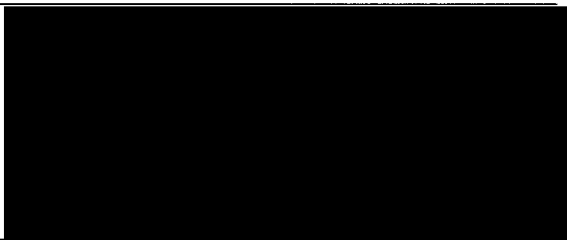


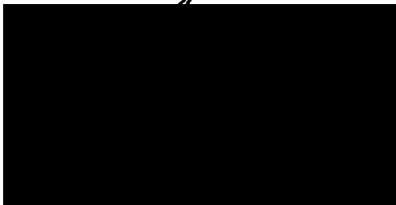
**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

ATTACHMENT SW-1 TO STATEMENT OF SCOTT JAMES WIDMER

Date of document: 21 July 2015
Filed on behalf of: State of Victoria
Prepared by:
Victorian Government Solicitor's Office
Level 33
80 Collins Street
Melbourne VIC 3000



This is the attachment marked '**SW-1**' produced and shown to **SCOTT JAMES WIDMER** at the time of signing his Statement on 21 July 2015.



Before me:



**An Australian Legal Practitioner within
the meaning of the Legal Profession Uniform Law (Victoria)**

Family violence

RISK ASSESSMENT AND RISK MANAGEMENT

Supporting an integrated family violence service system

Minister's message

The Victorian Government believes that everyone has a right to feel safe within their family.

The effects of family violence in the home are devastating. It harms one in five women, is associated with half the child protection cases and occurs disproportionately in our Indigenous communities. Family violence is never acceptable and the social and financial cost on individuals, families and communities is one we cannot afford.

How we respond to family violence, when reported, can either assist or expose the victims.

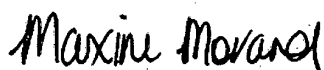
We know the best results come from everyone working together in a coordinated and integrated way.

That is why the Victorian Government introduced a new approach. This *Risk Assessment and Risk Management Framework* is part of the Victorian Government's *A Fairer Victoria* initiative of \$35.1 million over four years to improve responses to family violence.

Through risk assessment and management we are addressing the violence and increasing the safety within families. We are encouraging victims to report violence, we are using evidenced based risk factors to measure violence, and we are providing a specialist response, so that experienced workers can work with women, children and men to reduce risk and increase safety.

On behalf of my colleagues Ministers Richard Wynne, Bob Cameron, Lisa Neville and Attorney-General Rob Hulls, who share responsibility with me for family violence reform, I wish to thank the 500 Victorians and the government and community working group which provided advice on this project.

Everyone is being asked to be more aware of family violence and link up with the family violence service system. There is important information in this guide for people who work with families and I encourage you to use this framework to help reduce the incidence of family violence and improve the safety of all victims.



Maxine Morand
Minister for Women's Affairs

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Published by Family Violence Coordination Unit
Department for Victorian Communities
1 Spring Street Melbourne Victoria 3000
Telephone (03) 9208 3121
July 2007
Also published online at www.women.vic.gov.au

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Authorised by The Department for Victorian Communities
Designed by the Designery
ISBN 978-1-921331-06-0

Introduction

Family violence is complex. It can occur in a number of circumstances and in a range of 'family' settings and can take the form of abuse of the elderly, sibling abuse, violence between same-sex couples, adolescent children being violent towards parents, carers being violent towards people with a disability, or female to male partner violence. In the overwhelming majority of cases, however, family violence is perpetrated by males against their female partners. Children can be harmed by violence whether they are targeted or witness it. In fact, 52 per cent of cases in which child abuse is substantiated involve exposure to family violence.

The definition of 'family' also depends on the specific culture of the community to which the victim belongs. In Aboriginal communities, for example, 'family' encompasses extended family, kinship networks and communities.

The identification of family violence as a public issue rather than a private one has resulted in significant changes to the way services respond to the problem. Because it is now widely recognised that family violence is a significant socio-economic and health issue, important reforms to family violence service delivery have occurred.

The need for a common approach to assessing risk

The growing worldwide trend towards an integrated family violence service system has seen a shift towards the development of 'common' standards and practices among service providers. One of the aims of an integrated system is to ensure clients receive consistent attention right across the full range of services, including specialist family violence service providers, the police and the courts, and mainstream service providers.

Adopting a consistent approach for assessing and managing family violence throughout the service system ensures the focus of intervention and support remains on the safety of the victims. It also ensures all professionals involved in identifying and responding to family violence are approaching their clients' safety and needs consistently, and that victims receive a response that is respectful, informed, holistic and understanding, regardless of their background or an organisation's culture.

Developing an integrated family violence service system

The Victorian Government has recognised the need for an integrated family violence service system for some time, evidenced by a growing raft of policy initiatives and funding. An important step forward in 2002 was the establishment of the State-wide Steering Committee to Reduce Family Violence whose task was to provide advice on the development of a multi-agency and integrated response to family violence.

In light of one of the committee's key recommendations – that a risk assessment and risk management framework be developed for use across the whole family violence service system – the Victorian Government commissioned KPMG to undertake this task. An extensive consultation process was undertaken to determine the viability of such a framework. After consultation with more than 500 members of family violence service providers, and with staff from the Magistrates' Courts, community legal services, Victoria Police and the allied services sector, a draft framework

was developed, piloted and evaluated in two Department of Human Services regions – North & West Metropolitan Region and Hume Region. Both pilots involved the police, the courts, and mainstream and family violence service providers.

KPMG's comprehensive report on all evidence emerging from the consultations, pilots and evaluations has informed the development of this working manual.

These background reports on the Risk Assessment and Risk Management Project, and information about the new approach to family violence in Victoria can be found on the website www.women.vic.gov.au

The needs of Aboriginal families and communities

In Victoria, there has been an historic lack of culturally sensitive responses to the needs of Aboriginal families and their communities. All work with this community needs to be informed by an understanding of past injustices.

The current welfare context for Aboriginal families in Victoria is characterised by:

- higher Child Protection substantiation rates in relation to family violence
- Aboriginal people (mainly women) are eight times more likely to experience family violence non-Aboriginal people
- under use of welfare or family services, and
- a lack of cultural responsiveness from mainstream services

This framework aims to reflect an understanding of the issues affecting Aboriginal families and communities and their engagement with culturally competent family violence and mainstream support services.

Terminology

While it is acknowledged that both women and men can be perpetrators and/or victims of family violence, statistics and research overwhelmingly indicate that the majority of incidents are perpetrated by men against women and children. Because family violence primarily occurs between intimate partners and is usually perpetrated by men towards women and children, the terms 'victim' and 'perpetrator' are used throughout the framework and practice guides to refer to women and children, and men respectively. It is important, however, for readers and users of this manual to substitute these terms with terms that are otherwise personally or organisationally more appropriate.

The risk assessment process must be holistic and take into account the safety and needs of all family members. The victim cannot be viewed in isolation from other members of the household, and children must be considered as victims and assessed and responded to accordingly. Where the framework identifies 'victim and her children', this is intended to highlight the safety needs of children in the context of family violence risk assessment.

For more detailed information regarding strategies in working with children, risk and protective factors, and the child and family system, please refer to www.dhs.vic.gov.au/everychildeverychance

Using this framework

This common risk assessment and risk management framework has been developed to better identify and respond to family violence. It is designed to support women and children who are victims of family violence, with broad consideration given to other forms of family violence.

This framework has been developed for a range of professionals including family violence service providers, the police and the courts, all of which are key elements of an integrated family violence service system. It is also relevant to professionals who work in mainstream services who may encounter and work with people who experience family violence. The framework will help these professionals make appropriate referrals if family violence is detected or suspected.

The framework comprises six components to effectively identify (risk assessment) and respond (risk management) to victims of family violence:

1. **a shared understanding of risk and family violence across all service providers**
2. **a standardised approach to assessing risk**
3. **appropriate referral pathways and information sharing**
4. **risk management strategies that include ongoing assessment and case management**
5. **consistent data collection and analysis to ensure the system is able to respond to changing priorities, and**
6. **quality assurance strategies and measures that underpin a philosophy of continuous improvement.**

To ensure service delivery is consistent across the family violence service system, regardless of the instance of family violence and the entry point into the system, three accompanying practice guides have been developed.

The risk assessments outlined in all practice guides of this framework combine three elements to determine the level of risk:

- the victim's own assessment of their level of risk
- evidence-based risk indicators, and
- the practitioner's professional judgement.

The terms 'victim' and 'perpetrator' used throughout describe the person who experiences violence or the survivor of violence (usually women and children), and the person who uses violence (usually men), respectively. Violence occurring between other family members must be assessed on a case-by-case basis and secondary consultation should be sought from an organisation with appropriate expertise.

The risk assessment process must be holistic and take into account the safety and needs of all family members. The victim cannot be viewed in isolation from other members of the household, and where children are present, the assessment process must consider them to be victims and respond accordingly.

Perpetrators of family violence must also be considered in the assessment process, and their relationships with the victims must be central to the assessment and safety response. It is particularly important for victims to have their relationship with the perpetrator acknowledged and understood.

Communication must demonstrate collaboration, respect, acceptance of diversity, and be strengths-based and rights focused. Assessments should naturally conclude with the development of risk management plans that are collaborative and place the victim at the centre of an integrated response.

