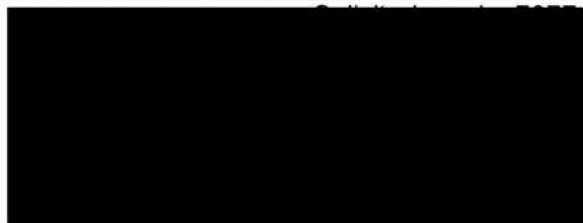


**IN THE MATTER OF THE ROYAL COMMISSION  
INTO FAMILY VIOLENCE**

**ATTACHMENT SW-5 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-5**' 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)**

# Code of Practice

for Specialist Family Violence  
Services for Women and Children

'Enhancing the safety of women and children in Victoria'

CODE OF PRACTICE



**DV Vic**

Domestic Violence Victoria

Peak body for domestic violence  
services for women & their children

# **Code of Practice**

for Specialist Family Violence  
Services for Women and Children

**'Enhancing the safety of women and children in Victoria'**



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## **Code of Practice – for Specialist Family Violence Services for Women and Children**

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First Published September 2006

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### **Publisher's Note:**

The information contained in this Code of Practice was current at the time of printing. While Domestic Violence Victoria (DV Vic) will endeavour to provide updated information on its website [www.dvic.org.au](http://www.dvic.org.au) as the need arises, users are urged to make themselves aware of all updates and amendments and to ensure that their own copy of the Code of Practice is the most current.



## Preface

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Domestic Violence Victoria (DV Vic) is the peak body for services providing a specialist response to women and children experiencing family violence in Victoria. Through various discussions and consultations within DV Vic, the membership identified a need for greater consistency, transparency and accountability across family violence specialist services. This conclusion was reached in the context of a number of key initiatives, including the Women's Safety Strategy and the development and release of the Victoria Police Code of Practice for the Investigation of Family Violence. Concurrently, the Statewide Steering Committee to Reduce Family Violence recognised the value of an integrated response to family violence and, subsequently, the importance of complementary codes of practice across sectors to achieve effective integration. In November 2004, funded by the Department of Human Services, DV Vic commenced development of the Code of Practice for Specialist Family Violence Services for Women and Children.

The Code of Practice has developed in the changing environment of significant systemic reform of the family violence system in Victoria. In 2005, the Victorian Government launched *A Fairer Victoria – Creating opportunity and addressing disadvantage*. As the title suggests, *A Fairer Victoria* is a policy framework and action plan for addressing disadvantage in Victoria. The framework includes a range of strategies for responding to family violence more effectively, and announces a \$35 million budget commitment to support implementation. Following the launch of *A Fairer Victoria*, implementation of the strategies commenced, including significant reform of the family violence service system. The reform process is intended to expand and enhance options and outcomes for service users within an integrated service system. In late 2006 the *Child, Youth and Families Act 2005* and the *Child Wellbeing and Safety Act 2005* and will be proclaimed and its implementation will have a significant impact on referral pathways and aspects of practice with children.

2006–7 will see the development of Standards of Practice for the provision of counselling and support groups for women and children. These standards will compliment and be informed by the Code of Practice. Also in 2006–7, a strategy towards an integrated response to domestic/family, the Common Risk Assessment Tool, will be developed and implemented.

While the Code of Practice does not pre-empt imminent changes to the service system, it does reflect the thrust of key initiatives and has been designed to be easily updated. The document aims to provide the basis for a shared understanding of the gendered nature and dynamics of family violence and for best practice in this area, establishing a foundation for collaborative practice among services and across sectors responding to family violence which is characteristically consistent, transparent and accountable to service users and other service providers.

The development of the Code of Practice involved research and consultation to identify best practice. While the service system will change with ongoing reform, the principles, values and key elements of practice will endure.



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## Acknowledgements

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**Danny Blay** — Not To Violence (NTV);

**Annie Paliwal** — Homelessness Advocacy Service (HAS);

**Kathy Russell** — Woorarra Women's Refuge;

**Janine Bush** — Domestic Violence Victoria (DV Vic) in the early stages of the project.



# Section 1: Introduction and Background

## Section 1: Introduction and Background

### Section Overview

Section one provides information regarding the purpose, context and design of the document.

### Key Statements

The *Code of Practice for Specialist Family Violence Services for Women and Children* (The Code) aims to enhance the service system's transparency, consistency and accountability and enhance the safety of women and children in Victoria.

The Code is designed to interlink with other relevant documents as part of the integrated response to Family Violence in Victoria.

### Implications for Policy

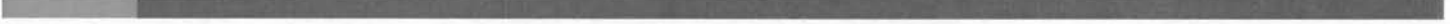
- Work Force Development Policy — includes the need for workers to be abreast of relevant government policies, initiatives and other relevant documents.
- Communication Strategy (Internal) — includes how relevant information is obtained and communicated to staff.

### Implications for Procedure

- Worker Orientation Procedure — includes relevant policy documents and their impacts on practice (including thorough understanding of the Code).
- Services have centrally accessible copies of key policy and other relevant documents.

### Practice Implications

- Workers are familiar with key policy documents and their implications for practice.
- Practice is informed by relevant policy documents such as the Code.



## Section 1: Introduction and Background

### 1.1 Statement of Purpose

The primary aim of the Code is to enhance the safety of women and children in Victoria and is designed to:

- provide a model of best practice for services in Victoria which provide a specialist response to women and children experiencing family violence;
- provide a foundation for ongoing reflection about how practice is undertaken and outline an optimum approach to practice;
- ensure consistent, transparent and accountable practice across services providing specialist family violence support to women and children experiencing family violence; and
- provide guidance for effective integration and collaboration with other community service providers and agencies engaged in providing responses to women and their children experiencing family violence.

### 1.2 Context of the Code of Practice

The Code of Practice was developed in the context of the Victorian Government's *A Fairer Victoria* and subsequent family violence system reform underpinned by the Statewide Steering Committee to Reduce Family Violence vision to establish an integrated response to family violence in Victoria.

An essential aspect of an integrated system is interlinked codes of practice that articulate and promote a shared understanding of the gendered nature and dynamics of family violence and a consistent approach to women and children who experience family violence.

In 2006–7, Standards of Practice for the provision of counselling and support groups to women and children experiencing family violence will be developed and implemented. This Code of Practice should be viewed as complementary to the standards.

All services that receive Department of Human Services funding to provide family violence specialist services will be held accountable to the Code via their funding and service agreements.

The Code of Practice should be considered in the context of a range of complementary documents including:

#### **Department of Human Services — Homelessness Assistance Service Standards (HASS)**

The *Homelessness Assistance Service Standards* 'set out standards of good practice for service delivery in the homelessness assistance sector. The standards aim to cover all the elements that constitute high quality service for consumers of these services.'<sup>1</sup> The standards are designed to improve the service system's consistency and responsiveness in addressing the needs of people experiencing, or at risk of homelessness. The standards are a key component of the Department of Human Services' *Victorian Homelessness Strategy*, and the development of a broader quality framework for the service system.

Services funded by the Department of Human Services, Office of Housing, must adhere to the Homelessness Assistance Service Standards (HASS) in line with their funding and service agreements. The Code of Practice for Specialist Family Violence Services for Women and Children provides the basis and direction for how family violence services approach the standards. The Code of Practice should not be viewed as an alternative to HASS.

#### **Victoria Police — Code of Practice for the Investigation of Family Violence**

The Victoria Police Code of Practice outlines how police will respond to reports of family violence and emphasises that all such reports will be treated seriously by police. The Code's main aims are safety and support for victims, early intervention, investigation and prosecution of criminal offences, and minimisation of family violence in the community. It gives police greater flexibility to work in partnership with specialist service providers, where appropriate, and to provide the best service to victims.

<sup>1</sup> Department of Human Services (1) (2005) pp 7



The main changes to policy outlined in the Code are that:

- Police will follow the step-by-step processes outlined in the Police Options Model detailed in the Code;
- Police will respond to the needs of children individually;
- Police will investigate all breaches of an intervention order and a police supervisor will decide whether there is sufficient evidence to warrant prosecution;
- Supervisors will be more accountable in ensuring police under their supervision take the most appropriate action;
- Ten full-time family violence advisors are in regions across Victoria; and
- In certain situations, a case conferencing process will be followed to allow cases to be reviewed.

From 1 July 2006, police will also have the power under the *Crimes (Family Violence) (Holding Powers) Act 2005*, to direct a perpetrator to stay at a place, go to a place or remain with them or another person, whilst they apply for an intervention order. If the perpetrator fails or refuses to comply with the police member's lawful direction, the police may detain that person in their custody for a prescribed period of time while they make application for an interim/ intervention order.

There is a dual purpose to this power:

- To ensure the safety of the Aggrieved Family Member (AFM) or to preserve any property of the AFM; and
- To enable police to make a complaint and the consequential service of any order.

The power ceases when an intervention order has been granted and served, the order has been refused or the police member decides to withdraw the application.

However, regardless of an interim/ intervention order being granted and served, if the directing member believes on reasonable grounds that it is necessary to continue the power to enable further measures to be taken for the protection of the AFM, the direction/detention continues until those measures have been taken or the prescribed period ends.

#### **Statewide Steering Committee to Reduce Family Violence — Reforming the Family Violence System in Victoria**

The report was developed in the context of the Victorian Government's *Women's Safety Strategy*, a five year whole-of-government strategy bringing Ministers and their respective departments together to work within a single policy framework. The report provides a foundation for an integrated approach to family violence with some features already in operation in Victoria.<sup>2</sup>

#### **Department of Human Services — Towards Collaboration — A Resource Guide for Child Protection and Family Violence Services**

'The resource guide provides support and information for, and enhances, cross sector collaboration.'<sup>3</sup> Its aim is to provide a basis for regional development, the reviewing of protocols between local services and subsequently enhanced outcomes for children.

#### **Department of Human Services — Protecting Children — The Next Steps**

The White Paper provides a new policy framework for vulnerable children which incorporates:

- enshrining children's best interests at the heart of all decision making and service delivery across the service system, from early intervention through to the Children's Court;
- new arrangements to achieve stability for children who cannot live safely at home, in a timely way to assure their healthy development;

<sup>2</sup> Statewide Steering Committee to Reduce Family Violence (2005) pp 5

<sup>3</sup> Department of Human Services (2004) pp iii

- boosting earlier intervention where families have problems;
- child, youth and family services forming an integrated service system so that families receive the mix of services they need in a coordinated way;
- targeting secondary services forming an integrated service system so that families receive the mix of services they need in a coordinated way;
- targeting secondary services at the most vulnerable groups and communities in Victoria;
- strengthening the cultural responsiveness of services so that the community services are inclusive of children from Aboriginal and other cultural backgrounds; and
- keeping Aboriginal children connected to their culture and community.

**Victorian Government — Indigenous Family Violence Strategy**

The report provides an overview of the development and findings of the Victorian Indigenous Taskforce. The report identifies options and recommendations, and makes suggestions to help progress and assist Indigenous communities and Government in their deliberations.<sup>4</sup>

**No To Violence (NTV) — Standards for Men's Behaviour Change Programs**

The standards are intended to provide guidance and support for new and existing providers of Men's Behaviour Change Programs by identifying minimum standards and good practice guidelines for practising men's behaviour change work. It is intended as a guide to curriculum, or a complete toolkit for conducting groups.<sup>5</sup>

**Further Information**

To access the documents referred to in this section or for further information regarding a particular issue access the following websites:

Victoria Police — *Code of Practice for the Investigation of Family Violence*  
[www.police.vic.gov.au](http://www.police.vic.gov.au)

*Crimes (Family Violence) (Holding Powers) Act 2005*  
[www.findlaw.com.au](http://www.findlaw.com.au)

Statewide Steering Committee to Reduce Family Violence — *Reforming the Family Violence System in Victoria*  
[www.women.vic.gov.au](http://www.women.vic.gov.au)

Victorian Government — *Women's Safety Strategy*  
[www.women.vic.gov.au](http://www.women.vic.gov.au)

Department of Human Services — *Protecting Children — The Next Steps Towards Collaboration*

*The Children, Youth and Families Act 2005*  
*The Child Wellbeing and Safety Act 2005 — A framework to promote children's safety, wellbeing and development*  
[www.office-for-children.vic.gov.au](http://www.office-for-children.vic.gov.au)

No To Violence (NTV) — *Standards for Men's Behaviour Change Programs*  
[www.ntv.net.au](http://www.ntv.net.au)

Victorian Government — *Indigenous Family Violence Strategy*  
[www.office-for-children.vic.gov.au](http://www.office-for-children.vic.gov.au)

<sup>4</sup> Victorian Indigenous Taskforce (2003)

<sup>5</sup> No to Violence (2006) pp 24



### 1.3 About the Document

The Code of Practice outlines the principles and values, including an understanding of the nature and dynamics of family violence and the application of a gendered approach to work in this area, to provide the foundation for best practice and service provision.

Since practice is undertaken in the context of the organisation, the document has been designed to inform organisational policy and procedure which, in turn, supports practice. Regardless of the mode of service delivery, the core principles, values and understandings that underpin specialist family violence work are demonstrated through practice and articulated in organisational policy and procedure.

The Code of Practice is presented in eleven interrelated sections. Each section is accompanied by an overview that is designed to provide information regarding the implications for the section for workers and services to assist with implementation of the Code.<sup>6</sup>

*Section Two – Fundamental Concepts and Values* provides information about the foundations for best practice. Each sub section refers to 'relevant documents' that should also be considered and that the code has been designed to complement.

*Section Three – Overview of Specialist Family Violence Services* provides an overview of the service system and its various service models.

Commentary on the development and implementation of policy and procedure regarding eligibility and the determination of acceptance following a referral is detailed in *Section Four – Access to Family Violence Specialist Support*. This section also provides information about referral pathways.

*Section Five – Organisational Framework* addresses policies and procedures which support positive practice with women and children.

<sup>6</sup> See Appendix 5 Code of Practice Policy, Procedure and Practice Implications

<sup>7</sup> See 2.3 Understanding Family Violence for more extensive information regarding definition, effects and the nature and dynamics of family violence.

*Section Six – Key Elements of Practice* describes the methodological framework for specialist practice with women and children who experience family violence.

*Section Seven – Service Delivery with Women and Section Eight – Service Delivery with Children* therefore provide an overview of the various modes and methods of service delivery utilised by services to provide family violence specialist support.

*Sections Nine, Ten and Eleven* provide a glossary of terms, appendices and references, respectfully. Shared language is essential for mutual understanding and consistent practice and service provision. Therefore, it is suggested that readers familiarise themselves with *Section Nine – Glossary and Abbreviations* before applying or reading the body of the Code.

*Relevant Documents* are highlighted at the end of each section or subsection and *Further Information* regarding additional resources is also listed in these boxes.

#### Family Violence – Use of the Term

*Family violence* describes a broad range of violent and controlling behaviours most commonly used by men against women.<sup>7</sup> The term reflects the diversity of women and children, their experiences and the impact of family violence on the community.

There are a number of terms that are interchangeable or used instead of family violence used nationally, internationally and by specialist family violence services in Victoria. These terms include domestic violence, intimate partner abuse, gendered violence and spousal abuse to name a few.

Historically *domestic violence* has been used by the women's movement to describe the abuse perpetrated by men against women in their domestic setting.

The *Code of Practice for Specialist Family Violence Services for Women and Children* has been written and designed in the context of the integrated response to family violence in Victoria. Shared language and understanding of family violence is an important aspect of an effective integrated system. The term family violence is used by key stakeholders in an integrated system and as such family violence is used throughout the document.

# Section 2: Fundamental Concepts and Values

## Section 2: Fundamental Concepts and Values

### Section Overview

Section two provides information about the foundations for best practice including principles, values and the definition of family violence.

### Key Statements

- An in-depth understanding of fundamental concepts such as human rights, feminist analysis, principles of social justice, and an in-depth understanding of family violence is central to the design of the Code and the practice of family violence services. Accountability to the fundamental concepts outlined in this section is demonstrated in all areas of organisational policy, practice and service provision.
- While there are commonalities in the forms of violence used by perpetrators, how the violence is carried out and experienced by women and children is unique to the individual. Therefore while there is general information available regarding the impact of family violence on women and children, assumptions can never be made about the experiences of women and children.

