Communities and Justice

Domestic and Family Violence Common Risk Assessment Framework Implementation Insights Report

DFV Special Advisor Report

30 September 2025

NSW GOVERNMENT

Acknowledgements

The development of this report was led by DFV Special Advisor, Karen Webb, with the support of staff from the Department of Communities and Justice.

We acknowledge the Traditional Custodians of the many lands across this country, where consultations for this report took place. We pay our respects to their Elders past, present, and emerging and recognise the strength and resilience of Aboriginal and Torres Strait Islander peoples, acknowledging their enduring connection to Country, culture, and community.

We acknowledge the ongoing commitment of government agencies, community organisations, service providers, peak bodies and advocates who work tirelessly to prevent and respond to domestic and family violence (DFV) across Australia. Their dedication, expertise, and collaboration are vital in supporting victim-survivors, holding people who use violence accountable, and supporting safer, stronger communities.

This report has been developed with the invaluable contribution of a broad range of stakeholders who generously gave their time, expertise, and insights throughout the consultation process. We sincerely thank all those involved for their collaboration and commitment in sharing their knowledge and learnings to help shape this report.

We also acknowledge the voices of those with lived experience of DFV who courageously shared their stories and insights. We honour their resilience and understand that lived experience must guide and shape the development of effective responses, policies, and programs. We further remember and pay tribute to all those who have lost their lives as a result of DFV.

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This report has been prepared by Karen Webb, in her capacity as a DFV Special Advisor to the NSW Government. This report consolidates and synthesises insights, findings, opinions, and recommendations drawn from a range of consultations. The views expressed are those of the author alone and do not necessarily reflect the views, policies, or positions of the NSW Government or any government agency. The insights presented are the author's interpretation and are not attributable to any specific stakeholder or consultation.

While every effort has been made to ensure the accuracy and completeness of the information contained in this report, the author accepts no responsibility for any errors, omissions, or outcomes arising from the use of this report.

The Hon. Jodie Harrison MP

Minister for Women
Minister for Seniors
Minister for the Prevention of Domestic Violence and Sexual Assault
52 Martin Place
Sydney NSW 2000

Dear Minister,

In June 2025, you invited me to undertake a time-limited role as Special Advisor on the implementation of the Common Approach to Risk and Safety (CARAS).

This report draws on over 40 consultations I led with representatives from jurisdictions across Australia to better understand the implementation of domestic and family violence common risk assessment frameworks.

The report focuses on the experiences and lessons learned from other jurisdictions to help guide NSW's future implementation of the recently developed CARAS.

The report highlights key themes and high-level insights that emerged from these discussions. To respect the candour of those I met with, the detailed experiences of each jurisdiction are not drawn out in this report.

The report makes a range of suggestions tailored to the NSW context to assist in implementation planning and costings of any future roll out in NSW, and to help inform the preliminary work funded in 2025-26.

The CARAS is still in its infancy and its future direction and long-term vision will be dependent on the outcomes of the current phase of the project, which includes testing and refining the CARAS, as well as implementation planning and securing future funding. I trust that this report will assist in shaping the future direction of this important reform work.

I sincerely thank all the stakeholders who generously shared their time, knowledge, expertise and experiences, which have been invaluable in shaping the insights and recommendations of this report.

I would also like to acknowledge the invaluable support provided by the staff of the Department of Communities and Justice. Their professionalism and expertise have been central to this important work.

Karen Webb APM

DFV Special Advisor

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1 Executive Summary

The NSW Domestic and Family Violence (DFV) Common Risk Assessment Framework Implementation Insights Report provides critical considerations to strengthen the state's response to DFV. The purpose of a common risk assessment framework is to deepen understanding of DFV and ensure timely and consistent risk identification and management across government agencies, non-government and community organisations.

Observations of the current NSW response demonstrate that the existing approach has a focus on identifying and responding to high-risk cases, particularly those reported to police. Building on this foundation, a common risk assessment framework is an opportunity for NSW to strengthen victim-survivor safety and prevent repeat harm by enhancing early identification, improving consistency, refining information sharing, and increasing system capacity.

A draft common risk assessment framework has already been developed for NSW following a review of state and territory approaches, and extensive consultation and feedback from a wide range of government, non-government and service providers.

Insights from the approach to common risk assessment in the Northern Territory, Queensland, Victoria and Western Australia, have been informative with common themes around implementation emerging from the 360-degree consultations with frontline services, law enforcement and multi-agency support services.

Key insights from the consultations indicate that implementing a common risk assessment framework will require increased baseline knowledge of what DFV is across non-specialist sectors, as well as increased resourcing of specialist frontline services to ensure there is capacity to meet the anticipated increase in demand.

To implement a robust, consistent, and victim-survivor-centred common risk assessment framework, the following investment priorities are suggested:

- Strong authorising environment including leadership and coordination
- Engagement and communication with stakeholders
- Planning, readiness and alignment
- Increase in system capacity and capability
- Investment in technology, information sharing and management
- Implementation and integration – including robust user-testing and refinement
- Continuous improvement, monitoring and evaluation.

Targeted investment will be essential to realise a fully integrated, high-performing risk assessment and management system. The projected benefits of a fully implemented common risk assessment framework include improved safety for victim-survivors, earlier and more effective intervention, and potential longer-term cost savings across the justice, health, and social service systems. It will also assist in building a more consistent, trusted, and coordinated response across agencies.

A phased approach to implementation is recommended to support the complex reform across multiple sectors and align effectively with other victim-survivor priority initiatives both across and within government. Any implementation approach should be informed by the expertise of the NSW DFSV Lived Experience Advisory Group.

2 Introduction

DFV Context

Prevalence

DFV remains a significant issue across Australia, with about one in four women and one in fourteen men experiencing intimate partner violence since age 15,[1] and around one in three men (35%) aged 18-65 years having used intimate partner violence at some point in their lives.[2]

According to the ABS Personal Safety Survey (PSS), the prevalence of intimate partner violence in NSW has remained largely unchanged since 2005.[3] Over this period, prevalence has decreased in other states.

