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## Domestic Violence Risk Assessment Tools and Australian Homelessness Services: A Scoping Review

Rebecca Wilcoxson<sup>a</sup>, Amanda Ann Thompson<sup>b</sup>, Tania Signal<sup>c</sup>, and Heather Lovatt<sup>d</sup>

<sup>a</sup>The School of Health, Medical and Applied Sciences, CQUniversity, Townsville, Queensland, Australia;

<sup>b</sup>Family Emergency Accommodation Townsville, Townsville, Queensland, Australia; <sup>c</sup>The School of Health, Medical and Applied Sciences, CQUniversity, Rockhampton, Queensland, Australia; <sup>d</sup>The School of Nursing, Midwifery and Social Sciences, CQUniversity, Mackay, Queensland, Australia

### ABSTRACT

Wanton violence is being inflicted on women and children in Australia, and First Nations women are more likely to experience Domestic and Family Violence (DFV) than non-First Nations women. The Queensland Government's *Domestic and Family Violence Prevention Strategy 2016–2026* states that recognising DFV is foundational to ending violence against women and children. Part of this strategy involves the universal implementation of The Domestic and Family Violence Common Risk and Safety Framework (CRASF) risk assessment and safety planning tools. However, because of assessor confusion, this tool may not be suitable for homelessness organisations despite these services being likely to encounter many victim-survivors. A scoping review assessed which risk assessment tool would suit Queensland homelessness service providers with First Nations clients. The findings revealed a lack of research on DFV risk assessment tools for homelessness service providers with First Nations clients. Investigation into DFV risk assessment methods for homelessness service providers recommended by Australian States and Territories revealed an array of methods and no First Nations-specific DFV screening questions. Recommendations are made for a DFV risk assessment procedure suitable for homelessness services.

### IMPLICATIONS

- Social workers employed by homelessness services may need to assess if their clients are victim-survivors of domestic and family violence (DFV).
- Tools recommended by Australian State and Territory Governments need to be adapted for use by homelessness services.
- Use of The Northern Territory Domestic and Family Violence Risk Assessment and Management Framework is recommended for Queensland social workers working with First Nations victim-survivors.

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**CONTACT** Rebecca Wilcoxson  [r.wilcoxson@cqu.edu.au](mailto:r.wilcoxson@cqu.edu.au)

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Domestic and family violence (DFV) includes actions such as physical, sexual, financial, and psychological abuse of an intimate partner or relative, and or neglect of a vulnerable family member such as a child or elderly parent (Orr et al., 2020; Woods et al., 2023). DFV is a global issue and, when unimpeded, can result in the victim's death either via murder by the perpetrator (Bugeja et al., 2015; Saxton et al., 2022; Sobočan et al., 2023) or suicide (Garcia et al., 2022; MacIsaac et al., 2017). In Australia, the most prevalent type of murder is intimate partner homicide, with females the primary victims (Boxall et al., 2022).

Most victims of domestic and family violence (DFV) are women (1 in 6) and children (1 in 4), and First Nations women (or Australian Aboriginal and Torres Strait Islander women) are 35 times more likely to experience DFV than non-First Nations women (Queensland Government, 2021). Buxton-Namisnyk (2022, p. 1323) stated, "In accounting for disproportionate rates of domestic violence against First Nations women, First Nations academics have consistently linked domestic and family violence to the historical and ongoing violence of 'settler' colonisation." The annual Australian economic costs of DFV are in the billions (Australian Government, 2023; Australian Institute of Health and Welfare [AIHW], 2015; New South Wales (NSW) Council of Social Services, 2022), while the personal and emotional cost for women and children is incalculable as approximately one woman dies from DFV every nine days (Queensland Government, 2021). These statistics are likely lower than the actual numbers as indicators show that DFV homicides are accelerating, with a 28% increase in women killed from 2022 to 2023 (Miles & Bricknell, 2024) and "an unusually high number of killings allegedly by men's violence in the first four months of 2024" (Fitz-Gibbon et al., 2024).

Domestic violence incidents often precede a victim's death; thus, DFV intervention can mean homicide prevention (Bugeja et al., 2013). The Queensland Government's *Domestic and Family Violence Prevention Strategy 2016–2026* noted that recognising DFV is foundational to ending violence against women and children (Department of Justice and Attorney General, 2021). Part of this strategy involves the implementation of The Domestic and Family Violence Common Risk and Safety Framework (CRASF) risk assessment and safety planning tools (Department of Justice and Attorney General, 2022). There are three levels of the CRASF: Level 1 is a screening tool intended for use by anyone who may encounter DFV victims (i.e., non-DFV services); Level 2 is a risk assessment tool for those working in frontline DFV services; and Level 3 is a risk assessment and safety management tool specifically for use by high-risk, multiagency response teams (Department of Justice and Attorney General, 2022). One Queensland sector that will likely implement the CRASF is the homelessness services sector.