### Implications for Policy

- Definitions used by services and workers are consistent with the Code.
- Mission Statement — principles and values reflect the centrality of fundamental concepts to practice and service provision.
- Work Force Development — Professional development and review and worker orientation includes thorough understanding of fundamental concepts.

### Implications for Procedure

- Professional Development and Review — includes how workers are provided with a thorough understanding of fundamental concepts.

### Practice Implications

- Practice demonstrates understanding and application of fundamental concepts



## Section 2: Fundamental Concepts and Values

### 2.1 Central Concepts

An in-depth understanding of human rights, feminist analysis, principles of social justice and the interrelationship between these three concepts is at the centre of the design and practice of family violence specialist services. Accountability to these fundamental concepts is demonstrated when they are reflected in an organisation's core values, mission statement and are upheld in practice.

#### Human Rights

The concept of human rights in essence pertains to the principle that all human beings have the right to life, bodily integrity and a sense of dignity and respect irrespective of gender. The Universal Declaration of Human Rights states that 'no one shall be subject to torture or to cruel, inhuman or degrading treatment or punishment'.<sup>8</sup>

It is important to note that 'as human beings, children are entitled to all the rights guaranteed by the Universal Declaration of Human Rights', but children also need special protection and care. Children's human rights are the blocks with which we build a human rights culture in societies and secure human rights for future generations'.<sup>10</sup>

#### Feminist Analysis

A key feminist understanding is that women's experiences are 'shaped and directed by social and political influences that intersect with personal spheres'.<sup>11</sup>

Gender is a central concept in this analysis. Sex refers to biological differences between males and females, whereas gender refers to the socially defined qualities and characteristics attributed to males and females<sup>12</sup>. Societal constructs greatly affect the opportunities and experiences of women. Women contend with significant gender discrimination and other associated factors. Gender analysis centres around an analysis of power on a micro and macro level throughout society. This analysis of power is also applied to an understanding of the experiences of women with characteristics that lead to their marginalization and impact upon their ability to exercise their personal power and human rights.

#### Social Justice

Taken in its broader sense, social justice consists of principles common to all humanity that emerges from some sort of social consensus. Social Justice is thought of as higher than a society's legal system. It is in those cases where action seems to violate some universal values that are referred to as 'unjust.'

More specifically social justice is based on the four interrelated values of equity, equality, access and participation to ensure that:

- There is fairness in the distribution of resources;
- Rights are recognised and promoted;
- People have fairer access to the economic resources and services essential to meet their basic needs and to improve their quality of life; and
- People have better opportunities for genuine participation and consultation about decisions affecting their lives.<sup>13</sup>

#### Interrelationship between Human Rights, Feminist Analysis and Social Justice

Family violence in all its forms including 'physical assault, harassment, emotional abuse, sexual assault, deprivation of resources, destruction of property or confinement clearly violate women's (and children's) rights to be free from violence'<sup>14</sup> and it prevents and inhibits women and children's ability to realise other human rights. For instance health is a fundamental right of every human being.

<sup>8</sup> [www.stopvaw.org/DEVAW.html](http://www.stopvaw.org/DEVAW.html)

<sup>9</sup> Australia is signatory to the UN Charter for the Rights of the Child

<sup>10</sup> Amnesty International USA (2006)

<sup>11</sup> Lalende & Laverty (2002) p 6

<sup>12</sup> Gilbert and Scer (1999) in Lalende & Laverty (2002) p 2

<sup>13</sup> Work Cover New South Wales (2006) pp 1

<sup>14</sup> Burton, Duvvury and Varia (2000) pp 9



Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The World Health Organisation recognised family violence as a form of socio-cultural violence and contributes to the high prevalence of health problems experienced by women.<sup>15</sup> A feminist analysis and an understanding of social justice lead to an understanding of the social, political and cultural norms and expectations that create and perpetuate the occurrence of family violence.

All elements of family violence specialist practice with women and children experiencing family violence, and the policies and procedures that provide the framework for practice, are informed by an understanding of these concepts and the core values that functionalise them.

**Also See:** 2.2 Core Values

### Further Information

To access the documents referred to in this section or for further information regarding a particular issue access the following websites:

#### Human Rights

Amnesty International  
[www.amnesty.org](http://www.amnesty.org)

Unifem — Stop Violence Against Women Project  
[www.stopvaw.org/DEVAW.html](http://www.stopvaw.org/DEVAW.html)

#### Feminist Analysis

United Nations Population Fund  
[www.unfpa.org/violence.htm](http://www.unfpa.org/violence.htm)

## 2.2 Core Values

These core values emerge from an understanding of feminist, human rights and social justice frameworks. Core values are demonstrated in all areas of organisational policy, practice and service provision.

**Rights:** Family violence is a fundamental violation of human rights and unacceptable in any form.

**Safety:** The safety of women and children who experience family violence is of paramount consideration in any response.

**Children:** Children need to be protected from harm; to have their rights protected; and to have their opportunities for development promoted.<sup>16</sup>

**Empowerment:** Family violence services work with women and children to build on their strengths and enhance their capacity to make informed decisions and exercise their right to self determination without coercion and free from judgement.

**Diversity:** Family violence is experienced by women and children regardless of class, ethnicity, religion, age, abilities or sexual preference. The experiences of women and children who live with family violence are distinct and unique.

**Access and Equity:** Services responding to women and children experiencing violence provide accessible support in a fair and equitable manner.

**Collaborative Practice:** Services responding to family violence are committed to improving their services through greater coordination and integration.

**Responsibility:** Responsibility for violence rests with the perpetrator of the violence, and eradication and prevention of family violence is the responsibility of the community as a whole.

**Accountability:** Perpetrators should be held accountable for their use of violence and challenged to take responsibility for their actions.

**Power:** 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).

<sup>15</sup> World Health Organisation (2005)

<sup>16</sup> Victorian Government (2006) also see 5.3 Children

**Justice:** Physical or sexual violence within the family is a crime which warrants a strong and effective justice system response.

**Advocacy:** Family violence services advance the rights and interests of women and children affected by family violence on an individual and broader societal level.

### Relevant Documents

*Statewide Steering Committee to Reduce Family Violence (2004) 'Reforming the Family Violence System in Victoria'*

Section 3 – Principles guiding systems reform  
*Victorian Government – Principles to guide practice and decision making fact sheet*

### Further Information

To access the documents referred to in this section access the following websites:

Family Violence System Reform in Victoria  
[www.women.vic.gov.au](http://www.women.vic.gov.au)

Family violence can occur within any intimate relationship, including same sex relationships. It affects transgender people, the elderly and people with disabilities. While it can be perpetuated by any member of a family against another,<sup>20</sup> it is more likely to be perpetrated by men (predominately by a woman's current or ex-partner) against woman and children.

Because family violence can occur in any culture, it is important that the definition of family violence recognises and reflects the perspectives and realities of all communities within Victoria, including Indigenous communities. The Victorian Indigenous Family Violence Taskforce has defined family violence as:

'An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers, as well as self-harm, injury and suicide.'<sup>21</sup>

## 2.3 Understanding Family Violence

### 2.3.1 Definition<sup>17</sup>

Family violence is the repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s), or someone with whom they have, or have had, an intimate relationship. Violent behaviour includes not only physical assaults but an array of power and control tactics used along a continuum in concert with one another,<sup>18</sup> including direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear.

Currently only certain behaviours and actions defined as family violence are criminal offences<sup>19</sup>, any behaviour that constitutes family violence is unacceptable.

### 2.3.2 Effects

The effects of family violence are broad, impacting on the individual experiencing abuse, children who are exposed to the violence and the wider community.

<sup>17</sup> This definition is consistent with the definition endorsed by Statewide Steering Committee to Reduce Family Violence (2005)

<sup>18</sup> Almeida & Durkin in Statewide Steering Committee to Reduce Family Violence (2005) p11

<sup>19</sup> For recently proposed law reform see Victorian Law Reform Commission [www.lawreform.com](http://www.lawreform.com)

<sup>20</sup> The definition of who is a 'family member' for the purposes of civil intervention is based on the Crimes (Family Violence) Act 1987. The Victorian Law Reform Commission is currently reviewing the definition of family member in the context of family violence. In SSRFV (2005) Reforming the Family Violence Service System' p 11

<sup>21</sup> Department of Victorian Communities (2003)

For women experiencing family violence there are a range of negative consequences to their health and wellbeing.<sup>22</sup> The physical health consequences of being abused can include physical injuries, disability, miscarriage, STDs<sup>23</sup> and, homicide. Less direct physical health outcomes such as headaches, irritable bowel syndrome and self-injurious behaviour (e.g. substance abuse, unprotected sex) are also common. The mental health consequences of family violence can include depression, fear, anxiety and low self-esteem.

Further consequences of psychological, financial and social abuse for women include social isolation, financial debt, loss of freedom, degradation and loss of dignity.

Living with family violence has a negative affect upon children and constitutes a form of child abuse.<sup>24</sup> In a study conducted in 2000, National Crime Prevention found that seventeen percent (17%) of children have witnessed their mother being hit.<sup>25</sup> There are long-term psychological, emotional and behavioural consequences from exposure to family violence in early childhood.<sup>26</sup> Recent studies acknowledge the intergenerational impact of violence on children.<sup>27</sup>

The social, economic and health costs of violence reveal that economic and human development is undermined by it. Communities are unable to reach their full potential while women experiencing family violence are denied the opportunity to fully participate as citizens. The costs of family violence to the community are high and include direct costs, non-monetary costs, macro-economic costs and social costs.

Direct costs include account expenditures on services such as the provision of counselling and medical treatment, police services, housing, child protection, and social services.<sup>28</sup> The non-monetary costs include pain and suffering, such as increased morbidity, increased mortality, abuse of alcohol and drugs, and depressive disorders. Macro-economic costs include decreased labour market participation, reduced productivity on the job, lower earnings, increased absenteeism, and decreased investment and savings.<sup>29</sup> The social

costs of family violence include the potential for intergenerational transmission of violence, reduced quality of life and the erosion of social capital.

### 2.3.3 Impact on Children

There is considerable overlap between the violence perpetrated against women and violence against children. Exposure to and experience of family violence is a form of child abuse. Family violence can have a devastating impact on children but they are often overlooked as direct victims of family violence. In the 12 months to June 1998 Victoria Police reported attendance at almost 21,000 "family incidents" and noted that children were present at more than half of them.<sup>30</sup> Family violence services 'see two thirds to one third adults in our family violence specialist services and over half of those accessing family services are children.'<sup>31</sup> Children exposed to family violence make up a high proportion of child protection reports.<sup>32</sup>

Exposure to family violence may include physical injury as a result of assault or as an indirect consequence of an assault against their mother. Children may also witness family violence which can involve directly viewing incidents or being aware in a range of ways of the violence occurring. For instance, it is impossible for children to feel safe when they know that their mother is in danger.<sup>33</sup> Children who are exposed to family violence experience significant trauma and are at high risk of suffering psychological and emotional trauma.

<sup>22</sup> VicHealth (2004)

<sup>23</sup> Sexually transmitted diseases

<sup>24</sup> Physical abuse of children is fifteen times more likely to occur in families where domestic violence is occurring. See M. McKay (1994)

<sup>25</sup> National Crime Prevention (2000)

<sup>26</sup> B. Perry (1994) in M. Murburg (ed.) (1994)

<sup>27</sup> Laing & Bobic (2002)

<sup>28</sup> Australian Bureau of Statistics (1996)

<sup>29</sup> Henderson (2000)

<sup>30</sup> Victoria Police (2004)

<sup>31</sup> Thomson Goodall Associates Needs of Children in SAAP Services (1994) in Gibson (1997) pp 40

<sup>32</sup> Victorian Government (2005) pp1

<sup>33</sup> Saunders (2003) pp 4



Children exposed to family violence experience a range of emotional responses to their experience including feelings of anger, sadness, shame, guilt, confusion, helplessness and/or despair. They may 'find it difficult to establish and maintain successful peer relationships are like other children of their age.'<sup>34</sup> It is suggested that the effects of family violence on children are closely tied to their developmental stage. For instance:<sup>35</sup>

- Children aged two years old are reactive to their environment. By the age of two children have learned to either intervene in the violence if this stops further abuse, or withdraw and hide in fear.
- Children between the ages of two and eight years do not have the cognitive abilities to fully understand family violence and may believe they are the cause or they are to blame.
- Children from the ages of eight to 12 years may continue to blame themselves for the violence occurring in the home. They may feel they can change the situation by intervening. If intervention fails to stop the abuse children become frustrated and typically withdraw or become aggressive joining forces with the aggressor to protect themselves.
- Adolescents who have witnessed violence can feel isolated sad, fearful and hurt. These feelings are generally expressed as anger which is directed outwards as abuse or inwards, leading to withdrawal.

Some research studies demonstrate a causal link between childhood exposure to family violence and adult perpetration or victimisation. This is sometimes referred to as the intergenerational transmission of family violence. However, it has also been shown that 'children who are exposed to violence are only moderately to slightly more likely as adults to become perpetrators or victims.'<sup>36</sup>

### 2.3.4 The Diversity of Women's and Children's Experiences

While there are commonalities in the forms of violence used by perpetrators, for instance sexual assault, physical violence and psychological abuse, how the violence is carried out and experienced by women and children is unique to the individual. While there is general information available regarding the impact of violence on women and children, assumptions can never be made about the experiences of individual women and children.

Though the issues faced by women are inextricably linked to the issues faced by their children their needs are distinct. It should be noted that not all women are mothers or are accompanied by children when they access family violence specialist services. The needs of these women should be viewed as just as important as those of women who care for children.

Please see sub sections 2.3.4 a) – j) for information regarding groups of women who share similar backgrounds or have particular characteristics.<sup>37</sup>

<sup>34</sup> The following points regarding child development are adapted from McNamara and McClelland (1999) pp 5

<sup>35</sup> Adapted from McNamara and McClelland (1999) pp 5

<sup>36</sup> Stith, Rosen & Middleton et al 2000; see also Hemenway (1994); Margolin & Gordis 2000 in Elizabeth (2005) pp2

<sup>37</sup> Please Note: While information is presented here about groups of women who share similar backgrounds or have particular characteristics, it is important to remember that the experiences of women are complex, any information provided to them may not resonate with their experience, and/or they may identify with a number of groups or have a range of the characteristics described here. Information relating to groups of women with certain characteristics informs practice generally rather than predetermining what is an appropriate response.

### 2.3.4 a) Indigenous Women and Children

Indigenous women are 45 times more likely to experience family violence and 10 times more likely to die as a result than the non Indigenous population.<sup>38</sup> Indigenous communities have complex family and kinship networks and, while leaving family life is difficult and confusing for all women, the experience of Indigenous women is even more so. The Indigenous community's understanding of family violence includes:

'one on one fighting, abuse involving the Indigenous community workers, self harm, injury and suicide... and is also inclusive of elder abuse and victims of family violence can include parents, uncles, aunties, (step) children, (step) siblings, cousins, grandparents, in laws and distant relatives.'<sup>39</sup>

The Victorian Indigenous Family Violence Taskforce attributes the high incidence and prevalence of family violence among Indigenous people to a number of factors including:

- Dispossession of land and traditional culture;
- Breakdown of community kinship systems and Aboriginal Law;
- Racism and vilification;
- Economic exclusion and entrenched poverty;
- Alcohol and drug abuse;
- The affects of institutionalisation and child removal policies;
- Inherited grief and traumas and loss of traditional Aboriginal male roles and status.<sup>40</sup>

The experience of Indigenous women and children occurs in the context of the colonisation, dispossession and oppression of Indigenous Australians. This is demonstrated by the significant over-representation of Indigenous people in institutions and by figures regarding health and mortality of the Indigenous community.

The Aboriginal Deaths in Custody Inquiry, conducted in 1987, found that Indigenous people die in custody at an unacceptable rate relevant to their proportion of the whole population and are

grossly over-represented in prison populations. Since the Inquiry, the incarceration rate of Indigenous women has increased by 256%.