The PSS is showing preliminary signs of improvement in DFV trends in comparable states like Victoria and Queensland. For example, when considering the percentage of women who have experienced intimate partner violence over the previous two years:[4]

- Victoria witnessed a significant 45% reduction in the last five years from 2016 to 2021-22, from 3.8% to its current level of 2.1%
- Queensland also experienced a notable decrease of 38% over the same period, resulting in a current DFV prevalence rate of 2.6%
- These movements have contributed to an overall decline in the national average from 3.8% in 2016 to 2.8% in 2021-22
- In contrast, DFV prevalence in NSW is 3.3%, materially above the national average. This has not always been the case: five years ago, prevalence in NSW was at 3%, while the Australian average was markedly higher, at 3.8%.

The above findings are supported by the ABS Crime Victimisation Survey, which found no significant change in DFV victimisation rates in NSW when comparing the earliest time period (July 2010 to June 2013) to the most recent (July 2019 to June 2022). Nationally, the DFV victimisation rate was found to have fallen significantly between the earlier time period (761.1 victims per 100,000 population in July 2010 to June 2013) to the most recent time period (632.7 victims per 100,000 population in July 2019 to June 2022).[5]

Most DFV goes unreported, with many victim-survivors not reporting to police

Research suggests that DFV is significantly under-reported. When a victim-survivor does seek support, it is likely to be from a family, friend, counsellor or general practitioner.

According to the PSS, women who had experienced physical and/or sexual violence from a current partner undertook the following steps to access support:

- 35% sought formal support (such as from a GP, counsellor or other health professional)
- 32% sought advice from family and friends
- 45% did not seek advice or support about the violence.

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[1] Australian Bureau of Statistics (2023) *Personal Safety Survey, Australia 2021–22*.

[2] Karlee O'Donnell, et al (2025). *Ten to Men Insights Report #3: The use of intimate partner violence among Australian men*. Australian Institute of Family Studies, June 2025.

[3] Australian Bureau of Statistics (2023) *Personal Safety Survey, Australia 2021–22*.

[4] Australian Bureau of Statistics (2023) *Personal Safety Survey, Australia 2021–22*.

[5] NSW Bureau of Crime Statistics and Research, *Domestic and Family Violence Trends in NSW, July 2010 to June 2022: Update* (Bureau Brief No 167, October 2023).

Around a quarter of women (24.4%) who experienced physical assault by a male said the police were contacted about the most recent incident, including 20% who contacted the police themselves and 4.7% who said someone else contacted the police. Common reasons women provided for not contacting police included feeling they could deal with it themselves, not regarding the incident as a serious offence, and fear of the person responsible.[6]

Policy and service system context

Australian, state and territory governments have committed to ending gender-based violence in one generation, through the *National Plan to End Violence against Women and Children 2022-2032*.

NSW has strong DFV policy and service system responses that help keep victim-survivors safe and hold perpetrators to account, acknowledging that there is more work to do to expand and improve these responses.

The primary state-wide response to DFV is through the Safer Pathway program. It offers support to increase safety and is available to anyone over 16 years old who has experienced DFV, with referrals almost exclusively (96%) coming from NSW Police. In 2024-25 there were over 165,000 referrals into Safer Pathway, with supports provided by the Women's Domestic Violence Court Advocacy Service (WDVCAS) for female victim-survivors and the Local Support Services (LSS) for male victim-survivors.

Underpinning Safer Pathway, legal provisions enable information sharing without consent in DFV and child protection contexts. This includes Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007*, and Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*.

In recent years, NSW has had a significant focus on DFV reform making ambitious, system-wide changes with a shared vision to keep all people and communities free from domestic, family and sexual violence.

NSW has been a leader in legislative reform in the DFV space, being the first jurisdiction in Australia to criminalise coercive control and more recently, by introducing reforms to enhance civil protections. This includes the Serious Domestic Abuse Prevention Orders (**SDAPO**), which targets serious domestic violence offenders and allows courts to impose any conditions considered appropriate to prevent the person from engaging in domestic abuse, and carries significant penalties for breach.

Investment of over $500 million has been made to support this reform agenda, with $245 million in the 2024-25 Budget (including the $230 million DFV Emergency Package) and the recent $272 million announced in the 2025-26 Budget. These investments have helped address service gaps and immediate need, including:

- uplift and expansion of critical services for victim-survivors, such as Safer Pathway and Staying Home Leaving Violence
- increased support to children and young people as victims in their own right, through specialist workers in refuges and in early intervention services
- bolstering perpetrator interventions, with expansion of men's behaviour change programs and extension of DV electronic monitoring.

In addition to legislative reform and investment, NSW is also progressing its strategic policy vision for DFV with the following:

- *Pathways to Prevention: NSW Strategy for the Prevention of Domestic, Family and Sexual Violence 2024–2028*, the state's first-ever primary prevention strategy to drive a cultural shift to stop violence before it starts
- *The Strengthening the NSW DFV Sector Workforce Development Strategy 2025–2035*

[6] Australian Bureau of Statistics (2023) *Personal Safety Survey, Australia 2021–22*.

- NSW is also developing the inaugural *Aboriginal Domestic, Family and Sexual Violence Plan* in partnership with the Aboriginal Legal Service NSW/ACT, to be released in late 2025, and a dedicated strategy to focus on the use of violence and perpetration.

As part of this strategic focus on DFV, the NSW government established a time-limited DFV Taskforce to consider broader reform directions. This Taskforce recognised that longer-term system reform is also required to support earlier intervention through a common risk assessment framework for NSW.

Common risk assessment frameworks

Common risk assessment frameworks are essentially guides to help people – whether they work in government, non-government services or the community – to understand and identify signs of DFV and know how to respond in a safe, effective and appropriate way.

These frameworks support the earlier identification of DFV so more people get the support they need, when they need it.

The goal of implementing common risk assessment frameworks is to ensure a consistent, informed, and coordinated response to DFV, so regardless of where a person works, they are supported to:

- build a foundational understanding of DFV
- access resources to help them safely respond in a way that is appropriate to their role and responsibility
- take appropriate next steps when supporting people experiencing or using violence, like providing trusted information, seeking specialist advice and/or referring to relevant support services.