How to use this framework

The Risk Assessment and Risk Management Framework

1. Practice guide No. 1: *Identifying family violence*

To assist mainstream professionals who may encounter people they believe to be victims of family violence. This guide provides a consistent set of possible indicators of family violence and clear advice on how to identify family violence, including a set of questions that should be asked. Mainstream professionals may include:

- > maternal and child health nurses
- > general practitioners
- > teachers, and
- > other health care providers.

2. Practice guide No. 2: *Preliminary assessment*

To assist professionals who work with victims of family violence but for whom it is not their only core business, including:

- > police and court staff
- > members of community legal centres
- > members of community health centres, and
- > disability and housing services workers.

Should only be used when family violence situation has been established.

3. Practice guide No. 3: *Comprehensive assessment*

To assist specialist family violence professionals working with women and children who are victims of family violence. Comprehensive assessment requires enhanced client engagement skills and detailed safety planning and case management responses. Such professionals will generally be qualified in:

- > welfare
- > social work
- > psychology
- > counselling or family therapy, or
- > have significant experience in the family violence field including expertise in conducting complex assessments.

Should only be used when family violence situation has been established.

Services delivering family violence support to women and children who are victims of family violence should adopt a rights-based approach that demonstrates:

- > respect
- > non-judgemental communication
- > culturally informed and sensitive practice
- > informing victims of their options
- > service delivery accountability, and
- > promotion of social justice.

Using this framework

Components of an integrated service system

The risk assessment and risk management framework will be used by a range of service providers.

As demonstrated in Figure 1, the integrated family violence system comprises specialist family violence services, legal and statutory services and mainstream services.

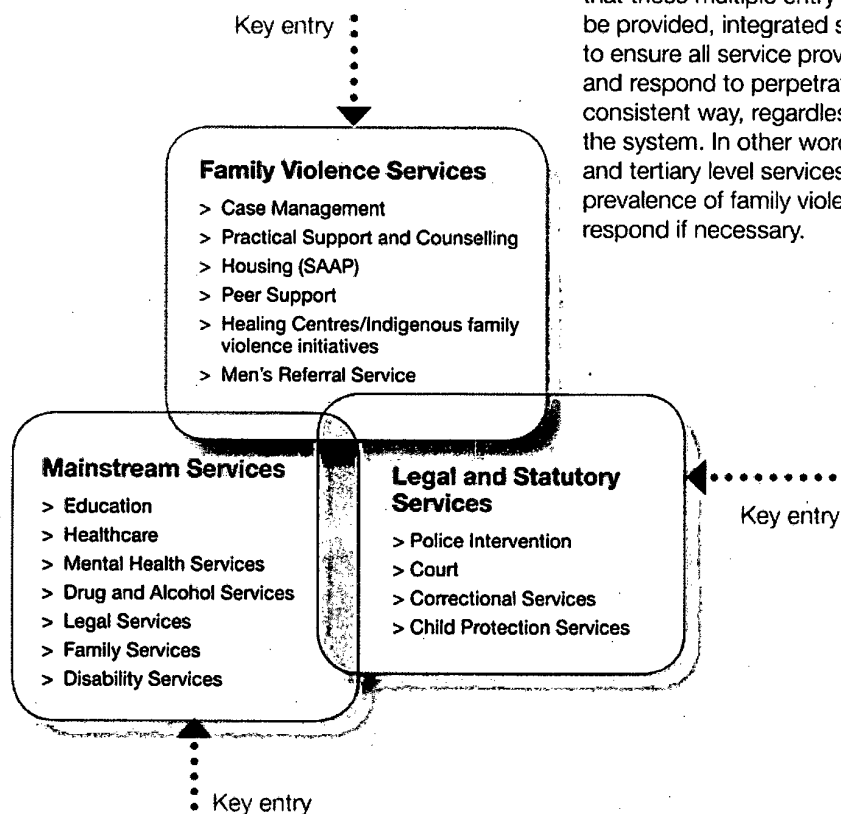
Entry points to the family violence service system

Victims of family violence can enter the family violence system at a number of points, including:

- through family violence services, which includes case management, practical support and counselling, social/public housing, peer support, Indigenous Healing Services, and behaviour change programs
- through legal and statutory services, which includes the police, court and correctional services, and child protection services, and
- through mainstream services, which includes education, healthcare and mental health services, and family and legal services.

These multiple access points create an artificial division between the sectors involved in providing family violence services, which has resulted in inconsistent initial assessments and subsequent responses to clients. While it is important that these multiple entry points continue to be provided, integrated service delivery aims to ensure all service providers assess victims and respond to perpetrators in a coherent and consistent way, regardless of where they enter the system. In other words, universal, secondary and tertiary level services must be aware of the prevalence of family violence and be prepared to respond if necessary.

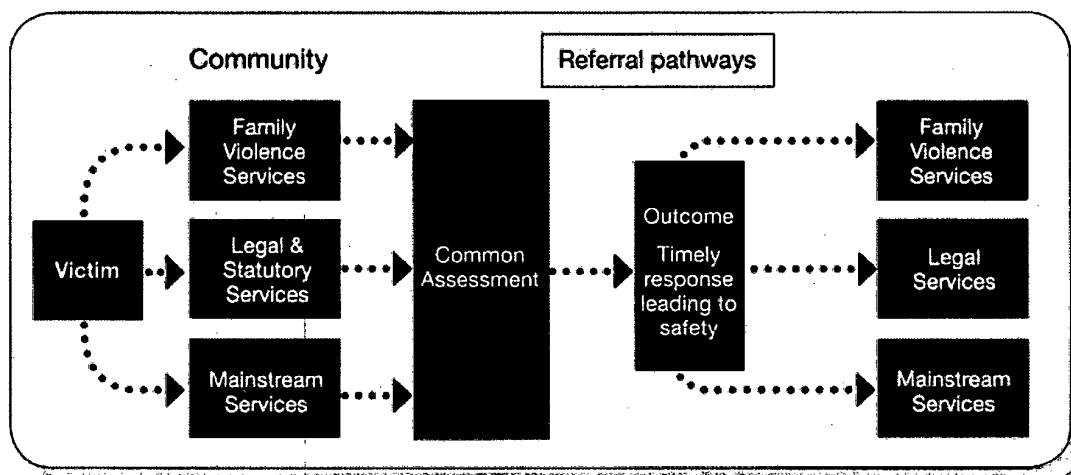
Figure 1: Entry points to the integrated family violence service system



The risk assessment and risk management framework will be used by range of service providers, including:

- those whose core business it is to work with women and children who are victims of family violence
- services that work with any other person who is a victim of family violence
- services that respond to, and work with, perpetrators of family violence, and
- other health and welfare professionals who encounter victims through the course of their client contact. Such professionals will assess the presence of family violence and make appropriate referrals to ensure that victims are safe and receive the specialist support they need.

Figure 2: The client's journey through an integrated service system



Using this framework

Specialist family violence services

Because specialist family violence services are most likely to have contact with women and children who are victims of family violence at points of crisis, they need to quickly and effectively assess the level of risk to secure the safety of these women and children. Specialist services are also likely to be responsible for ongoing case management for victims of family violence and therefore need to understand the wider service delivery system and the available response options.

The Department of Human Services funds a range of services including health, housing and community services through the Office for Children and its Housing and Community Building Division. The Housing and Community Building Division funds 68 community services providing information and referral, outreach services and crisis accommodation to women experiencing family violence. The Office for Children funds 73 services to provide after hours support, counselling for women and children, a men's referral service and behaviour change groups, and Aboriginal family violence services.

Most family violence funding distributed through the Department of Human Services is managed through the Supported Accommodation Assistance Program (SAAP) and includes:

- 24-hour statewide telephone crisis service
- local after hours outreach services
- outreach services
- crisis accommodation support services
- linkages to the private rental market
- Indigenous services, and
- culturally and linguistically diverse support services.

The Office for Children also funds a range of services targeting family violence, including:

- counselling and support for women and children
- a statewide Men's Referral Service
- men's behaviour change programs, and
- Indigenous family violence services including Healing and Time-out services

Legal and statutory services

Police

Victorian police currently use a risk assessment tool as an integral part of the Victoria Police Code of Practice. The *Code of Practice for the Investigation of Family Violence* provides members with specific guidance for responding to reports of family violence. The definition used in the Code is consistent with the common definition of family violence and encompasses non-criminal abuse including coercive or controlling behaviours and any behaviour that may cause a person to live in fear, to suffer emotional and psychological torment, financial deprivation or social isolation:

When responding to family violence, police have three options:

1. **Referral – the referral of women and/or children to a family violence service, or to child protection**
2. **Criminal – arresting the offender and laying charges for criminal offences, and**
3. **Civil – seeking an Intervention Order on behalf of the aggrieved family member(s).**

An integral part of the Police Code of Practice is a risk assessment process for police to use when responding to incidents of family violence. The *Family Violence Risk Assessment and Management Report* (the L17) used by Police requires police to:

- treat every report of family violence as genuine and respond and act on all reports, regardless of where the reports have originated
- assess the immediate risks and threats to victims and manage each incident
- assess the level of future protection required for victims
- place strong emphasis on the fact that diverse communities and some incidents may require a different approach
- record all incidents of family violence to allow identification of recidivist offenders, monitoring of all trends and identification of persons at risk, and
- make referrals to family violence services and notify child protection agencies (if children are involved).