Domestic and family violence is the primary reason women and children flee their homes (AIHW, 2022). Therefore, it is likely that many homelessness services will encounter victim-survivors of DFV. Staff also may encounter perpetrators. Fitz-Gibbon et al. (2024) investigated over a decade of sentencing judgements (January 2007 – December 2016) from more than 250 Australian homicide cases whereby a male had killed his current or former female partner, with one of the research goals being to identify potential intervention points. Many victims (7%) and offenders (5%) had been involved with housing services before the murder, and more victims had engaged with a housing service before their death (7%) than with a specialist family violence service (5%). Being unable to secure housing is credited with DFV victim-survivors

continuing to live with the perpetrator (Warren & McAuliffe, 2021), and this situation is exacerbated in regional Australia, where rates and severity of DFV are higher than in metropolitan areas (AIHW, 2019; Campo & Tayton, 2015). Thus, DFV screening and appropriate risk assessment at homelessness services, particularly in regional areas, is essential to ensure victim-survivors are triaged for priority housing and offered referrals to DFV services. Further, perpetrator identification is necessary to ensure safety measures are in place (e.g., for staff who perform home visits). According to the CRASF guidelines, non-frontline DFV organisations, which homelessness providers are, should use the Level 1 risk screening tool that provides guidance to scan for DFV.

### **CRASF Level 1 Tool**

The CRASF Level 1 Adult Domestic and Family Violence Routine Screening Tool involves assessing the individual's demeanour (e.g., fearfulness), relationship dynamics (e.g., financially controlled by partner) along with physical (e.g., bruising), and non-physical (e.g., mental health issues) signs of abuse (Department of Justice and Attorney General, 2022). However, some of the CRASF signs confound with either the causes or effects of homelessness. For example, some physical (e.g., chronic back pain) and non-physical (e.g., mental health issues) signs of DFV (according to the CRASF) can be a precursor to, or the result of, being homeless (AIHW, 2021). Further, one of the CRASF non-physical signs of DFV is homelessness or recent tenancy issues (Department of Justice and Attorney General, 2022); all persons accessing a homelessness service would likely meet this criterion. If homelessness providers implement the CRASF Level 1 Tool, assessor confusion is possible as determining if a factor is related to homelessness or DFV may be difficult. If factors are misattributed, there is potential for under- or overidentifying DFV. Another issue with the CRASF level 1 is the cultural appropriateness of this tool and possible problems with cross-cultural risk assessment when looking at the screening tool alone. The CRASF relies on selective use of the screening questions guided by fact sheets, guiding principles, and some training tools (Department of Justice and Attorney General, 2022). Social workers and others implementing the screening tool or other risk assessment levels need to be discerning about the potential assessor confusion and the approach they take.

The initial reason for this scoping review was to assess which DFV risk assessment tool would be most appropriate for homelessness service providers in Townsville, a regional city in North Queensland, Australia. The Townsville population approximates 235,000, and the percentage of First Nations residents (9%) is higher than the national average (3.2%) (Australian Bureau of Statistics, 2021). The Australian Bureau of Statistics (2023) stated one in five (20.4%) homeless Australians are First Nations people, and regional areas have higher rates of homelessness than major cities. Therefore, risk assessment tools used in the homelessness sector in Townsville or other regions with similar demographics must be suitable for First Nations clients. However, risk assessment tools are standardised mostly with Western populations, and misclassifications have occurred with non-Caucasian cohorts (Venner et al., 2023). Thus, cultural factors need consideration within any risk assessment tool (Dinwiddie et al., 2020). Social workers at homelessness services may need to carefully consider which DFV risk assessment tools suit their client group best. Therefore, this scoping review assessed which risk

assessment tool would best suit Australian homelessness service providers with First Nations clients.