The significant work to date in NSW has largely focussed on ensuring supports are available during crisis. This is essential, life-saving work that will continue to require effort and resourcing. Parallel work is also critical for earlier identification and intervention. Common risk assessment frameworks are a core component and foundation of all of this work.

Common risk assessment frameworks are in use, being developed, or have been recommended across most Australian state and territories. A summary is included in Appendix 1.

The importance of these frameworks is recognised at the national level. At the National Cabinet meeting held in September 2024 focussed on gender-based violence, all First Ministers agreed to "develop new national best practice DFV risk assessment principles and a model best practice risk assessment framework."[7]

The scope of the DFV Special Advisor role

A draft common risk assessment framework for NSW, the Common Approach to Risk Assessment and Safety (CARAS), has been developed. It was designed in consultation with over 100 organisations and individuals including specialist DFV services and Aboriginal community-controlled organisations, peak bodies, advocacy groups, academics, health professionals, children's services and legal practitioners, people with lived experience, Aboriginal Elders and community members.

In the 2025-26 NSW Budget, a commitment of $3.6 million was made to the CARAS as part of wider commitments to begin long-term reform to DFV systems.

In acknowledgement of the significance of this reform and the opportunity to learn from the experiences of others, the Special Advisor role was established to lead engagement and draw out experiences and lessons learned from other jurisdictions.

[7] The Hon Anthony Albanese MP, 'Meeting of National Cabinet' (Media Statement, 6 September 2024) https://www.pm.gov.au/media/meeting-national-cabinet-7

The Special Advisor role was established in June 2025 and completed in September 2025. The role was supported by staff from within the NSW Department of Communities and Justice and leveraged existing desktop reviews and research.

Over a period of three months, over 40 consultations were conducted to inform this report, including meeting with relevant government departments and representatives, peak bodies, frontline services, academics and the NSW DFSV Lived Experience Advisory Group.

Consultations were conducted across the Northern Territory, Queensland, Victoria and Western Australia. Consultations were also undertaken with select Commonwealth and NSW stakeholders. For the full consultation list, please see Appendix 2.

3 Insights

A strong authorising environment is a key enabler for successful implementation

The introduction of a common risk assessment framework represents significant, long-term reform. It requires organisations and workforces to build their understanding of DFV, update internal policies and practices, and strengthen referral pathways.

Successfully embedding this level of reform is greatly supported by a strong authorising environment. This can take various forms, such as:

- enabling legislation and policy directives
- strong and consistent leadership
- the integration of expectations into funding agreements and contract management
- accountability mechanisms such as reporting, auditing functions, independent monitors/oversight roles or Ministerial reporting mechanisms to Parliament
- mandates enabled by Royal Commissions or Taskforces
- 'internal' champions at the level of the specific sector and individual agency or organisation.

Jurisdictions emphasised that for a common risk assessment framework to be effective, it requires strong whole-of-government and whole-of-sector commitment and a mix of both 'top down' and 'embedded' approaches.

Achieving and sustaining this level of coordination is complex and requires ongoing effort to create the right conditions and levers to support system-wide collaboration and resource prioritisation. Implementation requires both an intensive establishment period and sustained, ongoing effort.

Jurisdictions with independent implementation monitor roles recognised the value in active oversight and the ability of these roles to drive improved implementation on the ground. Some jurisdictions noted establishing dedicated teams to oversee and to coordinate implementation efforts. These roles were seen to drive the quality of implementation through centralised coordination and to provide the potential for active, ongoing and expert support to agencies on the ground.

Some utilised 'change champions' who were senior executives involved in overarching governance of the project, as well as sponsoring top-down efforts within their agencies to spearhead the reforms and embed their frameworks into the infrastructure of the organisation.

Sustaining an ongoing organisational commitment is required, as new staff must be trained and existing workers supported to maintain and update their skills and knowledge over time. For example, some jurisdictions noted that without leadership buy-in at agency level, staff in some agencies and organisations faced practical hurdles to upskilling, such as not being approved to go offline to attend training, or frontline services not being backfilled to facilitate training attendance.

One jurisdiction noted that the department responsible for implementing their framework organised initial face-to-face orientation sessions with both senior executives and key practitioners across implementation agencies prior to rollout. These sessions were aimed at introducing the cultural shift required to senior leadership across key stakeholder groups. This reportedly assisted in building understanding, promoting a shared commitment, and establishing a strong authorising environment within organisations to support the reforms.

By design, implementation will have an impact on demand for DFV specialist services

The purpose of a common risk assessment framework is to help more people get the support they need, when they need it. This means that implementation has an intentional flow-on effect with more referrals to services. While all parts of the service system may experience an increase in demand as awareness and identification improve, the most pronounced impact is typically felt by specialist DFV services.

A common experience across jurisdictions was that using a common risk assessment framework enhances workers' ability to identify and understand DFV. This increased knowledge improves the identification of risk and support needs. As a result, more people can be provided with help earlier and have clearer pathways for support-seeking, which is a positive step towards safety and prevention. The importance of this was reinforced by the feedback from lived expertise.

However, this can also have a resourcing impact. For example:

- Providing a response takes time – The type of support a person receives typically depends on the worker's role. This may include providing information, making referrals, conducting risk assessments, or safety planning.
- Increased eligibility – Identifying DFV helps workers respond more appropriately within their role, which may also increase eligibility for certain supports. For example, housing staff may identify more people are eligible for certain DFV housing programs, leading to more applications for those services.
- Prioritising high-risk – Common risk assessments build a shared understanding of a person's level of risk, ensuring those at highest risk receive a timely, coordinated, and prioritised response. This may increase referrals to crisis or emergency services, to specialist DFV practitioners or clinicians within organisations, or into multi-agency responses like Safety Action Meetings in NSW.

The increase in help-seeking and the resulting demand for support services needs to be suitably anticipated and resourced to ensure the benefits to victim-survivor safety are realised.