Victoria has the highest number of Indigenous children coming to the attention of child protection in Australia. This is of particular significance given that Victoria has one of the lowest Indigenous populations.<sup>41</sup>

The trauma of living with family violence is but one of the multiple traumas frequently experienced by Indigenous children. These multiple traumas include the witnessing of community violence, death of loved ones, dislocation from home and community, poor health and extreme poverty. Indigenous leader Lowitija O'Donoghue has said that:

'many children are growing up in communities where violence has become normal and an ordinary part of life and this has resulted in a generation of young Indigenous people who are engaging in high risk and illegal behaviours, misusing alcohol and other drugs, trying to function in spite of profound emotional and physical damage, trying to form loving relationships, even though they are confused about what love is and, most terrifying of all, harming themselves and killing themselves at unprecedented rates.'<sup>42</sup>

There is considerable diversity in Indigenous cultural practice and among communities which makes it impossible to generalise about the nature of violence or Indigenous women and children's experience of it. The interconnected nature of Indigenous communities can mean a woman's ability to maintain anonymity is compromised and this undermines her ability to establish a safe space for herself and her children away from violence.

<sup>38</sup> Victorian Government (2005)

<sup>39</sup> Victorian Government (2005)

<sup>40</sup> Victorian Government (2005)

<sup>41</sup> Victorian Government (2005)

<sup>42</sup> Cunningham et al (2005) pp 7

### 2.3.4 b) Women with Disabilities and their Children

The *Australian Disability Discrimination Act 1992*<sup>43</sup> identifies that disability, in relation to a person, means:<sup>44</sup>

- total or partial loss of the person's bodily or mental functions;
- total or partial loss of a part of the body; the presence in the body of organisms causing illness or disease;
- the presence in the body of organisms capable of causing disease;
- the malfunction, malformation or disfigurement of part of the person's body;
- a disorder or malfunction, which results in the person learning differently from a person without the disorder or malfunction;
- a disorder, illness or disease which affects a person's thought processes, perceptions of reality, emotions or judgement, or which results in disturbed behaviour;
- a disability that previously existed but no longer exists or may exist in the future.

Women with disabilities are among the most socially and economically marginalised in the community. As an example, women with disabilities 'pay the highest level of their gross income on housing yet are in the lowest income-earning bracket. Women who have physical, sensory or intellectual disabilities are discriminated against and excluded by barriers that society creates. These barriers are informational, attitudinal and physical.

Women with disabilities, like their non-disabled counterparts are wives, girlfriends, daughters, sisters, lovers, carers and mothers and 'regardless of age, race, ethnicity, sexual orientation or class, women with disabilities are assaulted, raped and abused at a rate of at least two times greater than non-disabled women.'<sup>45</sup>

Many women with disabilities are subject to the control of others, for example, women who are dependent on carers. This power imbalance increases the vulnerability of women with disability to emotional and psychological control and all forms of violence. Women with children who flee violent situations also run the risk of losing their children because Child Protection authorities may question their ability to care for them alone.<sup>46</sup>

The challenges women face when they endeavour to establish a life for themselves and their children are further compounded for women with disabilities by ignorant stereotypes and by unjust power dynamics that are reinforced by the community.

'Women with disabilities face a number of unique obstacles regarding disclosure or help-seeking in relation to family violence. Of particular importance are:

- their greater isolation;
- the impact of previous help-seeking experiences;
- the difficulty many experience in being believed or taken seriously;
- the sheer practical obstacles they face in obtaining information or assistance, a lack of awareness and skills on the part of service providers in dealing with women with disabilities who experience domestic violence; and
- a lack of coordination and cooperation across services regarding these women's needs.'<sup>47</sup>

<sup>43</sup> In late 2006 the Disability Bill 2005 will be proclaimed.

<sup>44</sup> The following points are adapted from Keys Young 1998:75 in Jennings (2003)

<sup>45</sup> WWDA (1998) pp 5

<sup>46</sup> NSW Women's Refuge Working Party (1999)

<sup>47</sup> Keys Young (1998) in Jennings (2003)

Children with a disability, particularly a severe disability, may be unable to understand or report occurrences of physical or sexual assault. In addition, depending on the severity and type of disability, they may not be able to protect themselves from direct or indirect exposure to family violence.

### **2.3.4 c) Women and Children from Culturally and Linguistically Diverse Backgrounds**

Women who are from culturally and linguistically diverse backgrounds face a range of complex issues. Their experiences in their country of origin vary, as do their reasons for coming to Australia. 'Women may be visiting family or seeking better economic conditions or they may be refugees fleeing persecution.'<sup>48</sup> These women, in particular, may have experienced multiple forms of violence and trauma.

Women's coping mechanisms may differ depending on their degree of cultural adaptation to their environment. Some women may have lived in Australia for two weeks, while others may have lived here twenty years. The amount of time women and children have been in Australia does not necessarily equate with a sense of 'home'. The experience of family violence impacts significantly on women and children's experience of migration and settlement and vice versa. Therefore the idea of homelessness, as it pertains to women from culturally and linguistically diverse backgrounds, is beyond 'house-less-ness'.

The idea of homelessness and beyond house-less-ness also extends to women without permanent residency status as a sense of homelessness can be exacerbated by a lack of citizenship. This can result in a feeling of homelessness that includes 'country-less-ness' or more simply, a lack of belonging.

Women from culturally and linguistically diverse backgrounds are particularly vulnerable to the effects of violence and face barriers in seeking assistance or disclosing their experience as they may:<sup>49</sup>

- May be challenged by a limited understanding of English;
- Lack extended family and community support, a particular concern for women from small and emerging communities;
- Encounter difficulties in accessing legal and support services owing to language and cultural differences;
- Be unaware of their rights and of laws prohibiting family violence in Australia and relating to immigration;
- Lack knowledge of housing, income and support services designed to assist women who experience family violence;
- Fear that reporting violence will compromise their future residency in Australia or their entitlement to programs and services, a particular concern for women on temporary or spouse visas;<sup>50</sup>
- Have limited access to resources such as employment skills, education, income and assets which may enable them to exercise choice when subject to violence, a particular concern for the recently arrived;
- Fear that their confidentiality will be breached by service providers;
- Originate from societies in which there are strong cultural prohibitions against separation and divorce.

For children from culturally and linguistically diverse backgrounds, the effects of exposure to violence may be compounded by cultural differences from the mainstream community, increasing their sense of vulnerability and isolation.<sup>51</sup>

<sup>48</sup> Ohio Domestic Violence Network (2003) pp 53

<sup>49</sup> Statewide Steering Committee to Reduce Family Violence (2005) p13 as adapted from the Foundation for Survivors of Torture (2001).

<sup>50</sup> See Appendix 3 Women without Permanent Residency

<sup>51</sup> Bagshaw and Chung in Partnerships Against Domestic Violence (2000)



#### 2.3.4 d) Lesbian and Bisexual Women and their Children

International population-based studies indicate a prevalence of lesbian and bisexual identity of around 1.5%, with up to 8% of women reporting homosexual desire or behaviour. A recent Australian telephone survey that included 9134 women aged between 16 and 59 years, randomly selected from all states and territories, provided a wide range of information regarding sexuality. While 0.8% of the women identified as gay and 1.4% as bisexual, 15.1% reported same-sex attraction or sexual experience. It is reported that 8%–11% of young people have a non-heterosexual orientation.<sup>52</sup> Discrimination against non-heterosexual women takes various forms, from overt homophobia to heterosexism. Heterosexism assumes that all people are heterosexual and incorporates mainstream attitudes that value heterosexuality more highly than other types of sexuality.<sup>53</sup>

Comparison with heterosexual people shows that lesbian and gay people with mental illness have suffered significantly more day to day and lifetime discrimination, and almost half of this is directly related to their sexuality. Lesbian and bisexual women report rates of depression, anxiety disorders and suicidal ideation that are two-three times higher than women in the general population. An Australian population-based study has shown higher use of all substances, both licit and illicit among non-heterosexual women.<sup>54</sup> These mental health and substance-(mis)use disparities are thought to relate to high levels of stress due to homophobia, higher rates of abuse and experiences of victimisation and lack of social support, rather than to sexuality per se.<sup>55</sup>

It is particularly significant that fear of discrimination and homophobia are primary factors in the under-reporting of family violence among lesbian and bisexual women. Consequently, precise figures regarding prevalence cannot be determined, however it is thought that family violence occurs in comparable rates to those of heterosexual women.

Isolation and limited access to services is a major factor for most women living with family violence however, for lesbians this is highlighted even further because of the lack of civil rights protection and limited access to the legal system. This contributes to lesbian women being among the most isolated of women who experience family violence.

The hidden nature of family violence when a parent has not 'come out' 'means that the children are silenced or feel unable to acknowledge the impact of the abuse on them for fear of publicly compromising their birth parent's relationship.'<sup>56</sup> Even when a woman is open about her relationship, her children may be aware of the potential for negative reactions from teachers, friends or the parents of their friends.

A common occurrence within a lesbian relationship is 'that (the) birth parent is not automatically the primary care-giver of the child. In those cases where the abuse is from the birth-parent to the primary care-giver, children also lose a sense of safety and security when they lose the primary care-giver (who has no legal rights) and are left with the perpetrator.'<sup>57</sup>

#### 2.3.4 e) Homeless Women and their Children

Homelessness is more than 'houseless-ness and can be defined in three ways: chronically homeless, episodically homeless and situationally homeless.

- Chronically homeless women often have characteristics that hinder their ability to find and maintain housing. Their lives often revolve around daily survival.

<sup>52</sup> McNair (2003)

<sup>53</sup> Gay and Lesbian Association in McNair (2003)

<sup>54</sup> Hillier in Mc Nair (2003)

<sup>55</sup> McNair (2003)

<sup>56</sup> Bagshaw and Chung in Partnerships Against Domestic Violence (2000) pp 31

<sup>57</sup> Bagshaw and Chung in Partnership Against Domestic Violence (2000) pp 37

- Episodically homeless women also face issues that inhibit their ability to gain and maintain independent living. They are often highly motivated to find permanent housing but are typically unprepared for independent living.
- Situationally homeless women lack shelter because of acute crisis and are usually homeless for the first time. Once these women receive some period of support they are typically quick to establish independent living.

Women and their children who are homeless and experiencing family violence may be living on the streets without shelter or in substandard accommodation such as rooming houses or hotel accommodation. Women and their children who are homeless are more vulnerable to experiencing a range of forms of violence including family violence.

Women-headed households make up over 70% of the world's homeless; studies of homeless women reveal high lifetime rates of childhood physical and sexual abuse as well as assaults by male partners.<sup>58</sup> The SAAP National Data Collection Agency 2003-4 Report reveals that family violence was the primary reason people presented to SAAP funded services for that period. The national total was 20% of all support periods and Victoria recorded a slightly higher figure of 22%.

Pre-existing poverty, unemployment, the low affordability of housing (especially in the private rental market) and a woman's declining social and economic status all contribute to generating homelessness. Women who are insecurely housed, such as women in temporary family violence crisis accommodation, are prone to increased stress as a result of their concern over their own and their children's safety, lack of social support and long term security. Homeless women are more likely to have a mental illness and may also have a concurrent diagnosis of substance abuse and/or personality disorder. Homeless women also often have difficulty accessing health, legal and community services and support because they are not readily contactable.<sup>59</sup> Societal stereotypes and judgmental attitudes to issues faced by homeless

women, in addition to the lack of affordable housing, compound women's homelessness. These factors present challenges to services attempting to house and support women, so the risk of remaining homelessness remains high.

Women who are housed and are experiencing family violence are considered homeless for the purposes of access criteria for services because their accommodation is unsafe and potentially unsustainable.

### 2.3.4 f) Young Women and their Children

Young women experience significant levels of family violence. In a survey of 5000 12-20 year olds undertaken by the University of Western Australia's Crime Unit in 2004, '42% of 19- to 20-year-old women admitted experiencing some form of physical violence from a boyfriend at least once (30% identified feelings of fear as a result of the assault).'<sup>60</sup> Considering the rates of under-reporting of family violence, this figure is significant.

Young women with children experience enormous pressure to maintain the family unit for the sake of the children. This is similar to the experiences of women of all ages. However, for young women it is compounded by the social stigma of being a young single parent and can result in young women staying in the relationship.<sup>61</sup>

A young woman's stage in development and the often interrelated nature of young women's friendship networks provides a complex context for young women's experiences. Friends can often display significant investment in the relationship and young women face the risk of losing their social network if they choose to end or alter the relationship.

In a number of cases, young women become homeless due to their experience of child abuse including exposure to family violence in their family of origin, and subsequently find themselves

<sup>58</sup> Owens (2003)pp 8

<sup>59</sup> Statewide Steering Committee to Reduce Family Violence (2004) pp 14

<sup>60</sup> Sunday Times, 04/07/04, p. 10

<sup>61</sup> Preston & Gyde (2005)

entrapped in similar circumstances and with a succession of partners which leads to a lack of confidence. Young women who lack self worth and confidence can get caught up in an ever increasing cycle of violence and abuse. This may lead to living on the streets and often to problematic use of drugs and/or alcohol which, coupled with being young, greatly affect their (and their children's) development.<sup>62</sup>

Also see: 2.3.3 Children

#### **2.3.4 g) Older Women**

Older women, like younger women, can experience physical, sexual, financial and emotional abuse at the hands of their partners. They often endure abuse for many years for the sake of their families. Family violence that a woman may have experienced throughout her life evolves and changes but does not necessarily cease as she reaches a mature age.

As women age, there is also increased vulnerability to abuse from adult children, grand children and carers which is often referred to as 'elder abuse'. Elder abuse is defined as abuse or neglect by someone in a position of trust. Violence against older women is understood by family violence services as family violence and through an analysis of gender, ageism and power and control.

There are several factors that colour the experiences of older women. Older women have lived in a world very different to the one we live in today. When they were younger there were clear social expectations and understandings of gender roles, in particular women's responsibilities as wives and mothers, and their reduced status after separation and divorce. Historically, family violence was viewed as a private matter and this perspective was reflected in legislation and social policy with few options for women seeking an independent income. These factors have denied older women choices and have often resulted in women remaining with a violent partner.

For many older women today, barriers to living free from violence remain. Some older women fear that if they disclose their experience of family violence to health or welfare workers they may be

institutionalised and this fear can keep women from seeking help. Others lack information:

'Many older women remain unaware of choices related to legal interventions or believe they lack relevance to them. It is not so much choices as lack of choices that has created the situation where older women remain in a violent situation.'<sup>63</sup>

#### **2.3.4 h) Women with Substance (Mis)Use Issues and their Children**

Substance (mis)use is a complex phenomena influenced by a variety of individual, social and environmental factors. Drugs are used for many purposes. The desire for pleasure that comes with an altered psychological state that some drugs provide is a common reason for substance use. Understanding of substance use and abuse is socially constructed and different substances have different levels of social status and acceptance. There is considerable disparity in responses to substance use by different members of the community and these variations are based on issues of class, race and gender.<sup>64</sup>

Compared to men, women are more likely to use substances to self medicate and cope with trauma and are less likely to use substances as an instrument of aggression.<sup>65</sup> For a number of reasons there is a clear overlap between family violence and substance use. Firstly, women may begin or increase their (mis)use of substances in response to family violence. 'Women often report that, in addition to medicating the emotional and physical pain of trauma, their substance use helped to reduce or eliminate their feelings of fear and therefore become part of their day to day safety related strategies.'<sup>66</sup>

<sup>62</sup> Alexandridis & Bennett (2001)

<sup>63</sup> Sedger (2001)

<sup>64</sup> Raven, M (2005)

<sup>65</sup> Bennett (1997)

<sup>66</sup> Jones & Schechter (1992) in Zubretsky (1995) pp 2

Secondly, substance (mis)use may be encouraged or even forced by a partner as a mechanism of control. A woman's efforts to address her substance use issues may be sabotaged by the perpetrator by:

- preventing the woman from attending meetings or keeping appointments;
- ensuring availability of substances or triggers that prompt use or facilitate her addiction;
- restricting access to the resources the woman needs to comply with her treatment plans.

A perpetrator may also intensify their use of violence in order to re-establish control or use the woman's substance use to excuse their violence, or threaten to expose a woman's substance use to friends, family or authorities. They may be the primary supplier of the drugs, increasing her dependence on them by exploiting her dependence on drugs.<sup>67</sup>

Finally, factors related to victimisation 'are low self esteem, guilt, shame, powerlessness, depression and/or sexual dysfunction.'<sup>68</sup> These factors provide a foundation for the development of substance (mis)use.