Courts

Two forms of specialisation relating to family violence exist within the Magistrates' Courts of Victoria. These are:

- The Family Violence Court Division (located at Ballarat and Heidelberg), and
- The Specialist Family Violence Service (located at Melbourne, Frankston, and Sunshine with a circuit to Werribee).

The remainder of the Magistrates Courts accommodate the family violence matters that come before them in a variety of different ways, but they do not currently have specialist resources nor do they utilise specialist listing practices for family violence.

Court Registrars, located in all courts, can often be the first person to whom family violence is reported when women require an Intervention Order. There is a high correlation in the type of information required for an Intervention Order and a risk and safety assessment.

Applicant support workers are located in courts in the Family Violence Court Division and the Specialist Family Violence Service. These workers make safety assessments for victims of family violence and also provide advocacy, referral and linking services.

Family violence related issues may arise in other courts, incidental to the substance of those proceedings. Examples include the Children's Court and the Family Court.

For further information go to www.magistratescourt.vic.gov.au

Child Protection

The *Best Interests Principles of the Children, Youth and Families Act 2005* (Section 10), provide the legislative basis for services provided to children, young people and families. The *Best Interests Framework for Vulnerable Children and Youth* creates a shared understanding, a common language and a consistent approach to assessment, planning and action.

All interventions with children and families across the child and family services sector (which includes Child Protection, Out-of-Home care and Family Services) will be guided by the Best Interests Framework. A *Best Interests Case Practice Model* has been developed to support consistent application of the framework across the child and family services sector.

Child Protection practice is currently guided by the Best Interest Case Practice Model, which incorporates assessment, planning and casework. This model is used to assess the likelihood of harm occurring to children and young people by detailing the characteristics of the child and its parents, and the nature of the incident or abuse. Practice guidance for assessing children at risk of family violence also provides prompts and issues for consideration.

For further information go to www.dhs.vic.gov.au/everychildeverychance

Using this framework

Mainstream services

Family services

The *Family Services Strategic Framework*, launched in April 2007, describes an approach to responding to vulnerable and at risk children, young people and their families that includes the delivery of a network of coordinated community based services. Characteristics of these networks include the capacity for assessing the needs of children and young people to determine an appropriate service response, working with resistant and hard-to-engage families and focusing on working with parents to address children's needs.

The framework is consistent with the *Child Wellbeing and Safety Act* and the *Children, Youth and Families Act 2005* that both came into effect in April 2007.

Child FIRST (Child and Family Information, Referral and Support Teams) are being incrementally introduced state-wide as the community based intake point for these sub-regional catchments. Child and Family Services Alliances, consisting of all family services agencies in the catchment, are responsible for ensuring consistent standards of intake and assessment and implementing timely and effective referral pathways between services.

Over time the introduction of Child FIRST will ensure a clearer, better defined process for moving through the phases of prioritisation, assessment, referral and service provision for vulnerable children, young people and families.

Other mainstream services

There is no consistent approach to family violence risk identification or assessment across mainstream services, and the extent to which any form of assessment takes place is unknown.

Adopting a consistent risk approach across mainstream services will depend on the qualifications, experience and expertise of its professionals. General practitioners, schools and maternal and child health nurses, for example, may feel able to use the framework and trigger questions in the *Identifying family violence* practice guide to help them identify the presence of family violence and make a referral to a specialist statutory or family violence service. Other professionals within the mainstream system such as community legal services, social workers or psychologists employed within hospitals or community services may use this framework and either the *Preliminary assessment* or *Comprehensive assessment* practice guides to ensure a victim's safety and wellbeing.

Mainstream service providers who are capable of undertaking both the identifying family violence assessment and the preliminary and/or comprehensive assessment will need to determine which is the most appropriate guide to use in a particular circumstance. The preliminary and comprehensive assessment guides should only be used when a family violence situation has been established. Therefore, the identifying family violence assessment may first need to be undertaken to determine the presence of family violence and be followed by either of the other two assessments if family violence is disclosed.

Risk assessment

Risk assessment has its roots in science and industry, where it helps to predict the likelihood of accidents and breakdowns in large and complex systems. In the health and human services sector, risk assessment is often used in epidemiology and medicine to identify public health risks and factors associated with future illness. It is widely used in the criminal justice and mental health systems, where the need to determine the likelihood of re-offence or future violence is great. Risk assessment is also used systematically in the child protection field to determine the likelihood and consequence of harm occurring to the child and to guide the intervention provided.

The human services field develops risk assessment tools via:

- the clinical approach, historically the most common approach involving the use of professional opinion or judgement in determining risk. The professional has complete discretion over which information is considered and there are no constraints on the information that can be used to reach a decision
- the actuarial approach, which integrates statistical evidence into assessment. The tools used involve scales or matrices developed on retrospective evidence-based analysis of factors associated with the outcome of interest (for example, episodes of violence). When all factors in the risk assessment instrument are complete, the individual's level of risk can be determined, and
- the structured professional judgement approach, also known as structured decision making, in which clinical and actuarial approaches are used in combination, and where the emphasis is on developing evidence-based frameworks that promote consistency, yet are flexible enough to take account of case-specific situations and contexts.

Risk assessment involves risk identification, risk analysis and risk evaluation. Risk identification determines what, where, when, why and how something could happen; risk analysis attempts to understand the nature of a risk, and determine the resultant level of that risk; and risk evaluation compares the level of risk against criteria that determine the significance of the risk.

Risk assessment in family violence

Effective risk assessment in terms of family violence relies on the assessor:

- having the knowledge and ability to effectively undertake the assessment
- having a sound understanding of the theory of risk generally and of the specific risk indicators inherent in family violence, and
- acknowledging that victims are often better predictors of their own level of risk than any risk assessment tool yet developed.

Risk assessment in family violence is a relatively new field. The increasing public awareness of family violence as a crime, together with policy and legislative changes that reflect this community attitude, has seen organisations providing family violence services increasingly expressing the need for standardised assessment processes and tools.

Most family violence practitioners in Australia and overseas currently assess risk clinically, relying on their experience and intuition. They may also use an information gathering or intake tool developed in-house. While such tools may not have been validated, many practitioners have participated in risk assessment and management-related training. In Victoria, for example, the Domestic Violence and Incest Resource Centre has developed and provided important training in this area.

Several variables consistently emerge in terms of ongoing family violence, including:

- the perpetrator's age
- the severity and duration of prior violence
- the perpetrator's history of arrest and incarceration
- violence in the perpetrator's family of origin
- the perpetrator's drug and alcohol abuse
- the perpetrator's hostility levels, and
- unemployment.

Most risk indicator lists include the following:

- perpetrator history of violent behaviour both within and outside of the household
- perpetrator history of physical, sexual or emotional abuse toward intimate partners
- perpetrator access to lethal weapons
- presence of behaviours in perpetrators that are disruptive of normal standards of social behaviour and affiliation with peers with similar behaviours
- relationship instability, especially recent separation or divorce
- presence of other life stressors for perpetrator such as unemployment or recent loss
- perpetrator history of witnessing or being the victim of family violence as a child
- evidence of mental health problems or personality disorder in perpetrator
- perpetrator resistance to change and lack of motivation for treatment, and
- attitude of perpetrator that supports violence towards women.

A number of risk assessment frameworks for delivering family violence services have been developed throughout the world, with most focusing on a swift and effective justice response for the perpetrator. Many tools have also been developed to assess risk in cases of family violence, with most intended for use in male to female intimate partner violence. Few validated tools (if any) are designed to assess female to male, male to male, or female to female family violence. Tools such as the Victoria Police Family Violence Risk Assessment, which is designed to assess male to female violence, can be used to assess these forms of family violence. Other tools developed also aim to assess elder abuse.

Some jurisdictions have recently developed screening tools for identifying family violence. These tools are usually very simple and fast to use and require only a 'yes' or 'no' answer to very few questions. They are specifically designed to identify the presence of family violence and do not measure risk. Guidelines accompanying these tools provide referral and action options for health care staff to take in cases where the tool indicates family violence may be occurring. The development of these tools, however, often occurs in isolation and without reference to the wider family violence sector.

Risk assessment

Elements of an effective family violence risk assessment framework

Any risk assessment tool must be administered within a framework that has underpinning principles, involves a common understanding and common approach, and contains guidance in relation to service delivery.

Regardless of the tool used to assess risk of future family violence, the policies and protocols that accompany the tool are as important, if not more so.

Any sector using a framework approach to risk assessment needs to agree on:

- the purpose of risk assessment
- the amount of time that is reasonable to spend doing an assessment
- what is said to the victim to encourage his or her participation in the assessment
- what is said to the victim regarding use of information
- the limits and promises of confidentiality in terms of information
- who conducts the risk assessment, that is, first responders, advocates or other professionals
- the credentials and training required for people conducting the risk assessment
- what will happen to the information
- what will be communicated to victims and what directions or advice will accompany that communication
- what is to be communicated to the more formal system, that is, what information (and in what form) is appropriate for court proceedings, probation or correction departments, and advocates, and
- where the assessment will be stored and who will have access to it.

