

In practice, this means considering the persons:

- experience of domestic and family violence as a child, in other family or previous relationships,
- use of violence in previous relationships,
- the impact of their use of violence on victim-survivors' and their own daily functioning and relationships, including their parenting role,
- presence of any serious threat/risk to the victim-survivor, themselves or another person,
- person's description of their relationship with the victim-survivor,
- person's relationship with other family members (who might also be victim-survivors or using violence), as well as other significant family relationships,
- person's relationship with social, cultural and community networks,
- presence of and relationship with professionals, services and systems, and
- any environmental factors that impact of their life.[117]

This last point is important for understanding situation specific factors that may be affecting their use of abusive behaviours. Research has also shown that risk of domestic and family violence is not stable over time, and may increase in response to specific life events and stressors. This was clearly demonstrated during the COVID–19 pandemic, where risk of domestic and family violence increased among men who had lost their job and/or been asked to take a cut in their pay.[118] Other time-dependent factors that can influence people's use of violence include the birth of children, child-caring responsibilities, sporting events and natural disasters.

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[115] Victorian Government (2021) *MARAM Practice Guides: Foundational Knowledge Guide.* p.39.
[116] Fitz-Gibbon et al. (2024) *Innovative Perpetrator Responses in the ACT – Scoping Study. Final Report*.
[117] Victorian Government (2021) *MARAM Practice Guides: Foundational Knowledge Guide.* p.39.
[118] Morgan and Boxall (2020) *Social isolation, time spent at home, financial stress and domestic violence during the COVID-19 pandemic.*; Morgan and Boxall (2022) *Economic insecurity and intimate partner violence in Australia during the COVID-19 pandemic.*

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Factsheet 1: Impacts of domestic and family violence on children and young people

This factsheet was informed by jurisdictional resources, including the Western Australian Government's *Impacts of Family and Domestic Violence on Children Factsheet* and the *Victorian Government's MARAM Foundation Knowledge Guide.*

Domestic and family violence (DFV) has profound and distinct impacts on children and young people. Children are not passive witnesses – they are victim-survivors in their own right.

The Australian Child Maltreatment Study (2023) found that a substantial proportion of Australian children and young people have experienced domestic, family and sexual violence, with these experiences strongly associated with a range of adverse outcomes across the life course including increased risk of mental ill health, post-traumatic stress disorder, as well as substance misuse, self-harm and suicidality.

For children and young people, the impacts of experiencing DFV can include:

- **Developmental impacts**, including disruptions to cognitive, emotional and social development, particularly where violence is chronic or occurs during early childhood
- **Educational impacts**, including difficulties concentrating, lower school engagement and attendance, and poorer educational outcomes
- **Behavioural and relational impacts**, including increased likelihood of aggression, withdrawal, difficulties forming safe and trusting relationships, and challenges with emotional regulation
- **Health impacts**, including both immediate physical harm and longer-term health consequences associated with chronic stress and trauma

The impacts of DFV on children are cumulative, distinct and intersect with other forms of adversity. There is also growing evidence that experiences DFV in childhood, while not deterministic, is associated with an increased risk of both victimisation and perpetration of violence in adolescence and adulthood.

Children can be impacted both directly and indirectly by DFV. This includes the impacts of violence on their physical environment as well as exposure to the control and coercion towards other adults or children in the family. The risk of harm may be greater if the person using violence specifically targets certain children. Children's exposure to violence may also involve directly witnessing violence, experiencing coercive and controlling behaviours or physical violence themselves.

In addition to the direct impacts of violence, secondary consequences can significantly affect a child's safety and wellbeing. These may include housing instability, and a lack of access to education and limited access to antenatal and postnatal care

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Impacts of violence on infants, children and young people may include:



Babies and toddlers who experience DFV often cry more than other infants and show signs of anxiety and irritability. They frequently have feeding and sleep difficulties. They are often underweight for their age and have delayed mobility. They often react to loud noises and are very wary of new people. They might be very demanding or very passive.



Pre-school aged children lack the cognitive maturity to understand the meaning of what they observe and the verbal skills to articulate their feelings. They exhibit their emotional distress through 'clinginess', eating and sleeping difficulties, concentration problems, inability to play constructively and physical complaints. They sometimes have symptoms similar to post-traumatic stress disorder in adults, including re-experiencing events, fearfulness, numbing and increased arousal. Immature behaviour, insecurities and reduced ability to empathise with other people are also common. Frequently, children in this age group who have experienced DFV have adjustment problems, for example, difficulty transitioning from kindergarten to primary school.



As they get older, children start to observe patterns or intentions behind violent behaviour. They often wonder what they can do to prevent it and might attempt to defend themselves or – often – their mother.



Pre-adolescent school-aged children have the capacity to externalise and internalise their emotions. *Externalised emotions* might manifest in rebelliousness, defiant behaviour, temper tantrums, irritability, cruelty to pets, physical abuse of others, limited tolerance and poor impulse control. *Internalised emotions* might result in repressed anger and confusion, conflict avoidance, overly compliant behaviour, loss of interest in social activities, social competence, and withdrawal, or avoidance of peer relations. Overall functioning, attitudes, social competence and school performance are often negatively affected, and children often have deficits in basic coping and social skills. The low self-esteem engendered by experiences of violence is exacerbated by these other effects.



Adolescents who have experienced DFV are at increased risk of academic failure, dropping out of school, delinquency, eating disorders and substance use. They frequently have difficulty trusting adults and often exhibit controlling or manipulative behaviours. Depression and suicidal ideation are common. Adolescents are also at greater risk of homelessness and of engaging in violent behaviour.

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Protective factors

While the detrimental impacts of DFV on children and young people are well documented, not all children are affected in the same way. It is important to consider protective factors, what skills and understanding some children and young people develop, and what resilience factors assist their coping.

Protective factors include:

- the actions of the protective parent or caregiver in responding to the violence
- access to supportive and responsive family members, friends, community and the broader service system
- the availability and responsiveness of a support system outside of the family structure
- strong relationships with friends, peers, and community
- involvement in extracurricular school activities or cultural activities
- the child's own ability and strengths to handle stressful and frightening situations

Children and young people actively navigate and respond to violence in ways to protect themselves and others. Their actions, choices and coping strategies reflect agency, resilience and strength.

Children's protective actions and responses

Children are more likely to be harmed by the person using violence when they attempt to protect other family members or become physically or verbally involved in the violence.

Children who use aggressive language and behaviour may also be responding to their exposure to, or experience of, DFV. This may indicate they are being affected by DFV and may require further assessment and support.

Responsibility for protecting children

When children are not safe due to DFV, responsibility is often placed on the victim parent for not leaving the relationship, managing the behaviour of the person using violence, or taking active steps to protect their children. This approach effectively holds the protective parent responsible for the use of violence and contributes to the pervasiveness of victim-blaming that permeates the service system.

Holding protective parents responsible for the safety of children has the effect of relieving responsibility from the person using violence of any accountability for the impacts of the violence on children.

When services assess child safety without adequately considering the behaviour of the person using violence, the person responsible for using violence can become invisible within the service system. This invisibility can allow the continued use of violence against the protective parent and child.

A child-centred and person using violence accountability approach recognises that responsibility for violence rests with the person using it. Service providers play a crucial role in responding to the impacts of the person's behaviour on children, supporting the protective factors present and promoting accountability of the person using violence. Failing to hold the person using violence accountable increases risk to the safety and wellbeing of children.

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Factsheet 2: Evidence-based risk factors

A risk factor for DFV is a variable or indicator associated with the likelihood of future, ongoing or escalating harm to victim-survivors (including escalation which could lead to death).

Our understanding of risk of escalating harm or lethality is based on findings from empirical studies, academic and practice-based literature and reports produced by international and Australian domestic violence death review committees and Coroners' Courts. This body of research tends to indicate that some risk factors are associated with a higher likelihood of violence reoccurring and of serious injury or death in the context of intimate partner violence by men against women (Boxall et al., 2022).

The risk factors included in the RAMF have come from an assessment of national and international evidence and research and several similar risk assessment frameworks across the country. When combined with professional judgement and where possible, the victim-survivor's own assessment of risk, these risk factors can help indicate a level of risk of repeat and escalating abuse.

Additionally, risk factors identified in empirical research have almost exclusively been developed using heterosexual samples, so their application to people in LGBTIQA+ relationships remains untested. Risk assessment practices and common tools should be adapted in accordance with emerging knowledge about specific risk factors for different communities and as further research determines how well the existing evidence base on risk factors for DFV applies to diverse communities.

'High-risk' factors

There are several risk factors that frequently present in 'high-risk' cases. These are evidence-based risk factors commonly associated with an elevated severity or frequency of abuse, including escalation resulting in homicide. Where a risk factor is associated a 'high-risk' of escalating, severe or lethal violence, this is indicated in the table below.

Risk factors must be considered in the context of the relationship, its interaction with protective factors and other risk factors. Relying on the presence of one 'high' risk factor to conclude an assessment on risk creates the possibility of overinflating *or* underrepresenting risk.

> Best-practice approaches to risk assessment involve understanding and assessing how multiple, compounding high-risk factors cluster together rather than how they operate in isolation. This is often described as a 'constellation of risk'
>
> (Boxall et al., 2022, p.107)

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Risk factor	Description
Recent, pending or planned separation **HIGH-RISK**	Separation has been found to be a time of heightened risk for family members of the person using violence. Victim-survivors are most at risk of being killed or seriously harmed during and/or immediately after separation (AIHW, 2026). This includes increased risk of harm to children and familicide (where multiple members of a family are killed, typically followed by suicide of the person using violence). For victim-survivors who are experiencing DFV, the high-risk periods include when a victim-survivor starts planning to leave, immediately prior to acting, and during the initial stages of, or immediately after, separation. Victim-survivors who stay with the person using violence because they are afraid to leave often accurately anticipate that leaving would increase the risk of lethal assault. Victim-survivors (adult or child) are particularly at risk during the first 2–3 months of separation. It is also dangerous when a person using violence *perceives* the victim to be planning to leave, even if this has not been expressed directly. This is especially the case when a victim reported coercive controlling behaviours before, during or after separation. For example, the Australian Domestic and Family Violence Death Review Network Data Report (2022) found that actual or intended separation featured in more than half (58%) of IPH cases perpetrated by men between 2010 and 2018.
Pregnancy or recent birth **HIGH-RISK**	Pregnancy and the postnatal period are a time of heightened DFV risk for the victim-survivor and their baby. Emerging evidence identifies violence beginning or intensifying during pregnancy as an indicator of ongoing coercive control, assault, and psychological abuse, with risks peaking between conception and early infancy (ANROWS, 2022; Dhunna et al., 2018; Raponi et al., 2024). Where violence was previously occurring, it often escalates in frequency and severity. This heightened risk is mostly attributed to two reasons: (1) a coercive controlling person using violence may view increased external scrutiny on the relationship (such as from healthcare professionals or family members) as a challenge to their control, or (2) pregnancy may be used as a tool to further entrench or solidify a person using violence's access to a victim-survivor via the child. Other factors around pregnancy can and will often compound with other risk factors. DFV during pregnancy is regarded as a significant indicator of future harm to the victim-survivor and child. This factor is associated with control and escalation of violence already occurring.

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Risk factor	Description
Escalation in severity and/or frequency of violence **HIGH-RISK**	While the escalation in frequency of severity of abuse is recognised as its own high-risk factor, it cannot be looked at separately from other risk factors. An escalation is any increase, whether short or long-term, in the abuse experienced by a victim-survivor. This may include more frequent incidents of violence, greater severity or harm than previously reported or is a new type of violence not previously experienced. The escalation in frequency and severity of abuse over time is linked to lethality and often occurs when there are shifts in other dynamic risk factors, such as the attempts by the victim-survivor to leave the relationship. Dwyer and Miller (2014) found that police investigations and family, criminal or civil court proceedings can trigger an escalation in the aggressive and violent behaviour of the person using violence and heighten risk to the partner and children. Transition points such as this should be managed proactively and robustly.
Non-fatal strangulation **HIGH-RISK**	Non-fatal strangulation refers to a deliberate act of choking, strangling, or suffocating a person by applying pressure to a person's neck or obstructing any part of their respiratory system. When used against a victim-survivor it can have severe medical, emotional and psychological consequences. The use of non-fatal strangulation is a high-risk factor for not only severe abuse, but attempted and actual homicide (Glass et al., 2008). Non-fatal strangulation is also a common method of exerting control over victims through demonstrating the potential to kill and instil fear of death. Any history of non-fatal strangulation is a serious risk factor. The seriousness of strangulation as an indicator of future lethality is often misidentified or not responded to proportionately. This is because physical injury from non-fatal strangulation is often not visible. Medically, non-fatal strangulation may result in a victim-survivor experiencing both immediate and delayed health complications, including acquired brain injuries, blood clots and strokes. These complications may emerge weeks or months after the initial incident, and it is therefore important to not solely rely on physical or visible signs of strangulation. Loss of consciousness is linked to increased risk of lethality, hospitalisations and of acquired brain injury. In the context of intimate partner homicide, non-lethal strangulation can occur during or alongside acts of sexual violence (often under the guise of "rough sex").

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Risk factor	Description
Controlling behaviours **HIGH-RISK**	The presence of coercive and controlling behaviours is both a risk factor in and of itself, *and* a lens through which patterns of violence and other risk factors can be considered holistically. The use of controlling behaviours is strongly linked to homicide; coercive control occurs in the majority of cases where a victim is killed by a family member. Coercive control can include both physical and non-physical violence, and in many cases of homicide, there was no recorded history of physical violence before the victim being killed (Boxall et al., 2022). Examples of controlling behaviours include the person using violence telling the victim-survivor how to dress, who they can socialise with, what services they can access, limiting cultural and community connection or access to culturally appropriate services, preventing work or study, controlling their access to money or other financial abuse, and determining when they can see friends and family or use the car. People using violence may also use third parties to monitor and control a victim or use systems and services as a form of control over a victim-survivor, such as protection orders and family court proceedings. This behaviour may co-occur with other common high-risk factors, such as threats of suicide, threats to kill or harm, isolation of victim-survivors and grievance development by the person using violence.
Threats to harm or kill the victim (including children) **HIGH-RISK**	People who threaten to harm or kill their partner or former partner, other family members, or others including their children, are particularly dangerous. If a threat to kill is made against a partner, child, or pet, they must be taken as a credible threat to life. These threats are often made in the context of coercive control to create fear and enforce compliance. Campbell and colleagues found that women whose partners threatened them with homicide were 15 times more likely than other women experiencing violence to be killed (Cambell et al., 2003). This finding has been supported by more contemporary research which has similarly identified that threats to kill is a common risk factor for homicide (Boxall et al., 2022). The absence of this risk factor does not mean a victim is safe from severe or lethal violence (Boxall et al., 2022). For example, research on pathways to intimate partner homicide found that only 3 of 73 (4%) of 'persistent and disorderly' offenders made threats to kill prior to a homicide, demonstrating that lethal violence can occur even when threats to kill have not been disclosed or identified (Boxall et al., 2022).
History of domestic and family violence **HIGH-RISK**	One of the most consistent high-risk factors is a previous history of DFV by the person using violence against an adult victim-survivor. Research also identifies prior harm to any children in the household, or pets, as high-risk indicators on their own. This includes threats to harm either. Identifying the prior use of violence should never be the sole risk factor considered in a risk assessment. DFV includes both physical and non-physical forms of violence.

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Risk factor	Description
Sexual violence **HIGH-RISK**	Sexual violence is a uniquely dangerous form of exerting power and control due to its invasive attack on victims' bodies and the severity of mental health, physical injury and urogenital health. Campbell and colleagues (2003) found that intimate partner sexual violence (IPSV) was the strongest indicator of escalating frequency and severity of violence, which again has been confirmed in subsequent findings from Domestic and Family Violence Death Review Advisory Board reports (Matias et al., 2020). The risk associated with sexual violence is increased when occurring alongside other high-risk factors, including coercive control, the use of alcohol or other drugs, physical assault during a sexual act, and the use of non-lethal strangulation. This is a constellation of risk factors that are crucial to pay attention to. Emerging research and practice have found several forms of sexual violence are increasingly associated with cases of severe violence and homicide. In cases of intimate partner homicide, this includes **sexual humiliation**, which involves the humiliation or degradation of a victim survivor for sexual gratification and control, including non-lethal strangulation or unwanted anal penetration. The presence of non-fatal strangulation (both within and outside the context of sex) is recognised as a high-risk factor individually (Boxall et al., 2022). **Sexual jealousy** is another prevalent high-risk indicator and is often related to a sense of 'ownership' or entitlement to the victim-survivor. In practice, it may look like a person using violence believing (or accusing) the victim-survivor of having an affair, or possessiveness over a victim-survivor when they want to leave a relationship. Often, these beliefs lead to an escalation of violence (Boxall et al., 2022).
Stalking **HIGH-RISK**	Stalking behaviours (repeated, persistent and unwanted) including technology-facilitated surveillance, GPS tracking, interferences with property, persistent phoning/texting and contact against court order conditions, increases risk of male-perpetrated homicide (Matias et al., 2020). Many people who use stalking are current or former intimate partners of the victim, and not strangers. Stalking when coupled with physical assault, is a high-risk behaviour, strongly connected to homicide or attempted homicide. Stalking behaviour and obsessive thinking, including the development of grievances and victimhood narratives, are highly related behaviours (Boxall et al., 2022). Technology-facilitated abuse, including on social media, surveillance technologies and applications is a type of stalking.

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Risk factor	Description
Access to and/or has made threats with weapons **HIGH-RISK**	The use of a weapon against a victim-survivor is a risk factor that increases the level of risk where the use of physical violence is already present. A weapon can be any tool or object used to threaten or intimidate, harm or kill a victim or victims, or to destroy property. A person's ongoing access to a firearm or weapon, legally or illegally, is another high-risk factor that must be considered and managed. The weapon does not necessarily need to be discharged or deployed to increase risk; for example, a weapon may be shown to the victim-survivor to create fear or get them to comply. Campbell and colleagues (2003) found that victim-survivors who are threatened or assaulted with a weapon are significantly more likely to be killed (Campbell et al., 2003). People who use violence with access to weapons, particularly guns and knives, are much more likely to seriously injure or kill a victim or victims than those without access to weapons (Campbell et al., 2003). For example, one study found that people using violence who had access to firearms were 7.9 times more likely to commit intimate partner femicide than those who did not have access (Campbell et al., 2003).
Breach of orders	Breaching an order, conditions of parole, a police issued family violence notice or any other protection order, indicates a disregard for the law and authority. It indicates that the person using violence is not willing to abide by directions issued by the court or police. Such behaviour is a serious indicator of increased risk of future violence, or escalating violence when a legal process is invoked against a person using violence. Importantly, breaching an order can be a form of coercive control. Where breaches are not consistently enforced, this may amount to systems abuse, undermining the protective intent of the order. This can discourage victim-survivors from seeking help, erode their trust in legal and support systems, and reinforce compliance from other family members. It demonstrates to the victim that orders and system responses will not stop the violence.
Threats or harm to pets	There is a relationship between cruelty to animals and DFV, including a link between violence and pets being abused or killed. Emerging evidence suggests that people who use violence against family animals are also likely to perpetrate frequent and severe forms of intimate partner violence (Collins et al., 2018; Taylor et al., 2020; Butler & MacDonald, 2024; Barrett et al., 2020). Abuse or threats of abuse against pets may be used as a tactic to control family members and even punish victim-survivors (Barbosa-Torres et al., 2024). 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 (Butler & MacDonald, 2024).