A woman who experiences family violence who has substance (mis)use issues is at increased risk because:

- Acute and chronic effects of alcohol/other drug use may prevent the woman from assessing the level of danger posed by the perpetrator;
- Under the influence, women may feel a sense of increased power. Women may erroneously believe in their ability to defend themselves against physical assaults, or their power to change the perpetrator;
- Substance (mis)use impairs judgment and thought processes so that victims may have difficulty with adequate safety planning. Substance use makes it more difficult to leave violence relationships;
- Women may be reluctant to contact police in violent situations for fear of their own arrest or report to Child Protection;

- Substance use may increase involvement in other illegal activities;
- Women with substance (mis)use issues 'are less likely to be believed or taken seriously by others; they are more likely to be blamed for the violence.'<sup>69</sup>

There is considerable social stigma attached to problematic substance use and, given the societal construct and expectations regarding the roles of women, they are often considered doubly deviant. This can result in more oppressive responses to their drug use and can considerably undermine their financial and housing stability and their access to support and assistance. Since women with substance use issues are less likely to have the social and/or financial means to establish a life free from violence and disengage from the perpetrator, they are particularly vulnerable to ongoing violence.

#### **2.3.4 i) Women with Mental Health Issues and their Children**

Prevalence and rates of depression and anxiety disorders as well as psychological distress, are higher for women than for men.<sup>70</sup> Historically women have been considered 'prone' to mental illness. 'Women's human nature was for years considered biologically given, unmediated by culture or how culture fashioned the distinctive features of a feminine personality.'<sup>71</sup> Our understanding of the complex interrelationship between mental health issues and family violence has evolved over the years. This has caused an incremental shift, first from the belief that individual psychopathology was the root of the problem, then to an emphasis on family dysfunction or poverty and, more recently, to an analysis of the role played by gender inequality as a causal factor.

<sup>67</sup> Zubretsky (1995)

<sup>68</sup> Illinois Department of Human Services (2002) p1

<sup>69</sup> Aramburu & Leigh (1991) in Zubretsky (1995) pp2

<sup>70</sup> World Health Organisation (2000)

<sup>71</sup> Taft (2003)



The multiple roles that women fulfil in society put them at greater risk of experiencing mental problems than others in the community. There is a complex interrelationship between gender and social inequalities, their impact on women's experience of partner abuse and women's subsequent mental illness burden.<sup>72</sup>

Family violence is associated with an increased risk of developing a range of psychiatric conditions or of exacerbating existing ones. Experience of family violence in adult life or exposure to abuse in childhood, often leads to depression, post traumatic stress disorder, self harming behaviour, problematic substance use or suicide. It is also true that rates of abuse and violence are especially high for women diagnosed with serious mental illness, particularly homeless women with serious mental illness. However, it should be noted that while family violence causes considerable emotional pain and impacts upon every aspect of women's lives, many women living with family violence do not develop mental health conditions. For those who do, their symptoms, particularly of depression, may resolve when levels of social support, stability and safety increase.

Women living with family violence already suffer from stigmatisation and social isolation. A diagnosis of a mental health condition leads to further negative stereotyping and discrimination and can compound social isolation and exclusion. Those who have a mental health diagnosis find it even harder than other women to disclose family violence. Frequently, when women with mental health issues seek help, their credibility is questioned or they find that they are unable to access any suitable sources of support, while many fear that their ability to care for their children may be challenged by Child Protection or in Family Court proceedings.<sup>73</sup>

#### **2.3.4 j) Women from Rural Areas and their Children**

There is a tendency to overlook the diversity within and between rural communities and to view them as a homogenous group. Class, ethnicity, occupational status and gender are strong modes

of social differentiation, as much in rural as in metropolitan areas. Towns within regions differ in their social structure and political influences.<sup>74</sup> They are often parochial and residents may not employ a regional perspective. Indeed, without understanding the unique characteristics of a rural environment, it is impossible to respond appropriately and fully to women there who experience family violence.

Factors compounding difficulties for rural women living with family violence may include:

- geographic isolation;
- a lack of public transport;
- a lack of telecommunication technology and infrastructure;
- a lack of crisis accommodation;
- a lack of financial support;
- the prevalence of weapons and therefore increased lethality;
- a lack of understanding of the nature and dynamics of family violence (a perception that violence must be physical) and the normalisation of violence;
- a significant culture of mateship and masculinity reinforcing, minimising and condoning the use of violence;
- fears of breaches of confidentiality if family violence is disclosed;
- the often complicated financial, business and property arrangements in farming families and a reluctance to leave the farming lifestyle or animals.

Women living in rural areas are sometimes at great distances from support services. Physical isolation means that women may have no social supports around them. They may live a distance from the nearest available childcare or other community supports, there may be few job opportunities and

<sup>72</sup> Taft (2003) pp 11

<sup>73</sup> Baron (2003) pp 6-7

<sup>74</sup> Hastings and MacLean (2002)

inadequate public transportation which can increase the vulnerability of women in rural areas to family violence. Women are particularly susceptible to social isolation and financial control, further exacerbated by the prevalence of weapons such as guns in rural areas.

In addition to geographical isolation, cultural values including strong allegiance to the land, family ties and traditional gender roles also increase the challenges faced by rural women in attempting to establish a life free from violence. Personal factors which can exacerbate rural women's experience of family violence may include their race, ethnicity, ability/disability, sexual preference and age. For rural women who are Indigenous, from culturally or linguistically diverse backgrounds, have disability, are lesbian or are older, these issues are exacerbated.<sup>75</sup>

A perceived lack of anonymity and confidentiality presents a barrier to seeking assistance for women living with family violence in rural communities. Where the population is small and interconnected, for instance, the local police officer may know a woman, and the perpetrator or both of them and, consequently, may be less likely to recognise the severity of an assault or be willing to intervene.

Dominant, often conservative, ideologies contribute to the folklore that underpins how violence against women is regarded. Rural communities are frequently characterised as being conservative and harmonious. These assumptions conceal the negative consequences of how women are perceived when they challenge the dominant rural ideology.<sup>76</sup>

**Also See:**

5.1 Policies for Ensuring Access, Equity and Responsiveness

6.3 Responding to the Diversity of Women's Experiences

## Relevant Documents

*Statewide Steering Committee to Reduce Family Violence (2004) 'Reforming the Family Violence System in Victoria'*

Section 4 – Family Violence and its impact

*Department of Human Services (2005) 'Protecting Children – the next steps'*

Strategy 1: Vulnerable children and vulnerable young people are protected and nurtured to adulthood

## Further Information

To access the documents referred to in this section or for further information regarding a particular issue access the following websites:

*Statewide Steering Committee to Reduce Family Violence (2004) 'Reforming the Family Violence System in Victoria'*

[www.women.vic.gov.au](http://www.women.vic.gov.au)

*Department of Human Services (2005) 'Protecting Children – the next steps'*

[www.office-for-children.vic.gov.au](http://www.office-for-children.vic.gov.au)

## General Resource

*Australian Domestic and Family Violence Clearinghouse*

[www.austdvclearinghouse.unsw.edu.au](http://www.austdvclearinghouse.unsw.edu.au)

*Domestic Violence and Incest Resource Centre*

[www.dvirc.org.au](http://www.dvirc.org.au)

## Law Reform

*Victorian Law Reform Commission*

[www.lawreform.vic.gov.au](http://www.lawreform.vic.gov.au)

## Children

*Office for Children*

[www.office-for-children.vic.gov.au](http://www.office-for-children.vic.gov.au)

*Youth Advisory Council Victoria (YacVic)*

[www.yacvic.org.au](http://www.yacvic.org.au)

<sup>75</sup> Hastings and MacLean (2002) pp3–4

<sup>76</sup> Hastings and MacLean (2002)

**Indigenous Women and Children***Elizabeth Hoffman House*[www.kiams.net/hoffman/](http://www.kiams.net/hoffman/)**Women with Disabilities***Women with Disabilities Network*[www.wwda.org.au](http://www.wwda.org.au)**Women and Children from Culturally  
and Linguistically Diverse Backgrounds***Immigrant Women's Domestic Violence Service*[www.iwdvs.org.au](http://www.iwdvs.org.au)**Homeless Women and their Children***Victorian Council of Social Services*[www.vcoss.org.au](http://www.vcoss.org.au)*Council to Homeless Persons*[www.chp.org.au](http://www.chp.org.au)**Young Women and their Children***Bursting the Bubble*[www.burstingthebubble.com](http://www.burstingthebubble.com)*Youth Advisory Council Victoria (YacVic)*[www.yacvic.org.au](http://www.yacvic.org.au)**Women with Substance (Mis)Use Issues  
and their Children***Victorian Alcohol and Drug Association*[www.vaada.org.au](http://www.vaada.org.au)**Women from Rural Areas and their Children***Rural Women's Network*[www.nre.vic.gov.au](http://www.nre.vic.gov.au)



# Section 3: Overview of the Service System

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of the Service System

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## Section 3: Overview of the Service System

### Section Overview

As the title suggests section three provides an overview of the service system and its various service models.

### Key Statements

- Family violence services are a resource or tool for women to utilise to enhance the safety and well being of themselves and their children and address the impact on their lives.
- A range of service models may be provided by one agency which may also utilise a number of different modes of service delivery.

### Implications for Policy

- Program/Service Descriptors — services have documented program descriptors providing information on service models and modes of service delivery.

### Implications for Procedure

- Data Base/Resource of Relevant Services — services have centrally accessible resource of services available and subsequent procedure for ensuring resource is updated.

### Practice Implications

- Services and workers are aware of the service models available to women and children in their local area and on a statewide level.





## Section 3: Overview of the Service System

### 3.1 Family Violence Specialist Services for Women and Children

Family violence specialist services are a resource or tool for women to utilise to enhance their and their children's level of safety and wellbeing and reduce the impact of family violence on their lives and the lives of their children.

Family violence specialist services principally provide assistance to women and children who:

- are experiencing an immediate crisis due to family violence
- are recovering from experiences of family violence
- are at risk of being unsafe due to family violence

Family violence services aim to:

- support women to enhance their and their children's safety and wellbeing
- Support women to have control over their lives.
- Advocate for structural change to increase the safety levels of women and children in the community.

There are a range of service types providing a specialist family violence response to women and children in Victoria including:

- Crisis Service — Statewide
- Crisis Services — Regional
- Outreach Services
- Women's Refuge Services<sup>77</sup>
- Services Providing Specialist Support to Specific Client Groups
- After Hours Services — regional and statewide
- Private Rental Brokerage
- Intensive Case Management Programs
- Individual Counselling Services for Women and Children
- Services Providing Support Groups for Women and Children

- Indigenous Family Violence Healing and Time Out Services

For information regarding how these services are funded see Appendix 1.

### 3.2 Types of Services

A range of service models may be provided by one agency which may also utilise a number of different modes of service delivery.

Please see 3.2.1 – 3.2.10 for information regarding the aims, client group, objectives and aspects of service models regarding particular service types.

#### 3.2.1 Peak Body Organisation

##### Domestic Violence Victoria (DV Vic)

##### Aim of Service Model

Domestic Violence Victoria Inc. (DV Vic) is the peak advocacy organisation committed to the rights of all women and children to live free from violence.

##### Objectives

- To enhance services available to women and children experiencing family violence in Victoria;
- To support best practice;
- To facilitate coordinated responses and provide commentary representing the family violence service system to government regarding relevant issues, policy initiatives and directives;
- To facilitate communication between services and other key stakeholders to inform policy, protocol and other requirements of systems integration;
- To act as central point for services, government and other relevant stakeholders regarding information and advocacy related to family violence and the service system;

<sup>77</sup> Some Women's Refuge Services refer to themselves as Women's Crisis Accommodation Services



- To inform public policy and research;
- To raise community awareness and promote community responsibility for violence prevention.

#### Aspects of Service Model

- The membership of DV Vic comprises services providing a response to women and children who experience family/domestic violence in the state of Victoria.
- DV Vic acts as a central point for its services for information, analysis and support regarding:
  - State and Federal Government policy
  - State, Federal and International developments regarding family/domestic violence and associated issues
  - best practice in responding to women and children experiencing family/domestic violence and service provision.
- Central point of distribution for donations to family violence services.
- DV Vic forms collaborative partnerships with other peak organisations and relevant stakeholders to strengthen structural advocacy and DV Vic's ability to champion the rights of women and children on a government and community level.
- All activities undertaken by DV Vic are informed by consultation with women, their children and service providers.
- Consultation assists DV Vic to identify and respond (including the development of policy positions) to current issues and the impact of government policy on women, children and the services that support them in a way that is representative of their needs.

### 3.2.2 Crisis Services

#### 3.2.2 a) Crisis Service – Statewide

##### Women's Domestic Violence Crisis Service (WDVCS)

##### Aim of Service Model

WDVCS aims to provide support, information and referral for women and their children experiencing family violence 24 hours a day, 7 days a week. WDVCS is the central referral point for women's refuge.

##### Client Group

WDVCS support women with and without children whose safety and security is adversely affected by their experience of family violence.

##### Objectives

- To assist women and their children to establish safe accommodation;
- To assist women and their children to make informed choices for themselves about their circumstances,
- To provide confidential, professional and relevant service to women and their children;
- To provide advocacy with and on behalf of women and their children at a direct service and broader structural level;
- To participate in an integrated response to family violence.

##### Aspects of the Service Model

- 24 hour, 7 days a week telephone line.
- Crisis Intervention including risk assessment and safety planning.
- Information, referral and advocacy
- Partnerships with relevant stakeholders in the integrated response to family violence. This includes close working relationships between providers of family violence services.

### 3.2.2 b) Crisis Service – Regional

#### Aim of Service Model

Regional Crisis Services aim to provide support, information and referral for women and their children experiencing family violence.

#### Client Group

Regional Crisis Services support women with and without children from their local area whose safety and security is adversely affected by their experience of family violence and are at imminent risk, requiring immediate support.

#### Objectives

- To assist women and their children to establish safe accommodation;
- To assist women and their children to make informed choices for themselves about their circumstances,
- To provide confidential, professional and relevant service to women and their children;
- To provide advocacy with and on behalf of women and their children at a direct service and broader structural level;
- To actively participate in an integrated response to family violence.

#### Aspects of the Service Model

- Crisis Intervention including risk assessment and safety planning.
- Information, referral and advocacy.
- Partnerships with relevant stakeholders in the integrated response to family violence. This includes close working relationships with providers of family violence services.

### 3.2.3 Services Providing Specialist Support to a Specific Client Group

#### 3.2.3 a) Services for the Indigenous Community

##### Elizabeth Hoffman House

#### Aim of Service Model

Elizabeth Hoffman House is a statewide service that aims to provide refuge and outreach support to Indigenous women and their children experiencing family violence.

#### Client Group

Elizabeth Hoffman House supports Indigenous women and their children or women with Indigenous children in need of support due to family violence.

#### Objectives

- To assist Indigenous women to make informed choices for themselves and their children about their circumstances;
- To assist Indigenous women and their children to establish safe accommodation or enhancing the safety of their accommodation whilst maintaining connection with friends, family and other community support;
- To minimise disruption to children's lives by ensuring they are well linked into the communities and schools;
- To provide confidential, professional and relevant services to women and their children;
- To increase awareness of issues facing Indigenous women and children;
- To advocate on a structural level to ensure the system is responsive to the needs of Indigenous women and children;
- To actively participate in an integrated response to family violence.

### Aspects of the Service Model

- Case management with crisis intervention as necessary. Also including co-case management with other family violence service.
- Cultural Support.
- Risk assessment and safety planning with clients as central.
- Women's Refuge at a secure location.
- Holistic Assessment.
- Information, advocacy and active referral to appropriate services.
- Partnerships with relevant stakeholders to an integrated response to family violence including close working relationships with providers of family violence services.
- Provision of secondary consultation and co-case management with mainstream services regarding the provision of appropriate and effective support to Indigenous women and children.
- Provision of community education to other community services to improve community understanding about issues relating to family violence and the Indigenous community.
- Advocacy at an individual service system and broader structural level.