## Method

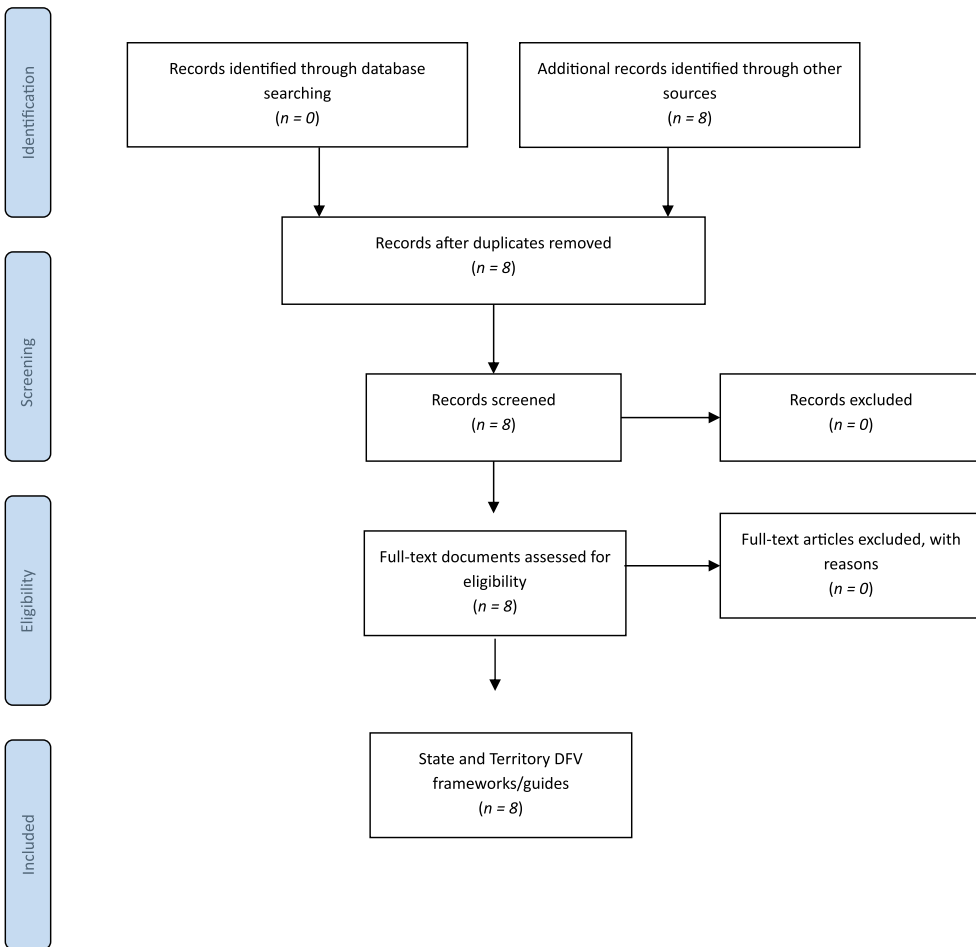
This scoping review adhered to the five-stage framework developed by Arksey and O'Malley (2005). Screening and data extraction were performed via the Covidence platform, and reporting followed the Preferred Reporting Items for Systematic Reviews and Meta-analysis Extension for Scoping Reviews (PRISMA-ScR) protocol (Tricco et al., 2018). On October 30, 2023, this scoping review was registered with the Open Science Framework (<https://osf.io/>). The initial stage of the review involved identifying the research question, which was done using a modified PICO framework (see Table 1). The research question was “What domestic violence risk assessment tool/s are suitable

**Table 1** PICO Framework

PICO (modified) Framework	Concepts	Subject Heading	The Unified Medical Language System (UMLS)	Key Terms
Population	Homeless people Australian Aboriginal and Torres Strait Islander Peoples or First Nations Peoples Domestic violence victims and perpetrators Intimate partner violence Battered females	Domestic violence	Victim of intimate partner abuse At risk of intimate partner abuse	Intimate partner abuse
Intervention	Risk assessment	Violence risk assessment Risk assessment Homeless		Danger assessment Risk assessment tools Housing services Homelessness services Homeless organisation
Comparison	Different types of risk assessment tools			
Outcome—N/A				

**Table 2** Search Terms

	AND	AND	AND
Domestic Violence OR	Aboriginal and Torres Strait Islander Peoples OR	Danger Assessment OR	Housing Services OR
Intimate Partner Violence OR	Indigenous Australians OR	Risk Assessment Tools OR	Homelessness Services OR
Intimate Partner Abuse OR	First Nations Australians	Risk Assessment	Homeless Shelter OR
Domestic and Family Violence			Homeless Organisation OR
			Homeless



**Figure 1** PRISMA flowchart—Literature identification and inclusion procedure. Source: Moher et al. (2009)

for use by Australian homelessness services with First Nations Clients?” Table 2 shows the key search terms used.

This scoping review involved database and Australian Government website searches for research and information on “domestic and family violence risk assessment tools”, “homelessness services”, and “Indigenous Australians or Aboriginal and Torres Strait Islander Peoples or First Nations Australians”. Two of the authors independently performed electronic database searches. Inclusion criteria were English-language, peer-reviewed journal articles, metaanalyses, and reviews addressing the topic of DFV risk assessment for homelessness services with Australian First Nations clients. As the past 20 years have seen expanding research interest in extreme intimate partner violence (Hilton, 2021), the search date filters were 2003–2024. The databases searched were PsycARTICLES (Ovid), PsycINFO (Ovid), PubMed, ProQuest, EBSCOhost CINAHL, Informit Indigenous Collection, Australian Institute of Criminology, ProQuest criminal justice database, Ovid-Medline, Gale OneFile Legaltrac, and Cochrane Library. The

websites of the Australian, Queensland, New South Wales, Australian Capital Territory, Victorian, South Australian, Western Australian, Tasmanian, and Northern Territory Governments also were searched using the same key terms. The third stage involved the selection of relevant literature (see [Figure 1](#)).

## Findings

No peer-reviewed articles addressing the three key topics (DFV risk assessment tools, homelessness services, and First Nations Australians) were found. Australian State and Territory Government website searches revealed each had different DFV risk assessment methods recommended for use by non-DFV-specialist services, with many websites specifically mentioning housing services. As shown in the PRISMA flowchart, eight States and Territories provided documents regarding their risk assessments; however, all the accompanying information (such as user guides, frameworks, and fact sheets) were also read. The most frequently recommended method of DFV identification for housing and homeless services (and other non-DFV specialist services) involved two steps: attention to indicators of DFV and, if present, screening (as shown in Appendix A). While the States and Territories differed somewhat in their list of signs, with some being more comprehensive than others, there was much overlap. Indicators of DFV involved factors such as psychological (e.g., mental health issues), social (e.g., isolation), relational (partner displays jealous and or controlling behaviours), and physical (bruises) signs. Queensland, Western Australia, Victoria, the Northern Territory, and the Australian Capital Territory recommend service providers assess clients for indicators DFV is occurring. Queensland, Western Australia, Victoria, Tasmania, and the Northern Territory recommend screening if DFV indicators are present.