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Risk factor	Description
Alcohol and/or other drug misuse **HIGH-RISK**	The use of alcohol and other drugs (AOD) should never be seen as a cause of DFV. However, AOD use is often an exacerbating or moderating factor in predicting the dangerousness of a person using violence, and may increase the severity of future violence including lethal harm. It is a risk factor throughout a relationship (both when actively using, or when experiencing withdrawals), but also immediately prior to the use of lethal violence against a victim. Recent cessation of drug or alcohol use, particularly where addiction was present, can also exacerbate violent behaviour when the person using violence is not actively involved in a supported recovery and rehabilitation process. Emerging evidence also shows that AOD use can be deliberately used as a tactic of violence and control, where people using violence pressure, manipulate or exploit substance use to maintain power over victim-survivors (KODY Research Team, 2023).
Mental illness and the person using violence	Mental illness is common among people who commit intimate partner homicide and familicides, one of the most frequently referenced being depression (Lawler et al., 2023). The presence of mental illness may also be linked with the escalation, frequency and severity of violence (Victorian Government, 2018). Dynamic changes to mental health, including acute mental health deterioration, should be monitored and taken seriously. This is because deterioration or acute stressors may indicate a heightened risk of lethal violence where DFV is already occurring (Boxall et al., 2022). A person using violence may also exploit a victim-survivor's mental health concerns or diagnoses to exert control, undermine disclosures, or avoid accountability. This can include gaslighting – minimising responsibility and causing a victim-survivor to question their judgement, memory, sanity or sense of reality (Commonwealth of Australia, 2023).
Suicidal ideation and/or threats to suicide by person who uses violence **HIGH-RISK**	Threats or attempts to self-harm or suicide are a risk factor for intimate partner homicide, as well as homicide–suicide especially during separation or crisis (Karlsson et al., 2021; Matias et al., 2020; Kim & Merlo, 2023). While all threats to suicide or attempts should be taken seriously, it is well known that it can be used by people who use violence as a way to exert control over a victim-survivor. The Australian Domestic and Family Violence Death Review Network (ADFVDRN) research (2022) has found that 18% of men who killed an intimate partner in Australia between 2010 – 2018 died by suicide following the homicide and 22% of DFV-related filicide offenders died by suicide during or after committing the filicide. This link has led leading UK homicide researcher Professor Jane Monkton-Smith to say that if the person using violence threatens to kill themselves, take that as a threat that they are going to kill the victim (Monkton-Smith, 2021). This factor is an extreme extension of controlling behaviours.

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Risk factor	Description
Victims' perception of risk	A victim-survivor's own sense of fear of serious harm is one of the strongest short-term indicators of severe DFV outcomes (Jiang et al, 2026). Victim-survivors know the person using violence best and can often accurately predict their own level of safety and risk, including the risk of re-assault. However, workers need to be aware that sometimes victim-survivors may minimise their risk due to the person using violence's abusive tactics which can create fear, confusion or denial.
Grievance development **HIGH-RISK**	Grievance refers to unique or personal vendettas, often underpinned by a sense of injustice, loss, injury or victimisation. New research has pointed to personal grievances, or vendettas, held by a person using violence as a common factor in cases of lethal DFV (Cooper et al., 2022). These grievances can stir feelings of resentment and revenge-seeking, where the person using violence may see a victim-survivor as the source of their problems. Often, people using violence develop grievances that are objectively false or founded upon incorrect beliefs – but these are still equally dangerous. A 2022 study of 38 lethal family violence cases found evidence of grievance in 20 cases (53%), alongside high rates of mental illness relative to the general population (Cooper et al., 2022). In these cases, lethal violence was used as a way to enact revenge, while cases without grievance were motivated by 'altruism' or frustration in reaction to the victim. While grievances are not present in all cases of domestic and family violence, when they are identified and effectively challenged, it is an opportunity to reframe or "call in" a person's behaviours and beliefs. Grievance is also clearly seen in previous research that has highlighted feelings of injustice and entitlement held by people that use violence (Monkton-Smith, 2021). 'Fixated threat offenders' most clearly align with this concept (Boxall et al., 2022). These are people whose controlling behaviour escalated in the context of a perceived loss – loss of control over the victim during a separation. It is during this time, the "offender blames the victim for his loss of control in other domains of his life" (Boxall et al., 2022, p.31). Compared to the other two pathways, prior planning (for example, obtaining a weapon) and threats to kill were more common.

Remember: Victim-survivor self-assessment of risk

Victim-survivors are often best placed to assess their own level of risk, meaning that we need to treat their concerns seriously if they say they are high risk for experiencing significant harms. However, minimisation of risk can also occur, even in situations where several evidence-based risk factors are present. This paradox creates a challenge for professionals. While a victim-survivor's self-assessment of high-risk should be a primary indicator for service intervention, a low risk self-assessment must be carefully considered within the context of other evidence-based risk factors and professional judgement.

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Factsheet 3: Structured Professional Judgement

This fact sheet has been adapted using the Victorian Government's *MARAM Foundation Knowledge Guide*.

Structured professional judgement (SPJ) is a practice model that enables workers to assess information and determine the level or seriousness of risk. It requires workers to bring their professional knowledge, skills and experience to the risk assessment process.

Structured professional judgement involves the consideration and interpretation of three different sources of information:

- evidence-based risk factors
- the victim-survivor's own assessment of their level of risk
- the practitioner's professional judgement.

Risk is dynamic

Risk assessment is a point-in-time assessment of the level of risk. Risk is dynamic and can change over time, which means that risk should be regularly reviewed, and any changes should inform future assessment.

Assessment of the level or seriousness of risk, as well as appropriate risk management strategies must be informed by adopting an intersectional approach.

Information sharing is essential

Workers should seek relevant information from other organisations and services that will help them assess risk, using the model of structured professional judgement.

Information to inform SPJ can, and should, be gathered from a variety of sources, including:

- engaging with and assessing the victim-survivor directly
- requesting, sharing or receiving information from other organisations about the identified risk factors or other information relevant to DFV risk about a victim-survivor or person using violence.

Remember

In the ACT, there is a dedicated law that authorises information sharing to help identify, assess and manage DFV risk. See www.act.gov.com.au/dfv-info-sharing for more information.

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Victim-survivor centred risk assessment

Best-practice approaches to risk assessment are victim-survivor centred and enables them to share their experiences. This includes recognising and believing victim-survivors accounts of:

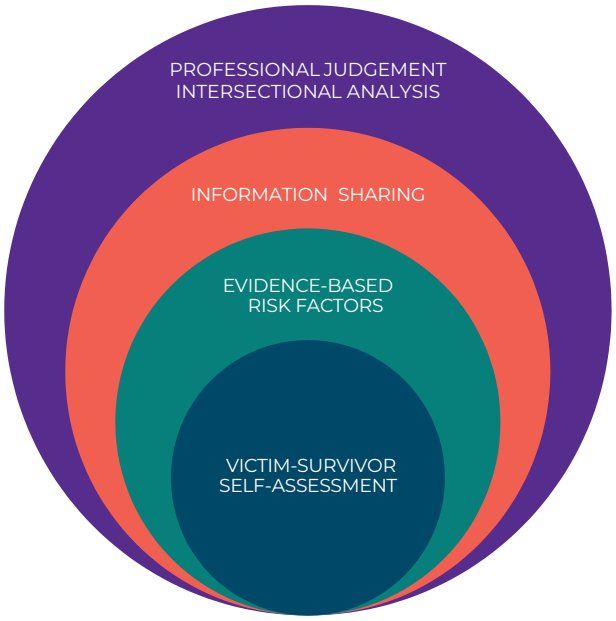
- their experience of violence and abuse
- the nature and circumstances of the relationship
- the impact of violence on any children in the family, including understanding risk experienced by children as victim-survivors in their own right, which may be informed by undertaking direct risk assessment with any children and young people involved
- the attitudes, beliefs and behaviours of the person using violence.

The important of the victim-survivor perspective

Evidence shows that adult victim-survivors are good predictors of their own level of safety and risk. A person-centred or victim-centred approach to risk assessment and management recognises the victim-survivor as an expert in their own safety, with intimate knowledge of their lived experience of violence and abuse. Listening to and believing the victim-survivor supports a more accurate understanding of risk and informs effective safety planning and intervention

Each element of the assessment should be considered collectively. Professional judgement is used to analyse and interpret the information gathered to determine the level of risk.

Figure 5. Model of Structured Professional Judgement



References

Victorian Government. (2021). *MARAM foundation knowledge guide: guidance for professionals working with child or adult victim-survivors, and adults using family violence*.

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Factsheet 4: Determining the primary aggressor and avoiding misidentification

In some domestic and family violence incidents, both parties may use physical force or respond aggressively, but the impact of their actions, and the fear that they cause, are rarely equal. Force used by a person who is afraid, cornered or trying to protect themselves, has a different motivation, impact and pattern than violence used to intimidate, dominate or punish.

When assessments of violence focus on a single incident — without examining pattern, intent and impact over time — the primary victim-survivor can be misidentified as the person using violence. This is a known issue in the DFV system.

Misidentification is not uncommon, and the consequences of it are severe

The Victorian Women's Legal Service estimates that two-thirds of their clients that identify as women have been misidentified as the 'primary aggressor', and NSW research indicates that around one in two women listed as DFV offenders by NSW Police (also referred to as 'persons of interest') were misidentified (Boxall et al., 2020; Jago & Ulbrick, 2018).

This Factsheet will explore the following guidance:

1. What does misidentification look like?
2. When is misidentification most likely to occur?
3. Consequences of misidentification
4. Core principles to determine the primary aggressor
5. Red flags for misidentification
6. Complex presentation
7. What to do when the primary aggressor is unclear

The **primary aggressor** is the person who poses the most serious and ongoing threat to safety and wellbeing. Although the term 'primary' may suggest two people are using violence, in most DFV contexts violence is used mainly by one person.

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What does misidentification look like?

Research and evidence about misidentification continues to emerge, meaning that there is no single, consistent, definition of this issue. However, there is general agreement that misidentification occurs when the DFV system mistakenly identifies the primary aggressor of abuse as the victim and the primary victim-survivor as the primary aggressor.

As described in Table 12 below, there are some common scenarios in which misidentification occurs.

Scenario 1: Treating the violence as mutual or equal

In **Scenario 1**, the service may believe that both parties in the relationship are using abusive behaviours which require an equivalent response. These relationships which may be described as "toxic", may lead to both parties being charged with DFV, or the implementation of "cross-applications" where both parties are respondents to a protection order.

However, it is extremely rare for both people in an intimate relationship to use violence of equal severity, or pose the same level of risk to the other person. Primary aggressors may claim the abuse is "mutual", or "she gives as good as she gets" to minimise their behaviour or shift blame. It is more likely that one person is using patterned coercive and controlling behaviours, while the other may be reacting to fear, survival needs, or a single incident.

Scenario 2: The victim-survivor's defensive actions are mistaken for primary aggression

In **Scenario 2**, misidentification can also occur when the service believes that the victim-survivor is the primary aggressor, and that the primary aggressor is the person most in need of protection. This form of misidentification may occur when the victim-survivor acted in self-defence, in protection of someone else, or to prevent abuse. These circumstances may be difficult to prove because of the presence of little or no evidence that they were being attacked or were anticipating one.

Avoiding misidentification in this scenario is made more complicated when the primary victim-survivor presents as unengaged or is even belligerent due to the effects of abuse, fear of the consequences of help-seeking or because of prior negative experiences when seeking support (including prior misidentification).

Scenario 3: The person using violence deliberately presents as the victim to hide their behaviour

In **Scenario 3,** the person using violence deliberately presents themselves as a victim of abuse. This is not simply a by-product of their behaviour — it is a tactic. By manipulating services into misidentifying the primary victim-survivor as the primary aggressor, they extend their coercive control, entrap the victim-survivor in the relationship, and use the service system itself as a mechanism of punishment.

When men are victims of DFV

Men can genuinely be victim-survivors of DFV, particularly from other men, such as family members, or same-sex partners. However, in heterosexual relationships, women's use of force is far more likely to be defensive, reactive or driven by survival. This makes it essential to assess pattern, intent and impact, not just physical actions or demeanour.

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Table 12. Common pathways to misidentification (and what to look for)

Scenario	Example
Scenario 1 **Treating the violence as mutual or equal**	Sarah and Mark have had 3 police call-outs in the past year. On each occasion, both have reported being assaulted by the other. Sarah has scratched Mark's arms and on one occasion threw a cup at him. Mark has pushed Sarah down the stairs, restricted her access to money, and told her that if she ever calls the police again, he will take the children. Following each call-out, both parties have been spoken to by police and issued with notices. A support service assessing the situation describes it as a "high conflict" relationship and refers both parties to couples counselling. Mark attends willingly, presenting as cooperative and reasonable, and uses the sessions to gather information about Sarah's concerns and disclosures, which he later uses to refine his tactics and reinforce her silence. Sarah finds the sessions unsafe but feels unable to say so. However, when the pattern of behaviour is examined, a different picture emerges. Sarah's physical actions occur only during incidents initiated by Mark. She lives in ongoing fear of him — monitoring his moods, restricting her own social contact, and managing his behaviour to protect her children. Mark, by contrast, shows no fear of Sarah, continues to monitor and control her, and uses the formal proceedings against her to consolidate his control. The relationship is not "high conflict" — it is one person using violence and another living in fear of it.
Scenario 2 **The victim-survivor's defensive actions are mistaken for primary aggression**	Jane and Adam are in a relationship and live together. During an argument, Adam began throwing objects at Jane and punching the walls of their home. Fearing for her safety, Jane ran to the bathroom and locked the door. Adam broke the door down and advanced towards her. Terrified, Jane struck Adam with a shower rail, leaving a cut on his face. When police arrived, Jane told them what had happened and admitted she had hit Adam, saying she had done so in self-defence. Adam told police he had not physically touched Jane, which was technically accurate but did not reflect the context of his behaviour that evening. With no visible injuries on Jane and Adam presenting as calm and cooperative, police charged Jane with assault. Adam subsequently used the charge to apply for an intervention order against Jane, which was granted. Jane now has a criminal record and is listed as a respondent on a protection order — outcomes that have affected her employment and that Adam has used to undermine her credibility with family and friends.
Scenario 3 **The person using violence deliberately presents as the victim to conceal their behaviour**	Claire and Ryan have separated, and the separation was initiated by Claire. Despite her asking him not to, Ryan has continued to contact her and request reconciliation and has told their 3 children during contact visits that "Mummy has broken up the family". When Claire sought child support, Ryan threatened to seek full custody of the children in retaliation. Claire provided evidence to the Family Law Court that Ryan had been abusive towards her during their relationship. Ryan denied this, and instead accused Claire of abuse, referring to incidents where she had injured him as a result of self-defensive violence. He also arranged for a family member to provide a statement that they had witnessed Claire yell at him during a social gathering. Unable to determine who to believe, the Court ordered a Family Report. Ryan attended his meeting with the Report Writer presenting as calm, reasonable and a concerned father. Claire, by contrast, was characterised by the Report Writer as disorganised, flustered and "emotional" — responses that were consistent with the ongoing threats and harassment she was experiencing from Ryan at the time. The Report Writer concluded that there was no evidence of abuse and that, if abuse had occurred, Ryan posed no ongoing risk. This conclusion did not account for the pattern of post-separation coercive control already evident in Ryan's behaviour. The Report Writer recommended 50/50 shared custody, an outcome that requires Claire to maintain ongoing contact with Ryan and provides him with continued opportunities for surveillance, intimidation and control.

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When is misidentification more likely to occur?

Misidentification is more likely when:

- both parties claim to be victims,
- the primary aggressor presents as calm, reasonable and even helpful, and the primary victim-survivor is unwilling to engage, or on the flip side, more truthful about their own use of aggressive behaviours (even in self-defence),
- when there is evidence that both parties have used some form of aggressive behaviour, and
- when one or both parties are reluctant to talk to the police or talk about 'what happened'.

However, misidentification does not affect all groups equally. Women are disproportionately misidentified, as are Aboriginal and Torres Strait Islander people, LGBTIQA+ communities, and people with disability.

Demeanour at the point of contact should not be used to determine who is using abusive behaviours.

People who use DFV may present as calm, polite, rational, charming or helpful. Victim-survivors, by contrast, may appear distressed, angry, confused, intoxicated, dysregulated or "non-compliant". These responses are frequently the effects of trauma, fear, coercive control, or even be because of physical forms of abuse, like recent strangulation, concussion or prolonged stress.

The prior experiences a victim-survivor has had when disclosing experiences of abuse may also influence how they present. If they have had negative experiences, including being misidentified, they may be unlikely to want to engage with services again.

Calmness is not evidence of non-violence, and distress is not evidence of aggression

Consequences of misidentification

Misidentification exposes victim-survivors and children to serious harm. When the person using DFV is treated as the victim, workers may inadvertently collude with them, reinforcing their narrative and increasing the risk of further abuse.

When the primary aggressor is unclear, workers sometimes default to describing the situation as "mutual", "high conflict" or "toxic". These labels minimise the pattern of coercive control and shift responsibility onto victim-survivors.

Misidentification also influences how other systems respond, including Family Law, Child Protection and the criminal legal system. Misidentified victim-survivors may be listed as respondents on protection orders, or both parties may become respondents through cross-applications. Research shows that misidentified women are often encouraged to "just consent" to orders they do not understand, to save time or cost, leaving them with legal consequences they cannot undo. As noted in a recent study (Reeves, 2021, p.3) of misidentification in Victoria '…once listed as a predominant aggressor, various aspects of the system may work against you, and it becomes increasingly difficult to overcome the label of "perpetrator"'.

Misidentification undermines trust in services. When a victim-survivor is punished for seeking help, they are less likely to return, and future risk can become invisible to the service system. This has flow-on effects for children, who may remain exposed to the person using violence without appropriate safeguarding. Protection orders and formal findings of perpetration can also affect employment, access to housing and eligibility for Working with Vulnerable People checks—further entrenching disadvantage and isolation.

Misidentification can also actively make victim-survivors less safe. For example, they may be required to disclose their location to comply with protection order conditions, giving the primary aggressor new opportunities for surveillance, intimidation or harm

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Core principles for determining the primary aggressor

When assessing who is the primary aggressor, focus on pattern, intent and impact, not on presentation, injuries, or a single incident. When determining who is the primary aggressor, it is helpful to use the following high-level principles.