Any assessment of risk to victims of family violence must be structured and informed by:

- the woman's own assessment of her safety and risk levels
- a sound evidence base, which identifies factors that indicate an increased risk of re-occurrence of family violence, and
- the professional judgement of the person making the assessment, which takes into account the above and includes all other information known about the victim and their situation.

While there is no scientific or completely accurate method of assessing risk to victims of family violence, it is known that a structured professional judgement approach to assessing such risk is more accurate than relying on clinical judgement alone.

The framework

This common risk assessment and risk management framework has been developed to better identify and respond to family violence. It is designed to support women and children who are victims of family violence, with broad consideration given to other forms of family violence.

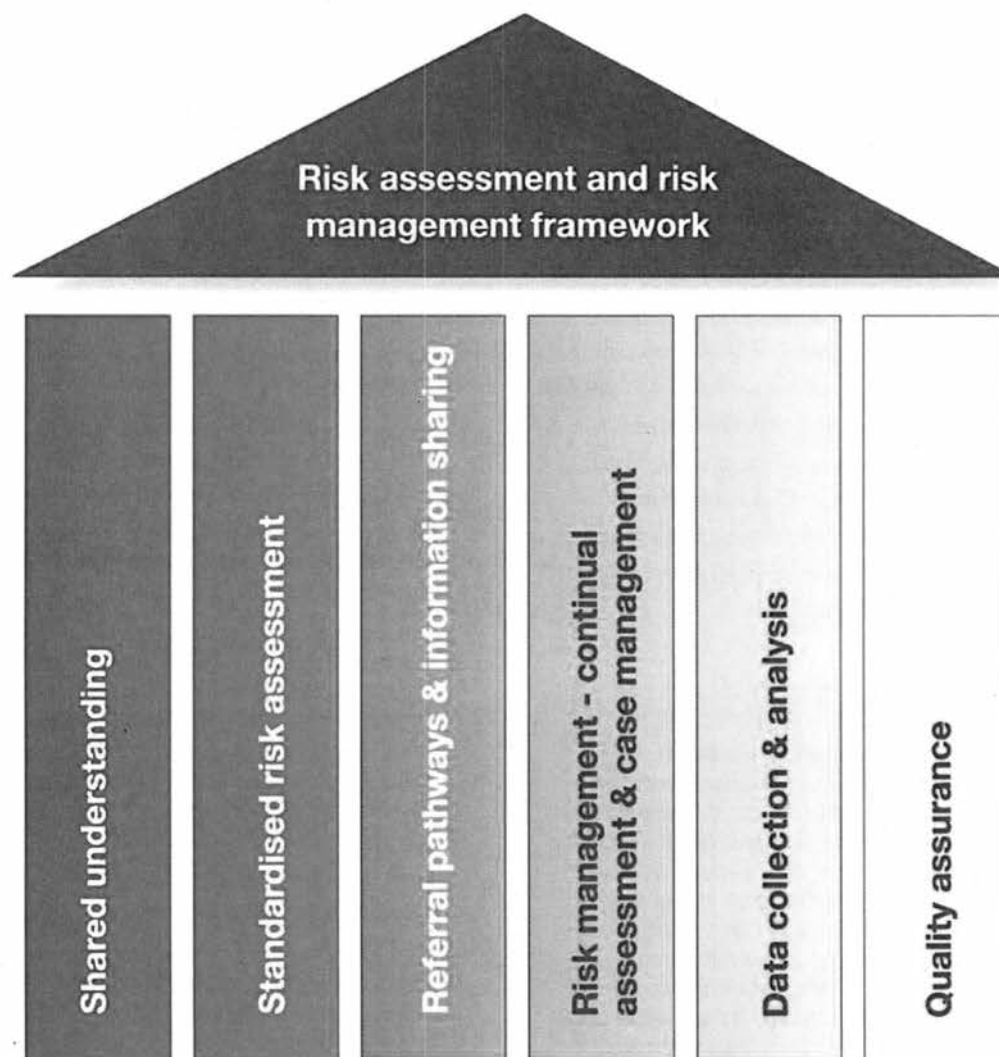
This framework has been developed for a range of professionals including family violence service providers, the police and the courts, all of which are key elements of an integrated family violence service system. It is also relevant to professionals who work in mainstream services who may encounter and work with people who experience family violence. The framework will help these professionals make appropriate referrals if family violence is detected or suspected.

A framework that incorporates a common language, risk assessment, risk management, data collection methods and quality assurance processes, and which focuses on the rights, needs and safety of victims, will significantly increase the ability of the service system to respond in an integrated and coordinated way. Such a framework must also focus on the needs of victims from Aboriginal and other culturally and linguistically diverse backgrounds and other vulnerable groups.

A common set of principles underpin the family violence risk assessment and risk management framework:

- family violence is a fundamental violation of human rights and is unacceptable in any form
- physical or sexual violence within the family is a crime that warrants a strong and effective justice response
- responses to family violence must recognise and address the power imbalance and gender inequality between those using violence (predominantly men) and those experiencing violence (predominantly women and children)
- the safety of women and children who have experienced or are experiencing family violence is paramount in any response
- men who use violence should be held accountable and challenged to take responsibility for their actions
- because family violence affects the entire community and occurs right across society regardless of location, socio-economic and health status, age, culture, gender, sexual identity, ability, ethnicity or religion, responses must take into account the needs and experiences of people from diverse backgrounds and communities
- family violence is not acceptable in any community or culture
- responses to family violence can be improved where they are integrated and designed to enhance the safety of women and children
- because the whole community is responsible for preventing family violence, there needs to be community-wide understanding that family violence is unacceptable
- preventing family violence requires community attitudes and behaviour to change, an early response to people at risk, and improved responses to women and children who experience violence and to the men who perpetrate it, and
- responses to family violence can be improved by better recognition and greater coordination of services that meet the independent rights and needs of the child.

Figure 3: The risk assessment and risk management framework



The framework consists of six key components:

1. a shared understanding of risk and family violence across all service providers
2. a standardised approach to recognising and assessing risk
3. appropriate referral pathways and information sharing
4. risk management strategies that include ongoing assessment and case management
5. consistent data collection and analysis to ensure the system is able to respond to changing priorities, and
6. quality assurance strategies and measures that underpin a philosophy of continuous improvement.

The framework

Component I: A shared understanding of risk and family violence across all service providers

An integrated service response depends on all agencies 'speaking' a common language in terms of risk assessment and family violence and having a common understanding of the issues underpinning family violence.

Not only is it vital that fundamental principles relating to violence are accepted and understood; a common understanding of other basic issues about family violence is also important. This includes clarity about:

- what constitutes family violence
- the effects of family violence
- factors affecting the likelihood and severity of family violence
- what constitutes risk and what elements should be considered when assessing family violence
- the barriers to effective risk assessment and risk management, and
- the requirements of vulnerable groups.

The following information compliments existing policy and practice documents, including the *Domestic Violence Victoria Code of Practice*, the *Men's Behaviour Change Group Work Manual for Quality Practice* developed by 'No to Violence' and the *Victoria Police Code of Practice for the Investigation of Family Violence*.

What constitutes family violence

Family violence includes violent behaviour that is repeated, controlling, threatening and coercive and that occurs between people who have had, or are having, an intimate relationship. In most cases, the violent behaviour is part of a range of tactics used by men to exercise power and control over women and children and can be both criminal and non-criminal. Family violence therefore includes physical assaults and a range of tactics including intimidation, direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and any other behaviour that causes a person to live in fear.

In a small number of cases, family violence can be broader than violence from a male to his intimate female partner. Violence can occur from females to males in intimate relationships, between same-sex couples, between siblings, from adolescent children to parents, from adult children to parents, or from carers to people with a disability.

Adolescent violence against parents includes any physical, emotional, psychological or financial act that makes the victim (the parent) feel threatened, intimidated or controlled. While little research on the type and magnitude of the adolescent violence problem has been undertaken, available data suggests that adolescent violence is more common in single parent families, and that boys are more likely to be physically abusive, while girls are more likely to be emotionally or psychologically abusive. Many of these adolescents have been victims of violence or have witnessed violence between their parents.

Elder abuse is any behaviour that causes physical, psychological, or financial harm to an older person. Elder abuse occurs in the context of a relationship of trust between the older person and the abuser, and when not perpetrated by the victim's partner or carer, is most commonly perpetrated by the victim's adult children.

Men can also be the victims of family violence, but this is uncommon and requires careful intervention. While men may present as 'victims' of family violence, there are no formal referral pathways for them. Professionals working with men who advise they are victims of family violence should seek advice and support from an organisation experienced in working with men, for example, the Men's Referral Service.

Men who are abused by women face barriers to seeking treatment due to shame in admitting that they are not 'manly'. Gay men who are abused by their partners can suffer additional forms of family violence not evident in heterosexual couples, such as threats of 'outing' their sexual orientation or revealing their HIV status. Homophobia within the general population, and internal homophobia – the way gay people internalise community homophobia – are natural barriers to gay men seeking assistance from community organisations specialising in family violence. When working with victims of violence from same-sex relationships, secondary consultation with an organisation such as the Victorian Aids Council should occur.

The Aboriginal definition of family violence extends to include physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuse and can occur within families, intimate relationships, extended families, kinship networks and communities.

Other culturally and linguistically diverse communities within Australia may also have their own definitions of and mechanisms for dealing with family violence. For example, some people may come from countries where family violence is accepted by authorities or not considered a crime.