## Screening for DFV

The West Australian Department for Child Protection and Family Support (2015) defined screening as “A process of enquiry using a standard set of questions or ‘screening tool’ to determine whether a woman is experiencing family and domestic violence” (p. 28). The South Australian *Practice Manual: Family Safety Framework* (Office for Women, 2022) discusses forms of DFV (e.g., emotional, physical, and financial) but does not provide specific indicators. This manual notes that the risk assessment procedure (completion of a risk assessment tool accessed via an online porthole) is to be used if DFV is identified and is to be used in conjunction with the organisational tools provided by their place of employment. The Tasmanian *Responding to Family and Sexual Violence: A Guide for Service Providers and Practitioners in Tasmania* (Department of Communities Tasmania, 2021) states indicators of DFV include physical injuries but is mostly focused on behaviours of the partner (e.g., incessant monitoring via calls and texts) and the resultant behaviour of the victim-survivor (frightened of or overly anxious to please their partner).

Like the DFV indicator process, there were differences and similarities between the States and Territories with screening questions. Similarities with questions included a focus on whether the interviewee had ever been threatened, controlled, or assaulted by a partner, ex-partner, or family member. For example, the screening questions in the

Victorian Government (2021, p. 27) *Family Violence Multi-Agency Risk Assessment & Management Framework (MARAM)* screening and identification tool include the questions “Has anyone in your family done something that made you or your children feel unsafe or afraid? Have they controlled your day-to-day activities or put you down? Threatened to hurt you in any way? Physically hurt you in any way?” The screening questions are shown in Appendix A.

The Northern Territory screening process (Department of Territory Families, Housing and Communities, n.d., p. 52) includes conversation starter questions and screening example questions: “Has your partner/husband, ex-partner/husband or someone in your family hurt you or threatened to hurt you; yelled at you, talked down to you or called you bad names? Has your partner/husband, ex-partner/husband or someone in your family become jealous and tried to control what you can or cannot do? Are you worried about the safety of your children or someone else in your family or household?” The Queensland Government *CRASF level 1* (Department of Justice and Attorney General, 2022, p. 15) includes questions such as “Are you fearful of (X, i.e., perpetrator) and/or do you feel unsafe or controlled by (X) and/or your family?” Have you been threatened with harm in any way by (X) and or anyone in your family (X)?

While the screening questions asked by these States and Territories are similar, differences in the styles of questioning were found, with some advising “direct” (i.e., intended to enquire about DFV directly) scripted questions and others providing suggested/example screening and conversation starter questions. Queensland provides six direct scripted questions, the Australian Capital Territory and Western Australian screening tools provide three, and Victoria has eight direct DFV screening questions. However, Tasmania’s *Responding to Family and Sexual Violence: A Guide for Service Providers and Practitioners in Tasmania* (Department of Communities Tasmania, 2021) included suggested questions with six examples. Similarly, the Northern Territory *Screening for DFV Practice Tool* (Department of Territory Families, Housing and Communities, n.d.) provided three example conversation starters and three example screening questions along with four example responding statements and it is recommended these questions and responses should be embedded in a conversation and not asked sequentially.

### Points of Difference

New South Wales, Australian Capital Territory, and South Australia differ in their recommendations for non-DFV services. Homelessness/housing within the non-DFV services sector is not explicitly mentioned; however, the NSW government (NSW Government, Communities and Justice, 2022, p. 1) states “Domestic Violence Safety Assessment Tool (DVSAT) is for use by nongovernment service providers and government agencies other than NSW Police Force. The DVSAT has primarily been designed for use in intimate partner violence situations.” Therefore, it is assumed that homelessness services would use this tool if DFV is disclosed.

The DVSAT (NSW Government, Communities and Justice, 2022) comprises two parts: part A is a “risk identification checklist” that contains 25 questions, and part B involves professional judgement regarding the fear level of the client, consideration of issues such as potential risk to children and the client’s situation and state of mind (e.g., disability, substance, and mental health issues; cultural/language barriers; and

willingness to engage with support services) which lead to the interviewer's perception of threat level (either "at threat" or "at serious threat").

The *ACT Domestic and Family Violence Risk Assessment and Management Framework* (ACT Government, 2022) noted the need for awareness of DFV indicators and recommends all service clients are screened for the presence of DFV. The document also states that non-DFV organisations, including "specialised housing workers" (p. 32) should complete a risk assessment if DFV is disclosed. The ACT risk assessment involves asking clients questions pertaining to 14 high risk factors "drawn from MARAM, the ANROWS National Risk Assessment Principles for domestic and family violence, and the Northern Territory Domestic and Family Violence Risk Assessment and Management Framework" (p. 34).