- **Pattern:** DFV is rarely isolated. A person using DFV tends to repeat and adapt their tactics. Victim-survivors tend to respond *to* them.
- **Intent:** A victim-survivor's use of force is much more likely to be reactive or self-protective, including retaliatory behaviour after sustained fear, harassment or abuse. This is not the same as violence motivated by entitlement or control.
- **Impact and fear:** Force used defensively may cause injury, but it does not generate ongoing fear in the other party. Coercive and controlling behaviours do.

It is important to acknowledge that the ability of certain services in the ACT DFV service system, particularly ACT Policing and CYF, to consider patterns may be limited by practice guidelines, and legislative requirements. For example, ACT Policing has a pro-arrest and pro-charge policy in regard to DFV, meaning that even when they suspect that the person of interest is not the primary perpetrator of abuse within the relationship, they are expected to make a formal proceeding when there is evidence of an offence occurring. This is also more likely to occur in situations where the primary aggressor is forthcoming with information, and the victim-survivor is not.

Table 13 provides some questions that can guide workers in their determination of who the primary aggressor is.

Table 13. Questions to guide the identification of the primary aggressor

Principle	Guiding questions
Pattern	• Has one person's behaviour been repeated across multiple incidents or relationships? • Who is usually initiating contact, demanding access, or monitoring the other? • Has the violence or control become more frequent or escalated? • Who changes their behaviour more to avoid conflict (e.g., what they say, where they go, who they see)? • Are there impacts on children, pets, or other family members?
Intent	• Was the behaviour used to punish, dominate, intimidate or control? • Was the behaviour used to interrupt harm, get away, protect children, or stop an attack? • Does the person describe "teaching lessons", "keeping them in line" or "making them understand"? • Does the person frame the abuse as justified ("she provoked me", "he needed to learn")?
Impact and fear	• Who is afraid? • Who modifies their daily life to avoid retaliation? • Who has changed their routines, parenting, finances, work or social contact because of fear? • Who feels unsafe to call police, attend appointments, or report what is happening? • Does one person have injuries consistent with self-defence? • Who is careful about what they say or do? • Who is hypervigilant, distressed or panicked about contact? • Who is worried the other person will retaliate if they disclose abuse? • Who is afraid to leave, separate, or seek help?

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Red flags for misidentification

Indicators that the person presenting as the victim-survivor may actually be using abusive behaviours are provided below. These red flags should be interpreted as part of a broader pattern, not as standalone indicators.

- Speaks about their partner with contempt, blame or character attacks, rather than describing fear or harm.
- Appears confident, unafraid or dismissive about police, courts or legal consequences.
- Has a history of intervention orders, stalking, or violence-related offences, even if they minimise or are vague about them.
- Provides vague, inconsistent or factually unlikely accounts, or injuries inconsistent with being the victim.
- Displays entitlement or ownership, especially around children, decision-making or sexual jealousy.
- Focuses on their rights or how the system has wronged them, rather than safety or the impact on others.
- Attempts to recruit you as an ally—minimising, denying or shifting blame to confuse the situation.
- Evades questioning or controls the conversation, leaving the practitioner feeling manipulated or unsettled.
- Shows little empathy for their partner's well-being, and asserts control without considering consequences.

When presentation is complex

Misidentification often happens when the victim-survivor appears more distressed, disorganised or aggressive at the point of contact than the person using violence. These presentations are frequently effects of abuse, not indicators of primary aggressor status.

- **Women's reactive or self-defensive violence:** Women may use force to protect themselves, children or others, interrupt or prevent an anticipated attack, or respond to escalating fear. This can look "aggressive" when viewed in isolation, but it is grounded in survival, trauma and repeated exposure to threat (Dasgupta, 2002; Hamberger, 1997).
- **Disclosure patterns:** Women are more likely to admit their use of violence or disclose actions that make them look "at fault". Perpetrators, by contrast, may deny, minimise or flip the narrative, focusing on their "rights", grievances or presenting themselves as the true victim.
- **Alcohol or drug (AOD) use at the incident:** Substance use is common in complex presentations but does not indicate who the aggressor is. Substance use should be contextualised, not treated as a standalone indicator.

What to do in situations where the primary aggressor is unclear

The following guidance is adapted from the MARAM Framework (Victorian Government).

When presentations are complex, and workers are unsure who is using violence, take a cautious and systematic approach. Your goal is not to assign blame quickly, but to seek clarity about **patterns of behaviour**, **coercive control**, and **risk**.

Continue risk monitoring and ensure safety planning is in place for any person at risk. It is especially important for those services that are mandated to make a determination in cases of DFV (e.g., ACT Policing), to document this uncertainty, to provide additional context for decision-making.

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In situations where the primary aggressor is unclear, workers should:

- **Watch for invitations to collude.** Be alert to narratives that minimise, justify or deny abusive behaviour, or that position the person using violence as the victim. Accepting these invitations — even through a sympathetic tone, humour or silence — can reinforce their victim stance thinking and further silence the actual victim-survivor (see sections on avoiding collusion in the RAMF).
- **Document what you see and hear.** Record risk factors, patterns, and specific behaviours in case notes (see sections on case noting through an accountability lens in the RAMF) and the PUV Identification Tool (if being completed) — not just incident details or what was said. Include narratives, inconsistencies, body language, and disclosures from each party.
- **Proactively seek more information.** Share relevant risk information with other services to build a more accurate picture of the history, context and pattern of coercive control. This includes evidence of previous reports, police call-outs, AOD involvement, or other service engagement.
- **Use Structured Professional Judgement.** Consider intent, impact and pattern — who is afraid of whom? Identify whether a person is using abusive behaviours to dominate and control, or whether force is being used defensively, to survive, or to protect children or others.
- **Record your rationale.** If you determine the primary aggressor in a situation where misidentification was suspected, clearly document how you reached that conclusion. Correct records if needed, and proactively share updated information with other relevant organisations.
- **If uncertainty remains, do not guess.** Document the uncertainty in case noting, the reason for this uncertainty (e.g., non-engagement of one or both parties), seek secondary consultation, and share information with specialist DFV services.

References

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Factsheet 5: Risk management conversation guide

This factsheet was informed by the Ending Violence Association of British Columbia and Community Coordination for Women's Safety Canada, and has been updated to reflect the risk evidence and approach in the RAMF.

Conversations about the victim-survivor's current situation and circumstances are the primary way to develop safety planning actions.

For example, a discussion about threats or harm to pets could include a discussion about a friend who could take the pets at short notice, that can then be included as an action in the safety plan.

This guide is not meant to be used as a checklist, and the list is not exhaustive. The conversation guide includes some suggestions for areas to discuss during risk management conversations.

Many of the possible actions are focussed on ensuring the victim-survivor understands the risks they may be facing, based on what we know about evidence-based risk factors.

Remember

Risk identification and safety planning may not be an exact science or a perfect solution; but working with a victim to undertake a thorough exploration of risk and a collaborative safety planning process can do much to empower their current safety strategies and keep their family – and children – moving forward in their lives (Ending Violence Association of BC, 2013).

The conversation guide at Table 14 covers the following non-exhaustive risk areas a worker may explore with a victim, when discussing safety.

- Current safety strategies
- Escalating violence (frequency or severity)
- Children and/or pets
- System responses (police reporting, protection orders)
- The person using violence (understanding their context)
- Victim perception of violence, fear and safety

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Table 14. Conversation guide about risk management with a victim-survivor.

Risk area	Possible actions
The victim's current safety strategies	• Discuss any safety strategies the victim-survivor already has in place. • Explore any other steps might they be able to take to enhance their safety. • Discuss the known risks that can arise during separation or when leaving a relationship. • Identify supports and resources that might be able to support the victim-survivor to build on current safety strategies. • Explore any patterns the victim-survivor has observed about the person using violence, what strategies are in place and what additional strategies could be developed.
Escalating violence	• Consider whether the victim-survivor can recognise when the violence is escalating. For example, changes in the behaviour of the person using violence, increase substance use, or heightened controlling behaviours. • Support the victim-survivor to recognise patterns in the use of violence that might help to recognise when further violence or escalation might occur. • If appropriate, discuss the increased risks of ongoing or escalating violence associated with certain types of violence such as strangling, choking, sexual coercion or abuse.
Victim perception of violence, fear and safety	• If the victim-survivor minimises the violence and risk, sensitively discuss the seriousness of certain identified risk factors, and that it is sometimes normal and inevitable to habituate to the serious harms you have identified with them. • If the victim-survivor has indicated that they believe violence might continue or escalate, discuss their concerns and explore what they believe the person using violence might be capable of. • If the victim-survivor fears for the safety of children, pets or other people, ensure to unpack this with them and include them in safety planning.
Children and pets	• Discuss the increased risk that can occur during pregnancy or after childbirth. • Discuss that threatening, stalking or harassing the children can be part of a pattern of abuse and that any threats to harm or kidnap the children should be taken seriously. • Consider whether schools or childcare services need information about the situation, including copies of any court orders and discussing appropriate planning if the person using violence arrives to pick up or see the children. • Ensure the victim-survivor understands any organisational and statutory reporting obligations, including if there are serious concerns for a child's safety or wellbeing. • Discuss any threats, harm or risk to pets and identify options for keeping them safer or getting them out quickly if necessary.
Technology	• Where technology-facilitated abuse, stalking or monitoring is a concern, it is important to discuss some level of technology audit. • Consider whether an e-safety review may assist in identifying and reducing risks. Use the e-Safety Checklist in the RAMF to explore potential technology risks.

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Risk area	Possible actions
Person using violence (circumstances)	• Explore any obsessive, jealous and controlling behaviour by the person using violence and discuss how these behaviours may affect the future likelihood of violence. • If the person using violence has made threats to immigration status, discuss options for securing important documents, including placing copies of her immigration papers in a safe and secure place. • Consider whether other significant life circumstances, such as unemployment, housing instability or financial pressure may indicate a greater risk of further violence. • Discuss how any factors in the person's life that may inform risk management, such as substance use or mental health concerns. Emphasise that while they do not cause DFV, they can indicate periods of greater risk. • Explore with the victim whether the person using violence has a history of DFV or other history of violence towards others. This may help identify patterns in the PUV's behaviour. These factors can prompt a discussion about whether the victim-survivor feels responsible for the living situation, financial circumstances or wellbeing of the person using violence and whether feelings of responsibility or guilt are influencing decisions about remaining in, returning to or leaving the relationship. Acknowledge these feelings while reinforcing that the person using violence is responsible for their own living situation and behaviours.
Supporting system response risk management	• Discuss with the victim their preferences about reporting the violence to police or seeking a protection order – this will inform risk management considerations based on the victim's views and wishes. • If the victim wishes to report to police or seek a protection order, consider your organisations role in providing support and discussing appropriate referrals to other services as needed. • Discuss any court or police orders that are currently in place and consider how to ensure copies are in accessible and secure locations. For example, carrying copies of the orders or sharing copies with safe people. • Consider whether it is safe for the victim-survivor to document threats and incidents of violence and discuss how to securely store the notes. This includes keeping harassing texts, emails and voicemail messages. This conversation may identify records that they already have, particularly where things have been said to them in writing.
Remaining in the relationship or family	• Carefully and sensitively explore the victim-survivor's barriers to police reporting, seeking legal assistance or leaving the relationship. Use a non-judgemental approach to acknowledge their experience and provide reassurances where possible. • Provide information on police, legal and service processes such as police and protection orders and crisis services and where appropriate, offer to accompany the victim-survivor to police or medical support. • Respect and support the victim-survivor's choices while continuing to explore their options, needs, fears and any risks. Remember that separation and system involvement are extremely high-risk times for people experiencing DFV, and remaining in the relationship can be a safety strategy.

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Risk area	Possible actions
Intersections with the victim's identity and communities	Risk management must be informed by the victim's unique intersections of identity and experience. Please refer to the ACT RAMF for further information on priority cohort risk management considerations. Recognise that a victim-survivor's social locations will affect their risk and safety planning needs. Explore the communities and social locations they identify with, to help inform specific risk management considerations.
Level of current support, including employment	• Fully explore supports currently available to the victim-survivor, or those that they are already engaged with. • Explore how the victim-survivor could strengthen support networks and if there are any additional services that could enhance safety. • If appropriate make a referral to a counsellor or service with expertise in working with victim-survivors of DFV. • Consider whether the victim-survivor's workplace may need to be informed. The workplace may also have workplace safety measures or supports available. Conversely, the victim-survivor may need support around workplace rights and employment, because of the impacts of violence.
Availability and accessibility of services	• Explore services and supports the victim-survivor might require and discuss access to and availability of these. • Discuss options for future housing options and financial assistance, including lodging applications and accessing grants. • Discuss information sharing across services to improve coordination and where appropriate, obtain consent to share information. • Work with the victim-survivor to identify and access required services and supports. The amount of assistance required may vary. For example, providing some victim-survivors with contact information may be enough support while others may need assistance to support initial or ongoing contact with services.

Please note

There may be additional things to consider when undertaking risk management conversations with a victim-survivor of DFV. This conversation guide is not intended to be exhaustive. Rather, it provides examples of issues that may be relevant when completing a safety plan with a victim-survivor.

Workers who require further support with conversations on risk management or completing safety planning should consider seeking advice from specialist services such as **DVCS** or **1800 RESPECT**.

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Tools

Screening Tool – Adult Victim-Survivor 142

Screening Tool – Child Victim-Survivor 150

Intermediate Risk Assessment Tool – Adult Victim-Survivor 158

Comprehensive Risk Assessment Tool – Victim-Survivor 169

Risk Identification Tool – Adult Person Using Violence 186

Adult Person Using Violence Risk Assessment Tool 199

Safety Plan Template 209

E-Safety Checklist 211

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Screening Tool – Adult Victim-Survivor

STOP: Before you begin screening, you must consider if it is safe to do so, and how you can respond to a possible disclosure of DFV. Please see the guidance on 'before you begin' on page 2.

This tool can also be used to screen for DFV in adults and can be used for young people (in the context of screening for risk in an intimate partner relationship).

- **Who can use this tool:** All organisations and workers (Tiers 1 to 3) can use this tool. For information on tiers and roles and responsibilities, please see the ACT RAMF.
- **What is the purpose of this tool:** This tool helps workers identify 'red flags' that may suggest a person is at-risk of – or experiencing – DFV. This is **not** an assessment of risk.
- **When to use this tool:** Use this tool as part of routine screening questions for all adults accessing your service for the first time OR if you suspect the person is experiencing domestic and family violence. You may use this tool for a young person in the context of intimate partner violence.

Step 1: Identify the signs	This tool provides a list of some common signs of someone experiencing domestic and family violence. This is not an exhaustive list and not all people experience domestic and family violence in the same way.
Step 2: Ask	If there is a sign DFV is present or you suspect it may be, and if it is safe to do so, this tool provides questions for you to identify whether DFV is occurring. Screening should be conversational. These questions are a guide, and you should ask them in a way that is appropriate for the person you are engaging with.
Step 3: Act	If screening identifies that domestic and family violence is occurring, this tool provides some actions for you to take to support appropriate referrals and immediate safety.

Name of worker completing this tool:	
Date:	

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Before you begin

Screening for possible DFV is a sensitive process, and it is important you and the client have the time, space and privacy to have a safe and sensitive discussion where a disclosure can be both heard and talked about. See the ACT RAMF for further information on identification practices.

There are several key principles that should guide your decision about whether you undertake screening with a person, and how you should go about it. These are:

1. **Voluntariness:** Participation in screening is voluntary — clients must not be pressured or coerced into completing a DFV screen.

2. **Privacy and safety:** Screening must be conducted in a private, safe space. The client must never be screened in the presence of the person suspected of using violence, or anyone who may disclose what was shared to that person. If screening by phone, first confirm the client is alone and safe to speak.

3. **Confidentiality:** Assure clients of confidentiality where possible and explain its limitations. Be aware of mandatory reporting obligations, and the impact on Aboriginal and Torres Strait Islander families, noting the ongoing impact of the Stolen Generation and experiences of First Nation's communities and Child Protection.

4. **Time:** If DFV is disclosed, allow adequate time to respond appropriately.

5. **Children and dependents:** Where possible, ensure children or other dependents accompanying the client are cared for and not present during conversations that may cause distress. Wherever appropriate, treat accompanying children as victim-survivors in their own right — including assessing their own distinct risks and needs

Remember

If a client makes a direct disclosure of DFV, the screening tool does **not** need to be administered.

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Personal information – Victim-survivor

Full name:	
Date of Birth:	
Contact details:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
People with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information and adjustments (if needed):	

Person using violence

You should record details on the person using violence **if** the victim-survivor discloses this information to you. The victim-survivor may choose to not disclose their identity, and you should not push them to do so.

Full name:	
Date of birth:	
Relationship to victim-survivor:	
Additional information:	

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Step 1: Identify the signs of DFV

Below is a list of some signs that may indicate DFV is occurring. It is essential to understand that many signs that someone is experiencing violence will not be physical. In isolation, some of these signs are not indicators of DFV. This is not an exhaustive list. If you have any concerns that DFV could be occurring, you should ask.

Potential signs that someone is experience DFV

Indicator	Examples of signs
Demeanour	• Appears anxious, scared or afraid in the presence of a family member or partner when they are mentioned • Is reluctant to follow advice without reason • Has varied or inconsistent explanations for injuries sustained
Physical signs	• Signs of physical injury such as bruising, fractures, fresh scars or minor cuts or signs of strangulation • The presence of chronic pain (i.e., neck, back) • The presence of complications during pregnancy (where relevant)
Relationship dynamic	• Characterises their partner/family member as controlling or prone to anger • Characterises the relationship as turbulent/of extreme highs and lows • Indicates that they are threatened/harassed by partner/family member • Partner/family member has financial control and other decision-making control • Dependent on partner/family member for basic needs • Partner/family member has denied access to family or social connection (including religious/cultural practices)
Other non-physical signs	• Experiencing isolation or does not have access to family or friends • Signs of mental health concerns, anxiety and depression, suicidality and self-harm • Recent homelessness or experiencing recent tenancy issues • Signs that other members of the household may be at risk, for example, children or elderly parents • School refusal/avoidance

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Step 2: Ask

If there is a sign DFV is present or you suspect it may be, and if it is safe to do so, this tool provides questions for you to identify whether DFV is occurring. Screening should be conversational. These questions are a guide and you should ask them in a way that is appropriate for the person you are engaging with.



You should never begin screening for DFV if there is a possibility the person using violence is present.

This could escalate risk of harm to the victim-survivor.

Starting the conversation

Some people may find screening questions confronting or upsetting to answer. It is important to begin with broad prompting questions to begin a conversation and build rapport with the person, such as:

- I'm pleased to see you today – how are you?
- What has brought you here today?
- Tell me a bit about your family/home life/relationship with [X].

Introduction

Introduce the topic of asking about their safety and wellbeing by providing them with a brief overview of the purpose of screening.

- Services across the ACT have begun to ask people questions about their safety in their relationships.
- I am noticing some potential signs that you could be experiencing domestic/family violence. I know this could be about other things – but it's important for me in my role to think about your safety. Is it OK if I ask you some questions?
- Sometimes people can hurt other people, even when they say they love each other. Can I ask you some questions about this?

You may also start by telling a story about a fictional person's experiences of domestic and family violence and ask if anything in the story sounds like something they have ever experienced.