As awareness grows, some workers, particularly those in non-specialist roles, may initially feel less confident 'holding' and managing risk within their own service. When risk is overestimated, this can lead to inappropriate referrals to high-risk multi-agency teams, crisis-focused DFV services, police and emergency services. This can have multiple flow on effects, for example:

- Bottlenecking – Overwhelming and backlogging the DFV specialist service system with referrals that could be safely supported in a less intensive way, meaning the most high-risk matters may not get a timely or appropriate response.
- Criminal justice pipeline – Increasing reliance on criminal justice responses that may not always be the most effective or supportive solution or align with the choices or preferences of all victim-survivors.
- Referral roundabout – High-risk or crisis response teams rejecting inappropriate referrals, leaving individuals without the support they sought. This 'referral roundabout' can discourage people from seeking help again, turning a critical moment for early intervention into a missed opportunity.
- System ripple – Creating downstream impacts for police, courts, child protection, and emergency services.

In some jurisdictions, this challenge has been addressed by investing in additional roles in centralised frontline services that act as referral hubs, alongside resources to build DFV expertise within various agencies and organisations. This approach enables staff to access specialist advice through 'secondary consultations,' helping them to seek advice and confidently manage cases in-house while enhancing their skills and knowledge.

Some jurisdictions have also invested in 24/7 crisis responses to ensure that high-risk matters receive immediate support including outside regular business hours. It was reported that 24/7 crisis responses had improved coordination between agencies and helped keep victim-survivors safe while providing specialist, trauma-informed support.

The scope needs to include perpetrators as well as victim-survivors, and consider children and young people in their own right

All jurisdictions are moving towards ensuring common risk assessment frameworks adequately cover victim-survivors, people using violence/perpetrators, and children and young people. It was seen as essential that specific resources and guides for each of these groups were available.

All jurisdictions have used a phased approach to expand the scope of their frameworks to cover all three groups. Most began with a focus on victim-survivors, and then expanded to include people using violence, as well as children and young people. This phased approach reflected a range of factors, including the evidence base available at the time, and the need to align scope with available resources and system readiness.

The NSW CARAS currently has a victim-survivor focus, including children and young people as victims in their own right. It does not currently cover identification, risk assessment or strategies to manage risk when working with people using violence (adults or children and young people).

Many stakeholders from across jurisdictions considered it would be beneficial to introduce the full suite of resources together. The identified benefits include, but are not limited to:

- More holistic approach – Embedding both victim-survivor and people who use violence within one framework fosters a more nuanced understanding of DFV as relational and patterned. This approach allows services to keep both parties in view simultaneously, enabling a more holistic assessment of risk. It promotes shared language, consistency across sectors, and a more coordinated joined-up service system that prioritises the safety of victim-survivors as well as having visibility and accountability for people who use violence.
- Earlier intervention – Addressing both sides of risk and safety allows for earlier identification and response at multiple touchpoints, reducing escalation and creating more opportunities to refer people into support services.
- Supports workforce capacity building – There are a range of services that often interface with both people experiencing DFV or using violence (such as mental health services, alcohol and other drug services, youth services), who would benefit from additional training, guidance, referral pathways and resources.
- Reduces misidentification and victim-blaming – A dual-focus reduces the risk of overlooking people using violence or misreading victim-survivor behaviour. It helps identify who is most at risk, recognises trauma responses, and challenges 'perfect victim' stereotypes.
- Cultural safety – Whole-of-family, therapeutic approaches are more culturally safe and appropriate, particularly for First Nations families. They allow for responses that reflect community needs and support healing and self-determination.
- Enables age-appropriate, therapeutic responses – A framework that includes children and young people allows for responses grounded in adolescent development, trauma-informed care, and therapeutic responses, rather than relying on criminal justice system responses or adult services that are not suited to young people's needs. This recognises the growing issue of adolescent violence in the home and young people in DFV situations who can fall through service gaps. Intervening earlier can prevent the entrenchment of violent behaviours and break intergenerational cycles of DFV.

Common elements are best supported by local implementation

All jurisdictions developed a centralised framework document as well as additional resources and tools to support the implementation of their frameworks. These serve as a single source of truth, ensuring shared language, principles, and consistent practice across sectors. This consistency means people affected by DFV are more likely to receive appropriate, consistent and coordinated responses across the service system.

Some stakeholders noted that ensuring accessible information is online for victim-survivors can support help-seeking behaviours. A central resource for both victim-survivors and organisations/workforces was seen as a valuable pursuit.

Alongside this, organisations in some jurisdictions created their own in-house training, resources and guidance materials like decision trees, checklists, tailored training, case studies and capability matrixes. This was viewed as complementary for embedding the framework into daily practice, supporting staff, and ensuring its relevance to both workforces and individual workers.

Jurisdictions that took this approach viewed this flexibility as a strength, noting it enabled adaptation of the framework across different workforce contexts and geographic regions. Tailoring materials to the specific roles and needs of each workforce helped position the framework as core business, promoting stronger uptake and more meaningful use.

It was observed that giving organisations responsibility for aligning their internal policies, procedures, and training with the framework encourages ownership. It ensures the framework is maintained, adapted, and championed within each workplace, building a stronger DFV maturity and system-wide response while respecting diverse service needs.

This implementation approach can be understood as a 'federated change management' model, which was commonly adopted across jurisdictions. Some jurisdictions developed overarching change management frameworks and alignment resources to help support this work. Many jurisdictions provided specific funding to organisations or 'sector grants' to employ specialist staff responsible for embedding the framework across organisational policies, procedures and practice.

Some stakeholders noted that allowing localised adaptations of training and resources comes with a risk of individual organisations 'watering down' or 'drifting' from the core tenets of the framework. To safeguard against this fragmentation, some jurisdictions have created or are currently developing centralised 'resource and knowledge hubs' to act as custodians of their framework. This provides quality assurance, oversight, and guidance to ensure that local adaptations remain aligned with core principles.

These hubs play a role in supporting the continuous improvement of the framework and its related tools, training and resources. This maintains the integrity of the framework offering a trusted source of truth, while supporting its iterative evolution in response to emerging evidence, research, and the diverse needs of agencies and organisations. In some cases, these hubs are also responsible for the implementation of cross-agency training that accompanies the framework.