The South Australian *Practice Manual: Family Safety Framework* (2022) stated their Domestic Violence Risk Assessment (DVRA) is a tool that determines the "level of risk and likelihood of harm occurring or escalating" (p. 6); this tool contains weighted items (1–5) and is completed via the SA Government Family Safety Portal (<https://familysafetyportal.sa.gov.au/>). It is noted that this tool is not designed to replace any agency's current tools but to inform how to respond and the potential urgency of intervention. This risk assessment tool could not be reviewed as the porthole should only be accessed to complete a risk assessment.

New South Wales (NSW), ACT, and SA differ from the other Australian States and Territories. Their non-DFV specialist agency workers' requirements for assessing DFV risk are more comprehensive and likely to require extensive training. Overall, every State and Territory clarify the importance of evaluating the presence of DFV. If DFV is occurring, a "Family Safety Meeting" is scheduled in SA; in NSW, if someone is under "serious threat", referrals are made to consider the need for a "Safety Action Meeting" (NSW Government, Communities and Justice, 2022). In all other States and Territories, if screening shows DFV is occurring, referrals to specialist DFV services are required.

### First Nations Clients

Regarding First Nations Australians, all States' and Territories' websites acknowledge traditional owners and highlight the importance of considering culture when talking with First Nations or culturally diverse peoples. However, some States and Territories focused more on potential issues when completing a DFV risk assessment with First Nations victim-survivors than other States and Territories. For example, the ACT government referred to a small study investigating 12 First Nation women's perception of being asked about DFV (Spangaro et al., 2019) and notes Australia's history of a "lack of culturally appropriate responses to the needs of Aboriginal and Torres Strait Islander families and communities" (p. 13). However, First Nations-specific questions are not included in the screening questions. The Queensland CRASF acknowledged the need for culturally appropriate approaches and highlights the importance of awareness that some communities experience several forms of disadvantage and discrimination. The CRASF level 1 "relationship dynamics" section enquires about denied access to "family, or social connection (including religious/cultural practices)" (p. 14); however, there are no First Nations-specific questions.

The Victorian (2021) *MARAM Practice Guides* highlighted the importance of understanding First Nations history, perspectives, and intergenerational trauma derived from

“colonisation and its ongoing legacy” (p. 47). The guide provides examples of typical behaviours displayed by perpetrators of DFV (e.g., constant criticism and monitoring) and includes behaviour specific to First Nations victim-survivors. The *MARAM* explains that First Nations people may be hesitant to seek assistance due to historical factors such as the forced removal of children and that family violence often is perpetrated toward First Nations people by non-First Nations people.

The Northern Territory, *Domestic and Family Violence Risk Assessment and Management Framework* (Department of Territory Families, Housing and Communities, n.d.) terminology section defined terms that can be used by First Nations Peoples that can refer to DFV (p. 17) and explains factors related to “Cultural/Spiritual violence” (p. 27). While the NT screening questions are not First Nations-specific, it is recommended that the client is asked where their home community is, and understanding First Nations terms regarding potential DFV may assist an assessor in determining if DFV is present.

The Tasmanian *Responding to Family and Sexual Violence* document (Department of Communities Tasmania, 2021) explained that Aboriginal and Torres Strait Islander Peoples, along with other groups of people (e.g., those with a disability and older people), are at increased risk of family violence (p. 15). However, First Nations-specific factors are not included in the DFV screening questions. In the NSW DVSAT (NSW Government, Communities and Justice, 2022), professional judgement section, cultural/language barriers are included. The guide notes that victim-survivors may not reveal DFV due to cultural issues or mistrust of the service provider, and states to “Use appropriate language when speaking with a victim from an Aboriginal or culturally and linguistically diverse (CALD) community” (p. 9). However, the DVSAT does not contain any First Nations-specific questions. Similarly, The Western Australian CRARMF (Department for Child Protection and Family Support, 2015) outlined considerations for assessing First Nations women and while there are no First Nations-specific questions it is stated that “the best way to assess the support required by an Aboriginal woman is to ask her” (p. 82). As the SA risk assessment tool could not be accessed, it is unknown if First Nations-specific questions are asked.

## Discussion

This scoping review sought to answer the question “Which DFV risk assessment tool would best suit Australian homelessness service providers with First Nations clients?” No published research addressing the topic was found. Australian State and Territory Government website searches revealed that each provides a different DFV risk assessment for nonspecialist DFV services, and many mentioned homelessness organisations. All States and Territories recommend that nonspecialist DFV services, such as homelessness services, look for signs of DFV with their clients. If clients show signs of DFV, Queensland, Western Australia, Victoria, Tasmania, and the Northern Territory recommend staff ask screening questions; some recommend direct scripted questions, while others provide suggested questions to be embedded in conversations. In New South Wales, the Australian Capital Territory, and South Australia, requirements are more comprehensive, and it is recommended that staff complete a full risk assessment if DFV is present.