If the person tells you they do not want to be asked questions – it is important you respect their decision and remain supportive.

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Screening questions

Question	Response
Presence of domestic and family violence	
1. Has anyone in your [family/home/previous relationship]:	
a. Ever touched you in a way that hurt, or made you feel bad or upset?	☐ Yes ☐ No ☐ Not disclosed Comments:
b. Ever threatened you?	☐ Yes ☐ No ☐ Not disclosed Comments:
c. Ever put you down, humiliated you, or tried to control what you can or cannot do?	☐ Yes ☐ No ☐ Not disclosed Comments:
2. Is there anyone else in the family who you think is experiencing or overhearing these things?	☐ Yes ☐ No ☐ Not disclosed Comments:
3. Do you ever feel afraid of somebody in your home or family?	☐ Yes ☐ No ☐ Not disclosed Comments:
4. Do you feel like you can say no in your relationship without consequences for you or someone else?	☐ Yes ☐ No ☐ Not disclosed Comments:
Immediate safety concerns (if DFV has been disclosed)	
Do you feel safe when you leave here today?	☐ Yes ☐ No ☐ Not disclosed Comments:
Support services currently in place (if DFV has been disclosed)	
Are you already connected to support services?	☐ Yes ☐ No ☐ Not disclosed Comments:
Further details:	

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Step 3: Act on the information

If you are concerned the client or someone else is in danger (e.g. serious injury or illness, immediate threat of harm including self-harm), contact Triple Zero (000).

Screening outcome

If domestic or family violence is suspected or disclosed, it is important to first respond in a supportive way. For example:

- Thank you for telling me. I am sorry this has happened to you.
- You have the right to feel and be safe, and we will work with you to try help keep you safe.
- It is not your fault this is happening.

<table>
<tr><th>Outcome</th><th>Suggested actions</th></tr>
<tr><td>☐ DFV is disclosed</td><td>Offer to refer the person to a specialist DFV agency to undertake a risk assessment and receive further specific supports. It may also be that there are other immediate needs you can support them with through other referrals.
Consider the safety and wellbeing of any children and share relevant risk information if needed. You may have additional responsibilities under mandatory reporting legislation.
If they do not want immediate action or to seek DFV specific support, it is important to respect that. Be supportive and, if appropriate, provide information about support services should they need them in the future.
If there are urgent concerns (e.g., serious injury or illness, or immediate threat of harm) contact Triple Zero (000)).
<table>
<tr><th>Tier 1</th><th>Tier 2</th><th>Tier 3</th></tr>
<tr><td>Refer the client to a Tier 2 organisation that can undertake a risk assessment</td><td>Conduct an intermediate risk assessment</td><td>Conduct a comprehensive risk assessment (if appropriate)</td></tr>
</table>
</td></tr>
<tr><td>☐ Indications of DFV are present (no direct disclosure)</td><td>No action required at this time.
Even if no domestic or family violence is disclosed, but you suspect DFV may be occurring, you must respect the person’s decision to not disclose. Be supportive, and if appropriate, provide information about support services available should they need them in the future.
If you work with this person on an ongoing basis, you should consider revisiting a discussion about their safety at a later date.</td></tr>
<tr><td>☐ No DFV disclosed</td><td>No action required at this time.
Thank the person for answering your questions and continue to provide services to them in the scope of your professional role.</td></tr>
</table>

Any referrals should include the option to accompany the person or provide transport to get to the services safely if possible. Note that a victim-survivor may not want access to domestic and family violence services specifically but may need other coordinated supports to address their needs, including health or housing services.

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Record of actions

You should record what actions, if any, you take arising from the outcome of screening. If DFV is disclosed or you suspect it is occurring and no actions are taken, you should detail the reasons why.

Were actions taken following screening?	☐ Yes ☐ No
If no, detail reasons why:	

If yes, document your actions below.

Actions taken	Response	Details
Referral Referrals to other services (e.g., specialist DFV service/practitioner, GP, other support services)	☐ Yes ☐ No ☐ N/A	
Information sharing Has the information in this tool been shared under the ACT Domestic and Family Violence Information Sharing Scheme? If information was shared, record if consent was given.	☐ Yes ☐ No ☐ Other	
Contact Police (if immediate emergency response is needed)	☐ Yes ☐ No ☐ N/A	
Contact Children, Youth and Families (if mandatory reporting obligations apply) **Note – if you make a mandatory report, carefully consider how you talk to the victim-survivor about this. Refer to the guidance on responding to child safety concerns in the Screening Tool – (Child Victim-Survivor).**	☐ Yes ☐ No ☐ N/A	
Other actions		

Note: If you are making a referral or plan to contact the victim-survivor, always ensure you have asked them about their preferred method of contact. This is critical to ensuring their safety. Ask about safety before giving them brochures or other written information to take away as it may not be safe for them.

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Screening Tool – Child Victim-Survivor

STOP: Before screening, consider if it is safe to do so, and how you can respond to a possible disclosure of DFV. See the guidance on 'before you begin' on page 2.

If you are screening a young person in the context of risk in an intimate partner relationship, you may use the Adult Victim-Survivor Screening Tool.

- **Who can use this tool:** All organisations and practitioners (Tiers 1 to 3) can use this tool. For information on tiers and roles and responsibilities, please see the ACT RAMF.
- **What is the purpose of this tool:** This tool helps practitioners identify 'red flags' that may suggest a person is at-risk of – or experiencing – domestic and family violence. This is not an assessment of risk.
- **When to use this tool:** Use this tool as part of routine screening questions for children or young people accessing your service for the first time OR if you suspect they are experiencing domestic and family violence.

Step 1: Identify the signs	This tool provides a list of some common signs of DFV in children and young people. This is not an exhaustive list and not all children experiencing DFV will display signs of victimisation.
Step 2: Ask	If there is a sign DFV is present or you suspect it may be, and if it is safe to do so, this tool provides questions for you to identify whether DFV is occurring. Screening should be conversational. These questions are a guide and you should ask them in a way that is appropriate for the child you are engaging with. Depending on the scope of your role, experience and expertise, you may: • Ask questions directly of the child or young person; or • Ask questions of the parent/care giver.
Step 3: Act	If screening identifies that domestic and family violence is occurring, this tool provides some actions for you to take to support appropriate referrals and immediate safety.

Name of worker completing this tool:	
Date:	

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Before you begin

Screening for possible DFV is a sensitive process, and it is important you and the client have the time, space and privacy to have a sensitive discussion where a disclosure can be both heard and talked about. See the ACT RAMF for further information on identification practices.

Screening should not occur in the presence of the person suspected of using violence or anyone who may disclose what was shared to that person.

If a safe environment cannot be created – do not screen. The goal is to create an environment that encourages a conversation and where the child feels safe and comfortable to disclose possible violence.

Building opportunities to talk to, listen to and include children and young people is critical and often involves similar skills to building those opportunities for adults, such as being able to listen carefully, validate and respond to feelings.

Children and young people, particularly those who have experienced trauma, are attuned to the reality of the adults around them so to encourage them to communicate there must be a genuine willingness to listen. Be prepared to give them the time they require.

Remember

Screening for DFV can be done by speaking directly to the child (where appropriate and where a person is suitably qualified to work with children) or asking a parent or guardian about the child. The most appropriate option is dependent upon the age of the child, their cognitive abilities and other factors, however it is preferrable to speak to the child directly, without either of their parents present.

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Personal information – Victim-survivor

Full name:	
Date of Birth:	
Client ID:	
Contact details:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
People with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information and adjustments (if needed):	

Legal guardian (if applicable)

If you undertake screening with a child or young person and an adult guardian is supporting them, please record their details.

Full name:	
Date of birth:	
Contact details:	
Relationship to victim-survivor:	

Person using violence

You should record details on the person using violence **if** the victim-survivor discloses this information to you. The victim-survivor may choose to not disclose their identity, and you should not push them to do so.

Full name:	
Date of birth:	
Relationship to victim-survivor:	
Additional information:	

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Step 1: Identify the signs of DFV

Below is a list of age-related signs of trauma for a child or young person which may indicate that DFV is occurring. The effects of violence on children and young people will be distinct and varied – there is no set list of behaviours that can inevitably tell us which children are living with violence. Practitioners who have ongoing contact with children and young people may observe changes or regression in behaviours or mastery of skills. In isolation, some of these signs are not indicators of DFV (e.g., defiant behaviour or bedwetting). This is not an exhaustive list. If you have any concerns that DFV could be occurring, proceed to Step 2.

Impacts of violence on children and young people by age group



Babies and toddlers

- excessive crying or irritability
- feeding and sleep difficulties
- underweight for their age
- may have delayed mobility or language
- react to loud noises and are wary of new people
- may be very demanding or very passive
- may acquire physical injuries from being held in a mother's arms whilst the mother is being assaulted



Preschoolers

- extreme clinginess
- eating and sleeping difficulties
- concentration problems
- bedwetting
- inability to play constructively
- physical complaints
- fearfulness
- numbing
- increased arousal
- adjustment problems (for example, when moving from kindergarten to school)



School age/ pre-adolescent

- rebelliousness
- defiant behaviour
- temper tantrums
- irritability
- cruelty to pets
- physical abuse of others
- limited tolerance
- overly compliant behaviour
- loss of interest in social activities
- withdrawal
- avoidance of peer relations
- school performance affected negatively
- self-harm



Adolescents

- increased risk of academic failure
- school disengagement
- delinquency / offending
- eating disorders
- substance misuse
- depression
- suicidal ideation
- difficulty trusting adults
- use of controlling behaviours
- homelessness
- violent behaviour
- violence towards a parent (particularly their mother)

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Step 2: Ask

STOP: You should never begin screening for DFV if there is a possibility the person using violence is present. This could escalate risk of harm to the victim-survivor.

You can screen for domestic and family violence by speaking directly to the child or young person (where appropriate and where a person is suitably qualified to work with children), or asking about the child to the parent or guardian. The most appropriate option is dependent upon their age, cognitive abilities and other factors, however, it is preferrable to speak to the child directly, without either of their parents present.

Any disclosure should be taken seriously, and re-enforcing that you believe them and that you are here to support them.

Starting the conversation

Some children and young people may find screening questions confronting or upsetting to answer. It is important to begin with broad prompting questions to begin a conversation and build rapport, such as:

- I'm pleased to see you today – how are you?
- What's something fun you've done recently?
- Tell me something you like to do.
- Tell me a little bit about your home. Who lives there with you?
- Tell me a bit about yourself.

Children should be encouraged to give narrative accounts, based on open ended questions and using age-appropriate language. You should pick up on key details and ask follow on questions, like "*what happened then*" or "*tell me more about [X]*".

Select either Option A or Option B to complete Step 2. Where possible, start with risk screening questions that relate to observations that you have made about the child's manner or situation.

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Option A: Screening for risk by talking directly to the child or young person

Questions	Response
1. When you are at home, has anyone:	
a. Ever touched you in a way that hurt, or made you feel bad or upset?	☐ Yes ☐ No ☐ Not disclosed Comments:
b. Ever made you feel unsafe or scared?	☐ Yes ☐ No ☐ Not disclosed Comments:
c. Made you worry about your [other family members or pets] for any reason?	☐ Yes ☐ No ☐ Not disclosed Comments:
2. Who is an adult you feel safe with all the time? If a child responds to the question, a useful follow up might be: *What makes you feel safe with them?*	Details:
Further details:	

Option B: Screening for risk to a child or young person by speaking to an adult parent or carer

Questions	Response
1. I've noticed that [child's name] is [describe sign of DFV]. Is there anything which might be causing this?	☐ Yes ☐ No ☐ Not disclosed Comments:
2. Has anyone done anything to make [child's name] feel afraid?	☐ Yes ☐ No ☐ Not disclosed Comments:
3. Are you worried about your child's safety for any reason?	☐ Yes ☐ No ☐ Not disclosed Comments:
Further details:	

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Step 3: Act on the information

If you are concerned the client or someone else is in danger (e.g., serious injury or illness, immediate threat of harm including self-harm), contact Triple Zero (000).

All actions should be considered in line with roles and responsibilities under mandated statutory responses (including mandatory reporting).

Screening outcome

If domestic and family violence is suspected or disclosed, it is important to first respond in a supportive way. For example:

- Home should be a place where we all feel safe.
- Thank you for telling me that. I will help you to feel safe as much as I can.
- It is not your fault this is happening.

Outcome	Suggested actions
☐ Domestic and family violence is disclosed or indications are present	Ensure the child is in a safe space while seeking advice on actions to be taken. Do not leave the child alone with the adult they have identified as using violence, if present. Consider the safety and wellbeing of any other children in the family and share risk information as needed and appropriate. Speak with a colleague, and/or seek support from a child protection worker, specialist children's service or DFV service. If you are a mandated reporter, consider your roles and responsibilities under mandatory reporting legislation. If there are urgent concerns (e.g. serious injury or illness, or immediate threat of harm) contact Triple Zero (000).
	Tier 1: **Refer** the client to a Tier 2 organisation that can undertake a risk assessment. **Tier 2**: Conduct an **intermediate** risk assessment. **Tier 3**: Conduct a **comprehensive** risk assessment (if appropriate).
☐ No domestic and family violence disclosed and indicators are not present	No action required at this time. If there is no evidence of immediate risk or significant harm, continue to build a relationship with them. If appropriate, offer the parent or guardian information about support services should they need them in the future.

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Record of actions

You should record what actions, if any, you take arising from the outcome of screening. If domestic and family violence is disclosed or you suspect it is occurring and no actions are taken, you should detail the reasons why.

Were actions taken following screening?	☐ Yes ☐ No
If no, detail reasons why:	

If yes, document your actions below.

Actions taken	Response	Details
Referral Referrals to other services (e.g., specialist DFV service/practitioner, GP, other support services)	☐ Yes ☐ No ☐ N/A	
Information sharing Has the information in this tool been shared under the ACT Domestic and Family Violence Information Sharing Scheme? If information was shared, record if consent was given.	☐ Yes ☐ No ☐ Other	
Contact Police (if immediate emergency response is needed)	☐ Yes ☐ No ☐ N/A	
Contact Children, Youth and Families (if mandatory reporting obligations apply)	☐ Yes ☐ No ☐ N/A	
Other actions		

Note: If you are making a referral or plan to contact the child or young person, always ensure you have asked them or their parent/guardian about their preferred method of contact. This is critical to ensuring their safety. Ask about safety before giving the parent/guardian or young person brochures or other written information to take away as it may not be safe for them.

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Intermediate Risk Assessment Tool – Adult Victim-Survivor

An intermediate risk assessment begins to explore and map the risks and safety of the victim-survivor to help inform appropriate or time-critical responses

Who can use this tool: Tier 2 or 3 organisations or workers can use this tool. For information on tiers and roles and responsibilities, please see the ACT RAMF.

What is the purpose of this tool: This tool aims to determine the risk of escalating violence, including immediacy of lethality. From this risk assessment, safety planning should be undertaken to manage the identified risk, including to make appropriate referrals as needed.

When should this tool be used: When DFV has already been identified or disclosed. While this is not a comprehensive assessment of risk, Tier 2 and 3 workers may use this intermediate risk assessment to help inform a **time-critical intervention** and their initial response to clients at risk of harm. If this tool is used as a **time-critical intervention**, workers may skip the 'protective factors' in Part B.

Part A: Personal information	This section includes demographic information to identify cohort specific considerations that may impact the victim-survivors experience of domestic and family violence.
Part B: Assessment of risk	This section guides you through assessing risk to the victim-survivor, using: • **Evidence-based risk factors:** These questions are used to determine which risk factors are present to help identify the risk of domestic and family violence occurring or escalating. • **Victim-survivor self-assessment:** This is a crucial part of risk assessment. Victim-survivors are often best placed to assess their own level of risk. • **Protective factors (if intervention is not time-critical):** Protective factors are individual, relational and environmental characteristics that may reduce the impact of violence and promote safety, recovery and wellbeing of victim-survivors.
Part C: Outcome and actions	Practitioners determine the level or seriousness of risk using the information collected above in Part B, by applying their professional judgement. There are three risk levels: At-risk, Elevated Risk and Serious Risk. A guide for each level is set out in the RAMF. The outcome of this assessment informs both safety planning, and further referrals which may be required.

Name of worker completing this tool:	
Date:	

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Part A – Personal information

Victim-survivor

Full name:	
Date of Birth:	
Client ID:	
Contact details:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
People with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information and adjustments (if needed):	
CALD:	☐ Yes ☐ No ☐ Not known Details:
Identified cultural background or ethnicity:	
Country of birth:	
Year of arrival in Australia:	
Interpreter required:	☐ Yes ☐ No ☐ Not known
Language mainly spoken at home:	
Bridging or Temporary Visa?	☐ Yes ☐ No (If yes, what type):
Primary address:	
Current Location:	

Person using violence

Full name:	
Relationship to victim-survivor:	
Primary address:	
Current Location:	
Additional information:	

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Part B – Assessment of risk

The initial aim of the risk assessment is to encourage the victim-survivor to tell their story and define their safety in their own words.

This tool will help practitioners ask questions about key risk factors. However, practitioners should avoid following a strict question and answer format, because key information about risk may be missed and you may erode trust and rapport by not being engaged with the person's disclosures. For example, a victim-survivor may disclose that the violence is getting worse. In this scenario, practitioners should seek to openly explore what this means and elicit information from the victim-survivor in their own words.

Victim-survivors may also disclose the presence of high-risk indicators (such as non-fatal strangulation or sexual violence). In these scenarios, you should openly explore their disclosures to understand the behaviours they have experienced.

Following the standard screening questions (if applicable)

If this risk assessment tool is administered following the Screening Tool, advise the person that you understand that screening and a disclosure of DFV has occurred. You now want to work with them to better understand their situation and to inform additional actions, including referrals and risk management.

> *I would like to find out a bit more about you and [person using violence] so that together we can work out the risks and then explore what we could do to try to keep you (and your children) as safe as possible. Are you OK if we do that now?*
>
> **If yes:**
>
> *The ACT has developed a process to use as a bit of a guide for this conversation just to make sure we think of the right things and then make decisions about the next steps that work best for you. Are you OK if we work through that together?*

Initial questions

- Could you tell me a little more about the last time your [partner/ex-partner/family member] hurt or frightened you?
- Are there things they do that are about trying to control you?
- What is the scariest thing they have done to you or others?
- How long has this been going on?

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Evidence-based risk factors

These questions are based on the evidence-based risk factors contained in the ACT RAMF. Practitioners should note that not all risk factors may be directly relevant to the victim-survivor, or the violence may be occurring in a different family or relationship structure outside of the intimate partner context. Practitioners should ensure they explore risk assessment in a way that is relevant and responsive to the victim-survivor and their experience of violence.

> *We know from research that there are things that can happen that indicate a high risk of further or escalating violence. Some of these questions may be a bit confronting, but this information will help us to better understand your safety, so we know what to do next. Would it be OK if we go through these?*

It is essential to risk assessment practice that you create a safe space for the victim-survivor to choose what they disclose to you and remind them that they have agency through the risk assessment process to stop it at any time. You should consider saying something along the lines of:

- These questions are about circumstances you have experienced, and the person's behaviours towards you. These are not questions about you.
- I want you to know that we can stop at any time. If there are any questions you do not want to answer, you can tell me.