Careful planning and providing the right resources for organisations and workers is essential

Uplifting workforce capability is an explicit outcome of all common risk assessment frameworks. Workforce training will be needed on understanding and identifying DFV and providing appropriate assistance. Achieving this across varied workforces requires embedding the approach within organisations and sustaining the improved capability over time.

Lessons from other jurisdictions highlighted common themes:

- Readiness and orientation should not be overlooked – Key roles must be in place to do the implementation work and there must be an internal authorising environment and understanding of the work prior to practical roll-out of a framework.
- Organisational alignment is a specific step – This involves preparing internal guidance that is fit for purpose for participating organisations, specifically:

  - reviewing and updating relevant policies and procedures so that they are both useful and useable for the specific workforce implementing the change
  - workforce mapping, to understand how the changes will impact the BAU work of the organisation
  - establishing a secondary consult function where needed, to support workers to safely and appropriately fulfil their responsibilities under the framework
  - developing and documenting referral pathways.
- **Foundational DFV knowledge is a prerequisite** – For effective training on the specifics of the common risk assessment framework, foundational DFV knowledge was seen as necessary.
- **Early involvement of key stakeholders and comprehensive user testing** – In the development and user-testing of foundational training materials and resources, early involvement creates a better product.
- **"Train last"** – Training on the specific framework delivers the most benefit when completed after the above steps have been completed.

While there was broad consensus that specific training needed to come after all the other preparatory work, it was also acknowledged as an essential step to get right. Some key learnings around training included:

- **Format** – Training was often offered through both face-to-face and online options, with strengths for each approach.
- **Ongoing** – Due to the turn-over in workforces, training should be treated as ongoing requirement with refresher training available. Some jurisdictions continue to develop additional training products over time to respond to emerging trends, reforms and updated best practice.
- **Central vs bespoke** – It is important to carefully consider which elements of training are best delivered through a centralised model and where bespoke, tailored training may be more appropriate. Centrally provided 'foundational training' ensures alignment with core principles and helps embed a shared language and understanding across sectors. Whereas tailored training helps translate learning into practice. Tailored products can also be adapted to different workforce needs, for example, some health clinicians requested 'microlearning' formats to support upskilling.

Another important learning was considering how materials like online training, tools and resources are maintained and kept accessible into the future.

Most jurisdictions centralise key resources for their frameworks on dedicated websites, while some provide sensitive or sector-specific materials via secure, password-protected portals and Learning Management System functionality.

Other supports that reinforced training were functions like secondary consults – where workers can seek advice from specialists, either within or outside their organisation, without formally referring the client – and communities of practice, which foster ongoing learning and collaboration.

A tiered approach to roles and responsibilities helps provide clarity

Many jurisdictions emphasised that their framework was not about placing new responsibilities on workforces, but rather, about supporting people to carry out their existing roles more confidently and effectively to help keep people safe.

While all jurisdictions have used tiered systems to delineate their workforces, there are differences across jurisdictions in how these tiers are mapped and defined. A general example is:

- **Universal responders** who encounter victim-survivors as part of their work, but DFV is not part of their core business
- **Statutory responders** that are required by law to respond to victim-survivors of DFV

- **Specialist responders** whose core business is to provide tailored, holistic and ongoing support to victim-survivors of DFV.

A key learning across jurisdictions was the value of having clear, shared understanding of roles and responsibilities in relation to risk identification, assessment, and management. This clarity empowers staff to act confidently within their scope of practice and ensures that risk is managed by those best placed to do so. As a person's understanding of DFV grows, so too does their ability to recognise risk, making it even more important that workers know how to respond appropriately within their role.

When staff understand the boundaries and expectations of their responsibilities, they are more likely to engage meaningfully with a framework. For example, administrative staff in a housing service may feel more confident and supported if they understand that their role is to sensitively identify whether DFV is relevant to a client, and if so, to follow clearly articulated next steps, rather than to engage in risk assessments or safety planning themselves. Clear role guidance supports consistent, safe practice and helps foster workforce engagement and confidence.

All jurisdictions have developed materials to help workforces understand expectations based on their tier or function. Some provide detailed guidance, including example case studies, while others take a more high-level approach. One jurisdiction implemented dedicated support roles to advise on workforce responsibilities and expectations, recognising the diversity and nuance of roles within organisations. This was reportedly a resource-intensive approach which requires an ongoing funding commitment. Other jurisdictions placed responsibility on agencies and organisations to map roles themselves through alignment work, which proved effective when supported by strong, contextualised guidance materials. This approach is practical, as individual organisations possess the most in-depth knowledge of their workforce to carry out this mapping effectively.

High impact settings can be a useful way to stage implementation

Multiple jurisdictions stated it was preferrable to stage implementation, with a focus on 'non-specialist' workforces in 'high impact settings' in the early stages. In this context 'high impact settings' refers to services whose clients include a high proportion of people affected by DFV, for example, alcohol and drug services, child protection, housing, and mental health services. These workforces have the capacity and opportunity to make a meaningful difference within the existing scope of their roles. Jurisdictions reported that in practice, these workforces demonstrated a high uptake of training and reported that the framework provided valuable, practical guidance that supported and enhanced their work.

It was also observed that specialist DFV workforces were quick to adopt frameworks and aligned their practices to the frameworks' guidance. However, it was frequently noted that the impact in these settings was less pronounced, as these services already possessed a strong foundation in DFV, including identification, risk assessment, and management. Nevertheless, given the high turnover in the specialist DFV sector and the steady influx of practitioners entering directly from TAFE or university, the ongoing value of the framework for this workforce remains significant.

Many stakeholders noted that efforts to engage the whole community or people with incidental contact with DFV are more appropriately facilitated through complementary strategies and targeted primary prevention initiatives (such as activities to engage hairdressers, clubs or bystanders).

Information sharing and information management are critical and distinct elements

Information sharing

Each jurisdiction consistently emphasised that robust information sharing is fundamental to the success of a common risk assessment framework. When built on a shared understanding of DFV risk, information sharing allows services to respond more effectively, adaptively and consistently to victim-survivor safety over time.

When workers know what to share, when, and how, they are better equipped to make confident and informed decisions that support safety and accountability. Many jurisdictions reported that effective

information sharing often brings a common risk assessment framework to life, helping workers understand its purpose and value in day-to-day practice.