People with a disability may also experience family violence, not only from family members, but from a paid or volunteer carer.

All victims of family violence need to have their relationship with the perpetrator acknowledged and understood. Seeking to understand the victim in isolation of the context of the relationship with the perpetrator places the victim in a situation where they may feel misunderstood and ashamed of their continuing attachment and relationship with a person who is, usually, very significant in their life.

Every victim's experience of family violence is unique and each needs to be understood within their own context. Understanding the relationships between victims and perpetrators is crucial to the development of true empathy between the professional and their client. Gaining a true understanding of all of the elements that a woman is struggling to integrate and make sense of will help professionals support her in the development of a risk management plan that is realistic and designed to address her and her children's needs.

The effects of family violence

Family violence has some direct costs for the broader community, including expenditure on counselling, medical treatment, police services, housing, child protection and social services. It has also been found to be the greatest contributor to ill health and premature death in women under the age of 45 years. Organisations providing services to victims of family violence must, therefore, understand the effect violence has on the individual and appreciate that children living in a household where there is family violence will suffer harm.

Direct effects of family violence on women can include physical injuries, disability, miscarriage, sexually transmitted diseases and homicide. Less direct physical health outcomes are also common and include headaches, irritable bowel syndrome and self-harming behaviour such as substance abuse or unprotected sex. The mental health consequences of family violence can include depression, fear, anxiety, and low self-esteem, while other consequences include social isolation, financial debt, loss of freedom, and degradation and loss of dignity.

Women who experience family violence are also likely to experience a trauma response or be diagnosed with Post-Traumatic Stress Disorder. Symptoms include nightmares, flashbacks, emotional detachment, insomnia, avoidance of reminders and extreme distress when exposed to the reminders ('triggers'), irritability, hypervigilance (watching for anger or signs of violence), memory loss, excessive startle response, clinical depression and anxiety, and loss of appetite.

The framework

Mothers who are traumatised may be unable to provide for their own or their children's needs. They may also be too traumatised and victimised to make a realistic assessment of the risks and impact the violence is having on their children. Such women need support to help them understand the impact of family violence on their children.

The relationship between the parent who is a victim (usually the mother) and their children can also be affected by family violence. Because children are unable to make sense of the things that are happening to them and their mother in such situations, they are sometimes unable to trust that their mother will protect them if the impact of the violence on them remains unacknowledged. Mothers need assistance to help their children make sense of their negative experiences within the family home.

Exposure to family violence has long-term psychological, emotional and behavioural consequences for children and young people including anger, trauma, sadness, shame, guilt, confusion, helplessness and despair. Children do not need to be physically present when violence occurs to suffer negative consequences. Living in an environment where violence is the norm is extremely damaging to them, and it makes little difference whether or not they 'see' the violence.

Recent evidence indicates that ongoing exposure to traumatic events as a child, such as witnessing or being the victim of family violence, results in chronic overactivity of the body's stress response (the fight or flight response) and permanent changes to the brain's architecture, leading to behaviours such as hypervigilance and hyperactivity.

The impact of cumulative harm on children is now well documented. The Office for Children provides the following definition:

"Cumulative harm refers to an accumulation of risk factors. It recognises the existence of compounded experiences by way of multiple levels or 'layers' of neglect or maltreatment. By the time abuse/neglect is identified as having caused cumulative harm, its unremitting daily impact on the child is wide ranging, profound and exponential, covering multiple dimensions of child and family life, causing damage to the foundations of a child's sense of safety, security wellbeing and development, which can be irreversible".¹

Ongoing exposure to family violence will result in cumulative harm to children. Living in an environment where the cycle of violence occurs again and again forces children into a way of life where they are continually waiting for the cycle to propel towards the 'explosion', so that the tension in the atmosphere can be relieved. Infants, children and young people growing up in this kind of environment are unable to focus on developmental tasks appropriate to their age, instead developing maladaptive coping strategies.

¹ Robyn Miller (2006). *Cumulative harm: a conceptual overview*. Department of Human Services p.8.

Factors affecting the likelihood and severity of family violence

Violence is never caused by the victim and the choice to use violence always rests with the perpetrator. One of the fundamental principles underpinning this framework is that perpetrators should be held accountable for their use of violence and challenged to take responsibility for their actions.

Violence against women usually occurs because of a choice by their male partner and responsibility for that choice rests solely with the man who uses violence. This choice exists in a particular cultural and social context that includes a power imbalance between men and women.

In most cases, a complex interaction of multiple factors that co-exist with family violence can have an impact on the likelihood of violence occurring and may influence the severity of the violence, and include the following perpetrator characteristics:

- attitudes of acceptance of violence
- substance abuse (particularly alcohol)
- rigid gender roles
- unrealistic expectations of family members
- male pre-occupation with the female, and
- male pre-occupation with power and control.

Other factors that may influence the likelihood or severity of family violence include:

- interpersonal conflicts within the family
- actual or perceived physical or psychological vulnerability of victims by perpetrators
- social isolation
- ambiguous family roles
- unemployment, and
- other external stresses.

Certain characteristics may make victims more vulnerable to family violence, including:

- disabilities, which make the victim dependent on the carer or limit the victim's ability to understand what is happening to them, to seek support, or to communicate with others
- actual or perceived cognitive vulnerability – the person making the assessment may make assumptions about the victim's cognitive abilities based on their presentation
- reliance on the perpetrator financially, for a visa, or because of threats made (about children, or informing the police about illegal activity), and
- isolation, either geographical or social, which limits access to services.

From an Aboriginal perspective, the high prevalence of family violence is attributed to a number of factors, many of which relate to the impact of white settlement on their culture and include:

- dispossession of land and traditional culture
- breakdown of community kinship systems and Aboriginal lore
- racism and vilification
- economic exclusion and entrenched poverty
- alcohol and drug abuse
- the effects of institutionalism and child removal policies
- inherited grief and trauma, and
- the loss of traditional Aboriginal male roles, female roles and status.

Despite the co-occurrence of certain factors with family violence, none is causal. It must be recognised and accepted that family violence occurs in a diverse range of households across the entire Victorian community and remains largely undetected and unreported.

The framework

What constitutes risk and what elements should be considered when assessing family violence

Risk assessment is the process of identifying the presence of a risk factor and determining the likelihood of an adverse event occurring, the consequence of that event and the timing of when that event may occur. Understanding the relationship between likelihood, consequence and timing will promote structured decision making during risk assessment.

Barriers to effective risk assessment and risk management in incidents of family violence include:

- the lack of a standardised risk assessment approach
- difficulties in engaging victims
- insufficient documentation of risk
- professionals being unwilling to become involved or responsible for victims of abuse
- insufficient communication between agencies working with victims
- unclear pathways for victims between agencies
- lack of information sharing guidelines between agencies
- lack of understanding of the needs of diverse groups
- preconceived ideas about child protection or other legal interventions, and
- preconceived ideas about the causes of family violence.

Formal partnerships between family violence service providers are needed to plan for ways to overcome these barriers, whether through training, shared memoranda of understanding, or a commitment to communication and continuous service improvement. These partnerships should also consider using networks that already exist or that are being established at a local level such as the Primary Care Partnership networks and the Child and Family Services Alliances.

Particular women are more vulnerable than others to family violence due to their life circumstances. Women from diverse backgrounds, due to cultural identity or disability, for example, are more isolated than other women and experience limited access to support services. Active steps must be taken to improve every woman's access to services, regardless of her background, and the process of assessing risk must extend to promoting an awareness of women and children who are not engaged in the service system. All women provided with a service must be involved in the assessment process and in planning and decision making because women, regardless of ability, cultural background and age, are the best judges of their safety (in most cases). It is also important to acknowledge that women may be positioned across a number of diverse groups and no assumptions should be made.

Women who are in Australia on spousal visas, women with a disability who depend on their abuser for their care, and women who depend on their partner for their residency status and financial wellbeing are particularly vulnerable. Legal requirements, advocacy and disability support must, therefore, be understood, and while not all agencies will have this expertise, appropriate links with experts need to be established to ensure appropriate referral and case management.

Aboriginal communities

Aboriginal women experience significantly higher levels of family violence than non-Aboriginal women, with under-reporting of family violence being significant in Aboriginal communities. Aboriginal children are eleven times more likely than non-Aboriginal children to be the victims of substantiated child abuse.

Service responses to Aboriginal women and children need to be based on an understanding of these issues and incorporate appropriate consultations with Aboriginal organisations. Agencies working with Aboriginal clients must provide a holistic service that takes into account any clan or family arrangements that may be relevant to the assessment process. Importantly, Aboriginal women must always be offered the opportunity to choose the service they wish to engage with, whether that be an Aboriginal-specific or mainstream family violence service.

All agencies providing family violence services must demonstrate their cultural competence by:

- establishing (at point of intake) whether clients are Aboriginal or Torres Strait Islander
- determining whether Aboriginal or Torres Strait Islander clients would prefer to receive service from a general or Aboriginal-specific service
- acknowledging the discrimination experienced by Aboriginal and Torres Strait Islander people, contributed to by past unjust government practices
- forging links and partnerships between local Aboriginal-specific and generalist services, and
- demonstrating respect and consideration for Aboriginal and Torres Strait Islander people presenting or referred for assistance and support.