This scoping review has shown that some DFV risk assessment methods may be complicated for staff working in homelessness services as some indicators of DFV are confounded with antecedents (e.g., chronic back pain or substance abuse) or the result of homelessness (e.g., mental health issues). Many screening questions specifically noted homelessness as an indicator of DFV (i.e., Queensland, Western Australia, Victoria, and the Northern Territory)—it is likely true for every person presenting to a homelessness service that homelessness is an issue for them. Thus, while the screening tools may be appropriate for other nonspecialist DFV services, they do not seem suitable for homelessness services.

This review aimed to assess which risk assessment tool would suit a homelessness service in Townsville, a region with many First Nations clients. The Queensland State Government recommended CRASF Level 1 Tool does not seem suitable as the only screening sign potentially related to First Nations Peoples is noted in the relationship dynamic section, which states “partner/family member has denied access to family or social connection (incl. religious/cultural practices)” (p. 14). The DFV resources (i.e., government websites and user guides) from all Australian States and Territories acknowledged traditional owners, discussed potential cultural issues, and many provided guiding principles to ensure a nuanced approach to screening. However, none of the risk assessment tools included First Nations-specific screening questions.

While there were similarities, each Australian State and Territory had a different model for assessing DFV risk. Marked differences in DFV risk assessment methods could impede cohesive understanding of risk levels for agencies engaged with those from other Australian States or Territories and where individuals or families cross state borders. The problem of States and Territories using different tools was noted by Richardson and Norris (2021), who reviewed the DFV risk assessment tools used by Australian police. Richardson and Norris (2021) noted the lack of research on DFV risk assessment tools Australian police use and that many of the tools contained too many items, and all were devoid of some proven high-risk factors (e.g., prior >30-day gaol term and perpetrator personality disorder). Further, Richardson and Norris (2021) seemed to suggest that Australian police consider using international ‘gold standard’ tools (they compared the Australian tools to well-supported international ones) while emphasising the need for a national tool. Research showed many different DFV risk assessment tools are available (Lauria et al., 2017). However, it is questionable if international ‘gold standard’ tools are likely to be the best for Australians when they are not normed for Australians, including First Nations people.

Globally, risk assessment tools mostly are normed on Caucasian cohorts, and they may not be as suitable for First Nations Australians as they do not consider circumstances resulting from marginalisation and historical injustices or culture-specific protective factors (Venner et al., 2023). Research should be performed on DFV risk assessment tools in the Australian homelessness sector to assess the most efficacious method with a view to developing a national tool. A national DFV risk assessment tool would be more practical for information sharing and training for staff who move interstate. Further, it would be more cost-effective to research, develop, and, as more research accumulates—update a national tool. This review highlights gaps in available tools regarding specific questions/sections for First Nations Peoples and a national DFV risk assessment tool could address this gap.

## Limitations

This scoping review included three factors: DFV risk assessment tools, homelessness services, and Australian First Nations people, and it returned no peer-reviewed publications. There were some publications that address recognising or enquiring about DFV with First Nations people (e.g., Spangaro et al., 2019): some discussed DFV risk assessment and homeless services outside of Australia (e.g., Liu et al., 2023), and a plethora of publications addressed domestic violence risk assessment. Thus, a limitation of this review was the criteria, as a review with less stringent criteria would have had a different result. However, this review was performed to uncover the most appropriate DFV risk assessment tool for homeless services that have First Nations clients. Thus, a review not including the necessary keywords would not have sufficed.

## Conclusion and Recommendations

Social workers employed by homelessness services will likely need to perform screening for DFV, and in some Australian States and Territories, they may need to complete full DFV risk assessments. For those in Queensland, the CRASF Level 1 Tool (p. 15) recommends that if signs are present, questions such as “I’m pleased to see you today—how are things going?” Or “What has brought you here today?” Or “Tell me a bit about your family/home life/relationship with [X]” should be asked. These questions do not seem as appropriate for a DFV victim-survivor as those suggested by the Northern Territory, which affords the most attention to First Nations clients. It is recommended that homelessness service social workers (from all States and Territories) tasked with assessing potential DFV read page 14 of the *Northern Territory Domestic and Family Violence Risk Assessment and Management Framework* (Department of Territory Families, Housing and Communities, n.d.). The document recommends that the process of screening for DFV should be explained to the client, with the conversation starter examples provided being:

Many people/women have problems with their family, their husband or partner or someone they live with, so we ask questions about the safety of all our clients so that we can work out what kind of help you need to keep you (and your children) safe; or I am worried because [list the DFV indicators that are present]. I would like to ask you some questions about how you feel about your safety so that we can work out what kind of help you need to keep you safe; or Sometimes people can hurt other people. Can I ask you some questions about this? (p. 14)

Given research shows that homelessness services will encounter many female DFV victim-survivors, and a proportion of these women may be at risk of serious harm if they return, it is recommended that social workers utilise the Northern Territory’s (p. 14) suggested conversation starter questions, “many of our clients have family or partner issues so we ask questions about the safety of all our clients so that we can work out what kind of help you need to keep you (and your children) safe. I would like to ask you some questions about how you feel about your safety so that we can work out what kind of help you need to keep you safe.”