### Indigenous Family Violence Healing Services<sup>78</sup>

Holistic Healing Services are being developed in ten regions across Victoria according to local needs and characteristics.<sup>79</sup>

#### Aim of the Service Model

Healing Services aim to prevent, reduce and respond to family violence in Indigenous communities.

#### Client Group

Healing services support Indigenous women and children

### Objectives

- to provide culturally appropriate environment, supported by the integration of Indigenous teachings and mainstream services;
- to build on and improve the coordination of existing Indigenous mainstream services for Indigenous victims of family violence.

### Aspects of the Service Model

While Healing Services are being developed to meet local needs, it is expected that they will provide:

- case coordination;
- counseling;
- linkage and referral to other relevant Indigenous and mainstream services;
- spiritual and cultural, individual and group activities to reconnect individuals, families and communities with their Indigenous culture and heritage.

### 3.2.3 b) Services for Culturally and Linguistically Diverse Women and Children

#### Immigrant Women's Domestic Violence Service

##### Aim of the Service Model

The Immigrant Women's Domestic Violence Service (IWDVS) is a statewide service, which aims to provide support to women and children from culturally and linguistically diverse backgrounds who experience family violence.

##### Client Group

IWDVS support culturally and linguistically diverse women with and without children for whom family violence places in circumstances that threaten or adversely affect the safety and security.

Currently, linguistic support is provided with the following languages: Vietnamese, Mandarin, Cantonese, Turkish, Dari, Pushtu, Farsi, Kurdish, Persian, Amharic, Tigree, Tigrenyan Sudanese (Arabic, Dinka and Nure, Shilluk), Russian,

<sup>78</sup> Adapted from DHS Specifications for Stage 2 Funding

<sup>79</sup> Contact local Indigenous Action Groups for information regarding services developing in your local region

Ukrainian, Bel Russian, Bulgarian, Greek, Serbian, Macedonian, Bosnian, Croatian, Slovenian, Spanish (covering more than 20 Spanish-speaking countries) and Arabic (covering more than 20 Arabic speaking countries). IWDVS work with interpreters when we a caseworker who speaks the client's language<sup>80</sup> is unavailable.

#### Objectives

- To assist women to make informed choices for themselves and their children about their circumstances;
- To assist women and their children to enhance the safety of their accommodation or establish safe accommodation whilst maintaining connection with friends, family and other community support;
- To provide cultural support;
- To minimise disruption to children's lives by ensuring they are linked into communities and schools;
- To provide confidential, professional and relevant services to women and their children;
- To increase awareness of issues facing women and children from culturally and linguistically diverse backgrounds;
- To advocate on a structural level to ensure the system is responsive to the needs of women and their children from culturally and linguistically diverse backgrounds;
- To participate in an integrated response to family violence.

#### Aspects of the Service Model

- Case management with crisis intervention as necessary. Also including co-case management with other family violence service.
- Cultural Support.
- Risk assessment and safety planning with clients as central.
- Holistic assessment.
- Information, advocacy and active referral to appropriate services.

- Partnerships with relevant stakeholders to an integrated response to family violence including close working relationships with providers of family violence services.
- Provision of secondary consultation and co-case management with mainstream services regarding the provision of appropriate and effective support to women and children from culturally and linguistically diverse backgrounds.
- Provision of community education and training to other Community Services to improve community understanding about issues relating to family violence and culturally and linguistically diverse communities.
- Advocacy at an individual, service system and broader structural level.

#### 3.2.3 c) Services for Lesbian Women and their Children

##### Domestic Violence Outreach Service for Lesbian Women – Kara House

##### Aim of the Service Model

Domestic Violence Outreach Services for Lesbians aims to support and assist lesbian women with and without children to address issues they face and their experience of family violence.

##### Client Group

Domestic Violence Outreach Services for Lesbian support lesbian women with and without children for whom family violence places them circumstances that threaten or adversely affect their safety and security.

##### Objectives

- To assist lesbian women to make informed choices for themselves and their children about their circumstances;
- To assist lesbian women and their children to enhance the safety of their accommodation or establish safe accommodation whilst maintaining connection with friends, family and other community support;

<sup>80</sup> The languages covered/provided by IWDVS are not static. Workers should not assume that if the language spoken or cultural group is not listed that the woman cannot be referred to IWDVS for cultural support.

- To minimise disruption to children's lives by ensuring they are linked into communities and schools;
- To provide confidential, professional and relevant services to lesbian women and their children;
- To increase awareness of issues facing women and children who experience family violence;
- To advocate on a structural level to ensure the system is responsive to the needs of lesbian women and their children who experience family violence;
- To participate in an integrated response to family violence.

#### **Aspects of the Service Model**

- Transitional case management with crisis intervention as necessary. Also including co-case management with specialist services.
- Cultural support through secondary consultation and co-case management with specialist services.
- Risk assessment and safety planning with clients as central.
- Holistic assessment.
- Provision of Information and lesbian specific resources, advocacy and active referral to lesbian specific and other appropriate services.
- Partnerships with relevant stakeholders to an integrated response to family violence including close working relationships with providers of other domestic/ family violence services.
- Provision of secondary consultation and co-case management with mainstream services regarding the provision of appropriate and effective support to women and children.
- Provision of community education and training to other community services to improve community understanding about issues relating to family violence.

- Advocacy at an individual, service system and broader structural level.
- Lesbian Domestic Violence Support Group

### **3.2.4 Outreach Services**

#### **Aim of the Service Model**

Outreach services aim to support and assist women with and without children to address issues they face and their experience of family violence.

#### **Client Group**

Outreach services support women with and without children for whom family violence places them in circumstances that threaten or adversely affect their safety and security.

#### **Objectives**

- To assist women to make informed choices for themselves and their children about their circumstances;
- To assist women and their children to enhance the safety of their accommodation or establish safe accommodation whilst maintaining connection with friends, family and other community support;
- To minimise disruption to children's lives by ensuring they are linked into communities and schools;
- To provide confidential, professional and relevant services to women and their children;
- To increase awareness of issues facing women and children who experience family violence;
- To advocate on a structural level to ensure the system is responsive to the needs of women and children who experience family violence;
- To participate in an integrated response to family violence.

#### **Aspects of the Service Model**

- Transitional case management with crisis intervention as necessary. Also including co-case management with specialist services.
- Cultural support through secondary consultation and co-case management with specialist services.



- Risk assessment and safety planning with clients as central.
- Holistic assessment.
- Information, advocacy and active referral to appropriate services.
- Partnerships with relevant stakeholders to an integrated response to family violence including close working relationships with providers of other domestic/ family violence services.
- Provision of secondary consultation and co-case management with mainstream services regarding the provision of appropriate and effective support to women and children.
- Provision of community education and training to other community services to improve community understanding about issues relating to family violence.
- Advocacy at an individual, service system and broader structural level.
- To assist women and their children to enhance the safety of their previous accommodation or establish safe accommodation (alternate to the temporary accommodation of the refuge service) whilst maintaining connection with friends, family and other community support;
- To minimise disruption to children's lives by ensuring they are linked into communities and schools;
- To provide confidential, professional and relevant services to women and their children;
- To increase awareness of issues facing women and children who experience family violence;
- To advocate on a structural level to ensure the system is responsive to the needs of women and children who experience family violence;
- To participate in an integrated response to family violence.

#### Aspects of the Service Model

### 3.2.5 Women's Refuge Services

#### Aim of the Service Model

Women's Refuge Services aim to provide safe and secure accommodation and support to women with and without children, who experience family violence and are in need of relocation from where they usually reside to enhance their safety. Services aim to assist women to address issues they face and their experience of family violence.

#### Client Group

Women's Refuge Services support women and their children for whom family violence places in circumstances that threaten or adversely affect their safety and security.

#### Objectives

- To provide women and their children with secure accommodation and support;
- To assist women to make informed choices for themselves and their children about their circumstances;
- Short term case management with crisis intervention as necessary. Also including co-case management with specialist services.
- Cultural support through secondary consultation and co-case management with specialist services.
- Risk assessment and safety planning with clients as central.
- Holistic assessment.
- Information, advocacy and active referral to appropriate services.
- Partnerships with relevant stakeholders to an integrated response to family violence including close working relationships with providers of other domestic family violence services.
- Provision of secondary consultation and co-case management with mainstream services regarding the provision of appropriate and effective support to women and children.
- Provision of community education and training to other community services to improve community understanding about issues relating to family violence.
- Advocacy at an individual, service system and broader structural level.



### 3.2.6 After Hours Services<sup>81</sup>

#### Aim of service

To provide an after-hours response to women and children experiencing family violence.

#### Client Group

Women, including women with children, experiencing family violence who require immediate assistance outside standard business hours 7 days a week.

#### Objectives

- To provide telephone and face-to-face outreach after-hours support capacity at the regional/sub-regional level;
- To provide more consistent after hours support;
- To establish and maintain clear protocols with local police, particularly in relation to formal referral pathways;
- To build working relationships with statewide after hours services;
- To conduct risk assessment to determine the current and ongoing risks and service requirements for women and their children;
- Where required to provide immediate face-to-face support;
- Where safe and appropriate, provide immediate telephone support with next-day face-to-face follow up;
- Make appropriate referrals to specialist family violence and mainstream support services;
- Work closely with other family violence services at the regional level, particularly outreach services and with police.

#### Aspects of the Service Model

- Risk assessments are conducted to determine the immediate and ongoing risks to health and safety and service requirements for women and their children.

- Immediate face-to-face support is provided where required.
- Immediate telephone support with next-day face-to-face follow up is provided where safe and appropriate.
- Appropriate referrals are made to specialist family violence and mainstream support services.
- Close working relationships with other family violence services at the regional level, particularly outreach services and with police.

### 3.2.7 Intensive Case Management Programs<sup>82</sup>

#### Aims of the Service Model

To provide more intensive support to women, including women with children, who face the highest levels of risk.

#### Client Group

Women and children who:

- Have experienced severe violence and abuse;
- Have repeatedly required assistance from the family violence services system;
- Face high risk of violence in the near future;
- Have multiple and complex needs (E.g. homelessness, drug/alcohol treatment, mental health treatment, financial support).

#### Objectives

- To assist women to break a cycle of violence through multiple and intensive support options and to achieve sustainable and safe outcomes;
- To provide continuity of service to women and children who are repeat clients of the domestic/ family violence service system;
- To offer skilled professional assistance for clients with complex needs, determining appropriate service needs for each individual.

<sup>81</sup> This section has been adapted from Department of Human Service (2005)

<sup>82</sup> This section has been adapted from the Department of Human Services (2005) for further information consult Department of Human Service Intensive Case Management Guidelines

### Aspects of Service Model

- Intensive case work conducted by skilled practitioners with a small number of women and their children with very high-level and complex needs, usually over a period of 3–6 months.
- Identification of families at highest risk.
- Risk assessment and safety planning with clients as central.
- Holistic assessment.
- Regular and ongoing face-to-face contact with women and children in locations where they are most comfortable (own home, secure refuge, community centre, public space).
- Assessment of appropriate service needs on an individual basis (including the need for cultural support).
- Active referrals from a range of services
- Engagement of support networks

Availability of intensive case management are not limited by geographic location. Where an individual agency cannot directly offer intensive case management owing to geographic restrictions, that agency arranges appropriate intensive case management with another provider.

### 3.2.8 Private rental brokerage program<sup>83</sup>

#### Aim of Service

To assist women and their children leaving abusive relationships to access and/or retain private rental as a long-term housing option.

#### Client Group

- Women (including women with children) whose:
- Have experienced family violence in the last 12 months;
- Wish to establish/maintain private rental as a long term housing option
- Safety requirements can be reasonably met in private rental accommodation; and

- Are likely to be able to sustain private rental when the period of private rental brokerage and assistance ends.

#### Objectives

- To assist women with and without children to establish/maintain rental accommodation;
- To provide a range of flexible financial brokerage packages together with related forms of assistance and support;
- To complement domestic violence outreach services and other family violence services;
- To provide an alternative option to refuge, transitional and other forms of supported accommodation;

#### Aspects of the Service Model

- Holistic assessment and active referral.
- Assistance to secure private rental.
- Brokerage funds to provide time limited rental subsidy.
- Housing related practical information, referral and establishment assistance.
- Regular on going contact and housing related assistance for the duration of the brokerage period.
- Liaison/partnership with relevant housing providers (landlords) and family violence support services and other community based resources and organisations.

### 3.2.9 Counselling and Support Groups

#### Aim of service

To assist women and children to recover from experiences of family violence.

#### Client Group

Counselling and support services assist women and their children who have experienced family violence or are at risk of being unsafe in the domestic/family environment. The target group includes those who are no longer in abusive

<sup>83</sup> This section has been adapted from Department of Human Services (2005)

relationships, those who may remain abusive relationships and those who have never called police or used family violence crisis services.

#### Objectives

- To assist women and children to recover from experiences and trauma of family violence, helping them to identify and pursue opportunities for positive and lasting change;
- To support women and children who risk being unsafe in the family environment, helping them to identify and pursue options to protect their safety;
- To reduce isolation and improve social networks for women and children who have experienced, or risk experiencing, family violence.

#### Aspects of the Service Model

- Individual counselling for women.
- Individual counselling for children.
- Group programs to assist recovery:
  - Support/educational groups — closed and time limited to address the impact of the family violence and provide an educational component on its causes, complexity and consequences with a focus on victim safety.
  - Networking and information groups — open, ongoing, supportive and resource-orientated. Focus on empowerment, social support and safety.
  - Group programs for children and adolescents — may be closed or open.
- Risk and needs assessment and monitoring of ongoing risk.
- Providers conduct a comprehensive assessment (where this has not already occurred in another part of the family violence service system) to identify the risk of ongoing violence; enable development of a safety plan; and identify ongoing support needs.

- Case planning and coordination Providers work with women and children to articulate agreed goals that reflect their aspirations for the changes they want to see for themselves and their families.
- Providers regularly update case plans, coordinate services and review services.
- Information provision, advocacy and referral to appropriate services including health, housing, income support, financial counselling, childcare, parenting services and legal and court services.
- Community education — to improve community understanding about issues relating to family violence promote early intervention and assist prevention of future incidents.
- Specialist consultation — assisting community agencies and professionals in their work with women and children who have experienced violence. Specialist consultation can be provided to non-family violence specific agencies.

### 3.2.10 Regional Leadership, Service Integration and Planning

The role or function of regional, leadership, service integration and planning operate differently from region to region. The role or function aims to work in partnership with DHS, other government departments and regional services to:

- Collate and analyse local data;
- Undertake strategic planning and coordination, including documenting annual integration priorities;
- Identify barriers to service access;
- Identify and document successful local integration service models;
- Improve service coordination through negotiating local solutions where possible; and
- Identify leanings and issues to feed into statewide direction.

### 3.2.11 Training and Resource Services

#### Northern Metropolitan Institute of Tafe (NMIT) Family Violence Induction Training

##### Aim of the Service Model

To provide training/induction program to new and existing workers within the integrated family violence service system.

#### Domestic Violence and Incest Resource Centre (DVIRC)

##### Aim of the Service Model

DVIRC is a statewide service and aims to reduce and prevent family violence by providing information to people who have experienced family violence, and by providing training and resources to services to improve service system responses.

##### Objectives

- To improve the quality of services for victims of violence through the provision of training (in line with national competencies);
- To inform and support those affected by family violence;
- To inform public policy and research;
- To raise community awareness and promote community responsibility for violence prevention.

##### Aspects of the Service Model

- Provision of professional training courses.
- A specialist library open to the public.
- Develop and distribute a quarterly newsletter, Discussion papers, books and other publications.
- Pamphlets and websites for victims of violence.
- Community education campaigns.
- Information and referral to support services in Victoria.
- Commentary on policy initiatives and law reform.

#### Immigrant Women's Domestic Violence Service (IWDVS)

- Provide training regarding cultural competence and related issues.

**Also see:** 3.2.2 b) Services for Culturally and Linguistically Diverse Women and Children



# Section 4: Access to Family Violence Specialist Support

Section 4: Access to Family  
Violence Specialist Support



## Section 4: Access to Family Violence Specialist Support

### Section Overview

Section four provides information regarding eligibility and the determination of acceptance following a referral<sup>84</sup> and referral pathways.