As noted by the Indigenous *Family Violence Taskforce Final Report*, regardless of the historical antecedents of Indigenous family violence and the cultural complexities involved in responding sensitively, the safety and security of victims of violence is the number one priority.

Culturally and linguistically diverse communities

The majority of women from culturally and linguistically diverse communities do not know what services are available to them if they are in a violent situation. These women also face a number of other barriers including:

- lack of English language skills, which may prevent them from seeking support from the police, support services and the courts
- lack of social and family support, and lack of knowledge about available community support
- cultural beliefs that, for example, forbid separation and divorce
- immigration issues including, for example, the belief that reporting family violence will jeopardise future residency, and
- lack of financial support if they leave the relationship.

If language is a barrier, an appropriately trained interpreter should be involved in the risk assessment, where the immediate risk is not great. Where the immediate risk is great, the victim's safety should be secured before a full risk assessment is carried out with an interpreter.

When assessing risk for victims from culturally and linguistically diverse backgrounds, it should be remembered that their risk level may be higher than for the rest of the population because of additional barriers. When working with women from diverse backgrounds, it is important to ensure:

- that all terms are simplified and explained, and that they have been understood
- that an interpreter or culturally appropriate advocate is available if possible
- that the service provider makes every effort to fully understand the visa status and legal position of the victim
- that all care is taken to engage with the client in a culturally appropriate manner, which may mean making contact with other appropriate agencies, and
- that cultural issues are factored into any risk assessment process.

The framework

Rural communities

Women living in rural communities often face considerable disadvantage in terms of:

- isolation – either geographically or from appropriate supports such as services, family and friends
- access to independent advice/support/assistance because fewer professionals (for example, police) tend to be available in smaller communities
- access to interpreters for women from diverse backgrounds or women with a communication difficulty
- access to appropriate services – because there are less services and less service options in smaller communities, women and children may need to go out of their community; this is a particular issue for women with a disability
- lack of effective transport or alternative accommodation
- difficulties in maintaining confidentiality and safety – smaller communities can mean confidentiality is compromised and victims are more likely to encounter their perpetrators, and
- where a perpetrator has a high profile or is otherwise a valued member of a small community, victims may not be believed.

Guns are often more accessible in rural communities for occupational purposes and in some circumstances this can increase women's vulnerability. Much of the family violence literature points to the threat or actual use of firearms as a significant reason that women do not risk fleeing or seeking help. Firearms are believed to play an important role in explaining the disproportionate number of domestic violence-related homicides in rural and remote areas.

Women with a disability

Women with a disability are among the most vulnerable in the community. While the type and level of disability may vary, consideration must be given to the needs of the individual, whether they present with:

- a physical disability that restricts the capacity to move freely
- a physical disability that impairs communication or comprehension
- an intellectual disability or acquired brain injury that impedes understanding and communication, and
- any combination of physical or intellectual disability.

Women with a disability face an additional barrier if the abuser is also their main carer. It is important, therefore, to:

- treat women with a disability with respect
- give women with a disability the time they require to communicate their story
- allow women with a disability to communicate in their preferred way (for example, using AUSLAN, Braille or pictograms, or using a communication assistant)
- acknowledge that a disability may increase dependence on the perpetrator, particularly for women without extended family support
- understand the increased fear women with a disability may have about losing their children if violence is identified
- provide an accessible and comfortable environment, and
- believe women with a disability when they disclose a family violence situation, even though perpetrators often state that a woman with a disability is confused, disoriented or paranoid.

The elderly

As for women with a disability, elderly women frequently depend on their abuser for daily care. Abuse of elderly people can be financial, physical, psychological or emotional and can involve deprivation of basic rights. Elderly people require the same assessment process as other client groups and must be supported through the process appropriately and sensitively. An added complexity in elder abuse is that a paid carer may also perpetrate abuse. Non-abusive staff and family members may need to be engaged in the assessment process, or an advocate appointed if there is no supportive family member.

Women with mental health issues

Women with a pre-existing mental health issue may find it difficult to seek help because they may doubt they will be believed. This reluctance is further perpetuated by taunts from the abuser relating to their credibility when reporting violence, their ability to engage in employment if they leave the relationship and fear of losing any children should they leave. Women with pre-existing mental health issues, and those who develop such issues during an abusive relationship may be unable to accurately assess their own risk or that of their children. Decision making may therefore be limited, which may also increase their vulnerability to violence.

Gay, lesbian, bisexual, transgender and intersex people

While figures about family violence between gay, lesbian, bisexual, transgender and intersex couples are unknown, evidence suggests it occurs in comparable rates with those of heterosexual women. The types of violence occurring between these couples are also similar to those reported between heterosexual couples, and as with heterosexual couples, the principle reason for the violence is a power imbalance. Treatment of disclosure of family violence between these couples must be the same as for heterosexual people; treatment should not be influenced by personal beliefs and practice must remain respectful, accepting and appropriate.

Children

Children are particularly vulnerable to the impacts of family violence. Depending on their age and stage of development, they are entirely dependent on their adult caregivers to provide them with a safe and stable environment which is free from violence. Family violence is often a direct or indirect attack on the mother-child relationship and this creates circumstances which undermine the child's wellbeing and safety.

There is now a strong evidence base that shows:

- early childhood development and wellbeing provides the foundation for learning, behaviour and health through school years and into adult life
- negative experiences in the first three years of life have long lasting effects on brain development, and
- children who have negative experiences in their early years are more likely to experience behavioural and learning problems, substance abuse, involvement in crime, poor physical health and engage in subsequent poor parenting practices in later life.²

Exposure to family violence is identified in the literature as a risk factor and negative experience which will impede the normal development of children. Family violence is a key cause of stress in children and young people and can lead to significant disruption to healthy brain and personality development. This impacts on children throughout the course of their lives, leading to deficits in learning, behaviour and physical and mental health and wellbeing.

Children and young people often experience the negative effects of family violence by being present in a home where violence occurs. They do not, however, have to be physically present during the violence to be negatively affected. Exposure to violence can take the form of witnessing violence, hearing violence, being aware of violence, being used as a trigger for family violence, or seeing the consequences of family violence.

² Department of Human Services (2006). op.cit.

The framework

The *Children, Youth and Families Act 2005* allows for assessments to be made in relation to a child/young person's need for protection by examination of "a single act, omission or circumstance" or through an accumulation or series of "continuing acts, omissions or circumstances".³ Therefore, the impact of cumulative harm experienced by children as a result of ongoing exposure to family violence will, at times, require a Child Protection or Child FIRST response.

Decision making by Child Protection and Family Services is governed by (with the introduction of the *Children, Youth and Families Act 2005*) what is in the child's best interests. Consideration of best interests includes safety, stability and developmental needs, underpinned by an understanding of culture and age and stage of life.

³ Children, Youth and Families Act, 2005. Section 162, p.103.

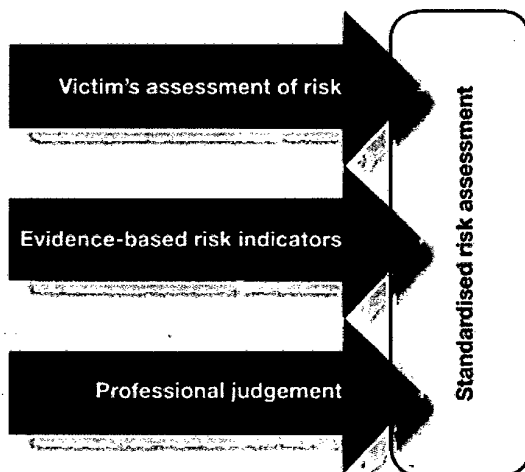
Component 2: A standardised approach to assessing risk

Effective risk assessment must be based on:

- the victim's view of their level of risk
- the presence of evidence-based risk indicators, and
- professional judgement that takes into account all other circumstances for the victim, child and perpetrator.

Consultation with a number of family violence service providers has indicated that while many agencies seek to assess risk in a structured manner, the process is not systematic and is inconsistent across programs.

Figure 4: Elements of a standardised risk assessment



It is important that all victims of family violence receive a consistent service across the range of family violence service providers, so no matter where the victim enters the system, an assessment will be:

- collaborative (with the victim)
- respectful
- inclusive of diversity
- evidence based, and
- strengths focused.

Three practice guides accompany this framework. They present a standard structured professional judgement approach to risk assessment and provide family violence and mainstream service providers with:

- support to introduce the topic of risk assessment to the victim
- specific guidance about interviewing victims of family violence
- suggested questions to ask the victim to elicit their story and provide their assessment of their level of risk
- an aide memoire consisting of evidence-based risk factors specific to risk in family violence, and
- support to develop a risk management and safety plan.

In developing a standardised risk assessment process, it is important to recognise that the assessment of risk based on a single tool alone will not deliver the desired outcome or guarantee victim safety. In fact, such an approach may endanger a victim because no tool currently available is 100 per cent accurate.

The framework

Component 3: Appropriate referral pathways and information sharing

A key principle of this framework is that services who work with and help protect women and children must engage with services that work with men, and vice versa. The central aim of services that work with men who use violence must be to bring about and ensure the safety of women and children or other victims. Reasons for this requirement include that some women choose to remain living with the perpetrator while others want to leave but are unable to for a variety of reasons. Inter-agency communication is essential. Reasons include more efficient and effective information transfer between entry points and the support agency referred to, when men are participating in behaviour change programs and women and children continue to live with them in the family home. The most accurate source of how well men are managing their violence is the women and children who experience it.