As DFV research shows victim-survivors are often accurate judges of their level of risk (Hilton, 2021), it is also recommended that social workers use the following question (as advised by the CRASF level 1, page 15) if DFV is disclosed: “Are you worried about your immediate safety or that of anyone else close to you?” If the response is yes, it

would be prudent for social workers to consider this client at risk and procedures recommended for at-risk clients followed. The final recommendation is for social workers with First Nations clients. Page 17 of the *Northern Territory Domestic and Family Violence Risk Assessment and Management Framework* (Department of Territory Families, Housing and Communities, n.d.) lists phrases that First Nations people may use to describe DFV; this document may be helpful for non-First Nations staff assessing for the presence of DFV.

In conclusion, despite significant government expenditure to address the issue, domestic and family violence is rampant in Australia. It seems all Australian States and Territories are prioritising identifying DFV, though each uses a different method, and First Nations-specific protocols are lacking. Homelessness services will likely encounter many DFV victim-survivors; however, the current State and Territory government-recommended DFV risk assessment procedures may not be optimum. Research is required to test the efficacy of current homelessness service DFV risk assessment methods/tools, including the appropriateness for First Nations people. Further, consideration should be given to developing a national approach to ensure that the most efficacious DFV risk assessment methods are implemented.

## Disclosure Statement

No potential conflict of interest was reported by the author(s).

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## Appendix

State/ Territory	Risk Assessment Tool & Last Website Update If Available	Screening & Assessment Processes (Summarised)
Queensland	<a href="#">Common Risk &amp; Safety Framework (CRASF) Levels 1, 2, 3</a>	<p>Level 1 Screening Tool</p> <p>Step 1: Observation of DFV indicators. Signs to look for:</p> <ul style="list-style-type: none"> <li>• Demeanour</li> <li>• Physical</li> <li>• Relationship dynamics</li> <li>• Nonphysical signs</li> </ul> <p>If YES then: 6 direct questions asked under the following three headings: Presence of domestic and/or family violence.</p> <ul style="list-style-type: none"> <li>- Are you fearful of [X] and/or do you feel unsafe or controlled by [X] and/or your family? ♦ If yes, details:</li> <li>- Have you been threatened with harm in any way by [X] and/or anyone in your family? Yes ♦ No ♦ Not disclosed ♦ If yes, details:</li> <li>- Is there anyone else in the family who is experiencing or overhearing these things?</li> </ul> <p>Immediate safety concerns (if DFV has been disclosed).</p> <ul style="list-style-type: none"> <li>- Are you worried about your immediate safety, or that of anyone else close to you?</li> <li>- Do you have somewhere safe to go today?</li> </ul> <p>Support services currently in place (if DFV has been disclosed).</p> <ul style="list-style-type: none"> <li>- Are you already connected to support services?</li> </ul> <p>If yes, offer to refer. Indicators of DFV described on page 63.</p> <ul style="list-style-type: none"> <li>- Physical</li> <li>- Psychological</li> <li>- Emotional</li> <li>- Social/financial</li> <li>- Demeanour.</li> </ul> <p>Common Screening Tool prompts:</p> <ol style="list-style-type: none"> <li>1. Has someone in your family or household ever put you down, humiliated you or tried to control what you can or cannot do?</li> <li>2. Has someone in your family or household ever hurt or threatened to hurt you?</li> <li>3. Are you worried about the safety of your children or someone else in your family or your household?</li> <li>4. Additional information.</li> </ol> <p>Page 32 of the guide then instructs professionals on next steps depending on:</p> <ul style="list-style-type: none"> <li>- If DFV is occurring or not.</li> <li>- If the screening has been conducted by a service whose core business is responding to DFV or not.</li> </ul>
Western Australia	<a href="https://shs.hpw.qld.gov.au/Resources/Form.aspx?Name=DFV%20Assessment%20Form%20-%20Blankt Framework (CRARMF) V2">Common Risk Assessment &amp; Risk Management https://shs.hpw.qld.gov.au/Resources/Form.aspx?Name=DFV%20Assessment%20Form%20-%20Blankt Framework (CRARMF) V2</a>	<p>Indicators of DFV described on page 63.</p> <ul style="list-style-type: none"> <li>- Physical</li> <li>- Psychological</li> <li>- Emotional</li> <li>- Social/financial</li> <li>- Demeanour.</li> </ul> <p>Common Screening Tool prompts:</p> <ol style="list-style-type: none"> <li>1. Has someone in your family or household ever put you down, humiliated you or tried to control what you can or cannot do?</li> <li>2. Has someone in your family or household ever hurt or threatened to hurt you?</li> <li>3. Are you worried about the safety of your children or someone else in your family or your household?</li> <li>4. Additional information.</li> </ol> <p>Page 32 of the guide then instructs professionals on next steps depending on:</p> <ul style="list-style-type: none"> <li>- If DFV is occurring or not.</li> <li>- If the screening has been conducted by a service whose core business is responding to DFV or not.</li> </ul>
New South Wales	<a href="https://www.facs.nsw.gov.au/download?file=592948">Domestic violence safety assessment tool (DVSAT). https://www.facs.nsw.gov.au/download?file=592948</a>	<p>DV Safety Assessment Tool: Is a risk assessment tool, <b>not a screening tool</b>, made up to two parts: threat assessment score, and professional judgement assessment.</p>