### Key Statements

- While some services are designed to provide support to specific groups of women and their children, all family violence specialist services have a responsibility to provide accessible, responsive and appropriate support to the diverse range of women, with and without children.
- Criteria for determining eligibility for support/counselling and assessment processes for all new referrals are applied across the service system. This is for a number of reasons, including the specialist nature of the family violence services and the various service models available. The criteria and process used to determine eligibility are not intended as tools for excluding women and their children from the service system. Instead, they are designed to ensure that women and children are able to access the most suitable service option considering their circumstances.

### Implications for Policy

- Access, Equity and Responsiveness Policies — designed to ensure flexibility to facilitate inclusive access.
- Workforce development and Worker Orientation Policies — to ensure clear understanding of service's approach to access.
- Protocol or similar agreements to support practice with specialist services.

### Implications for Procedure

- Eligibility Criteria and Determination of Acceptance Procedure

### Practice Implications

- Workers across the service sector take a consistent approach to the determination of acceptance.
- Workers have an in-depth understanding of services available to women and children and subsequent referral pathways.<sup>85</sup>
- Workers recognise the boundaries of their role and expertise and where appropriate seek secondary consultation and/or co-case management with relevant specialist services.

<sup>84</sup> The principles of access, equity and responsiveness in service design and delivery are discussed in detail in Section 5 and should be read in conjunction with Section 4.

<sup>85</sup> See Appendix 2 Referral Information



## Section 4: Access to Family violence Specialist Service Support

### 4.1 Eligibility Criteria

Eligibility criteria employed by family violence specialist services is linked to the shared definition of family violence<sup>86</sup> which broadly incorporates the experience of Indigenous women, lesbian women, and women with disabilities who are at risk of violence from carers, as well as family members and intimate partners.

The primary eligibility criterion of family violence specialist services is:

***Women, with and without children, who are seeking practical assistance, information or support in relation to their experience of family violence.***

This criterion applies to all family violence specialist services, however services providing crisis entry accommodation/support (e.g. crisis, women's refuge services) may apply an additional criteria:

***Women who are assessed (via common risk assessment) as being at imminent risk and who identify the need for accommodation to increase their level and feelings of safety.***

Services such as Immigrant Women's Domestic Violence Service, Elizabeth Hoffman House, After Hours Services, Private Rental Brokerage and Intensive Case Management Programs also have additional criteria that reflect their specific target groups.

### 4.2 Determination of Acceptance Following a Referral

Family violence specialist services take a consistent approach to the development of policy and procedure regarding the determination of acceptance following a referral. Policy and procedure is informed by the overarching principles and core values outlined in this document and:

- Ensure an inclusive client-centred approach – to respond to the individual needs of women and their children including safety planning;
- Are reflective of and responsive to diversity;

- Upholds rights both ethically and legally – a demonstrated recognition that it is discriminatory to deny 'groups' of women and their children, or women with particular issues, or characteristics from accessing services;
- Is transparent, supportive and avoids causing further trauma – women understand the assessment process why information is sought and how it will be used. A minimum amount of information is sought and it is considered in the context of any previous information disclosed in order to avoid the necessity of women and their children retelling their stories.

It is widely accepted that women and their children from particular backgrounds or with certain characteristics or special needs often experience barriers to accessing services. In recognition of this, and as a demonstration of their commitment to challenging discrimination (on a system wide and individual service level), family violence services give particular consideration to such women and their children as they develop and implement policy and procedures regarding access issues. For example:<sup>87</sup>

#### **Women who are dependent on carers**

Family violence services respond with flexibility and creativity to women with disabilities who are dependent on carers seeking assistance with issues of family violence. Where the perpetrator is the carer, it may be particularly important to work collaboratively with other community organisations to facilitate safety planning.

#### **Women with substance (mis)use issues**

During assessment, women are fully informed that the use of illicit substances is prohibited on the premises of family violence specialist services. Women are given the opportunity to consider

<sup>86</sup> See 2.3 Understanding Family violence

<sup>87</sup> In addition to consideration of these groups services should seek to examine the barriers within their own services through client feedback, data analysis, service evaluation and consideration of their local community characteristics.

whether they are able to comply with this prohibition and, therefore, whether the support and/or accommodation option is appropriate for their needs; this ensures that women are able to make an informed decision about whether they wish to engage in support with the service. Where they decide the service option is inappropriate for their needs, the service assists them to explore other options and provides active referral. Where they decide the service option is appropriate, support is not conditional on them addressing their substance (mis)use issues. Family violence services are voluntary services and their policies and practices demonstratively denounce coercion of any kind.

#### **Women with mental health issues**

Where a woman's mental health issue is actively unstable and causing, or could cause, harm to herself or others, she is referred via a Crisis Assessment Team (CAT) to an appropriate mental health specialist service, as per family violence specialist service duty of care obligations. Where the CAT determines that a woman does not require the assistance of a crisis mental health specialist service, the family violence service will consider providing support in consultation with a mental health service. Negotiation of these arrangements with the woman will take place in an open and transparent manner with the service taking a creative and collaborative approach to ensure the woman can receive support.

#### **Women Supported Previously by Services**

Women who have previously been supported by a service and are seeking to re-access the service or service system are assessed solely against the eligibility criteria. This approach is taken in recognition of the difficulties many women face in disengaging from violent relationships and that women may attempt to leave on a number of occasions. Eligibility criteria and assessment processes are designed to promote access to services for women when they require them. As with all women, an individual safety plan is thoroughly discussed and developed to ensure that re-accessing the service will enhance the woman's safety and wellbeing.

A woman's eligibility for support and/or accommodation is not automatically affected in cases where she has breached service guidelines during a previous period of support. Instead, the service guidelines are revisited with the woman to ensure that she can make a fully informed decision regarding accessing the service. This process recognises that a woman who has previously breached guidelines will not necessarily do so again if she re-accesses the service or service system.

Refusal to provide a service to a woman is justified only by the most significant breach of service guidelines, where modification to the provision of support cannot address concerns regarding duty of care responsibilities. Before reaching such a decision, services take a creative and flexible approach to assessment. Consideration is given to the context in which the breach of service guidelines occurred, the woman's current situation including her level of risk/safety, principles of access and equity<sup>88</sup> and implications for duty of care issues.

#### **Women with male adolescent dependents**

All family violence specialist services provide support and accommodation services to women and dependent children of all ages. Adolescents present a unique set of needs, but do not necessarily present a threat to the safety and security of women supported by the service or of workers. While the research on family violence tells us that exposure to domestic/family can potentially lead to a child using violent behaviour, the more significant finding is that often it does not.<sup>89</sup> Male adolescents are capable of healthy, respectful relationships, therefore individual assessment rather than universally applied criteria informs the eligibility status of this group. Guidelines for the assessment of male adolescents are included in relevant organisational policy and procedures and reflect the principles of equity and accessibility.<sup>90</sup>

<sup>88</sup> See 5.1 Policies for Ensuring Access, Equity & Responsiveness

<sup>89</sup> Patterson (2003)

<sup>90</sup> See 5.1 Policies for Ensuring Access, Equity & Responsiveness and 5.3 Children & Young People

### Women from interstate and overseas

Women fleeing violence from interstate and overseas may require assistance from specialist family violence services in Victoria. Some may be pursued by the perpetrator, others may experience ongoing effects of the violence that inhibits their re-settlement. The policies and procedures of family violence services demonstrate that the safety of women, and their children, from interstate cannot be assumed and that their access to services in Victoria is guided by risk assessment and needs analysis.

### Homeless women

Women and their children who experience chronic homelessness,<sup>91</sup> including women and their children who reside in unsafe and unstable accommodation such as rooming houses or squats, have traditionally faced difficulty in accessing support services. This can be due to a perception that women seek family violence support primarily to address their housing needs rather than family violence issues. To ensure equity of access for women and children who are chronically homeless and experiencing family violence, the policies and procedures of services reflect an understanding of the complex relationship between homelessness and family violence and, as such, assess the eligibility of all women for assistance on the basis of their experience of family violence.

A flexible approach to contact arrangements between the service and the women is also crucial to delivering services in a manner that is sensitive to their circumstances.

## 4.3 Referral Pathways

The specialist family violence service system is comprised of a variety of service models tailored to meet the diverse needs of its client group. Access points and referral paths are determined by the time of the referral (i.e. within office hours or after hours) and the individual needs and circumstances of the women seeking assistance.<sup>92</sup>

See sub sections 4.3.1 – 4.3.3 for further information regarding referral pathways.

### 4.3.1 Response During Business Hours

**Women, with or without children, who are at imminent risk and in need of and wanting, safe accommodation including women's refuge.**

Women with or without children who are at imminent risk and who need and want relocation to safe accommodation outside their region will be actively referred to Women's Domestic Violence Crisis Service (WDVCS), the central referral service for access to women's refuge services.

There are a range of women's refuge services across metropolitan and regional Victoria. Unfortunately, due to the high demand for safe accommodation, a woman is usually not able to choose the nature and location of the refuge she accesses because the service is often determined by availability. However, each woman is fully informed of the nature of the refuge she is referred to and of the process for entering the service.

Women from a local area where there is a regional crisis service and who need to relocate within the local area should be referred via Regional Crisis Services.

**Women with or without children who are at imminent risk and in need of relocation but choose not to enter a women's refuge.**

In situations where a woman does not want to enter a woman's refuge but is in need of relocation, she will be actively referred to a generalist crisis housing service in her area and referred to the domestic/family outreach service in her local area which will provide practical support, advocacy, information and case management.

<sup>91</sup> See 2.2.3e) Homeless Women

<sup>92</sup> See Appendix 2 for a full list of services.



**Women with or without children, who are in need of practical information and support.**

Women who are in need of information, referral or discussion of their circumstances, including safety planning, will be referred to their local family violence outreach service.

**Women with or without children, who seek to maintain or establish private rental accommodation in their local area.**

Women who seek relocation and who have the capacity to maintain or relocate to private rental accommodation in their area will be referred to their local Private Rental Brokerage Program. Women who are suitable for private rental accommodation, but have additional support needs, will also be referred to their local outreach service.

**Women with or without children, who wish to discuss and reflect upon, the impact of their experiences.**

Women who are in need of emotional support to talk through and reflect upon the impact of their experience of family violence, may be referred to their local counselling or support group service.

**Women who seek support on behalf of their children.**

Women who seek support on behalf of their children with concerns about the impact of their direct or indirect exposure to family violence may be referred to their local counselling or support group service or specialist children's service.

**4.3.2 Specialist Response****Immigrant Women's Domestic Violence Service (IWDVS)**

IWDVS provides case management services, and co-case management services (in partnership with women's refuge and outreach services), to women from culturally and linguistically diverse backgrounds including women with children. Referrals can be made directly to the service and via refuge and outreach services according to protocol arrangements. IWDVS also provides a specialist support service at Heidelberg Magistrates Court Family Violence Division.

**Elizabeth Hoffman House (EHH)**

Referral to EHH occurs via direct pathways according to local protocols and via WDVCS for supported accommodation services. EHH provides support to mainstream family violence services for their work with Indigenous women. EHH also provides a specialist Indigenous outreach service to Heidelberg Magistrates Court Family Violence Division.

**4.3.3 After Hours Response**

From July 2006, changes due to the Family Violence Service System Reform process will take effect, including changes to regional and sub-regional after-hours responses available across Victoria. Please contact your local DHS office for details.

**Women, with or without children, who are at imminent risk, and in need of, and wanting, safe accommodation.**

Women with or without children, who are at imminent risk and who need, and want, relocation to safe accommodation outside their region will be actively referred to Women's Domestic Violence Crisis Service (WDVCS), the central referral service for access to women's refuge services.

**Also See:**

- 2.3 Understanding Family Violence
- 3.2 Models of Service
- 5.1 Policies for Ensuring Access, Equity and Responsiveness
- 6.3 Responding to the Diversity of Women's Experiences

**Related Documents**

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

- Standard 1.1 — Rights Based Culture
- Standard 2.1 — Access to the Homelessness Service System
- Standard 2.2 — Initial Assessment
- Standard 4.3 — Supporting Women and Children Experiencing Family Violence



# Section 5: Organisational Framework

## Section 5: Organisational Framework

### Section Overview

Section five addresses policies and procedures which support positive practice with women, and children. This section provides guidance regarding the development of an organisational framework that supports good practice and, ultimately, positive outcomes for women and children. In addition to this Code, services should consider relevant legislation, Department of Human Services directives, the HAS Standards and other relevant documents when developing a comprehensive organisational framework.

### Key Statements

Practice is largely determined by the organisational context in which it takes place. Policy and procedures provide the framework and support for practice with women and children. The development of all policy and procedure is informed by the overarching principles and core values outlined in this document. Primarily, policy and procedure must be reflective and responsive to diversity; uphold ethical and legislative rights; and ensure an inclusive client-centred approach.

### Implications for Policy

- Access, Equity and Responsiveness Policies;
- Diversity Policy;
- Data Collection and Analysis Policy — including data sharing;
- Communication Strategy Policy;
- Community Development and Research Policy;
- Service Evaluation Policy and Framework;
- Service Environment Policy;
- Children Policies — including child safety and wellbeing, child inclusive practice and child specific practice and advocacy;
- Collaborative Practice and Integration Policies — including relevant protocols and other similar agreements;
- Victoria Police Policy — in line with the Victoria Police Code of Practice
- Child Protection Policy — in line with relevant documents and incorporating reports
- Protocol Development (and other similar agreement) Policy;
- Referral Management Strategy;
- Structural Advocacy Policy;
- Client Feedback and Grievance Policy;
- Privacy and Confidentiality Policy;
- Duty of Care Policy;
- Service Safety Plan;
- Responding to Breaches of Service Guidelines Policy;
- Structural and Individual Advocacy Policy;

- Workforce Development Policy — including worker orientation and professional development;
- Supervision and Debriefing Policy.
- Service Guidelines — in the context of all organisational policy

### **Implications for Procedure**

- Procedure for ensuring service has current information regarding demographics of the local area and migration patterns;
- Procedure regarding support of women without permanent residency;<sup>93</sup>
- Procedure regarding working with interpreters<sup>94</sup>
- Procedure for data collection and analysis — including data sharing;
- Procedures to facilitate community development activities and how and when research is undertaken and participated in;
- Procedure to ensure potential referring agencies have up to date information regarding the service;
- Procedures to support and facilitate service evaluation including client feedback;
- Procedures to support a comfortable and appropriate service environment for women, children, workers and other stakeholders;
- Procedures to support collaborative practice within services;
- Procedures relevant to and in support of referral management;
- Procedures to support structural and individual advocacy;
- Procedure for obtaining client feedback;
- Grievance Procedure;
- Privacy and Confidentiality related procedures;
- Duty of Care related procedures including Children Protection report procedure;
- Procedures regarding prevention and response to critical or potentially critical incidents;
- Procedure to support access to the service;
- Procedures for responding to breaches of service guidelines;
- Procedure to support advocacy activities;
- Procedure for professional development plan and review;
- Procedure to support regular supervision and appropriate debriefing.

### **Practice Implications**

- Workers undertake practice in the context of the organisational framework;
- See Section Six Overview for Practice Implications of this section.

<sup>93</sup> See Appendix 3 Women with Permanent Residency

<sup>94</sup> See Appendix 3 Working with Interpreters

## Section 5: Organisational Framework

### 5.1 Policies for Ensuring Access, Equity and Responsiveness

In addition to clear and transparent policy and procedure regarding eligibility and the determination of acceptance of a referral, a proactive approach should be taken to address access and equity issues including consideration of the following features:

- entrance and toilet facilities for those with disabilities;
- employment of workers representative of a range of cultural backgrounds;
- information provided by the service, and about the service, is presented in a range of languages and in formats that are sensitive to a range of cultures/abilities;
- acknowledgement of a range of religious and culturally significant occasions;
- workers actively support and welcome the discussion of culture and traditions;
- workers are provided with training, supervision and support to ensure appropriate responses to women;
- physical setting displays material from a range of cultural backgrounds; and
- inclusive and explicit language to ensure accessibility in direct service, information provision, service documentation and community development.

In the development of policies, procedures and strategies to address access, equity and responsiveness, services ensure that they consider Points 5.1.1 – 5.1.6.