Referral pathways

Service providers must be clear about their area of expertise and their understanding of family violence, and make appropriate referrals to provide victim support and perpetrator rehabilitation where appropriate. This is particularly important for mainstream services that may encounter victims and perpetrators of family violence less frequently.

Referrals for victims may be from mainstream services to justice, police, child protection or specialist family violence services, or from family violence services to specialist programs with expertise in, for example, drug and alcohol problems, counselling, mental health, and community legal services.

Referrals for perpetrators of family violence may be from police, courts, child protection or family violence services to men's behaviour change programs or other counselling services. Mainstream services may report perpetrators of family violence to the police if evidence of a crime is present, or to Child Protection if they have significant concerns about children's safety. Referrals may also be made to Child FIRST if concerns are held for the wellbeing of children.

Service providers must be aware of other service providers in their region, and their role and purpose, so that when situations outside their expertise arise, victims can be referred (with their consent) to another service. Referral processes for other services in the region must also be established and networking between the services should be encouraged.

Referrals to other services may be necessary when the assessor considers that:

- the life of the victim or child is at risk if they stay in the current environment
- a crime has been, or is likely to be, committed (criminal offences include physical and sexual assault, threats, pet abuse, property damage, stalking and breaching intervention orders)
- urgent psychiatric or medical care is required
- other factors such as drugs and alcohol are contributing to risk and compromising safety
- appropriate cultural support is required

- people with a disability require advocacy or practical support
- legal advice is required to ensure victim safety and wellbeing
- the perpetrator requires help and support to stop using violence
- an Intervention Order or other criminal justice response is required
- interpreter services are needed for women from diverse backgrounds or women with a disability
- support such as family and parenting support or counselling is required for the victim and children, and
- the safety or wellbeing of children is being compromised.

All referrals should be made in consultation with the victim and/or the perpetrator, and consent is always required except when the safety of the victim or others is in question.

Referrals should be made within local networks to appropriate agencies, which may include:

- **family violence services** that deliver programs such as outreach, case management, emergency accommodation options, links with the private rental market and community education supports
- **counselling support programs** that are funded for women and children who have experienced family violence and include one-on-one counselling and group support
- **the Men's Referral Service**, an anonymous and confidential telephone counselling, information and referral service for men across Victoria who behave violently or abusively towards family members
- **men's behaviour change programs**, which provide group programs for men to help them understand and address their violent behaviour (men can be referred to these groups via the Family Violence Courts or by any other person/organisation)
- **general duties police**, may be an appropriate contact if immediate safety is not assured and/or a crime has been committed
- **there are ten family violence advisors** operating from five police regions across Victoria. This specialist role includes liaising with family violence services at regional level, monitoring police compliance and maintaining appropriate levels of knowledge, skills and attitudes toward family violence across their region
- **family violence liaison officers** are located at every 24 hour and most 16 hour police stations throughout the State. This role includes closely monitoring police compliance and liaison with services at the local level
- **sexual offences and child abuse units**, which are the appropriate policing unit to assess crimes of a sexual nature or investigate child abuse allegations where a crime may have been committed
- **the courts**, which deal with both victims and perpetrators of family violence and make determinations about perpetrator guilt and sentencing and issue Intervention Orders. Specialist pilot family violence divisions of the Magistrates' Court currently operate at Ballarat and Heidelberg to support victims and perpetrators of family violence. New specialist family violence services have also been established at Melbourne, Sunshine and Frankston Magistrates' Courts to simplify access and enhance victim safety
- **family relationship centres**, which provide information, support, referral and dispute resolution (dispute resolution processes may not be appropriate where there has been violence) to help families with relationship and parenting issues
- **family services and Child FIRST**, which respond to the needs of vulnerable children, young people and families and provide a single entry point for all concerns relating to children
- **Child Protection**, which has statutory responsibility for investigating reports of child abuse and intervening when children are assessed as being at significant risk of harm and in need of protection

The framework

- **crisis assessment and treatment teams or hospitals** if the client presents as suicidal or at risk of self harm, or appears to have a psychiatric disorder that requires assessment and/or treatment. Hospital emergency departments are the appropriate referral pathway for a client presenting with injuries
- **mental health services** if victims or perpetrators present with mental health issues but are not currently in crisis
- **general practitioners** who can support victims and provide medical treatment when the matter is not urgent and when police involvement is not required
- **drug and alcohol services** if victims or perpetrators present with alcohol or drug issues
- **Centres Against Sexual Assault** provide counselling, advocacy and support throughout Melbourne and in regional areas, for adults and children who have been sexually assaulted
- the **Sexual Assault Crisis Line** provides an after hours crisis and counselling service
- the **Victims Support Agency**, which provides practical assistance for people who have been victims of a criminal act, including the Victims of Crime Helpline and the Victims Assistance and Counselling Program
- **interpreter services** for victims who need help with communication
- **community health centres**, which can help women, children and men who are experiencing crisis or difficulty
- **financial counselling services**, which may assist victims of family violence, particularly women, adjust to altered financial circumstances after leaving their partner
- **Victoria Legal Aid**, community legal centres or a private solicitor if court support or general legal assistance (such as advice in relation to an Intervention Order application, victims of crime assistance, criminal charges, family law or child support) is required to ensure ongoing safety and wellbeing.

It is not appropriate to refer victims of family violence to any of these services in isolation. In other words, referral to a drug and alcohol service may help the victim or perpetrator manage a significant life stressor, but it alone will not address family violence.

Clients from a culturally and linguistically diverse and Aboriginal background should be able to identify whether they wish to receive assistance and support from a culturally-specific or mainstream service provider. Where mainstream organisations are providing a service to a woman from a culturally and linguistically diverse or Aboriginal background, engagement in a secondary consultation process with appropriate organisations will support cultural competence.

Once referrals have been made, and where multiple agencies are involved, regular communication between services must occur. A case coordinator must be appointed through a collaborative process to ensure regular and ongoing risk assessment and safety planning with the victim. And case coordination should be undertaken by a service that is providing significant ongoing support to the victim. Services should, therefore, develop memoranda of understanding to ensure appropriate case coordinators are identified and actively help the victim manage their situation.

Referral Information

Contact details for relevant services are located in the inside pocket of the folder.

Information sharing

Sharing information between services ensures maximum protection for vulnerable women and children. It also enables earlier intervention and prevention strategies to be implemented by enhancing case management and coordination and providing services with clear roles and expectations for service provision. Importantly, the client is more likely to gain a sense of confidence that their situation is understood and is being actioned across a range of service providers and they are spared the stress of having to repeat often difficult and personal information.

Before any information is shared or referrals are made, however, the client's consent must be obtained; ideally, consent must be in writing. Sharing information without the victim's consent can only occur when:

- a crime has been committed or is going to be committed – police must be contacted
- it is believed a child is likely to suffer significant harm – Child Protection must be contacted
- there are significant concerns for a child's wellbeing – Child FIRST must be contacted, and
- a victim is in need of urgent medical or psychiatric care – hospital or mental health crisis assessment and treatment team must be contacted.

Legislation

Legislation restricts the sharing of information between service providers to circumstances in which the victim has provided consent, except in those circumstances described above. While written consent is preferable to verbal consent, verbal consent must be clearly documented in the victim's case notes, with two exceptions:

1. **police do not require consent to make a referral and provide case specific information provided it is relevant and needed by a specialist family violence service, and**
2. **in circumstances where there are significant concerns for a child's wellbeing, any person can make a referral to Family Services or they can make a report to Child Protection if they believe that a child is at risk of significant harm.**

The sharing of information between Victoria's service providers is governed by four main pieces of legislation:

- the *Privacy Act 1988* (Cwlth)
- the *Health Records Act 2001* (Vic.)
- the *Information Privacy Act 2000* (Vic.)
- the *Children, Youth and Families Act 2005* (Vic.).

The framework

Privacy Act 1988

The *Privacy Act 1988* and the *Privacy Amendment (Private Sector) Act 2000* govern the way Commonwealth and Australian Capital Territory Government public sector agencies and private sector organisations handle personal information, while the *Privacy Amendment (Private Sector) Act* established minimum standards for the private sector, including those organisations that provide health services.

'Health services' are broadly defined in the Act and include all services involved in: assessing, recording, maintaining or improving a person's health; diagnosing or treating a person's illness or disability; or, dispensing a prescription drug or medicinal preparation. Providers of private sector health services include doctors, pharmacists, naturopaths, dentists, masseurs, private hospitals, chiropractors, disability services, physiotherapists, osteopaths, counsellors, child care services, social workers, nurses and psychologists.

Health Records Act 2001

The *Health Records Act 2001* outlines standards for the collection, use and storage of health information and applies to all Victorian organisations, whether public, private, profit and not for profit. Health information is defined in the Act as information collected by health service providers such as hospitals, community health centres, doctors, dentists, psychologists, aged care, palliative care and disability services; and any other person or organisation such as schools, kindergartens, sporting clubs, insurance companies, employers and fitness centres collecting or handling health information.

Information Privacy Act 2000

The *Information Privacy Act 2000* applies to the way Victorian public sector organisations, and those organisations providing services funded by government departments, collect and use personal information.