To strengthen information sharing practices, jurisdictions have used a range of strategies, including:

- Legislative reforms that encourage earlier, clearer and more proactive sharing of risk-relevant information, including expanded prescribed 'information sharing entities'.
- A greater focus on information sharing about the person using violence, including through consolidated cross-agency risk reports which enable coordinated responses. This approach focuses on addressing the root cause, the behaviour of the person using violence, rather than just managing the symptom.
- Dedicated funded roles within key organisations to support and champion safe information sharing.
- Purpose-built IT systems to streamline cross-agency information sharing and reduce administrative burdens.

One jurisdiction also highlighted that if information sharing reforms are anticipated, it is important to carefully consider sequencing. This jurisdiction noted the phased rollout of its framework was not aligned with the timing of their information sharing reforms, which caused confusion and impacted uptake.

Clarity in legislation and information sharing schemes is crucial to shift workforce cultures that may default to prioritising privacy over safety.

Jurisdictions with strong information sharing legislation noted that challenges remained. A common experience reported was that some workers continue to hesitate or misunderstand what constitutes relevant information to share. This supports the need for clear training and guidance materials to accompany a framework. It was noted that training around information sharing often needs to be tailored to different workforces noting differences in roles and responsibilities in managing DFV risk.

Information management

Implementing a common risk assessment framework requires careful attention to how information is collected, shared, stored, and used across services and sectors.

Jurisdictions across Australia have approached this differently, with varying levels of maturity in their systems and infrastructure. Several core considerations have emerged:

- **Consistency through shared tools** – Some jurisdictions embed within their frameworks centralised and single 'tools' (such as screening, risk assessment and safety plan templates) that are used and shared across all agencies to ensure there is common understanding around a person's level of risk. Centralised referrals of high-risk matters into multi-agency response teams and key risk information 'follow' a person across agencies and prevent them needing to retell their story. Jurisdictions that adopted this approach found it enhanced consistency and fostered a shared understanding across agencies. However, adopting singular forms or tools across diverse service settings requires careful calibration to accommodate different roles, functions, and legal obligations.
- **Technology and systems compatibility** – Stakeholders commonly raised technical challenges related to information management. Some organisations are tied to legacy systems or specific software due to funding agreements, limiting their ability to adapt or integrate new forms, data points or update processes to align with their frameworks. Others face delays stemming from system upgrades or compatibility issues. These insights highlight the importance of designing any common risk assessment framework to work alongside existing systems or to be supported by adaptable, fit-for-purpose digital infrastructure.
- **Security and privacy** – Sharing sensitive DFV-related information raises significant privacy and cybersecurity risks. Unintentional data breaches can have serious safety implications for victim-survivors. Ongoing training and accountability measures are critical, in addition to considering measures like security protocols, user permissions and governance frameworks.

- **Administrative burden** – In some jurisdictions, information sharing processes are still primarily manual, involving paper forms, manual data retrieval, separate databases, and email or shared documents to navigate security protocols and firewalls. While these methods require significant time and effort, they demonstrate services' commitment to collaboration despite system limitations. Some stakeholders reported digital solutions and pilots that are progressing to support DFV information sharing and data collection. Opportunities to streamline and automate these processes could enhance efficiency, reduce delays, and strengthen communication, supporting more timely and effective supports.
- **Underestimated resourcing impacts** – Multiple jurisdictions reported that the administrative and coordination burden of information sharing was not adequately costed in initial reforms. This risks frontline services needing to divert resources away from direct client work for information sharing and management, impacting overall service capacity.
- **Tailored training** – Some stakeholders observed that while training around information sharing offers valuable general guidance, tailoring it more closely to the specific responsibilities, information management processes and decision-making contexts of different roles would enhance its practical application. Additionally, tailored training aligned with the capabilities of existing systems and software can help bridge the gap between learning and day-to-day practice. Addressing these areas can improve clarity and consistency in applying information sharing protocols across services.

Demonstrating impact can be challenging if monitoring and evaluation is not considered from the outset

There was a broad consensus that the implementation of common risk assessment frameworks was beneficial in creating a shared language, increasing understanding and supporting victim-survivor safety.

A clear evidence base for impact was less clear to establish, which highlighted the importance of monitoring and evaluation approaches being built in from the outset to help ensure impact and outcomes can be measured.

A well-designed monitoring and evaluation approach allows services to:

- **Identify key data points** that provide evidence to support continuous improvement and system insights
- **Understand agency impacts** including changes to internal activities around DFV risk assessment and internal responses
- **Understand likely referral volumes**, including internal and external pathways, helping agencies map the flow of clients affected by DFV and plan for downstream service impacts
- **Collect meaningful data** to assess the effectiveness of the framework in improving identification, risk assessment, response, and coordination
- **Monitor system capacity**, such as the volume and scope of 'secondary consultations' (if adopted), time invested and associated outcomes, providing insight into service demand and workforce needs.

To support effective monitoring, key considerations include:

- **Developing the monitoring and evaluation framework early**, aligned with project governance and implementation planning, with clearly defined roles and responsibilities
- **Developing program logics** including projected system wide, intra-agency and client impacts
- **Establishing consistent reporting requirements** across agencies and organisations using the framework, with clear lines of accountability
- **Reviewing and updating data systems** and forms early in implementation to identify where relevant data already exists and where new data fields may be required

- **Embedding dedicated roles within agencies** to support monitoring readiness, including mapping available data sources and aligning internal processes.

Multiple jurisdictions noted that despite a large investment of time and resources, it was difficult to quantify the impact of their framework. It was noted that outcomes in the DFV context are often non-linear, long-term, and shaped by complex circumstances. Success may be seen through increased identification, more appropriate use of risk assessment tools, improved safety planning, greater victim-survivor agency, or stronger collaboration across services. These outcomes are typically qualitative and difficult to measure.

It can also be difficult to directly attribute change to a framework, given the many external factors involved, such as workforce capacity, service access, and system or policy reforms.

However, early and deliberate monitoring and evaluation planning improves a framework's ability to generate insights, adapt over time, demonstrate impact, and make the case for future investment.