#### 5.1.1 Reflective of Diversity

Services maintain an awareness of the demographics of their local community and the women and children accessing their service. In addition to being informed of current migration and settlement patterns, services employ proactive policy and protocol development to ensure responsiveness. Where client data is not similar in profile to that of their local community, services

take steps to determine why there is a disparity and seek to address it.

#### 5.1.2 Promote Community Awareness

It is essential that the community has an awareness of the support available to women and their children who experience family violence. Organisations have a responsibility to ensure the provision of accurate and up-to-date information regarding their services.

Services may consider using a range of strategies and various media to communicate information about their services including community radio, local community newspapers and notice boards, the internet and the distribution of brochures to a range of community organisations (e.g. GPs, hospitals, culturally specific services and services that support women and children with a range of issues).

It is important that all services, including those that maintain a confidential address for security purposes, feature an accessible contact phone number on promotional material. It may be useful for high security services to form partnerships with one another to promote their services and disseminate information about access and referral pathways.

#### 5.1.3 Support Equitable Practice

Policies and procedures that support equitable practice recognise that there are historical and social disadvantages which effect women and children to different degrees and impact on their relative access to society's resources. This approach ensures that while there is consistency in the services provided to women and children, different strategies are employed in the delivery of those services to individuals. These strategies will be influenced by the individual experiences, resources and circumstances of women and children. Policies and procedures to support this approach will address the equitable allocation of funds and material aid, and assessment of the level of intensity of support. It is essential that processes that determine equitable responses and resource allocations across the client group are transparent and well documented.



#### 5.1.4 Address Attitudinal Barriers

Barriers to access may include worker attitudes. 'Physical barriers to access, while very real, are often used as smoke screens to hide attitudinal barriers in services.'<sup>95</sup> Regular service reviews, professional development plans and regular supervision provide opportunities to challenge and address these attitudes. Reflective practice on an individual level and a team level can also be used as a proactive strategy to challenge and address such attitudes in a supportive environment.

#### 5.1.5 Assess Barriers to Access and Equity

Organisations regularly review and assess barriers to access and equity within their services and across the broader family violence system. Communication, information, attitudes, physical environment, skills of workers and the experience of those accessing/using a service are examined in the process of holistic and thorough review and assessment.

#### 5.1.6 Ensure Responsiveness

Consistent referral processes ensure access is not impeded by unnecessary delays which can cause increased distress. Women and children are often in need of support outside the hours of 9am until 5pm and service design reflects these needs to the greatest extent possible while ensuring financial responsibility and safety. Responsiveness also extends to ensuring that every possible effort is made (and is supported by policy and procedure) to ensure a worker is available to provide a telephone response during service hours.

##### See Also:

- 2.3 Understanding Family Violence
- 5.4 Referral Management
- 6.3 Responding to the Diversity of Women's Experiences
- 6.9 Reflective Practice

#### Relevant Documents

##### *Department of Human Services (2005)* **'Homeless Assistance Service Standards'**

Standard 1.1 — Rights Based Culture

Standard 2.1 — Access to the Homelessness Service System

Standard 3.1 — Providing Equitable Access to Support Services

Standard 3.3 — Responsive Support

Standard 4.4 — Providing Culturally Competent Services

#### 5.2 Service Environment

In addition to ensuring that the service environment is accessible, family violence services strive to demonstrate awareness of how 'space and procedure can enforce power differentials between women/children and (workers and counsellors).'<sup>96</sup> Consideration is given particularly to the physical layout of the service site and specifically to the area where contact with women and children takes place. Services ensure that the service setting generates a welcoming and comfortable atmosphere.

Workers working with children maintain attractively decorated rooms equipped with a variety of tools and materials which are appropriate for children with a range of skills. Spaces for children reflect the understanding that children tend to be action oriented and have limited attention spans.<sup>97</sup>

Particular attention is paid to safety issues in buildings which also house programs/services that support men. In these buildings a discrete and separate waiting area is provided, particularly for those women and children who feel unsafe. Lesbian women and their children who attend service sites are greeted by staff who are fully informed of and attentive to their safety needs. For all women and children, risk assessment and safety planning incorporates safety at the service site.

<sup>95</sup> Jennings (2003) pp 24

<sup>96</sup> Lalende & Laverly (2002)

<sup>97</sup> Hander (1999)

**See Also:**

5.1 Policies for Ensuring Access, Equity and Responsiveness

**5.3 Children**

Child inclusive and specific practice necessitates supportive policy and procedure. When developing policy, services consider how children's needs are appropriately incorporated in all areas of the organisational framework.

In addition to ensuring policies, procedures and practice reflect and demonstrate the central concept and core values outlined in this document, policy and procedure regarding children should centre around the best interests of the child as paramount.

The principles underlying 'best interest' include:

- The child's safety is the primary focus of intervention
- The child's ongoing wellbeing must be a significant focus of intervention
- Issues in relation to cumulative harm must form part of the overall assessment
- The child and the child's family must be enabled to access appropriate services in order to ameliorate the long term effects of abuse
- The child and the child's family must be accorded a coordinated and sensitive service response that limits the people/professionals that directly intervene with the child.
- Children are entitled to live in a safe and stable environment. If their safety is violated they are entitled to a just response
- Family violence services are obliged to report to Child Protection all allegations and situations of physical abuse, sexual abuse, emotional abuse and neglect, where child protection issues are likely to be involved.

Issues that are addressed in policy and procedure include:

- child safety and wellbeing (including child protection and service environment);
- child specific practice
- child inclusive practice;
- child specific advocacy;
- communication and practice between child specific workers and other workers; and
- protocols with relevant child specific agencies.

**5.4 Collaboration and Integration**

An integrated approach requires family violence services (at a regional and statewide level) to develop strategies for working collaboratively with the range of key partners within their local area to improve outcomes for women and children. Collaborative practice includes undertaking co-case management of clients and sharing information on a case by case basis (subject to the requirements of the privacy legislation). Collaborative practice is best supported by formal partnerships built upon a mutual understanding of roles and responsibilities and the shared goal of increased safety for women and children.

The development of policy and procedure should support integration and collaboration, and increase the participation of services in activities to enhance integration such as:

- Active participation in regional or sub-regional family violence networks or committees designed to activate and monitor the integrated response to family violence;
- Negotiation of local and regional referral pathways and protocols, according to statewide guidelines, with a range of relevant complementary services such as police, courts, child protection services, victims of crime services and sexual assault support services;
- Development of formal agreements such as protocols or memoranda of understanding to define collaborative relationships;
- Development of partnerships with culturally specific agencies such as Indigenous Family Violence Regional Action Groups and Regional Workers, and Indigenous Healing and Time Out services, to guide the development and delivery of a range of culturally appropriate service options for Indigenous people;



- Collaborative work with services for men who use violence against family members, establishing complementary approaches that assist in addressing the needs of the family while ensuring that the safety of women and children is paramount;
- Engagement with, and facilitation of the full participation in regional networks, of recognised community leaders including those representing community based religious, Indigenous, cultural and ethnic groups, and organisations representing the needs of lesbians, people with disabilities. This ensures culture is used to address violence and not pathologise it.

Policy and procedure guides coordinated practice and creates streamlined referral pathways to ensure women and children experience a continuum of support. For instance, a woman who has received support from an After Hours Service is spared the need to re tell her story to the service providing her with support during business hours. Similarly, information exchanged with a woman's consent ensures that she does not undergo a full assessment when she is referred from one family violence service to another (e.g. referral from an outreach service to a counselling service). This approach guides practice in all areas where there is an overlap in support by services.

Accountability to service users through monitoring of the service system response is achieved by services sharing and analysing data on a local, regional and statewide level between family violence specialist services and across the broader system.

Collaborative practice is also essential within family violence services, for example, in the co-facilitation of support groups or through formal and informal practice exchanges between team members.

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 2.3 — Effective Referrals

Standard 6.1 — Building Partnerships and Integrated Networks

*Department of Human Services (2005)*  
**Protecting Children — the next steps**

*Department of Human Services (2004)*  
**Towards Collaboration — A resource guide for Child Protection and family violence services**

### 5.4 Referral Management Strategy

Policy and procedure that guides referral management systems is designed to ensure:

- Responsiveness — consistent policies regarding response to clients and the determination and prioritisation of acceptance of referrals. Consistency includes workers' consistent response to women i.e. that all women who contact family violence services receive a response that validates their experiences and includes safety planning and active referral if necessary, even in cases where the service is unable to respond or unable to respond immediately;
- Caseloads are monitored so that workers do not exceed recommended case levels. Attention is given to allocation to ensure diversity and balance of complexity;
- Methods for collecting data regarding unmet demand;
- Inter-family violence service or generalist crisis service referrals to enhance safety.

Sub sections 5.4.1 – 5.4.3 provide further information regarding aspects of Referral Management Strategy

#### 5.4.1 Responsiveness

The ability of services to respond to referral in a timely fashion is essential for accessibility and best practice. The necessity of a timely response is reflected in policy and procedure that addresses referral management. Phone calls to services are returned within an 8 working-hour period. Once initial contact is made with the woman, she is advised of the process for assessment or determination of the referral and an appointment/contact is scheduled within a 16 working-hour period unless this is not convenient for her. If a crisis intervention is required, time-frames are adjusted accordingly. If an immediate response cannot be provided, this is explained to the woman and she is offered an active referral to a service with the capacity to respond.

Service gap analysis is employed to analyse responsiveness to diversity since policy development and adjustments to physical setting alone will not ensure an adequate response in this area.

Service gap analysis includes the recording of information about women, children who contact organisations and are not provided a service. The collection of this data, in addition to data about women and children who access their services, assists organisations to identify barriers to access within their service and broader systemic barriers. Analysis of this information informs:

- community development;
- advocacy activities;
- strategic partnership development;
- service communication strategies;
- service evaluation and subsequent strategies;
- submissions for funding; and
- action research.

#### 5.4.2 Enhancing Safety

Policy and procedure will provide guidance about a range of safety issues and scenarios including women's safety while receiving support and/or accommodation provided by the service.

In an instance where a woman who is accommodated and supported in a communal refuge, is located by the perpetrator, causing the woman and the other women accommodated with the service to fear for their safety, the service may seek to refer the women to another family violence service or generalist service to crisis accommodation. As the other women and children accommodated with the service are not the target of the perpetrator, the workers consider their relocation only where no other option will increase the women's feelings of safety. This decision is reached through careful risk assessment and thorough exploration of options with the individual women and through a process that is supported by the service safety plan.<sup>98</sup>

A similar approach is taken in non communal environments (e.g. counselling, outreach support, after hours or intensive case management services). Where women and children are engaged in support with a service and their personal accommodation becomes unsafe or the level of safety decreases, workers seek to assist women to enhance their safety through a range of strategies including the courts/justice system and the provision of material aid to increase the security of the building in which they are housed. In this case, the woman is assisted to consider her options and if she chooses to seek protection through the courts/justice system, she is offered support during that process. If the service is unable to provide that support, active referral to another service, co-case management with another service or referral to a Court Support Worker is provided.

Where the strategies employed by the woman and worker do not enhance the woman's feelings of safety, the worker assists the woman to relocate to safer accommodation (this may mean active referral via another agency such as WDVCS) and assists the women with safety planning.

<sup>98</sup> See 5.7 Service Safety Plan

Policy and procedure supports workers to model ways of dealing with crisis and managing risk that are sustainable and empowering. Consequently, it is important that workers do not assume that relocation is the first or only option for women and children in these cases.

### 5.4.3 Case Load Management

A comprehensive referral management strategy incorporates policy and procedure regarding case load monitoring and client allocation. Research has shown that a balanced caseload with a range of levels of complexity is associated with a decreased risk of vicarious trauma and burnout for a worker. Such policy and procedure will inform the distribution of clients across the staff team with attention to diversity and complexity, and aim to minimize the emotional impact of the provision of support/counselling.

Policy and procedure also provides guidance to workers where women have dropped out of contact with the service. In family violence services, such policies are mindful of safety and reinforce women's rights to autonomy and self determination.

Policy and procedure also ensures that women and children are not abandoned or neglected during a support period. In this way, services ensure that workers make appropriate arrangements for the continuation of the support/counselling process when interruptions to service provision are necessary, for instance during holidays, when illness occurs following case closure.<sup>99</sup>

#### Also See:

5.1 Policies for Ensuring Access, Equity and Responsiveness

5.9 Structural Advocacy and Community Development

7.7 Advocacy with Women

8.4 Advocacy on Behalf of Children

### Relevant Documents

*Department of Human Services (2005)*

#### 'Homelessness Assistance Service Standards'

Standard 2.1 — Access to the Homelessness Service System

Standard 2.2 — Initial Assessment

### 5.5 Grievance Procedures

Transparent, documented grievance procedures are an essential component of a sound organisational framework for practice. Services take care to inform women of avenues to exercise rights within the service. Women are fully informed of grievance procedures verbally and in an appropriate written format at initial assessment. Information is also provided at this time about the role and contact details of Housing Advocacy Service (HAS).

An effective grievance process includes:

- clear written procedures;
- a prompt response to women raising a concern or complaint with the service;
- transparent communication; and
- facilitating independent advocacy for the woman if she chooses.

Services actively encourage feedback from women and children regarding their support, and invite both positive feedback and concerns and complaints.

### Relevant Documents

*Department of Human Services (2005)*

#### 'Homelessness Assistance Service Standards'

Standard 1.3 — Complaints and Appeals

<sup>99</sup> American Counselling Association (2005)

## 5.6 Privacy, Confidentiality and Duty of Care

Privacy and confidentiality 'is of the utmost importance when working with (women and children experiencing) family violence.'<sup>100</sup> The concept of privacy and confidentiality is an ethical approach to practice that is enshrined in legislation. 'Australian privacy laws control the ways in which personal information, including sensitive information and health information, is collected, used, stored and disclosed to others.'<sup>101</sup>

'Duty of care principles under the Information Privacy Act 2000 and Health Records Act 2001 directs the means by which services hold and share information'.<sup>102</sup> Duty of care is family violence services' 'duty to act with reasonable care and skill to protect and promote the well being of a client in your care or for whom you have responsibility. Reasonable care is the standard of care and skill that an ordinary, sensible person, in your profession or occupation, is expected to take in the same circumstances.'<sup>103</sup>

Family violence services ensure that policies and procedures address:

- Information collection — collection of information that is necessary and relevant to the provision of support;
  - Informed engagement — women are fully informed about what information is collected and recorded by the service, the boundaries of privacy and confidentiality and how they can access the information;
  - Information use and exchange — how information is used by the service, the procedures to ensure consent and the circumstances information is exchanged;
  - Information security and retention — the steps taken to protect information from misuse, loss, unauthorised access, modification or disclosure;
  - Case notes — the nature and expectation of how information is recorded to ensure a consistent approach and professional standards;
- Access to, and the right to, correct information — how women exercise their right to access their personal information and make corrections. Access and correction issues are covered under the Victorian Freedom of Information Act 2000;
  - Duty of care — services acknowledge their duty to take reasonable care of a person.
  - Responses to subpoena by the courts for case notes or testimony.<sup>104</sup>

Policy and procedure supports workers to approach practice with consideration of precepts including, but not limited to, areas covered in subsections 5.6.1 – 5.6.5b).

### 5.6.1 Woman's consent

Where possible, services gain written consent from a woman using a standard service form<sup>105</sup> that provides for time limited consent to exchange information regarding specific issues relevant to service delivery. Where it is possible to gain only verbal consent (e.g. over the telephone in a crisis context) workers clearly document in case notes that consent was obtained. In circumstances where there are duty of care issues workers exchange information with the relevant organization without the consent of the woman.

### 5.6.2 Exchange of Information

Workers approach client information with the utmost professionalism exchanging only factual, demonstrable information that is directly relevant to a woman's case plan and are careful not to offer unsupported opinions, observations or comments,

<sup>100</sup> Ohio Domestic Violence Network (2003) pp9

<sup>101</sup> Department of Human Services (2004)

<sup>102</sup> NSW Women's Refuge Working Party (1999)

<sup>103</sup> Department of Human Services (2004)

<sup>104</sup> Where a service/worker receives a subpoena for case notes/files, services/workers must comply with the order and provide all records regarding the client.