Questions	Response	Comments
1. Is more than one person making you feel afraid? (Are their multiple people using violence)	☐ Yes ☐ No ☐ Not disclosed	
2. Have you recently separated, thinking about separation, or are in the process of separating?*	☐ Yes ☐ No ☐ Not disclosed	
3. (If appliable) Are you pregnant or have a new baby? *	☐ Yes ☐ No ☐ Not disclosed	
4. Is the violence getting worse and/or happening more often? *	☐ Yes ☐ No ☐ Not disclosed	
5. Have they ever applied pressure to your neck or throat? *	☐ Yes ☐ No ☐ Not disclosed	
6. Do they try to control what you do? *	☐ Yes ☐ No ☐ Not disclosed	
7. Have they ever threatened to kill you or someone else (children or someone else in your family)? *	☐ Yes ☐ No ☐ Not disclosed	
8. Have they physically hurt you in the past?	☐ Yes ☐ No ☐ Not disclosed	
9. Have you ever been pressured, coerced or forced into sexual activity that you did not want? *	☐ Yes ☐ No ☐ Not disclosed	
10. Have you ever felt like they might be monitoring or tracking you in some way?*	☐ Yes ☐ No ☐ Not disclosed	
11. Do they have access to weapons and/or have they ever threatened or hurt you with a weapon? *	☐ Yes ☐ No ☐ Not disclosed	
12. Have they ever breached a protection order or another sort of order (such as parole conditions or child contact)?	☐ Yes ☐ No ☐ Not disclosed	
13. Have they ever harmed or threatened to harm pets?	☐ Yes ☐ No ☐ Not disclosed	
14. Have they engaged in drug and/or alcohol use? *	☐ Yes ☐ No ☐ Not disclosed	

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Questions	Response	Comments
15. Have they ever experienced any mental illness or have a diagnosis for a mental illness?	☐ Yes ☐ No ☐ Not disclosed	
16. Have they ever threatened suicide or self-harm?*	☐ Yes ☐ No ☐ Not disclosed	

* May indicate that the victim-survivor is at increased risk of serious harm or lethality.

Remember

Risk of DFV, including lethal violence, increases and decreases at different points in time. Increases could be related to factors in the lives of the victim-survivor, the PUV and their families that increase stress, create imminency, represent a shift in circumstances, or otherwise change the risk profile.

Victim-survivor's own assessment

The victim-survivor's assessment of risk is a highly relevant consideration in determining risk. This section seeks to understand their perception of risk and their experience of violence. Victim-survivors are best placed to assess their own level of risk, and their concerns need to be treated seriously, especially if they say they are at risk of experiencing significant harm. Remember that minimisation of risk can also occur, even in situations where several evidence-based risk factors are present.

Questions	Response
1. Have you ever thought or believed it is possible they could kill or seriously harm you (or others)? (**May indicate increased risk of serious harm or lethality**)	☐ Yes ☐ No ☐ Unsure ☐ Prefer not to say
2. How scared do you feel after the last incident and the pattern of behaviours you are experiencing? (0 = not scared at all, 3 = a little scared, 8 = very scared, 10 = extremely scared)	
0 1 2 3 4 5 6 7 8 9 10	
3. Do you think the violence and/or control will happen again or continue?	☐ Yes ☐ No ☐ Unsure ☐ Prefer not to say
4. Is the violence and/or control getting worse?	☐ Yes ☐ No ☐ Unsure ☐ Prefer not to say
5. If you had to rate the risk of something happening again from 1 to 10 where might you rate that risk? (0 = no likelihood, 3 = could happen again, 7 = will likely happen again, 10 = will definitely happen again)	
0 1 2 3 4 5 6 7 8 9 10	
Notes	

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Protective factors

If this tool is used as a time-critical intervention, practitioners may instead focus on the evidence-based risk factors and victim-survivor self-assessment.

Understanding a person's protective factors helps contextualise risk, and take a strengths-based approach to understanding how the victim-survivor navigates the violence. It may also reveal unmet needs that, if they remain unaddressed, can impact their experience of violence. You should explore these questions with neutrality, accounting for the diversity of a victim's personal circumstances. This means asking questions in an open-ended way to invite a discussion that centres the victim-survivor's personal perspectives and experiences.

It is important to remember that "protective" factors may not always mitigate risk. For example, a victim-survivor's engagement with support services may coincide with a person using violence's concern that they may become visible to the system or they are losing control; they may intensify their controlling behaviours or escalate their violence to reinforce control. In addition, some victim-survivors may answer 'no' to many or all these questions.

When victims share their insights with you and the ways they resist violence to keep themselves safe, you should create space to honour their resilience, validate their survival strategies, and observe how they restore their power.

It would be helpful to get a sense of other circumstances in your life to help me work with you to support your safety. I also want to understand the things you are already doing to manage your own safety.

Questions	Response	Comments
1. What does your social network look like?		
2. Do you currently have stable income and is your workplace able to be supportive?	☐ Yes ☐ No ☐ Not disclosed	
3. Do you have safe cultural connections?	☐ Yes ☐ No ☐ Not disclosed	
4. Do you have family members or friends that you have strong and safe relationships with? Do they know what is happening?	☐ Yes ☐ No ☐ Not disclosed	
5. Do you have access to your own finances?	☐ Yes ☐ No ☐ Not disclosed	
6. Do you have access to your own transport?	☐ Yes ☐ No ☐ Not disclosed	
7. Are you currently in contact with any support or advocacy services?	☐ Yes ☐ No ☐ Not disclosed	
8. Do you have a current safety plan?	☐ Yes ☐ No ☐ Not disclosed	
9. Do you have a protection order?	☐ Yes ☐ No ☐ Not disclosed	
10. If so, are they complying with that order?	☐ Yes ☐ No ☐ Not disclosed	
11. Do you have a good relationship with your GP or any medical personnel?	☐ Yes ☐ No ☐ Not disclosed	
12. Are there supports in place for your children?	☐ Yes ☐ No ☐ Not disclosed	
Notes		

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Part C – Outcome and actions

Remember: All risk must be acted on.

Domestic and Family Violence Death Reviews and research have shown that even apparently low risk matters can escalate quickly, particularly at the point of separation (or where the person using violence realises that the victim-survivor is resisting the violence or asserting their autonomy). For this reason, regular updates and reassessment are necessary.

Overall risk level assessment and rationale

This section outlines the overall assessment of risk based on the practitioner's professional judgement and the assessment they have undertaken using this tool. Taking the information collected and then assessing the level of risk can be challenging. Risk assessment is not an exact science. The risk factors identified may indicate an increased risk and should be used to guide and inform your responses, along with all aspects and information in Part B.

You may believe the risk to the victim-survivor is serious even when many of the evidence-based risk factors are not present. That may be because there are few protective factors present, or because there is something which has been described or told to you that 'presses your alarm button'. It is good to trust your professional judgement. Where you are unsure, consider consulting an experienced colleague or seek the views of a specialist domestic and family violence service.

Risk levels

For further guidance on risk levels, please refer to the ACT RAMF.

Risk category	Description of risk levels
☐ **At-risk** 	At this level, **the person using violence still presents risk**, but current circumstances and supports help reduce the likelihood of escalation. It may be that no high-risk factors are present, and risk is not escalating in severity or frequency despite some risk factors being present.
☐ **Elevated Risk** 	At this level, **multiple risk factors are present (including some high-risk factors), and the risk is likely to continue or escalate** unless risk management is strengthened.
☐ **Serious Risk** 	At this level, **multiple high-risk factors are present and there is evidence of escalation in the frequency, severity or intensity of the violence**. Serious harm has occurred or is likely to occur, and there may be an imminent threat to the life or safety of the victim-survivor, the person using violence, or the community. Immediate, coordinated risk management is required – if it is not occurring already.
Rationale for risk assessment	

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Actions

The level of risk identified will determine suggested actions. These actions should be responsive to the victim's needs and be developed in partnership with them.

Risk level	Actions needed	Example of what to say
At-risk 	• Keep in touch • Keep monitoring for any changes • Ensure risk management strategies are working and contact with services is regular	*You have identified some risk to your safety and so have I. You have also outlined ways you are keeping yourself and your family safe. I wonder if we could do up a bit of a safety plan together, so we know what to do if something changes?*
Elevated Risk 	• Need to undertake a safety action plan (or make appropriate referral) • Identify or implement actions to increase/strengthen protective factors • Keep close contact and identify any escalation or changes to the risks	*You have identified that there are quite a few risks to your safety and I agree. I would really like us to develop a safety plan and start taking some actions on that as soon as possible. Are you OK if we do that now?*
Serious Risk 	• Immediate risk management plan and safety planning is required • Statutory and non-statutory service responses may be required • Consider referral to, or secondary consultation with, a Tier 3 organisation or practitioner • Consider referral to the Family Violence Safety Action Program where there are a lack of protective factors, a system response is not engaged or responses are not working.	*You have identified some extremely serious risks to your safety and I agree and think we need to take some actions today. Are you OK if we work through those now?*

Further guidance for serious-risk assessments where there is imminency

If a practitioner has determined the victim-survivor is as serious risk, there may be a number of scenarios which inform what actions should be taken, especially if a victim-survivor requires **immediate protection** because of an imminent risk.

Possible circumstances present	Actions needed
• There has been a dynamic shift in the risk profile through a sudden change in circumstances, or this shift is imminently anticipated • Previous strategies for risk management have been unsuccessful • Escalation of severity of violence has occurred/is likely to occur • Victim-survivor self-assessed level of fear and risk is high to extremely high and safety is extremely low, or conversely, report very low fear and high safety, even in the presence of multiple high-risk factors	• **Clear system responsibility:** Someone needs to be identified to actively risk-manage this situation immediately • **Risk management response:** Statutory/legal and crisis responses are required for full risk management planning and intervention. This could include contacting Police, referral to crisis accommodation, legal support to obtain a protection order, among other things. • **After hours response:** Consider contacting the Domestic Violence Crisis Service who can assist in supporting crisis intervention strategies

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Barriers to help-seeking

Despite serious and immediate risk, a victim-survivor may feel unable to try escape, access certain supports or pursue legal or other enforcement avenues. It is critical to understand that a victim-survivor's efforts to resist violence and assert their autonomy can escalate the risk of serious harm to themselves and their families. Other barriers to a victim-survivor accessing supports may include:

- fear for their safety and an escalation of violence,
- wanting to protect the person using violence,
- previous negative experiences when they have disclosed, including being misidentified as the primary aggressor,
- fear of social rejection and isolation,
- internalised stigma and shame,
- wanting the violence to stop but still loving the person who is using violence,
- fear of poverty and other socio-structural impacts, and
- fear of losing access to their children.

If a victim-survivor expresses reluctance in help-seeking or accessing services, you should explore their fears and concerns around service engagement to inform appropriate steps.

As these fears are often real, you should never minimise or dismiss them, but work with the victim-survivor to seek solutions to the barriers they have identified.

Example of what to say:

I can understand your reluctance to talk with another service, please know that I am also extremely concerned for your safety. The things we have identified today often lead to more serious and ongoing abuse that I am really worried about. I can assure you that there are services who can work with you to find strategies to support you. Could we give them a call and see what they say, we don't have to give your name, and then we can work out what you want to do next?

Consider risk to children

Where this risk assessment reveals there are risks of significant harm(s) to a child or young person, a worker may have legal obligations to take statutory actions. While this tool provides guidance on statutory obligations, practitioners should refer to their organisation's guidance on reporting child abuse in the ACT.

Circumstance	Guidance
A child sexual offence has been disclosed	In the ACT, it is a criminal offence to not report a child sexual offence to police. All practitioners have a positive duty to ensure appropriate actions are taken if a child sexual offence has been disclosed, unless an exception applies. For example, mandatory reporters who have reported the information to Children, Youth and Families are not required to report to police.
Grounds for mandatory reporting	There is a legal requirement to make a child protection report if through the course of your work (paid or unpaid) you believe on reasonable grounds a child or young person has experienced or is experiencing: • sexual abuse, or • non-accidental physical injury (physical abuse). Mandated reporters do not have to report the abuse if someone else has already reported the same abuse of the same child.
Other child-safety concerns	Any person who is concerned about a child can consider making a voluntary report to Children, Youth and Families. This may include concerns about abuse, neglect or the risk of these harms to the child or young person.

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Considerations when reporting child abuse

To make a child protection report, contact Children, Youth and Families on 1300 556 729 or online.

Please Note: For Aboriginal and Torres Strait Islander families, child abuse reporting is a huge concern as there is a serious and ongoing impact from intergenerational trauma experienced since colonisation and the impact of assimilation policies resulting in the Stolen Generations. Aboriginal and Torres Strait Islander children are removed at a higher rate than others due to systemic racism, discrimination and barriers which are still being broken down to date.

See the practice guidance on reporting child abuse below.

Child abuse reporting is a critical risk point for the escalation of domestic and family violence. Safety and risk mitigation must be considered when reporting child abuse to statutory authorities.

If you decide to make a child protection report or report a child sexual offence, it is usually appropriate to tell the adult victim-survivor beforehand.

Whenever reporting child abuse, practitioners should appropriately detail the behaviours of the person using violence, the harms that they have caused to the child or young person, and how the patterns of abuse are impacting the protective parent's capacity to mitigate risk to the child or young person. This is an essential part of making sure that responsibility for the abuse is placed with the person using violence.

When speaking with a victim-survivor about making a report, you might want to say something like:

> *I understand that you feel you have little control over aspects of your life right now and so it's been important to me to give you the power to decide on actions to keep yourself and your children safe. At the same time, I cannot keep information confidential where I believe children are at risk of significant harm or violence. And I really do believe that they are, based on the information you have given me. I need to [outline your agency's agreed process for notifying about children at risk].*
>
> *I know and accept that may mean you no longer trust me or want to keep seeing me, though I really hope that isn't the case. I am happy to give you contact details for other services if you want.*

Having these conversations is difficult and you can get support for yourself from your manager, a supportive colleague, your Employee Assistance Program (EAP) provider, a social worker or psychologist in your work environment, DVCS, Lifeline, or 1800 RESPECT.

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Record of actions

You should record what actions, if any, you take arising from the outcome of risk assessment. If no actions are taken, you should detail the reasons why.

Were actions taken following risk assessment?	☐ Yes ☐ No
If no, detail reasons why:	

If yes, document your actions below.

Actions taken	Response	Details
Referral Referrals to other services (e.g., specialist DFV service/practitioner, GP, other support services)	☐ Yes ☐ No ☐ N/A	
Information sharing Has the information in this tool been shared under the ACT Domestic and Family Violence Information Sharing Scheme? If information was shared, record if consent was given.	☐ Yes ☐ No ☐ Other	
Contact Police (if immediate emergency response is needed)	☐ Yes ☐ No ☐ N/A	
Contact Children, Youth and Families (if mandatory reporting obligations apply)	☐ Yes ☐ No ☐ N/A	
Other actions		



Note: If you are making a referral or plan to contact the victim-survivor, always ensure you have asked them about their preferred method of contact. This is critical to ensuring their safety.

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Comprehensive Risk Assessment Tool – Victim-Survivor

This tool addresses all evidence-based risk factors, current and historical experiences of domestic and family violence, and other factors which may be relevant to an individual's risk, needs and barriers to support, healing and recovery.

Who can use this tool: Only Tier 3 organisations or practitioners can use this tool. For information on tiers and roles and responsibilities, please see the RAMF.

What is the purpose of this tool: This tool aims to guide practitioners through a detailed structured professional judgement practice approach to determine the level of risk, history and pattern of violence, and inform risk management and intervention.

When should this tool be used: When an experienced practitioner is seeking to record detailed risk information (including over-time where there is ongoing service engagement), to build a comprehensive picture of risk adapted to victim-survivor's personal context. If a Tier 3 organisation or practitioner is seeking to undertake a time-critical risk assessment, practitioners may instead use the Intermediate Risk Assessment Tool.

Part A: Personal information	This section includes demographic information to help identify cohort specific considerations that may impact the victim-survivors experience of domestic and family violence.
Part B: Comprehensive assessment of risk	This section guides you through assessing risk to the victim-survivor. • **Evidence-based risk factors:** These questions are used to determine which risk factors are present to help identify the risk of domestic and family violence occurring or escalating. • **Victim-survivor self-assessment:** This is a crucial part of risk assessment. Victim-survivors are often best placed to assess their own level of risk. • **Additional risk considerations:** Including for specific cohorts. These are prompts to support practitioners to consider intersecting needs, and impacts and tactics of violence experienced by the victim-survivor. • **Protective factors:** Protective factors are individual, relational and environmental characteristics that reduce the impact of DFV and promote safety, recovery and wellbeing.
Part C: Outcome	Practitioners determine the level or seriousness of risk using the information collected above in **Part B**, by applying their structured professional judgement.
Part D: Risk Assessment (Child)	If assessing risk to a child victim-survivor alongside an adult victim-survivor, this section guides you through adapted risk assessment questions.

Name of worker completing this tool:	
Date:	

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Part A – Personal information

Victim-survivor

Full name:	
Date of Birth:	
Contact details:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
People with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information and adjustments (if needed):	
CALD :	☐ Yes ☐ No ☐ Not known Details:
Identified cultural background or ethnicity:	
Country of birth:	
Year of arrival in Australia:	
Interpreter required:	☐ Yes ☐ No ☐ Not known
Language mainly spoken at home:	
Bridging or Temporary Visa?	☐ Yes ☐ No (If yes, what type):
Primary address:	
Current Location:	
Tenancy type:	☐ Mortgaged property ☐ Rental ☐ Social housing ☐ Own property, no mortgage ☐ Not known
Additional information (i.e., whose name is on the lease/mortgage):	
Emergency contact:	
Relationship to victim-survivor:	
Phone:	

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Person using violence

Full name:	
Date of birth:	
Other names/alias:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Primary address:	
Current Location:	
Relationship to victim-survivor:	
Additional details:	

Details of children (if applicable)

If there are children involved in this risk assessment or impacted by the violence disclosed, please fill out their details and conduct separate risk assessments for them (where appropriate) in **Part D** of this tool.

Child	Parent – Victim-survivor	Parent – Person using violence
1.	☐ Yes ☐ No	☐ Yes ☐ No
2.	☐ Yes ☐ No	☐ Yes ☐ No
3.	☐ Yes ☐ No	☐ Yes ☐ No
4.	☐ Yes ☐ No	☐ Yes ☐ No

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Part B – Risk assessment

Preliminary questions

Has the adult victim-survivor been asked screening questions?	☐ Yes ☐ No

***If yes**, please consider attaching the record of screening to this assessment, or referring back to it help inform your risk assessment.*

***If no**, please ask the following questions about the person using violence, in addition to the set of assessment questions below.*

Question	Response	Comments
Have they controlled your day-to-day activities (e.g., who you see, where you go) or put you down?*	☐ Yes ☐ No	
Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)	☐ Yes ☐ No	

Section 1: Evidence-based risk factors

These questions are based on the evidence-based risk factors contained in the ACT RAMF. Practitioners should note that not all risk factors may be directly relevant to the victim-survivor, or the violence may be occurring in a different family or relationship structure outside of the intimate partner context. Practitioners should ensure they explore risk assessment in a way that is relevant and responsive to the victim-survivor and their experience of violence.