Consultations also highlighted that independent oversight can play a critical role in driving continuous improvement across DFV reforms. In jurisdictions that appointed independent monitors, these roles were designed to provide objective, public reporting on the progress of DFV reforms. Rather than focusing on operational detail, the monitors took a system-level view, assessing overall progress, highlighting achievements, and identifying areas for further development. Through regular reporting, stakeholder consultation and sector engagement, independent monitors play a key role in identifying systemic challenges, showcasing good practice, and fostering a culture of continuous learning and improvement across the service system.

4 Reflections for NSW implementation

NSW has strong foundations in crisis and criminal justice responses to DFV and has demonstrated a commitment to long-term reform. NSW has a solid base for the implementation of a common risk assessment framework.

Lessons from other jurisdictions firmly support the benefits of common risk assessment frameworks but emphasise that implementation needs to be carefully considered, with ambition being appropriately aligned to both the DFV maturity levels of existing service systems and available funding.

Below are key reflections that translate the broad lessons learned into specific considerations for the NSW context and future implementation.

Strong governance and accountability will be required

As with any significant long-term reform, strong governance and accountability mechanisms are needed to support successful implementation of a common risk assessment framework in NSW.

As outlined earlier, jurisdictions employed a range of governance mechanisms to support implementation. In NSW, a useful starting point would be to assess which existing structures could be leveraged.

Any governance and oversight mechanisms should ensure implementation is both progressing as planned as well as delivering intended outcomes on the ground. A practical focus on iterating plans based on learnings on how things are progressing on the ground would lend itself to more effective implementation.

System capacity needs to be sufficient to support implementation

While NSW has increased services to prevent and respond to DFV in recent years, evidence shows that there is still unmet need and unmet demand for services.[8] To avoid risk of over-burdening existing services, the anticipated impacts of implementation on increased help-seeking, service capacity and resourcing should be factored in as an essential component of any implementation plan, and in any resourcing requirements.

Considerations for implementation planning:

- analysis around unmet demand for the specialist service system and modelling of projected impact from any CARAS implementation
- consideration of current and potential service system referral pathways, including for different levels of risk
- consideration of implementation supports adopted in other jurisdictions such as increased funding for centralised referral services, embedded positions for 'secondary consults' and investing in 24/7 crisis responses
- embedding appropriate monitoring and evaluation within services from the outset to monitor changes to volume and referrals over time, to help ensure services remain responsive and resourced to meet growing demand.

A phased implementation plan over multiple horizons is warranted for a reform of this ambition and scale

NSW is Australia's most populous state (31.8% of Australia's population),[9] which translates to a substantial and diverse workforce that would need to be trained and supported as part of any statewide rollout. Implementing a common risk assessment framework in NSW is a significant undertaking, with the state's size and complexity demanding careful, phased planning to ensure effective and sustainable implementation.

All jurisdictions were clear on the implementation being a long-term and ongoing commitment. Broadly the sequencing could be defined as having four key stages:

- Readiness and orientation

At the system level, this requires consideration of system capacity (as discussed above); centralised resources, support and capability; provision of foundational training; governance mechanisms; and detailed implementation planning.

At the organisational level, this requires consideration on authorising environment; current maturity levels; establishment of key roles; and implementation planning.

- Organisational alignment

This requires workforce mapping; reviewing and updating of relevant policies and procedures; creation of secondary consult functions (where relevant); guidance on referral pathways; creation of tailored training content; roll out of foundational training; and awareness raising and communications.

- Implementation and training

[8] See, e.g., Australian Institute of Health and Welfare (2025) SHS Clients Experiencing FDV Whose Need for FDV-Related Services Was Unmet - https://www.aihw.gov.au/family-domestic-and-sexual-violence/resources/national-plan-outcomes/women-are-safe-respected-and-equal/shs-clients-experiencing-fdv-whose-need-for-fdv-related-services-was-unmet

[9] Australian Bureau of Statistics (2022) https://www.abs.gov.au/statistics/people/people-and-communities/location-census/2021

This includes a commitment to ongoing awareness-raising and communications; the implementation of specific tailored training; commencement of secondary consults functions (where relevant); and monitoring and evaluation activities.

- Sustainable delivery

This requires ongoing delivery of training; ongoing review of operational practice, policy and procedures and training; ongoing support and resourcing; and continuous improvement activities.

Lessons from other jurisdictions form a strong basis for sequencing short, medium and long-term deliverables across these stages. It is expected to take at least several years to progress through these stages.

Ambition and speed of the implementation needs to reflect what is possible within available resourcing for this reform. This needs to be explicitly provided in options analysis to support informed decision-making on implementation plans and resourcing.

There are several viable options for implementation approaches in NSW

The learnings from other jurisdictions indicate that a model which allows for common components with local application is the most effective. Key elements of a federated model would include central coordination and oversight, with resourced roles in delivery organisations to support both change management and DFV expertise functions.

A phased roll-out would likely better support the NSW context and allow time to ensure system capacity is adequate. It is feasible for this to be done through different approaches/models. These include:

- 'Workforce' approach – selecting workforces with high impact such as child protection, housing, alcohol and drug support, and mental health
- 'Organisation' approach –selecting organisations with higher levels of existing maturity and leadership buy-in
- 'Place-based' approach – selecting a geographic area for roll-out that covers a number of workforces and organisations
- 'Hybrid' approach – mixing some or all of the above approaches.

Each of these approaches have both merits and drawbacks that would need to be carefully considered in implementation planning and costing.

In consideration of the implementation approach, there is an opportunity for NSW to explore areas where working in partnership with the Commonwealth could increase impact. This could include involvement of 'high impact' areas that fall within the remit of the federal government, such as general practitioners, primary health networks, family law, and childcare providers.

Once an approach is selected, careful consideration should be given to the specific selection of delivery partners in each phase. These will likely include, but not be limited to, factors such as strong leadership commitment, level of DFV awareness and maturity, complimentary DFV projects, prevalence of DFV within its client-base, and geographic and cohort context.

As soon as practical, any implementation approach should include involvement from community and stakeholders, particularly Aboriginal stakeholders and the NSW DFSV Lived Experience Advisory Group.