*(Continued)*

**Appendix.** Continued.

State/ Territory	Risk Assessment Tool & Last Website Update If Available	Screening & Assessment Processes (Summarised)
	Domestic Violence Safety Assessment Tool Guide	<p>Part A: 25 Risk Indicators assessed across the following domains:</p> <ul style="list-style-type: none"> <li>- Violence toward client</li> <li>- Relationship between client &amp; partner</li> <li>- Background of partner</li> <li>- Children</li> <li>- Sexual assault.</li> </ul> <p>Part B: Professional Judgement/Threat Level:</p> <ul style="list-style-type: none"> <li>- Threat or Serious Threat.</li> </ul> <p>Action Required:</p> <ul style="list-style-type: none"> <li>- Referral</li> <li>- Serious threat – make referral to a Safety Action Meeting.</li> </ul>
South Australia	Family Safety Framework Implemented November 2013 Practice Manual – Family Safety Framework Risk assessment done via Family Safety Portal	Domestic Violence Risk Assessment via the portal.
Australian Capital Territory	ACT Domestic and Family Violence Risk Assessment and Management Framework	<p>Screening Questions (3):</p> <ol style="list-style-type: none"> <li>1. Has your partner or ex-partner ever put you down, humiliated you, called you bad names or tried to control what you can or cannot do?</li> <li>2. Have you been hit, slapped or hurt in other ways by your partner or ex-partner?</li> <li>3. Are you ever frightened by your partner or ex-partner?</li> </ol>
Victoria	Family Violence Multi-Agency Risk Assessment & Management Framework (MARAM)	<p>Screening &amp; ID Tool, 8 direct questions:</p> <ul style="list-style-type: none"> <li>- Has anyone in your family done something that made you or your children feel unsafe or afraid?</li> <li>- Is there more than one person in your family that is making you or your children feel unsafe or afraid? (are there multiple perpetrators)</li> </ul> <p>Qs refer to the perpetrator Have they:</p> <ul style="list-style-type: none"> <li>- Controlled your day-to-day activities or put you down?</li> <li>- Threatened to hurt you in any way?</li> <li>- Physically hurt you in any way?</li> </ul> <p>Qs for self-assessment.</p> <ul style="list-style-type: none"> <li>- Do you have any immediate concerns about the safety of your children or someone else in your family?</li> <li>- Do you feel safe when you leave here today?</li> <li>- Would you engage with a trusted person or police if you felt unsafe or in danger?</li> </ul>
Northern Territory	NT Domestic and Family Violence Risk Assessment & Management Framework Practice Tool 6: Screening for DFV Practice Tool 7: Northern Territory Domestic and Family Violence Common Risk Assessment Tool (CRAT) Practice Guide 1: Screening for DFV NT eSafety Tool	<p>3 example questions provided to guide the conversation:</p> <ul style="list-style-type: none"> <li>- Many people/women have problems with their family, their husband or partner or someone they live with, so we ask questions about the safety of all our clients so that we can work out what kind of help you need to keep you (and your children) safe; or •</li> <li>- I am worried because [list the DFV indicators that are present]. I would like to ask you some questions about how you feel about your safety so that we can work out what kind of help you need to keep you safe; or</li> <li>- Sometimes people can hurt other people. Can I ask you some questions about this?</li> </ul>

*(Continued)*

**Appendix. Continued.**

State/ Territory	Risk Assessment Tool & Last Website Update If Available	Screening & Assessment Processes (Summarised)
		<p>Screening questions:</p> <ul style="list-style-type: none"> <li>- Has your partner/husband, ex-partner/husband or someone in your family hurt you or threatened to hurt you; yelled at you, talked down to you or called you bad names? •</li> <li>- Has your partner/husband, ex-partner/husband or someone in your family become jealous and tried to control what you can or cannot do? •</li> <li>- Are you worried about the safety of your children or someone else in your family or household?</li> </ul> <p>Responding</p> <ul style="list-style-type: none"> <li>- I am sorry that that has happened to you. •</li> <li>- It is not your fault that this is happening. •</li> <li>- I will do what I can to support you. •</li> <li>- You have the right to feel and to be safe and I'm working with you and the people that I know to try to keep you safe.</li> </ul>
Tasmania	<a href="#">Responding to Family and Sexual Violence: A Guide for service providers and practitioners in Tasmania</a>	<p>Suggested questions:</p> <ul style="list-style-type: none"> <li>- How are things at home?</li> <li>- How are things between you and your partner?</li> <li>- Is there anything else happening that might be affecting your health?</li> <li>- Are there times when you are frightened of your partner?</li> <li>- Are you concerned about your safety and the safety of your children?</li> <li>- Does the way your partner treat you make you feel unhappy or depressed?</li> </ul> <p>Specific questions linked to observations:</p> <ul style="list-style-type: none"> <li>• You seem very anxious. Is everything all right at home?</li> <li>• When I see injuries like this, I wonder if someone could have hurt you?</li> <li>• Is there anything else that we haven't talked about that might be contributing to this condition?</li> </ul>