Questions	Response	Comments
Is more than one person making you feel afraid? (Are there multiple people using violence?)	☐ Yes ☐ No	
The following risk related questions refer to the person using violence:		
RECENCY		
Are they currently employed?*	☐ Yes ☐ No	
Have they recently…	☐ Yes ☐ No	
• shown signs of a mental health condition?	☐ Yes ☐ No	
• threatened or attempted suicide or self harm?*	☐ Yes ☐ No	
• misused alcohol, drugs or other substances?* (specify substance)	☐ Yes ☐ No	
• followed you, repeatedly harassed or messaged/emailed you?*	☐ Yes ☐ No	
• been obsessively jealous towards you?*	☐ Yes ☐ No	
• has any violence increased in severity or frequency?* (what and how)	☐ Yes ☐ No	
ACTIONS OF THE PERSON USING VIOLENCE		
Have they ever…	☐ Yes ☐ No	
• controlled your access to money, or had a negative impact on your financial situation?	☐ Yes ☐ No	
• seriously harmed you?* (identify type of harm)	☐ Yes ☐ No	
• assaulted you when you were pregnant?*	☐ Yes ☐ No	
• threatened to kill you?*	☐ Yes ☐ No	
• threatened or used a weapon against you?*	☐ Yes ☐ No	

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Questions	Response	Comments
• tried to choke/strangle/suffocate you?* (this will include applying pressure to the neck)	☐ Yes ☐ No	
• pressured, coerced or forced you into any sexual activity that you did not want?*	☐ Yes ☐ No	
• been reported to police by you or anyone else for family violence?	☐ Yes ☐ No	
• breached or broken the conditions of a protection order, court order or police notice?	☐ Yes ☐ No	
• had a history of violent behaviour to previous partners, other family members or non-family members? (specify details)	☐ Yes ☐ No	
• harmed or threatened to harm a pet or animal?	☐ Yes ☐ No	
• been arrested for violent or other related behaviour?	☐ Yes ☐ No	
• been to court or been convicted of a violent crime or other related behaviour? (specify details)	☐ Yes ☐ No	
Do they have access to weapons?*	☐ Yes ☐ No	
IMMINENCE		
Have you recently separated from your partner?* (include relevant information about recent, ongoing or planned relationship separation)	☐ Yes ☐ No	
Do you have pending family court matters or other legal matters? (such as protection order proceeding, criminal matter(s) before the court)	☐ Yes ☐ No	
Are they about to be, or have they recently been, released from jail or another facility? (Specify when)	☐ Yes ☐ No	
Has a crime been committed? (**Not to be asked directly of victim-survivors**. Criminal offences include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching protection orders)	☐ Yes ☐ No	

* May indicate that the victim-survivor is at increased risk of serious harm or lethality.

RISK TO CHILDREN

Risk to children (if applicable)	☐ Yes ☐ No ☐ N/A

If children have been identified through this risk assessment process, you should ask the adult victim-survivor about risk to them specifically. When doing so, please be aware of possible statutory obligations to report child abuse. Practitioners should consider specifically assessing risk to children (see **Part D** for detailed risk assessment questions).

Question	Response	Comments (or not known)
Have they ever threatened to harm the child/children?* (identify which children)	☐ Yes ☐ No	
Have they ever harmed the child/children?*	☐ Yes ☐ No	
Have children ever been present during/exposed to family violence incidents?	☐ Yes ☐ No	
Are there children in the family who are aged under 1 year?*	☐ Yes ☐ No	

* May indicate that the victim-survivor is at increased risk of being killed or almost killed.

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Section 2: Victim-survivor's own assessment

The victim-survivor's assessment of risk is a highly relevant consideration in determining risk. This section seeks to understand their perception of risk and their experience of violence. Victim-survivors are often best placed to assess their own level of risk, and their concerns need to be treated seriously, especially if they say they are at risk of experiencing significant harms. Remember that minimisation of risk can also occur, even in situations where several evidence-based risk factors are present.

Question	Response	Comments (or not known)
Do you believe it is possible they could kill or seriously harm you?*	☐ Yes ☐ No	
Have you ever thought or believed it is possible they could kill or seriously harm you (or others)?*	☐ Yes ☐ No	
From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now? (enter number in space provided)	☐ Yes ☐ No	
Do you have any immediate concerns about the safety of your children or someone else in your family?	☐ Yes ☐ No	
Do you feel safe when you leave here today?	☐ Yes ☐ No	
Would you engage with police if you felt unsafe? (If no, discuss barriers to why not)	☐ Yes ☐ No	

* May indicate that the victim-survivor is at increased risk of being killed or almost killed

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Section 3: Additional risk assessment considerations

Depending on the victim-survivor's personal circumstances, identity and sociocultural context, risk assessment should seek to understand how overlapping factors shape experiences of risk and the tactics used by people using violence. Understanding how these factors intersect can help a practitioner understand barriers to safety, and heightened impacts of coercive control and systems abuse.

ABORIGINAL AND TORRES STRAIT ISLANDER

Question	Response	Comments (or not known/applicable)
Are you able to get support from your family and community?	☐ Yes ☐ No	
Are you concerned that other people in the community or other family members will find out what is occurring?	☐ Yes ☐ No	
Are you concerned about further violence from other family members or the community?	☐ Yes ☐ No	
Have you ever been made to go or stay somewhere you didn't want to be?	☐ Yes ☐ No	
Have you been deprived access to your culture? (including language, community events, sorry business)	☐ Yes ☐ No	

LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX, QUEER, ASEXUAL, AROMANTIC AND AGENDER PEOPLE (LGBTIQA+)

Question	Response	Comments (or not known)
Have they undermined or refused to accept your identity, including in public and with other family members? (sexuality and gender identity)	☐ Yes ☐ No	
Are you concerned that other people in the community or other family members will find out what is occurring?	☐ Yes ☐ No	
Have they outed you or threatened to do so?	☐ Yes ☐ No	
If affirming your gender, have they stopped you from taking steps to do so?	☐ Yes ☐ No	
Have they ever stopped you from accessing medication?	☐ Yes ☐ No	

OLDER PEOPLE

Question	Response	Comments (or not known)
Are you dependent on them to meet your daily needs?	☐ Yes ☐ No	
Are they dependent on you or are you dependent on them financially?	☐ Yes ☐ No	
Have they threatened to relocate you or make you stay somewhere you do not want to go? (e.g., forced into care, forced to downsize home)	☐ Yes ☐ No	
Do you feel isolated / lonely or not have the level of contact with other people that you would like?	☐ Yes ☐ No	
If on medication, do you manage your medication on your own?	☐ Yes ☐ No	

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ACCESSIBILITY TO SERVICES

Question	Response	Comments (or not known)
Do you have mobile reception where you live?	☐ Yes ☐ No	
Do you have people close by to help you should you need practical assistance?	☐ Yes ☐ No	
Are you concerned that other people in the community or other family members will find out what is occurring?	☐ Yes ☐ No	
Is your closest police station located far from your property or is it open only limited hours?	☐ Yes ☐ No	
Do you have access to transport?	☐ Yes ☐ No	

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Question	Response	Comments (or not known)
If you are not a citizen or permanent resident, have they threatened your immigration status or made threats to send you or your children overseas, or threatened to or taken away your passport?	☐ Yes ☐ No	
If you were thinking about separating from your partner would your family or friends be supportive? (Exploration of other risks in relation to this question, such as honour killings)	☐ Yes ☐ No	
Are you concerned that other people in the community or other family members will find out what is occurring?	☐ Yes ☐ No	
Are you dependent on them for financial needs? (consider ineligible for Centrelink or work rights in Australia, access to own bank account)	☐ Yes ☐ No	
Are you restricted from having contact with your family, friends and community in Australia or overseas? (including children)	☐ Yes ☐ No	
Did you have a choice about being married? (Only applicable if married)	☐ Yes ☐ No	
Are there any cultural or religious beliefs that would prevent you from leaving the relationship?	☐ Yes ☐ No	

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PEOPLE WITH DISABILITIES

Question	Response	Comments (or not known)
Does anyone in your family use your disability against you? (consider whether they, or any other family member, withheld, misused or delayed needed supports, or stopped the victim-survivor from accessing therapy, aids, equipment, medication, or control disability support payment or NDIS funding (if relevant)?)	☐ Yes ☐ No	
Do you have access to support from services and/or your community?	☐ Yes ☐ No	
If supported by the person using violence, do you fear they will stop supporting you?	☐ Yes ☐ No	
Does anyone in your family control your daily activities, such as your engagement with family, friends, services or the community?	☐ Yes ☐ No	
To be safe, are there more support services that you need? (this question is relevant to considering what supports a person with disability might need when supports relating to their disability were being provided by a family member but are no longer being provided by them - or is there a new support they might need to be safe)	☐ Yes ☐ No	

FURTHER DETAILS

Notes to prompt professional judgement: presence of technology abuse and digital surveillance concerns, any ongoing legal matters and protection orders, health factors that may exacerbate risk and impacts of violence, known patterns of behaviour of the person using violence, most recent episode of violence.

Section 4: Protective Factors

Understanding a person's protective factors helps contextualise risk and take a strengths-based approach to understanding how the victim-survivor navigates the violence. It may also reveal unmet needs that, if they remain unaddressed, can impact their experience of violence. You should explore these questions with neutrality, accounting for the diversity of a victim-survivor's personal circumstances. This means asking questions in an open-ended way to invite a discussion that centres the victim-survivor's personal perspectives and experiences.

PROTECTIVE FACTORS

Notes to prompt professional judgement: relationship factors, informal and formal supports, employment, safety plan and strategies, protection or other orders.

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Part C – Outcome

Overall risk level assessment and rationale

The section details your assessment of risk, needs and safety for the victim-survivor.

RISK SUMMARY

Risk level assessment	Rationale
☐ **Serious Risk** (☐ and **requires immediate protection**) ☐ **Elevated Risk** ☐ **At-risk**	

NEEDS AND SAFETY

Needs assessment	Safety plan has been completed? (see separate template)
Notes to prompt professional judgement: accommodation, health, legal, security, financial, referrals, hopes/intentions.	☐ Yes ☐ No ☐ Not known

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Part D – Risk Assessment Tool (Child Victim-Survivor)

You may use a variety of sources to answer questions and inform this risk assessment. Possible sources include:

- Using information obtained from external sources (external agencies, police data, or other relevant sources),
- Using information the adult victim-survivor shares about the child(ren) during their own assessment by asking the adult victim-survivor appropriate questions about the child victim-survivor, or
- By asking the child victim-survivor questions directly, when appropriate.

Questions are divided into two sections:

- appropriate questions to **ask children**, and
- appropriate questions to **ask an adult** about the children.

The decision on what source of information informs this assessment is based on professional judgement.

Personal information

The children included in this assessment are:

Child:	Relationship to victim-survivor	Relationship to person using violence
1.		
2.		
3.		
4.		
Person answering on behalf of the child/ren:		

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CHILD 1

Full name:	
Date of Birth:	
Primary location:	
Current location:	
School/day care:	
Contact details:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information:	

CHILD 2

Full name:	
Date of Birth:	
Primary location:	
Current location:	
School/day care:	
Contact details:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information:	

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CHILD 3

Full name:	
Date of Birth:	
Primary location:	
Current location:	
School/day care:	
Contact details:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information:	

CHILD 4

Full name:	
Date of Birth:	
Primary location:	
Current location:	
School/day care:	
Contact details:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information:	

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Preliminary questions

Was a parent/guardian/adult assessed using the adult victim-survivor form prior to this assessment?	☐ **Yes** ☐ **No**

If yes, please indicate which of the following risk factors were identified in the adult victim-survivor assessment:

Factors relevant to adult victim-survivor	☐ Physical assault while pregnant/following new birth* ☐ Isolation ☐ Self-assessed level of risk
Factors relevant to adult victim-survivor and the person using violence's relationship	☐ Planning to leave or recent separation* ☐ Escalation – increase in severity and/or frequency of violence* ☐ Financial difficulties ☐ Imminence
Factors relevant to the person using violence	☐ Use of weapon in most recent event* ☐ Access to weapons* ☐ Has ever harmed or threatened to harm victim or family members (including child/ren) ☐ Has ever tried to strangle or choke the victim* ☐ Has ever threatened to kill victim* ☐ Has ever harmed or threatened to harm or kill pets or other animals*
Factors relevant to the person using violence (continued)	☐ Has ever threatened or tried to self-harm or commit suicide* ☐ Stalking of victim* ☐ Sexual assault of victim* ☐ Previous or current breach of protection order ☐ Drug and/or alcohol misuse/abuse* ☐ Obsession/jealous behaviour toward victim* ☐ Controlling behaviours* ☐ Unemployed/disengaged from education* ☐ Depression/mental health issue ☐ History of violent behaviour (not family violence) ☐ Physical harm ☐ History of family violence ☐ Emotional abuse ☐ Property damage

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors)

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Child Risk Assessment

Please use your professional judgement to decide on how to frame the questions and whether they should be asked directly of the child victim-survivor, an adult, or answered through information received from external sources.

Consider your possible statutory obligations to report concerns for children's safety and/or wellbeing.

QUESTIONS ABOUT THE CHILD VICTIM-SURVIVOR

The following questions can be asked directly of a child victim-survivor where it is assessed as safe, appropriate and reasonable to do so considering: their age and capacity; their level of maturity; and their ability to understand the question.

Question	Child 1	Child 2	Child 3	Child 4	Comments
Has the child experienced violence in the home?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Has the child telephoned for emergency assistance?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Has the child ever been removed from parental care against their will?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Has the child experienced either parent being arrested?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Has the child been asked to monitor you by the other parent?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Has the child intervened in any incidents of physical violence?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Has the child had contact with the person using violence post-separation and is it supervised?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Has Child Protection ever been involved with the family or other children in the home?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Has the child ever accessed counselling or support services?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Do you have possession of the family's passports?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Has a crime been committed?* (Not to be asked of victim-survivor)	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	

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* Criminal offenses include physical abuse, sexual violence, threats, pet abuse, property damage, stalking and breaching protection orders)

QUESTIONS FOR THE CHILD VICTIM-SURVIVOR

For younger children, it may be more developmentally appropriate to ask different and more open-ended questions about their safety in the home. The below questions offer practitioners guidance on questions that may be asked of younger children.

Question	Child 1	Child 2	Child 3	Child 4	Comments
Are you scared of either of your parents/caregivers or anyone else in the home? (From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now?) This scale is not used to assess level of risk. It is an indicator of fear and may indicate the impact on the child.	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
	Child 1 1 2 3 4 5				
	Child 2 1 2 3 4 5				
	Child 3 1 2 3 4 5				
	Child 4 1 2 3 4 5				
Have you ever been physically hurt by either of your parents/caregivers or anyone else in the home?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Have you ever tried to stop your parents/caregivers from fighting?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Has your parent/caregiver said bad things to you about your other parent/caregiver?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	
Have you ever had to protect or be protected by a sibling or other child in the home?	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed	

FURTHER DETAILS

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Overall risk level assessment and rationale (Part D – Children)

The section details your assessment of risk, needs and safety for the child victim-survivor(s).

RISK SUMMARY

Risk level assessment	Rationale	Protective factors
☐ **Serious Risk** (☐ and **requires immediate protection**) ☐ **Elevated Risk** ☐ **At-risk**		*Notes to prompt professional judgement: relationship factors, informal and formal supports, education and care.*

NEEDS AND SAFETY

Needs assessment	Safety plan has been completed? (see separate template)
Notes to prompt professional judgement: housing, health and development, legal, security, education and care, referrals, hopes/intentions, protective experiences.	☐ Yes ☐ No ☐ Not known

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Risk Identification Tool – Adult Person Using Violence

WARNING: This tool must not be used with, or in front of, a person suspected of using violence. This tool is to record your professional observations only.

Who can use this tool: All organisations or practitioners trained in the use of this Risk Identification Tool can use it. For information on tiers and roles and responsibilities, please see the RAMF.

What is the purpose of this tool: This tool aims to help practitioners identify the presence of risk factors for domestic and family violence perpetration, by recording and assessing information about a person suspected of engaging in DFV.

When should this tool be used: When you are in contact with a service user who you suspect may be using violence or may have been incorrectly identified as the 'primary victim'. In services where a service user has multiple contacts, you and other workers may identify narratives or behaviours indicating DFV perpetration over time and document your observations on an ongoing basis using this tool.

This tool consists of 3 parts:

Part A: Identify narratives and behaviours	In any service delivery environment, you should always be aware of the possibility that a service user may be using DFV. This Part guides workers to identify narratives and behaviours you might observe in the context of DFV across all relationship types.
Part B: Identify presenting needs and circumstances	Identifying the person's presenting needs and circumstances can help identify and manage DFV risk behaviours. This Part includes considering the person in their context to identify areas in the person's life that may elevate risk or be protective.
Part C: Decision on whether DFV risk is indicated	This Part guides practitioners on deciding whether DFV risk is indicated based on the information recorded in Part A and B. Practitioners are invited to: • record whether DFV risk is identified, and if immediate intervention is required, and • consider response options where you identify DFV risk is present.

Name of worker completing this tool:	
Date:	

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Service user – Person suspected of using domestic and family violence

Full name:	
Date:	
Date of Birth:	
Contact details:	
Primary address:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information and adjustments (if needed):	
Primary address:	
Relationship to victim-survivor:	

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Victim-survivor (or other potential third party)

Full name:	
Date of Birth:	
Contact details:	
Primary address:	
Current location:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information:	

Child (potential victim-survivor)

Full name:	
Date of Birth:	
Contact details:	
Primary address:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information:	

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Part A – Identify Narratives and Behaviours

IMPORTANT: Do not ask these questions directly of the person you suspect may be using violence, as this could escalate risk to the victim-survivor.

Part A of the tool guides practitioners to record their observations about narratives or behaviours that may indicate a person is engaging in domestic or family violence. This information may also be relevant to mapping known risk factors for DFV, and then sharing information with other organisations and services to determine risk.

How to use Part A:

The following instructions apply to all tiers (organisations and workers):

- You **should** use this section to record your professional observations about someone who you suspect may be using violence.
- You **must not** ask these questions directly of the person you suspect may be using violence under any circumstances.
- Where certain risks are identified in Section 2 (with a red asterisk), this may indicate an increased risk of serious harm or lethality. If these risks are identified, action is generally required. This may include information sharing with other key agencies to determine the appropriate response.

Introduction to identifying narratives and behaviours

Observing a person's narratives and behaviours is the first step towards identifying whether evidence-based risk factors are present. All practitioners have a role to play in identifying signs of domestic or family violence. In the course of your work, you may encounter service users who present with beliefs, attitudes or behaviours that indicate they may be using domestic or family violence. The person's use of violence may be known, suspected or not yet identified by you or another professional or service.