Children, Youth and Families Act 2005

The *Children, Youth and Families Act 2005* authorises Child Protection to share information with family services and also with defined 'information holders' and 'service agencies'. Family services are authorised to share information with Child Protection, 'information holders' or 'service agencies' when they receive and are assessing how to respond to a referral. They are also authorised to consult with Child Protection while working with a family.

A body that receives funding from the Secretary under a State contract to provide family violence services is gazetted as a 'service agency' under the Act, and 'a person in charge of a body that receives funding from the Secretary under a State contract to provide family violence services' is gazetted as an 'information holder'.

Under the *Children, Youth and Families Act 2005*, medical practitioners, nurses, police and teachers are mandated to notify physical injury or sexual abuse to Child Protection where parents are not protecting the child. There are no plans to gazette any additional categories of mandatory reporter.

Component 4: Risk management strategies that include ongoing assessment and case management

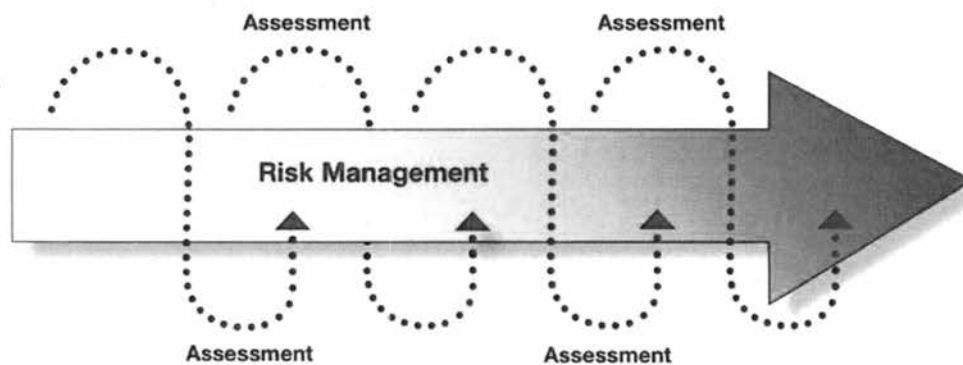
Risk assessment focuses on the family and measures the violence. Risk management uses an integrated service system to reduce the violence. All family members, women, children and men are included.

Risk management provides the family members with the services required to ensure safety. Where violence may continue or escalate, legal protection is likely to be required and police involved. Any possible threat to children's well being, any evidence of accumulated harm, or physical or emotional abuse must be reported to either Child FIRST or Child Protection. As violence is often an attack on the relationship between mothers and their children, support will need to be provided to strengthen these relationships. Income and housing support may be required. Information about perpetrator interventions will be used in plans to prevent, where possible, further violence from occurring.

Because risk levels can change quickly, measuring and assessing risk must be continually reviewed to ensure the safety of the victim and children.

Victims of family violence must be linked with services that can provide ongoing risk assessment and case management, that is, specialist family violence service providers. These providers must build an ongoing review process into any case coordination or case management process, or as part of any regular client contact with counsellors or other health professionals.

Figure 5: Continual assessment and risk management



A comprehensive risk management plan must identify goals and objectives and ways of achieving them, roles and responsibilities, and timelines. Risk management strategies must also include safety planning (including for children); ongoing risk assessment mechanisms; plans to address the needs of victims through counselling, advocacy, legal or other appropriate services; and liaison and communication between services working with the victim and with the perpetrator (if appropriate).

The framework

It is also vital that:

- the victim's level of risk, which may include a risk to children, is known and understood by all involved services
- responses to this level of risk are consistent and that appropriate referrals are made in consultation with the victim
- an agency is nominated as case manager to ensure the service response is coordinated, the risk assessment is revisited, and appropriate planning occurs with the victim, and
- the response to the perpetrator is consistent and the risk they pose is understood by all involved services.

Safety planning is the development of a plan to achieve and maintain the safety of the victim and children. It typically involves planning to avoid serious injury, to escape violence (crisis management), and to ensure the child's safety to prepare for leaving and includes:

- compiling a list of emergency contact numbers
- providing a safe place for the victim to go to in an emergency
- identifying how the victim will get to the safe place
- identifying friends, family and community members who can provide support
- identifying all family members affected by the violence
- ensuring cash money is readily available, and
- providing a place to store valuables and important documents.

Victims of family violence should also be made aware that the perpetrator can get information about calls from mobile and landline telephones and pages accessed on the Internet. Services should encourage victims to regularly clear the 'recently dialled numbers' log of a mobile telephone and dial another 'safe' number after contacting services via the landline. Victims should also be advised about the safety features on family violence websites that prevent the tracing of viewed pages.

Component 5: Consistent data collection and analysis to ensure the system is able to respond to changing priorities

Collecting and analysing data on family violence ensures victims receive an appropriate and timely response. It also ensures the service system is responding appropriately and taking into account diverse and vulnerable client groups.

The collection of consistent data over time will provide a clearer understanding of the victim's risk level. And for service providers and the whole service system, the collection and analysis of data will help to:

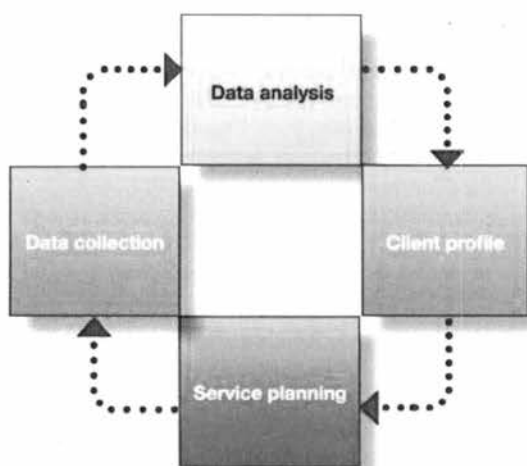
- clarify the prevalence of family violence in Victoria, being aware, however, that not all victims of family violence choose to report it or seek help
- identify groups that seem to be under-represented in terms of accessing services, and put in place measures to improve access for these groups
- identify groups that appear to be over-represented in terms of accessing services, and implement prevention activities for these groups
- ensure service providers are accountable for the services they provide
- identify the avenues through which victims access the family violence service system, and
- more appropriately plan for future service delivery.

Over time, the collection, collation and analysis of meaningful data about victims and perpetrators of family violence will contribute to improvements in service delivery to vulnerable clients.

Organisations will also be able to use the data collected for reporting to their funding bodies and to support internal service provision reviews.

Component 5: cont'd

Figure 6: The data collection, analysis and planning cycle

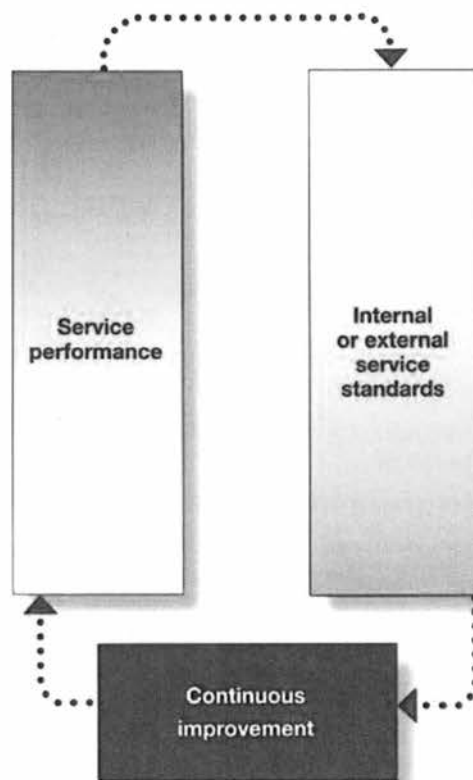


All data collected is confidential and must be stored securely. In terms of the security of information, consideration must be given as to which staff members will have access to the information. The *Information Privacy Act 2000* (Vic.) requires all organisations dealing with personal client information to have appropriate policies and procedures in place to store and handle sensitive client information. Risk assessments and other client information pertaining to victims and perpetrators are to be managed according to agency policies and in line with this legislation.

Component 6: Quality assurance

Quality assurance aims to guarantee that the service meets a predetermined standard and identifies best practice responses for clients. Predetermined standards include both service and organisational standards and can occur at a number of levels.

Figure 7: The quality assurance cycle



The framework

A number of documents have already been developed that will help organisations providing family violence services to monitor their standard of service.

Domestic Violence Victoria's *Code of Practice*, for example, provides clear direction about best practice responses to women and children who have experienced family violence. Victoria Police's *Code of Practice* details what is expected of police members when they respond to reports of family violence. The Department of Human Services is developing standards of practice for family violence services that provide counselling and support to women and children. Standards have already been developed for men's behaviour change groups.

Ensuring that staff are effectively adhering to the framework will involve internal monitoring and will be required to:

- regular supervision of staff dealing directly with clients to ensure they have a consistent understanding of family violence, fully understand the risk assessment process, and understand case management and referral processes
- monitor staff use and understanding of the framework
- highlight evidence-based best practice responses by the sector and display an ongoing commitment to embrace such responses
- provide staff with regular training to enhance their skill development in assessment techniques and approaches. Regular training will also be needed to ensure new staff have a consistent understanding of the elements of family violence and to ensure the framework is applied consistently across the sector, and
- monitor performance of relevant standards at management level as part of an annual assessment process, with an action plan being developed to address any identified deficits in service delivery performance.

