

- (vi) a regional domestic and family violence liaison officer; or
- (vii) a local prosecutor.

9.15.2 Regional domestic and family violence liaison officers

While regional domestic and family violence liaison officers are not formalised positions, the OIC of a region or command may appoint an officer to coordinate domestic and family violence issues and activities within the region or command if the officer believes the appointment would improve police efficiency and provide a better service to the community.

9.15.3 District domestic and family violence coordinators

ORDER

Officers in charge of districts are to appoint domestic and family violence coordinators within their district and allocate adequate time and resources to those officers to enable them to carry out their functions and duties (see [Domestic, family violence and vulnerable persons unit website on the Service intranet](#)).

9.15.4 Station domestic and family violence liaison officers

The OIC of a station is, by virtue of their position, the domestic and family violence liaison officer for the station. The OIC may delegate the responsibility of domestic and family violence liaison officer to another officer within the station. When the OIC delegates the function to another officer, the OIC is responsible for the performance and supervision of the officer and should allow adequate time and resources for the officer to perform these duties.

An OIC of a station should enlist the assistance of officers within their division to give effect to Service policy, orders and procedures relating to the [DFVPA](#).

9.15.5 High Risk Teams

High risk teams (HRT) are:

- (i) a core component of an integrated service response (ISR) to domestic and family violence (DFV);
- (ii) comprised of persons from prescribed government and non-government agencies (see [s. 169C: 'Definitions for part' of the DFVPA](#)), who work collaboratively to:
 - (a) share information;
 - (b) identify appropriate specialist service providers; and
 - (c) coordinate services and support to improve the safety of DFV victims and their families; and
- (iii) operating at various locations throughout the State.

The principal responsibility of the QPS HRT is to represent the Service and assist the other members of the multi-agency HRT carry out its role and functions. The information sharing function of the HRT is governed by [Part 5A: 'Information sharing' of the DFVPA](#).

A member who is performing a function within an HRT, which includes assessing and acting to prevent threats to life, health or safety because of DFV, and reasonably believes:

- (i) a person fears or is experiencing DFV; and
- (ii) sharing information may help reduce or prevent a serious threat to life, health or safety because of DFV,

may give, receive or use information in relation to a person in accordance with [Part 5A, Division 2 of the DFVPA](#).

ORDER

Members receiving information pursuant to [Part 5A of the DFVPA](#) are to use the information to:

- (i) assess whether there is a serious threat to the life, health or safety of people because of DFV;
- (ii) respond to serious threats to the life, health or safety of people because of DFV; and
- (iii) refer people who fear, experience or commit DFV to specialist DFV service providers.

Where an officer receives information pursuant to [Part 5A of the DFVPA](#), the officer:

- (i) may use the information to perform the officer's functions as a police officer; and
- (ii) is not to use the information for an investigation or as evidence against a person for an offence, unless:
 - (a) the officer, or another officer, has consulted with the entity which provided the information; and
 - (b) after consultation with the entity, the officer has considered whether use of the information for that purpose would be in the best interests of the person experiencing DV.

Where an officer uses the information for an investigation, the officer is to comply with [s. 9.4.2: 'Investigating domestic violence \(initial action\)' of this chapter](#).

Responsibilities of district officers

District officers should appoint an officer of the rank of senior sergeant or above to assist the HRT to:

- (i) carry out its functions and duties within the district; and
- (ii) manage and fill temporary HRT vacancies.

This may be the OIC of the district Domestic, Family Violence and Vulnerable Persons Unit (DFV&VPU).

Responsibilities of DFV&VPU officers and Domestic & Family Violence Coordinators (DFVC)

Where a DFV&VPU officer or a DFVC identifies a matter may be appropriate for referral to the HRT, the officer is to:

- (i) work collaboratively with the QPS HRT to determine if referral to the HRT is the appropriate risk management response; and
- (ii) where it is appropriate to refer the matter to the HRT, assign a task to the relevant QPS HRT org unit within the relevant QPRIME occurrence.

ORDER

Where a VPU officer or a DFVC identifies a matter involves an allegation of choking, suffocation or strangulation, the officer is to assign a task to the relevant QPS HRT org unit to request the matter be considered for referral to the HRT.

Responsibilities of QPS HRT senior project officers

Service referral to HRT

Where a VPU officer or a DFVC refers a matter to the QPS HRT, the senior project officer is to ensure:

- (i) any QPRIME tasks are reviewed and actioned as soon as reasonably practicable;
- (ii) a QPRIME Case management occurrence is created or updated;
- (iii) the [HRT Consideration Checklist](#) and Level 2 risk assessment and safety plan are completed and uploaded to the relevant QPRIME case management occurrence;
- (iv) a final assessment and determination whether the matter is appropriate for referral is made;
- (v) where a determination is made:
 - (a) to refer the matter to the HRT, the referral and level 2 risk assessment are uploaded in the case management system; or
 - (b) not to refer the matter to the HRT, detailed reasons are recorded in the relevant QPRIME occurrence;
- (vi) subject persons' addresses and flags are updated in QPRIME; and
- (vii) a QPRIME task is assigned to the referring VPU or DFVC advising of the QPS HRT assessment and determination.

See the [QPS referral into High Risk Team flowchart](#).

External referral to HRT

Where a matter has been referred to the multi-agency HRT by another prescribed government or non-government agency, and accepted by the HRT co-ordinator, the senior project officer is to ensure:

- (i) a QPRIME Case management occurrence is created or updated as soon as reasonably practicable;
- (ii) subject persons' addresses and flags are updated in QPRIME;
- (iii) a Request for Information is completed within the required timeframe and uploaded to the case management system; and
- (iv) a QPRIME FYI task is sent to the relevant VPU or DFVC.

See the [Non-QPS referral into High Risk Team flowchart](#).

Case management of HRT matters

The senior project officer is responsible for the ongoing QPS management of HRT matters and is to ensure:

- (i) all relevant information is uploaded onto the case management system;
- (ii) a member(s) performing HRT duties (preferably the senior project officer and a police officer) attends each multi-agency HRT meeting;
- (iii) a meeting summary is noted in the relevant Intelligence Enquiry Log (IEL) for each matter reviewed during the meeting with appropriate information caveats;
- (iv) any QPS action items are tasked and actioned; and

(iv) the outcome of any QPS action items is uploaded onto the case management system.

See the [Ongoing case management of High Risk Team referral flowchart](#).

Closure of HRT matters

Where the multi-agency HRT decides all strategies have been completed, assistance has been provided and the matter is closed, the senior project officer is to ensure:

- (i) the relevant IEL is updated, adding any additional case notes and noting the matter is now closed;
- (ii) the matter is reviewed 3 months after the decision to close;
- (iii) a QPRIME task is sent to the relevant VPU or DFVC; and
- (iv) local protocols are followed to close the QPRIME Case management occurrence.

See the [Case Closure and monitoring of HRT referral flowchart](#).