Some service users' narratives and behaviours will be a direct disclosure of their use of domestic or family violence (intentionally or unintentionally). However, it is more common for their narratives and behaviours to only indicate the presence of risk factors. This can be further informed by risk assessment with a victim-survivor and information sharing with other agencies, if within the scope of your role. Applying a victim-centred lens when listening to a person's narratives or observing their behaviours will assist you to think about the victim-survivor's experience of these attitudes and behaviours.

This section will guide you through identifying and recording narratives and behaviours you might observe in the context of domestic or family violence across all relationship types. **See the ACT RAMF for guidance on recognising beliefs or attitudes in narratives or behaviours.**

Consider what information you record in this form, as there are risks when compiling information about victim-survivors and people using violence in the same document.

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Section 1: Beliefs or attitudes

Observed narratives or behaviours	Response	Comment
Makes statements that indicate sexist, misogynistic, homophobic, biphobic, transphobic, ableist, ageist or racist beliefs (putting down a person or group based on their identity)	☐ Yes ☐ No ☐ Not known	
Makes statements that indicate entitlement to power, control and decision making (e.g., "she's my wife, she should be looking after the kids", "women are crap at managing money")	☐ Yes ☐ No ☐ Not known	
Makes statements that indicate belief in ownership over the victim-survivor (e.g., "she's mine", "if I can't have her", "she'll always come back")	☐ Yes ☐ No ☐ Not known	
Makes statements that indicate they have developed a grievance against the victim-survivor, where they blame the victim for everything that is wrong in their lives	☐ Yes ☐ No ☐ Not known	
Comments negatively on victim-survivor's decisions and actions (e.g., "she can't manage money to save her life", "she's so embarrassing")	☐ Yes ☐ No ☐ Not known	
Pathologises victim-survivor (describing their behaviour or presentation as a behavioural disorder, mental illness or addiction) (e.g., "she's crazy")	☐ Yes ☐ No ☐ Not known	
Displays limited empathy or desire to understand experiences of victim-survivor (e.g., "she's such a winger", "she doesn't understand how good she has it")	☐ Yes ☐ No ☐ Not known	
Complains that the victim-survivor does not show them 'respect'	☐ Yes ☐ No ☐ Not known	
Openly dismisses the victim-survivor's viewpoints and/or needs, particularly if it conflicts with their own	☐ Yes ☐ No ☐ Not known	
[Adult victim-survivor only] Makes decisions for adult victim-survivor	☐ Yes ☐ No ☐ Not known	
[If applicable] Displays indicators of ownership and entitlement, in relation to children and rights to access and/or custody (e.g., "They're my kids, she has no right to try and keep them away from me")	☐ Yes ☐ No ☐ Not known	
[If applicable] Threatens to report partner/ex-partner to authorities about their 'poor parenting' (e.g., "she's lucky I haven't called the cops on her")	☐ Yes ☐ No ☐ Not known	
[If applicable] Criticises ex/partner's parenting (put downs, devaluing worth) (e.g., "she's a crap mum", "she doesn't do anything for the kids")	☐ Yes ☐ No ☐ Not known	
Further details:		

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Section 2: Physical and verbal abuse

Observed narratives and behaviours	Response	Comment
Displays controlling behaviour(s)*	☐ Yes ☐ No ☐ Not known	
Displays indicators of jealousy and/or possessiveness	☐ Yes ☐ No ☐ Not known	
Displays indicators of fixation with victim's actions and whereabouts (monitoring, rumination and intent focus)*	☐ Yes ☐ No ☐ Not known	
Controls adult victim's finances and/or access to employment*	☐ Yes ☐ No ☐ Not known	
Demonstrates threatening non-verbal behaviour (physical stand over, intrusion into personal space)	☐ Yes ☐ No ☐ Not known	
Hostile language and attitudes towards authority figures and systems	☐ Yes ☐ No ☐ Not known	
Talks about victim in emotionally abusive or degrading ways	☐ Yes ☐ No ☐ Not known	
Interrupts, corrects and/or dominates victim in conversation	☐ Yes ☐ No ☐ Not known	
Raises voice and/or yells	☐ Yes ☐ No ☐ Not known	
Is violent and/or controlling towards victim before, during or after the session*	☐ Yes ☐ No ☐ Not known	
Insists on sitting in on appointments with victim	☐ Yes ☐ No ☐ Not known	
Discloses any harm or threat to harm animals or pets*	☐ Yes ☐ No ☐ Not known	
Physical signs of violent altercation (on victim or PUV)*	☐ Yes ☐ No ☐ Not known	
Expresses feelings of excessive anger that is 'outside their control'	☐ Yes ☐ No ☐ Not known	
Expresses feelings of fear and distress at the thought of their partner leaving them	☐ Yes ☐ No ☐ Not known	
Targeted and/or damaged victim-survivor's property*	☐ Yes ☐ No ☐ Not known	
Choked/strangled/placed pressure on the victim-survivor's neck*	☐ Yes ☐ No ☐ Not known	
Threatened the victim-survivor with a weapon*	☐ Yes ☐ No ☐ Not known	
Sexually assaults the victim-survivor.* **Consider whether this information should be safeguarded from the PUV**	☐ Yes ☐ No ☐ Not known	
Uses coercion to manipulate the victim into having sex or to engage in sex acts.* **Consider whether this information should be safeguarded from the PUV**	☐ Yes ☐ No ☐ Not known	
Further details:		

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Section 3: Minimising or justifying their actions

Observed narratives or behaviours	Response	Comments
Minimising physical harm and/or neglectful behaviour	☐ Yes ☐ No ☐ Not known	
Direct comments or euphemisms that could indicate use of violence	☐ Yes ☐ No ☐ Not known	
Presents or talks about themselves as being the "real" victim (victim stance) (e.g., "she's taken everything from me")	☐ Yes ☐ No ☐ Not known	
Presents as having difficulty with emotional and/or behavioural regulation	☐ Yes ☐ No ☐ Not known	
Uses impulsivity as a justification of violent and abusive behaviours (may relate to presenting needs such as mental health, use of alcohol/drugs)	☐ Yes ☐ No ☐ Not known	
Further details:		

Section 4: Practitioner experience engaging with the person

Observed narratives or behaviours	Response	Comments
Tries to get you **[professional]** to agree with their negative views about partner or family member **[invitation to collude]** throughout service engagement	☐ Yes ☐ No ☐ Not known	
Practitioner observes or feels intimidated, manipulated and/or controlled during sessions	☐ Yes ☐ No ☐ Not known	
Further details:		

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Section 5: Disclosures indicating immediate risk

In the course of your work, you may hear disclosures that cause you serious concern for the safety of the service user, others, the community or yourself as a practitioner. It is important that you recognise and act on immediate risk disclosures (see **Part C**).

Immediate risk	Response	Comments
Has the person disclosed a direct or targeted threat against any person (adult or child victim-survivor, third party or a professional) including to self? Examples of disclosures indicating immediate risk may include: • Explicit threats about killing or seriously harming someone • Any past or recent non-fatal strangulation that is disclosed to you • Discloses suicidal ideation, self-harm or has made threats to suicide (note this is a risk factor for homicide, including homicide-suicide) • Displaying, accessing or threatening to use a weapon or other dangerous objects • Discussing plans to 'take' the children These are critical factors that may indicate an imminent threat of serious physical harm, lethality or psychological trauma, and requires an immediate service response.	☐ Yes ☐ No ☐ Not known	
Further details:		

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Part B – Presenting Needs and Circumstances

IMPORTANT: All organisations and practitioners must understand when it is safe to ask about presenting needs and circumstances of a person they suspect may be using violence. Please follow the instructions below.

Part B of the tool guides practitioners to record their understanding about the personal needs and circumstances of a service user they suspect may be using domestic and family violence. While this information may not help you decide whether DFV risk is indicated, it may be relevant to your service provision as well as sharing information with other organisations to support improved identification and assessment of DFV risk.

How to use Part B:

The following instructions apply to all tiers (organisations and workers):

- If it is not within the scope of your role or service to usually ask questions about the needs and circumstances of a service user, you must not ask these questions directly of the service user you suspect may be using violence under any circumstances.
- Instead, you should only use this section to record your professional observations about someone who you suspect may be using violence.
- If this information is not available to you and it is not safe and appropriate to seek this information, you can proceed to Part C to record a decision on whether DFV risk is indicated based on your other observations.
- Remember that the PUV Risk Identification Tool is designed to record your observation of indicators or disclosures of risk only.

Identifying presenting needs and circumstances

Identifying the person's presenting needs and circumstances can help identify and manage DFV risk behaviours. Information about needs and circumstances is risk-relevant information for the purposes of information sharing to support understanding of the person suspected of using violence in context, and the risk they may pose to others.

Some needs and circumstances may function as protective factors, in that they may help promote stability and mitigate escalation of risk behaviours. However, protective factors alone do not reduce risk.

The table below will guide you as a practitioner to record your understanding of the service user in their personal context. For additional guidance on identifying presenting needs and circumstances that may contribute to DFV risk, please see the **ACT RAMF**.

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Identifying the service user's personal needs and circumstances

Some identified circumstances may identify the presence of a serious-risk factor for serious harm or lethality. This has been indicated in the table below to help practitioners map needs and circumstances against evidence-based risk factors.

Consider the person's context:	Notes (including consideration of risk factors)
Personal identity, status of relationships/dynamics	
Personal identity, attributes and experiences	
Partner (current)	
Ex-Partner (note if recent separation [RF])	
Children	
Other family members	
Social and community connections[119]	
Connection to friends or extended family network	
Connection/sense of belonging to community, cultural groups, networks, social media, clubs	
Presence of systems interventions [RF]	
Child Protection	
Court (recent, pending, orders)	
Corrections	
Other system interventions	
Practical or environmental circumstances	
Aboriginal and Torres Strait Islander or other cultural community support services	
Employment (Centrelink, employment services)	
Communication (e.g., access to telephone, social media[120])	
Counselling services (e.g., alcohol or other drugs [RF], gambling, financial counselling, therapeutic supports or counselling)	
Medical or mental health [RF]	
Disability services or supports	
Financial security (including Centrelink or income support)	
Housing circumstances (housing security, tenancy, private rental, homeowner)	
Legal services	
Migration services	
Transport	

[RF] Risk factors, based on the evidence-based risk factors in the ACT Risk Assessment and Management Framework.

119 Consider if family, social and community connections indicate they reinforce narratives or behaviours.

120 Note any other identified methods used by person using violence to contact adult or child victim-survivor.

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Part C – Decision on whether DFV risk is indicated

Section 1 – Decision and recorded actions

This section is for practitioners to record their decision on whether DFV risk is indicated by the professional observations you have made about a service user. Wherever risk is indicated or you are unsure, refer to the guidance in Section 2 – Response options.

Indications of DFV risk indicators/factors	Decision
Observed narratives or behaviours indicate or disclose use of domestic and family violence risk (to adult or child victim-survivor(s))	☐ Not indicated ☐ Indicated ☐ **Requires immediate intervention**
Risk to self: Disclosed risk of suicide or self-harm • Whether immediate intervention is required will depend on recency of disclosure, imminency of the risk, and previous known history about the person	☐ Not indicated ☐ Indicated ☐ **Requires immediate intervention**
Risk to others: Risk indicated to any other person in community (including victim-survivor, community, and/or professional)	☐ Not indicated ☐ Indicated ☐ **Requires immediate intervention**
Rationale	

Misidentification	Response
Have you used this tool to determine the primary aggressor? (responding to misidentification)	☐ Yes – **if yes, update your records and share information with other professionals** ☐ No
Is further assessment required to determine the primary aggressor? If yes, update your records and share information with other professionals	☐ Yes ☐ No Shared with:

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Record of actions

You should record what actions you take arising from an indication of DFV. If DFV risk is indicated and no actions are taken, you should detail the reasons why.

Were actions taken following identification of DFV risk?	☐ Yes ☐ No
If no, detail reasons why:	

If yes, document your actions below.

Actions taken	Response	Details
Information sharing Has the information in this tool been shared under the ACT Domestic and Family Violence Information Sharing Scheme?	☐ Yes ☐ No ☐ Other	Comment/detail of information shared: Shared with:
Contact Police (if immediate emergency response is needed)	☐ Yes ☐ No ☐ Other	
Contact Children, Youth and Families (if mandatory reporting obligations apply)	☐ Yes ☐ No ☐ Other	
Risk Assessment TIER 3 ONLY Has the Adult Person Using Violence Risk Assessment been completed?	☐ Yes ☐ No ☐ Other	
Other actions		

WARNING: Have you recorded sensitive information about a victim-survivor on this form?

Safe documentation practices are essential when completing the PUV Risk Identification Tool, as there are possible risks when compiling information about victims and people using violence within the same documents. Consider what information is safe to be recorded within this tool, focussing on information you have received from the suspected person using violence.

In particular, prior sexual violence information or disclosures in relation to a victim-survivor should generally not be recorded on documents that relate primarily to the PUV.

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Section 2 – Response options

The below table provides guidance on response options. Where a practitioner is unsure about whether DFV risk is indicated, they should seek secondary consultation within their organisation, and/or consider sharing information with a specialist domestic and family violence service.

Outcomes	Tier	Response Options
DFV risk is **not** indicated	All tiers	No immediate action required. If you have an ongoing relationship with the client: • remain alert to domestic and family violence signs/indicators. • seek secondary consultation and share information with specialist services if you suspect or are unsure if violence is occurring but cannot determine risk or behaviour based on the information provided by the client.
DFV risk **is** indicated	Tier 1 & 2	Where DFV risk is indicated, all agencies should: • continue to provide your services to the person you suspect using violence, within the scope of your existing service and role. continue to monitor any change or escalation of behaviour or any need related to risk Seek secondary consultation with specialist DFV services (including perpetrator intervention services) if you are unsure about appropriate responses • consider proactively sharing information about the person using violence to respond to risk for victim-survivors, such as with a specialist DFV service or other service known to be working with the victim-survivor(s)
	Tier 3	Conduct risk assessment using the Adult Person Using Violence Risk Assessment Tool.
DFV risk is indicated and there is **immediate risk**	All tiers	If immediate risk to any person is identified, immediate intervention is required. • contact Triple Zero (000) and ask for police if a crime has been committed or is likely to be committed • contact your local CATT team if acute signs of mental ill health are present • contact Children, Youth and Families where mandatory reporting obligations are present • consider child wellbeing and safety, and share information if needed After providing an immediate intervention response, it is important to consider other necessary multi-agency responses required, in line with the response options above.

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Adult Person Using Violence Risk Assessment Tool

IMPORTANT: This tool is for Tier 3 organisations and workers only.

Who can use this tool: Only Tier 3 organisations and practitioners can use this tool. For information on tiers and roles and responsibilities, please see the RAMF.

What is the purpose of this tool: This tool is a continuation of the PUV Risk Identification Tool. It helps workers identify, assess and map risk of DFV perpetration, by recording and assessing information about a PUV.

When should this tool be used: You should use this Risk Assessment Tool if:

- you are a Tier 3 practitioner working with a person you know is using DFV about their use of violence; or
- you are a Tier 3 practitioner working with the victim-survivor or as part of a multi-agency response, and you are collating risk-relevant information about a PUV and mapping their patterns of behaviour over time.

You can use this Risk Assessment Tool as an ongoing way to collate and assess risk-relevant information. In service settings where a person has multiple contacts, you and other professionals may identify risk-relevant information about DFV risk over time and document observations and information in this tool.

Part A: Identified risk factors	This Part guides practitioners to record the presence of risk factors identified by information sharing, observation or direct disclosure.
Part B: Identifying and mapping patterns of violence	This Part guides practitioners to identify patterns of coercive control and other actions used to harm the victim-survivor, and map these behaviours against indicators that may inform assessments of escalating harm and severity. This Part will support practitioners to document clear, detailed and behaviour-focussed case notes about the person using violence, including how those behaviours impact the victim-survivor(s).
Part C: Motivations for change	Tier 3 practitioners working with people using violence *about* their use of violence are encouraged to identify and understand readiness and motivation to change to support system-level accountability to time-based opportunities for intervention.
Part D: Outcome of Assessment	Practitioners determine the level of risk using the collated information, by applying their professional judgement.

Name of worker completing this tool	
Date	

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Service user – Person using violence

Full name:	
Date of Birth:	
Contact details:	
Primary address:	
Current location:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information and adjustments:	
Relationship to victim-survivor:	

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Victim-survivor (or other potential third party)

Full name:	
Date of Birth:	
Contact details:	
Primary address:	
Current location:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information:	

Child (potential victim-survivor)

Full name:	
Date of Birth:	
Contact details:	
Primary address:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information:	

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Part A – Identified Risk Factors

Presence of risk factors identified by information sharing, observation or disclosure

Information about risk factors present	Source (Organisation name, contact person)[121] or Observed, disclosed	Information sought from/shared with Date received Detail Information safety (note if not to be shared with PUV)[122]
Risk factors relevant to an adult victim's circumstances		
Physical assault while pregnant/following new birth*		
Self-assessed level of risk		
Planning to leave or recent separation		
Escalation — increase in severity and/or frequency of violence*		
Imminence		
Financial abuse/difficulties		
Person using violence behavioural risk factors		
Controlling behaviours*		
Access to weapons*		
Use of weapon in most recent event*		
Has ever harmed or threatened to harm victim or family members		
Has ever tried to strangle or choke the victim*		
Has ever threatened to kill victim*		
Has ever harmed or threatened to harm or kill pets or other animals*		
Has ever threatened or tried to self-harm or commit suicide*		
Stalking of victim*		
Sexual assault of victim*		
Previous or current breach of court orders/protection orders		
History of family violence		

[121] Risk factor identified from information shared from other service, victim survivor, disclosure from the PUV, or other source.
[122] Note whether information should be withheld/safeguarded from PUV.

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Information about risk factors present	Source (Organisation name, contact person)[121] or Observed, disclosed	Information sought from/shared with Date received Detail Information safety (note if not to be shared with PUV)[122]
History of violent behaviour (not family violence)		
Obsession/jealous behaviour towards victim*		
Unemployed / disengaged from education*		
Drug and /or alcohol misuse/ abuse*		
Mental illness		
Isolation		
Physical harm		
Emotional abuse		
Property damage		
Risk factors specific to children caused by the PUV's behaviours		
Exposure to family violence		
Sexualised behaviours towards a child by the person using violence		
Child intervention in violence		
Behaviour indicating non-return of child		
Undermining the child-parent relationship		
Professional and statutory intervention		
Risk factors specific to children's circumstances		
History of professional involvement and/or statutory intervention		
Change in behaviour not explained by other causes		
Child is a victim of other forms of harm		

* May indicate that the victim-survivor is at increased risk of serious harm or lethality.

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Part B – Identifying and Mapping Patterns of Violence

Section 4 – Identifying patterns of domestic and family violence behaviour

Identifying patterns of domestic and family violence behaviours is the first step to monitoring for change or escalation to frequency and severity. This is important in identifying risk of lethality and may indicate if risk is imminent.