Meaningful activity can be commenced in 2025-26, irrespective of longer-term approach

The seed funding provided in 2025-26 to commence this work could support any of the above potential approaches. This means it can be used, with 'no regrets' to get started on some short-term delivery in parallel to implementation planning and resourcing considerations.

Short-term delivery could include:

- Establishing project governance and determination of implementation phasing and approach
- Expanding the scope of the CARAS to include people who use violence – both adults and children and young people, including resources and materials for organisations and workers
- Developing a central website, supported by a communication and engagement plan, to provide a credible 'one stop shop' with information about DFV both for workers and for people affected by DFV seeking help, including hosting CARAS related resources and potential learning management system functionality.
    - To support the diversity of needs and experience, this should be done in consultation with the NSW DFSV Lived Experience Advisory Group
- Ensuring availability of foundational DFV training to relevant workforces (this may include bolstering existing training options and/or development of new options)
- Develop a monitoring and evaluation framework, aligned with project governance and implementation planning, with clearly defined roles and responsibilities.

Any implementation comes with inherent risks which need to be explicitly managed

A reform with the ambition and potential impact of a common risk assessment framework comes with inherent risks. These risks alone do not justify maintaining the status quo of not implementing a framework. As lessons from other jurisdictions show, the potential benefits outweigh the risks. However, prior to implementation, careful consideration and confidence in the suitability and strength of supporting mitigation approaches needs to be addressed.

Failing to do so may result in unintended consequences such as increasing, rather than decreasing risks to victim-survivors.

A snapshot of some of the inherent risks identified as part of this work are captured below.

Risk	Impact	Mitigation Strategy
Leadership and authorising environment	Lack of senior-level support may slow adoption or limit reform momentum	Secure cabinet endorsement; designate senior cross-agency leadership; establish Ministerial oversight group
Insufficient funding	Delays or limits implementation; compromises safety outcomes	Develop a strong cost-benefit case highlighting social and economic returns; stage funding to align with implementation phases
Unanticipated impacts including un-managed increases in the volume of referrals to downstream agencies	Overwhelm existing services; fail to provide adequate service response even where DFV identified and risk assessment undertaken	Planning to include analysis and modelling of demand; clear understanding of expected service response, including what agency will be responsible; funding for anticipated increases in service demand
Workforce resistance to change	Inconsistent uptake of new systems and training	Engage early with frontline agencies; co-design and/or user-test training and change management strategies; provide ongoing support and central oversight

Risk	Impact	Mitigation Strategy
Technology integration challenges	Delays in IT solutions; technology alignment issues	Conduct early technical scoping; leverage existing government digital capabilities; adopt phased rollout and pilot testing
Privacy and data security concerns	Risk of unauthorised information sharing or data access affecting public trust	Consider information sharing legislation and protocols – including in relation to any IT solutions; implement strict governance and accountability or audit protocols
Insufficient monitoring of outcomes	Limited evidence of program effectiveness; reduced accountability	Establish clear monitoring and evaluation from the outset and reporting to demonstrate impact and guide refinement

5 Appendix 1 – Jurisdictional comparison of common risk assessment framework approaches

The following is a condensed review of publicly available information on consulted jurisdictions' common risk assessment frameworks.

		Victoria	Western Australia	Queensland	Northern Territory
Year commenced		2007[10]	2011	2017	2020
Year of revisions/updates		2012, 2018[11]	2015[12]	2022	
Legislated		✓	×	×	✓
Independent implementation monitor		✓[13]	×	✓[14]	×
Guidance scope	Victim-survivor (adult)	✓	✓	✓	✓
	Victim-survivor (child &/or young person)	× Developing	✓	✓	× Developing
	Person using violence (adult)	✓	✓	× Developing	× Developing
	Person using violence (child &/or young person)	× Developing	×	× Developing	× Developing
Who is it for?	Service system workers (such as specialist DFV, statutory, generalist)	✓	✓	✓	✓
	General community members	×	×	✓	×
Supporting resources	Common tools (such as screening, risk assessment, safety planning templates)	✓	✓	✓	✓
	Practice guides/factsheets	✓	✓	✓	✓
	Change management or alignment guides	✓	×	✓	✓
	Video/s	✓	×	✓	✓
Training		✓	✓	✓	✓

[10] Common Risk Assessment Framework (CRAF), later replaced by Multiagency Risk Assessment and Management Framework (MARAM).

[11] CRAF replaced by MARAM in 2018. Practice Guidance was also published in 2019, 2021-2022 and 2026 (anticipated).

[12] Currently being updated with revisions anticipated for 2025.

[13] Concluded 2023.

[14] Concluded 2025.

6 Appendix 2 – Stakeholder consultation list

Jurisdiction	Stakeholder
NSW	NSW DFSV Lived Experience Advisory Group
	Domestic Violence NSW
	NSW Women's Safety Commissioner
	University of NSW
	NSW Domestic Violence Death Review Team - Secretariat
Commonwealth	Domestic, Family and Sexual Violence Commissioner
	Office of Women, Department of Prime Minister and Cabinet
	Australian National Research Organisation for Women's Safety (ANROWS)
Queensland	Department of Families, Seniors, Disability and Child Safety
	Department of Health
	Department of Housing and Public Works
	Queensland Police Service
	Independent Implementation Supervisor (former)
	Queensland Centre for DFV Research
	Brisbane DV Service and Qld Domestic Violence Service Network members
Victoria	Department of Fairness, Families and Housing
	Victoria Police
	Department of Health
	No To Violence
	Safe and Equal
	Safe Steps
	Djirra
	Victorian Aboriginal Child and Community Agency
	Family Violence Reform Implementation Monitor (former)

Western Australia	Department of Communities
	Western Australia Police Force
	Stopping Family Violence
	Centre for Women's Health and Wellbeing
	Starick
	Zonta House
	Kwobap Consultancy
Northern Territory	Department of Children and Families
	Department of Health
	Northern Territory Police Force
	Women's Safety Services of Central Australia
	DFV Registry, Local Court (Alice Springs)
	Northern Territory Council of Social Services

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