STEP 1: IDENTIFY THE PATTERNS OF COERCIVE CONTROL, AND ACTIONS OR BEHAVIOURS USED TO HARM THE VICTIM-SURVIVOR(S).

This step is about identifying the behaviours and actions the person using violence engages in, not the resulting harm. Patterns of behaviour to consider can include, among other things:

- **physical violence** (e.g., strangulation, shoving, punching, kicking)
- **sexual violence** (e.g., forced/coerced sexual activity, intimate image abuse, sexual humiliation, reproductive coercion)
- **threatening/intimidation** (e.g., to hurt, kill, suicide, take children, make false reports to authorities)
- **financial control** (e.g., sabotaging employment, controlling access to finances)
- **emotional abuse** (e.g., withholding love/affection/communication, degrading behaviour, disregarding boundaries)
- **network assisted violence** (where the person using violence uses their networks to amplify their violence or coercive control over the victim-survivor)

STEP 2: ASSESS RECENCY, FREQUENCY, AND ESCALATION OR SEVERITY OF PATTERNS

The purpose of this step is to monitor the level of risk overtime in response to changes or escalation in frequency or severity of behaviours. **Remember that episodic "one-off" behaviour may not always indicate lower risk of serious harm.** Some people who use violence will engage in certain behaviour to create a climate of fear and reinforce control. Apply a victim-centred approach to understanding the impact of these patterns of behaviours.

Recency: 1 – 2 days, 1 – 3 weeks, 1 – 3 months

Frequency **How often has this kind of event occurred?**	**Indication of risk level*** ***Frequency does not alone determine level of risk***	**Note: Changes in frequency, severity or escalation (including recency)**
Once only / rarely A few times per year	May indicate **at-risk**.	
Sometimes Monthly / at least once a month / every few weeks	May indicate **elevated risk**	
Often Weekly / at least once a week	May indicate **serious risk**	
Always / all of the time Daily	May indicate **serious risk**	

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STEP 3: MAP THE PATTERNS OF COERCIVE CONTROL AND ABUSE ONTO THE VICTIM-SURVIVOR(S).

Tier 3 practitioners will often be a critical part of an ongoing multi-agency response to serious-risk domestic and family violence cases. While these system responses can be essential parts of risk management responses, a lack of DFV-informed practice can generate risks to the victim-survivor (and their family).

An essential part of DFV-informed practice is ensuring that responsibility for the violence – and the resulting impacts of the violence – are placed with the person using violence. An important way to create this system visibility of the person using violence is by making behaviour-focused case notes about them, their patterns of behaviour, and mapping those patterns against the impacts on the victim-survivor and family network.

As relevant to different Tier 3 organisations and practitioners, you can consider the following non-exhaustive prompts when making behaviour-focussed case notes:

Impacts on victim-survivor(s)	• How has the PUV's patterns of abuse caused harm to the health, safety or wellbeing of the victim-survivor(s)? • Have there been any impacts on children, if applicable?
Impacts on family functioning and family ecology	• How has the PUV's behaviours negatively impacted interactions and relationships between family members (that is, 'family ecology')? • How has the PUV's behaviours affected the other parent's ability to parent?
Impacts on substance use and mental health	• Identify issues in child, parent or family functioning that the PUV's behaviours may have caused (e.g., coerced substance use) • Identify issues in child, parent or family functioning that the PUV's behaviour may have exacerbated • Identify if PUV has interfered (directly or indirectly) with efforts of family members to receive treatment or services
Intersectionalities	• Does the victim-survivor have any social status vulnerabilities that the person using violence is exploiting? • Does the person using violence have any social status privilege that contributes to their control? • Has the person using violence attempted to manipulate system responses against the victim-survivor?

For further guidance on mapping patterns of coercive control and taking a behaviour-focussed approach to case noting, please refer to the Safe and Together Institute's *Mapping the Perpetrator's Pattern: A Practitioner's Tool for Improving Assessment, Intervention and Outcomes* (2021).

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Part C – Motivations for Change

IMPORTANT: This Part is only for Tier 3 practitioners who work with people using violence about their use of violence.

For a person using violence, their readiness to engage with programs to address their use of violence will not likely be a priority. Understanding motivations for change can be a critical part of system-level accountability, and workers should always link the unique circumstances of their motivations back to risk assessment.

Motivations for change may present unique risks, especially when those motivations are related to the presentation of key risk factors. Motivations around the partner, children or family may relate to recent separation or cessation in contact. Motivation due to court intervention has different implications depending on the type of intervention (e.g., a protection order usually coincides with escalating risk, whereas a person on a sentencing order may present opportunities for stabilising risk through supervision and oversight of the person).

Having this understanding can support professionals to respond through time-based opportunities for interventions and increase likelihood of ongoing engagement and monitoring. Motivations for change may also not be genuine; people using violence may present as showing insight or desire to change when a system response has identified them as using violence. This could be to reduce or decrease their visibility to system responses.

Identified motivations to seek help or support for change about presenting needs or DFV risk behaviours

Identified motivations	Link to risk factors (if applicable)
Motivations/readiness present to seek support (self-reflective related to status / capacity / goals): ☐ Circumstances (stabilisation of presenting needs)	
☐ Safety – capacity to empathise with impact of behaviours (adult or child victim-survivor, service user (self), community)	
☐ Relationship with partner / family member	
☐ Relationship with children (identity as parent / carer; bond with children)	
☐ Relationship with person in care	
☐ Self-worth / identity as better person	
☐ Court or system interventions	
☐ Direct disclosure	
Other	

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PART D – OUTCOME OF ASSESSMENT

Determining level of risk

This section is for practitioners to record their assessment of risk, and record any actions taken.

Assessment of risk	Decision
Level of risk to adult or child victim-survivor(s)	☐ At risk ☐ Elevated Risk ☐ Serious Risk ☐ **Requires immediate intervention**
Professional who determined level of risk Determination may be made by you or another professional/service working with the victim-survivor	☐ Self ☐ Other – indicate who:
Risk to self: Disclosed risk of suicide or self-harm Section 1: Whether immediate intervention is required will depend on recency of disclosure, imminency of the risk, and previous known history about the person	☐ Not indicated ☐ Indicated ☐ **Requires immediate intervention**
Risk to others: Risk indicated to any other person in community (including you/professional)	☐ Not indicated ☐ Indicated ☐ **Requires immediate internation**
Rationale	

Misidentification	Response
Have you used this tool to determine the primary aggressor? (responding to misidentification)	☐ Yes – **if yes, update your records and share information with other professionals** ☐ No
Is further assessment required to determine the primary aggressor? If yes, update your records and share information with other professionals	☐ Yes ☐ No Shared with:

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Response options

Once you have completed an intermediate risk assessment, the next step is to determine what level of response is required. An assessment is only useful if it leads to clear, timely action. This section sets out what practitioners should do when a person using domestic and family violence is assessed as 'At-risk', 'Elevated Risk' or 'Serious Risk'.

The below table provides guidance on response options. Where a practitioner is unsure about appropriate response options, they should seek secondary consultation within their organisation, and/or consider sharing information with a specialist domestic and family violence service.

☐ **At-risk** 	• Document observations and concerns • Share relevant information (as authorised) • Refer to appropriate supports (if safe to do so) e.g., alcohol or other drug services, mental health services, housing support • Provide accountability messaging (e.g., "violence is never acceptable") • If safe/appropriate, check in with victim-survivor
☐ **Elevated Risk** 	• Share information with relevant services (DVCS, ACT Policing, CYF, EveryMan/BCPs, ACTCS) • Ensure victim-survivor receives contact/support via DVCS • Strengthen accountability with the person using DFV (call-in conversations, boundary setting) • Contribute to a multi-agency plan (if convened or in place) • Continue monitoring for escalation in any presentation of narratives or behaviours
☐ **Serious Risk** To self, adult or child victim-survivor, third party or professional 	Proactively share information about the person using violence or seek secondary consultation with specialist services to support the person using violence (or provide secondary consultation) **If you have any concern for the safety of any adult or child victim-survivor, call Police (000).** If **immediate risk** to any person is identified, immediate intervention is required. • Contact Triple Zero (000) and ask for police if a crime has been committed or is likely to be committed • Contact your local CATT team if acute signs of mental ill health are present • contact Children, Youth and Families where mandatory reporting obligations are present • Consider child wellbeing and safety, and share information if needed

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Safety Plan Template

This safety plan template has been adapted from the DVCS safety plan checklist.

The Safety Plan Template can help you understand different considerations about keeping yourself safe. If you are planning to leave an abusive relationship, it is important to plan ahead to manage escalating risk. A person using violence may become more controlling, abusive or dangerous if they believe the person subjected to these behaviours is planning to leave. This is because leaving may threaten their sense of power and control.

IF YOU ARE STILL AT HOME, CONSIDER GIVING A COPY OF THIS PLAN TO A FRIEND OR SERVICE.

Possible actions and considerations	What I will do
How will you leave: By foot or car or will you call a friend?	
Where will you go: Friend or family, hotel, neighbour or police?	
What will you take? Consider packing an overnight bag and leave it with a friend. Consider including important documents such as your birth certificate and passport or email copies to your family or a friend.	
Who can you tell: A trusted friend, family member or work colleague? Do you need to create a safe word? Do not write down your safe word.	
What money do you have? Consider giving some to your family or friend to mind. If possible, open a new bank account and arrange that statements be emailed to a secure email address.	
Children: • Teach your children how to use the telephone and call police, and a safe word. • Talk to all people who care for your children about who has permission to collect the children.	
Mobile phones and phone numbers: • Purchase a mobile phone and make sure your mobile phone is charged and has credit – if you do need to call the police, you don't have to speak, saying nothing will put them into action. • Program emergency numbers into your phone, using code names if necessary.	
Pets: Can you arrange for someone to take any pets in an emergency?	
Accessibility: What accessibility requirements do you have at home and in the event of an emergency?	

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Possible actions and considerations	What I will do
If you are staying at home: • Do you need to change the locks on windows and doors, or should you have deadbolts installed? • Do you have capacity to consider sensor lights, window bars, additional locks, electronic alarm and a chain on your front door? • Ensure you have working fire alarms installed and a fire extinguisher. • Put wood dowels in windows to stop them being slid open. • Place padlocks and chains on gates. • Place sliding bolts on ceiling hatches/manholes so they can't be accessed through the roof. • Change home Wi-Fi password.	
If you have left home: • Consider varying your route to work or family and changing your regular activities such as going to the gym. • Ensure the webcam on your computer is turned off; even better, use tape to cover the lens when you aren't using it. • Get an answering machine and voicemail and screen your calls. This also allows you to record abusive messages. • Set up a secure email address that you can give to police, lawyers, community services to use – but maintain the email address known to the person using violence. • Change all your passwords and login details using strong passwords that are not words or your birthdate and try to have a different password for each account. • Ensure your mobile phone is set to auto-lock after a short period of time with a pin code required to unlock it. • Turn off the 'location' function on your phone. • Turn your Bluetooth off and set your phone to 'hidden'. • Ensure you have engaged all the privacy settings on social media and on each device. • Don't allow other people to tag you in photos or locations. • Consider using a non-identifying profile and cover photo, such as a flower or landscape, on your social media accounts. • Consider using a different city as your location and not including your place of work or education.	
Complete an e-safety plan:	
Complete an accessibility plan: (where relevant)	
Other actions:	

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E-Safety Checklist

Adapted with thanks from *Northern Territory Domestic and Family Violence Risk Assessment and Management Framework,* and the e-Safety Commissioner *Tech-based domestic and family violence* resources.

Domestic and family violence is characterised as any behaviour or any pattern of abusive behaviours that is designed to control or intimidate the victim-survivor. Rather than as an incident or series of incidents of abuse, DFV is distinguished by an underlying pattern of power and control by one person over another, often described as coercive control.

People using violence might use digital technology to facilitate their violence behaviours. as part of their abusive behaviour. This is commonly referred to as technology facilitated abuse, and is a key part of how coercive and controlling behaviours are used against victim-survivors.

Technology-facilitated abuse can be difficult to spot because the behaviours are often subtle, targeted and embedded within everyday technology use. Victim-survivors may not recognise they are being monitored or controlled through technology.

Common signs of technology-facilitated abuse

- Sending repeated abusive, threatening or unwanted messages or calls.
- Tracking a victim-survivor's movements.
- Checking who victim-survivor talks to online or over the phone.
- Creating fake social media accounts or posting harassing content about the victim-survivor.
- Controlling or taking over online accounts or locking the victim-survivor out of accounts such as Wi-Fi, email, social media or banking.
- Making, sharing, or threatening to share intimate images or videos without consent (also known as 'intimate-image abuse'), including through the use of Artificial Intelligence (AI).
- Using cameras or recording devices to spy on the victim-survivor, including in their own home.
- Using smart home devices to monitor the victim-survivor, or restricting access to that technology to control the victim survivor. These can include:
  - Smart doorbells, locks or lights
  - Virtual assistant technology
  - Robot vacuum cleaners
  - Pet or baby monitors
  - Home appliances that can be controlled outside the home, such as air conditioners, TVs, speakers, and refrigerators.
  - Bluetooth and internet enabled medical devices.

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Signs of monitoring

- The person using violence seems to know the victim-survivor's location or where they have been. GPS tracking devices are easily available and can be hard to see. Other technology, such as mobile phones or smart watches can be used to track location, movements and to record conversations.
- The victim-survivor has noticed strange or unusual activity on their phone.
- The person using violence has access to the victim-survivor's mobile phone, social media accounts, bills or passwords.
- The person using violence knows what the victim-survivor is doing when they are home alone.
- The victim-survivor experiences unusually fast battery drain or increased data usage on their phone. This can indicate that spyware is operating on the device. Spyware can also be installed on home computers, tablets, and smart devices to monitor activities, locations and who the victim-survivor is communicating with.

When monitoring is suspected

Workers should carefully consider the potential risks or repercussions of removing a suspected monitoring device, and safety plan with the victim about these risks.

While victim-survivors often want to remove the technology being used against them, doing so may escalate the controlling behaviour if the person using violence perceive a loss of control. At the same time, the current risks of monitoring may be so high that immediate actions are required to limit the PUVs access to the victim-survivor.

In some situations, an option could be for the victim-survivor to continue using the monitored device while accessing a separate safe device device for safety planning and sensitive communications. This requires careful and deliberate planning in partnership with the victim-survivor.

Actions to increase e-safety

Workers can support victim-survivors to improve their safety by:

- Making sure the victim-survivor is aware that hidden cameras may be installed in their home and may be accessed remotely, and that device cameras may be accessed remotely through spyware on phones, tablets or computers.
- Encourage the victim-survivor to trust their instincts. If they suspect they are being monitored, stalked or harassed through technology, this concern should be taken seriously.
- Talking with the victim-survivor and people close to them, including children, about online safety and location sharing risks.

Check devices are secure

Video tutorials are available on the e-Safety Commissioner webpage on how to undertake a number of these tasks on different devices.

Support victim-survivors to:

- ☐ Turn off location sharing where safe to do so. This may also need to include social media (e.g., Instagram, Snapchat, Strava).
- ☐ Disable password saving and automatic sign-in features.
- ☐ Access, manage and delete their browsing history if safe to do so. Alternatively, show the client how to use the 'private browsing' function on their devices.
- ☐ Create a new email and social media accounts without identifying information.
- ☐ Review and strengthen online privacy, including 'blocking' others, including people who 'report' information back to the PUV.
- ☐ Learn how to sign out of accounts completely.
- ☐ Check for unusual apps on theirs/their child's phone and to remove them if safe to do so.
- ☐ Enable automatic screen locking using a secure PIN or passcode on all devices.

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Check online accounts are secure

Support victim-survivors to:

- ☐ Change passwords and PINs using a safe device. Consider using a secure password managing application or secure 'Passkeys'.
- ☐ Avoid using cloud-based password managers as they may be used to automatic sign in to online accounts
- ☐ Enable multi-factor authentication or two-step verification where possible. This is an extra security measure that asks for a security code that is sent via email or mobile.
- ☐ Use the Arc App to collect and store evidence of DFV safely: https://arc-app.org.au.
- ☐ Avoid using their device or email for account password recovery. Ensure recovery methods are secure and the person using violence does not have access before making changes.

Communicate safely

Support victim-survivors to:

- ☐ Consider using their own prepaid or private mobile phone rather than a phone linked to the person using violence.
- ☐ Avoid transferring their old SIM card into a new phone.
- ☐ Handwrite important contact numbers and manually enter them into a safe phone.
- ☐ Use airplane mode to reduce the risk of being tracked.
- ☐ Use encrypted messaging apps, such as Signal or WhatsApp, for sensitive communication.
- ☐ Regularly clear browsing histories and chat histories where it is safe to do so.

Important information about AusAlert

Australia's new national warning system, **AusAlert**, will be operational in 2026. The system uses the latest technology to send emergency messages to compatible mobile devices during disasters such as bushfires, severe weather and public health emergencies.

Some emergency alerts cannot be turned off.

If receiving an AusAlert could compromise a victim-survivor's safety, consider keeping the safety devices turned off or in airplane mode when not in use. Remember that Wi-Fi can usually still be accessed in airplane mode.

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Resources

Glossary

Table 15. Glossary of RAMF terms

Term	Description
Domestic and Family Violence Information Sharing Scheme (DFVISS)	Refers to the dedicated legal framework for sharing information to assess, prevent and manage DFV risk in the ACT. The DFVISS includes Part 3 of the *Domestic Violence Agencies Act 1986.* For more information, see www.act.gov.au/dfv-info-sharing.
Evidence-based risk factors	Factors associated with the likelihood of future, ongoing or escalating harm to victim-survivors, including serious harm or lethality.
Filicide	The killing of a child by a parent or person in a parental role.
Family Violence Safety Action Program (FVSAP)	The ACT's multi-agency response service for victim-survivors experiencing serious domestic and family violence risk.
Screening	The process of sensitively asking questions when a person is suspected of experiencing domestic and family violence.
Misidentification	When systems fail to correctly identify the person using violence and instead identify a victim-survivor as the person using violence. Misidentification can also occur when the person using violence outwardly and deliberately presents themselves as the 'primary victim'.
Primary aggressor	The person who poses the most serious and ongoing threat to safety and wellbeing of another person. Also referred to as the person using violence.
Primary victim	The person who is subjected to the most serious, ongoing and cumulative harm from domestic and family violence within a relationship or family system. The primary victim may also be referred to as the person most in need of protection.
Risk assessment	The process of identifying if a person is at risk of domestic and family violence and then determining the seriousness of that risk. Risk assessment relies on a 'structured professional judgement' approach.
Risk management	A broad term used to encompass responses to domestic and family violence that aim to promote victim-survivor safety and accountability of the person using violence.
Safety planning	The process of developing and documenting actions that can be taken to increase safety and respond to risks from a person using violence.
Systems abuse	When a person using violence intentionally misuses or manipulates services, systems or processes, including legal and child protection systems, to facilitate or continue abuse.
Structured professional judgement	A practice model that combines evidence-based risk factors, victim-survivor self-assessment, professional judgement and information sharing to inform assessment of risk.

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