<sup>105</sup> Services should ensure the development of such forms is reflective of diversity and maximises accessibility.



regardless of the relationship between the workers who are exchanging information. Workers ensure women are fully informed of information that the service has exchanged about them, even in the case of duty of care, such as Child Protection<sup>106</sup> and mental health intervention issues, except where it is assessed by the service that the situation could escalate or harm could result to workers and/or clients.

### 5.6.3 Privacy in the Context of Women's Experiences

Workers understand the importance of privacy and confidentiality to women experiencing family violence. Privacy and confidentiality issues can have a direct impact on safety. For this reason:

- workers ensure exchanges between workers and women occur in a private space; and
- workers ensure they follow formal process before responding to requests for information.

It is important that workers recognize that privacy and confidentiality can be a particularly sensitive issue for some women, for example, lesbian and bisexual women who may fear being 'outed', and Indigenous women and women from culturally and linguistically diverse backgrounds for whom the dynamics of their community make confidentiality paramount.

### 5.6.4 Privacy, Confidentiality and Duty of Care in the Context of Working with Children and their Parents

Policy and procedure developed and implemented by services regarding the management, exchange and disclosure of children's information is centred around safety issues. Policy and procedure guides responses to requests from parents and particularly perpetrators for information regarding children. The paramount consideration of such policy is safety of children and the second priority is the safety of women experiencing family violence.

'The perpetrator may request information or involvement in the service provided to his child. Providing such information may be in the best

interests of the child or it could increase the risk to the child.'<sup>107</sup>

Policy, procedure and subsequent professional development ensures that workers consult management about such requests and make a sound assessment as to whether the provision of information is in the best interests of the child/young person and whether the safety of the child, young person or the mother may be compromised. When making an assessment, consideration is given to the following issues:

- Whether there is an intervention order in place;
- Whether threats have been made against the child, young person or mother;
- Criteria to assess the best interests of the child;
- Care is taken to protect the location and contact details of the child, young person and mother;
- The nature, dynamics and effect of family violence; and
- How the provision of information may impact on the perpetrator's behaviour.

Services should seek legal advice in the development of these policies and procedures.

Perpetrators denied access to information are able to lodge a complaint with the Privacy Commissioner, therefore, it is important for services/workers to have well documented policy and case notes which enables them to provide information when requested about the decision and how it was reached.

### 5.6.5 Privacy, Confidentiality, Duty of Care and Government Agencies

The *Information Privacy Act 2000* and *Health Records Act 2001* govern the way information should be collected, used, disclosed and exchanged by government funded services.

<sup>106</sup> See 5.6.5a)

<sup>107</sup> Gevers (2) (1999) pp 57

The nature of the legislation means, however, that if there is another piece of legislation (e.g. Children, *Youth and Families Act 2005*) that provides guidelines for privacy and information, then that legislation should be referred to by workers.

When responding to a request for information from, for example, an employee of a government department, workers are advised to ask the person which legislation supports their information request. It is important that workers are familiar with a range of relevant legislation and that services make copies of such legislation readily accessible to staff. Services may receive information requests from government agencies such as (but not limited to):

#### **5.6.5 a) Child Protection**

Where a family violence service has reasonable concerns that a child or young person is at significant risk of harm<sup>108</sup> the service is obliged to make a report the Department of Human Services Child Protection Agency.<sup>109</sup>

Policy and procedure reflects the understanding that the decision to make a report to Child Protection is the responsibility of the service and, while the worker has a responsibility to raise their concerns with their service supervisor, the report is not the sole responsibility of an individual worker. Such a decision is made in consultation with the service coordinator/manager. This decision includes consideration of accumulation of harm.<sup>110</sup> Workers are actively supported by the service to make a report where it has been assessed that a report is necessary.

Policy and procedure reflects a consideration of how women are informed and involved in the report process. Given the importance of client centred practice, services should consider the issue of informing and involving women in the report process as highly important therefore, women are:

- informed that a report is to be made by the service; and
- as involved as possible in the process and fully informed of the information exchanged.

This approach is taken in every case except in situations where informing women may exacerbate the risk to the child/young person or put a worker at risk. Best outcomes for children and women are achieved when services adopt a range of strategies to balance worker safety with the principles of transparency, client engagement and child safety.

Under current legislation, the *Child and Young Persons Act 1989*, Child Protection workers authorise family violence workers verbally and then where possible in writing to receive information. This allows the Child Protection worker to talk to the professional about the report or particular case with the intention for the family violence worker to provide information to assist the Child Protection investigation.

It is crucial that workers and their supervisors are familiar with current legislation and related initiatives regarding the wellbeing of children.

#### **5.6.5 b) Victoria Police**

Consent is not required for Victoria Police to make a referral to a family violence support service. There are exemptions in the *Information and Privacy Act 2001* that apply to police in relation to making referrals that relate to community or law enforcement functions.

In relation to the acceptance of the referral, the primary issue for services to consider is if the information they collect is necessary for one or more of their functions or activities and that this is collected by lawful and fair means. Victoria Police will ensure that they disclose information lawfully. This obligation lies with Victoria Police, not the receiver of information; therefore, agencies that receive this information will not be in breach of any information privacy provisions and principles in relation to the collection of information.

<sup>108</sup> See Glossary

<sup>109</sup> For Information regarding Department of Human Service Child Protection see [www.office-for-children](http://www.office-for-children) also see Appendix 6

<sup>110</sup> See Glossary



**Also See:**

- 5.1 Policies for Ensuring Access, Equity and Responsiveness
- 5.3 Collaboration and Integration
- 5.7 Service Safety Plan
- 6.2 Engaging Women in the Support Relationship

**Relevant Documents**

- Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**
- Standard 1.4 — Privacy and Confidentiality
- Standard 3.3 — Responsive Support
- Department of Human Services (2002)*  
**'Privacy Policy'**
- Department of Human Services (2005)*  
**'Protecting Children — the next steps'**

**5.7 Service Safety Plan**

Service Safety Plans incorporate a range of policy, procedural guidelines and safety measures, developed in the context of criteria set by the Department of Human Service. All aspects of a service safety plan have a documented rationale and are regularly reviewed. A proactive service safety plan will include appropriate security measures designed to prevent and respond to the occurrence of risk.

Service Safety Plans:

- define proactive measures designed to prevent the occurrence of risk to all persons frequenting the service;
- outline clear procedures regarding response to a critical or potentially critical incident, so the need for improvisation is minimised;
- enable professional and prompt response to risk with the aim of containing or preventing escalation of the circumstances; and,
- in the wake of a critical or potentially critical incident, define measures to appropriately deal with the impact of the incident. These measures also ensure the service has a process for evaluation and reflection to enable the service to take the opportunity to develop and learn from the incident.

The development of a service safety plan requires consideration of these key issues covered in subsections 5.7.1 – 5.7.3

**5.7.1 Focus of Individual Risk**

A focus on individual risk promotes inclusiveness and optimum accessibility for clients, as opposed to broad service that lack flexibility in their application to individual and clients and their particular circumstances. The strategy of individual case-by-case risk assessment and safety planning is supported by a number of security measures as part of all Service Safety Plans. This approach alleviates the need for large 'unsafe areas' which make women and children who live in close proximity to the service site automatically ineligible for support.

**5.7.2 Occupational Health and Safety**

Services must operate in line with Occupational Health and Safety Legislation, and ensure that strategies regarding worker safety are included in the Service Safety Plan. Such strategies include:

- Worker supervision and debriefing;
- The process for determining a safe venue for contact with clients;
- Training and professional development; and
- Worker orientation.

The impact on workers of the provision of support to women and children experiencing family violence can be significant. Supervision and debriefing are indispensable parts of family violence work. Supervision is made necessary by the potential for secondary post traumatic stress that arises from the provision of support and from listening to people who have undergone trauma<sup>111</sup> to provide high quality service.

Policy and procedure play an important role in supporting a positive workplace culture and should enshrine and reflect the values of a service. Where occupational health and safety is concerned, the values and culture of an

<sup>111</sup> WAVE (2005)

organisation shape workers' expectations of practice and, in doing so, they directly influence workers' experience of any trauma generated by the provision of support/counselling and their professional and personal response to trauma.

In addition to supervision and debriefing services employ a range of strategies to monitor and minimise the impact of the work on their support workers including:

- encouraging workers to take accrued leave/time in lieu and creating policy that ensures workers do not accrue an excessive level of leave/time in lieu;
- create opportunities for support workers to vary their caseload and work activities;
- encourage support workers to take time off for illness, or grief and loss issues;
- encourage participation in continuing education and professional development; and
- encourage self care activities and ensure self care strategies are discussed in group and individual supervision sessions.

Information can help individuals to name their experience and provide a framework for understanding and responding to it. It is particularly important that workers are educated about the risks and effects associated with trauma, as new and inexperienced workers are likely to experience the most impact. Ongoing education about trauma theory, potential burn out and the effects of vicarious trauma can be included in staff training and discussed on an ongoing basis as part of team meetings.

Services provide workers with prompt access to supervision and debriefing and, in the case of critical incidents, services provide access to external professional debriefing. Services also ensure that workers are provided with access to regular supervision provided by professionally trained supervisors and that the discussion of matters pertaining to practice is at all times constructive and professional.

Services ensure that workers are provided opportunities for training and professional development to support their practice. The thorough orientation of new workers aims to ensure a proactive approach to minimising the impact of the work. The approach, taken with new workers is a demonstration of the service's commitment to the support of workers and a positive culture.

Policy and procedure also details the process for the determination/assessment of a safe venue for contact with women and children. Policy and procedure reflects the importance of both client centred practice and worker safety, and seeks to balance the safety and comfort of the workers and the service users.

For services where women and children are seen outside the service environment, the provision of mobile phones to workers ensures easy communication with other staff and emergency services. Worker safety is also promoted by policy regarding communication between staff members, particularly regarding the whereabouts of workers. For reasons of safety, it is important to establish a process in which workers report their anticipated return time before leaving the service site and contact another staff member if they are delayed. Processes are also required to guide the response to instances where workers are unable to be contacted and are overdue in returning from appointments.

### 5.7.3 Guidelines for Access to Service

Guidelines are designed to support the Service Safety Plan to facilitate safe and comfortable access to services for clients.

At all times service guidelines:

- uphold women and children's rights (under the law and ethically);
- are flexible to respond to the individual experiences of women and children;
- are respectful of women and children;
- are relevant to the current circumstances of the service;

- are in line with legislation;
- are reasonable and model a constructive response to risk; and
- do not replicate the nature and dynamics of family violence.

Each guideline is accompanied by a rationale included in the service's policies and procedures, and the reasons for the guideline are clearly explained to the women and children accessing the service.

Service guidelines are tailored to a specific service and reflect its individual characteristics. Local realities, funding, legislation, physical location and setting, model and purpose of the service are some of the factors that govern decisions regarding Service Safety Plans and guidelines.

Women's feedback and views are incorporated in the development and review of service guidelines, and a child inclusive approach is taken. To facilitate this process, services actively encourage women to provide feedback of any sort regarding their support, including positive feedback, concerns or complaints.

To promote equity, services ensure flexibility in guidelines to recognise the individual circumstances and needs of each client. Flexible guidelines and support ensure that women who work and study at night (including those employed in the sex industry) can access support and accommodation. It is viewed as disempowering to ask a woman to cease her job or studies so she can access support to enhance her safety.<sup>112</sup> Service guidelines support women's rights to self determination while balancing these with others' rights to safety.

Services must consider the legal and ethical implications of service guidelines. Safety concerns never justify prohibitions on women associating with men in general, or ex partners, in particular. 'Freedom of association is a basic human right and guidelines like this would breach an individual's human rights...for some women maintaining contact with the perpetrator is part of the leaving

process.'<sup>113</sup> Though services have the right to include guidelines that determine who may accompany women to their service sites, it is important to consider this issue with an understanding that guidelines that enforce isolation, and guidelines that do not support women's social networks, have been found to exacerbate the issues faced by women and children who experience family violence.<sup>114</sup>

#### See Also:

5.6 Privacy, Confidentiality and Duty of Care

### Relevant Documents

*Department of Human Services (2005)*

#### **'Homelessness Assistance Service Standards'**

Standard 3.3 — Responsive Support

Standard 3.5 — Documenting Case Work

Standard 4.3 — Supporting Women and Children experiencing family violence

Standard 5.1 — Safe, Secure and Healthy Environment

Standard 5.2 — Quality Living and Working Environment

Standard 9.2 — Staff, Supervision, training and development

*Department of Human Services (2004)*

#### **Critical Incident Reporting Policy**

<sup>112</sup> NSW Women's Refuge Working Party (1999)

<sup>113</sup> NSW Women's Refuge Working Party (1999) pp. 24

<sup>114</sup> Kneale, J (2002)

## 5.8 Responding to breaches of guidelines

Where there is an allegation by a worker, another woman supported by the service or another party that a woman has breached the guidelines or policies of the service, it is essential that a service follow transparent and documented policy and procedure.

The first response to an alleged breach of a guideline or policy is an investigation that is undertaken according to formalised and documented procedures that ensure that a woman who may have breached guidelines has the opportunity for a fair hearing. The process includes providing the opportunity for a woman to have an independent advocate present when the issue is explored with her. Women are also advised of their rights to ensure a fair process, and to build trust in the process and the service.

In addition to applying formalised procedures, services will determine outcomes on a case by case basis, according to a spectrum. For example:

- Service guidelines are revisited with the woman, and the women's rights and grievance procedures (including information regarding HAS) are reiterated.
- Modification/alteration to how the woman is supported by the service (e.g. she is moved from a communal setting to transitional housing accommodation or the venue for her appointments with the service is reviewed).
- Support is withdrawn. In this case, the service ensures that the withdrawal of support does not result in homelessness, and remains meaningfully involved until a successful referral has been made.

A creative approach is taken to addressing issues as they arise. The support relationship with a service user is of primary importance therefore the spectrum of outcomes may include other options that reflect a consideration of the circumstances and/or the service model. Withdrawal of support is only appropriate where:

- the breach of guidelines has caused a concern regarding the service's duty of care responsibilities; and
- the concerns cannot be addressed through modification of the provision of support to the woman and her children.

In each case, the rationale, process followed and outcome is clearly documented and a creative approach and flexible approach is demonstrated.

As with a decision to withdraw support, a refusal to provide or re-accept a woman and her child/ren to a service is justified only by the most significant breach of service guidelines and where modification to the provision of support cannot address concerns regarding duty of care responsibilities. The reasons for refusal to provide a service or reaccept a service user are clearly documented, and articulated by a service worker to the woman concerned, following the investigation of a breach that results in her exit from support and at the time of refusal to a re-referral.

Women who have been refused services, or have had support withdrawn, are reassessed each time they seek support from a service. Re-entry to a service may require negotiating an agreement with the woman as part of the readmittance process.<sup>115</sup>

### See Also:

5.7 Service Safety Plan

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 1.3 — Complaints and Appeals

Standard 3.4 — Exit Planning and Case Closure

<sup>115</sup> Ohio Domestic Violence Network (2003) pp 34



## 5.9 Service Evaluation

Evaluation is an essential tool to support client-driven practice. Services undertake evaluation to identify or assess the effectiveness of:

- the governing body and management;
- communication strategies;
- strategies to maximise access and equity
- information provision;
- attitudes within the service; and
- support to women and children.

Feedback is actively sought from all women who receive support as well as other women who are consulted in more targeted evaluation activities. The issue of support to children is integral to any service evaluation and is included by seeking direct feedback from children and their mothers about their support.

Ongoing assessment and evaluation of Service Safety Plans, including associated guidelines and security measures, is essential. Here, too, services must actively seek the feedback of service users and incorporate their views. Services might consider a range of strategies to gain this feedback. For instance, services operating from a communal model could provide an opportunity to discuss Service Safety Plan policies and guidelines at all meetings of women supported by the service.<sup>116</sup> Services operating from a dispersed or outreach model of support (this may also include services that operate from a communal model in addition to dispersed) will seek feedback about service guidelines and security measures from service users on an individual basis.

Client participation in service evaluation is an important tool with which services may monitor and address any negative power dynamics within the organisation.

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

- Standard 1.2 — Consumer Participation
- Standard 1.3 — Complaints and Appeals
- Standard 3.3 — Responsive Support
- Standard 4.1 — Supporting Parents and Accompanying Children
- Standard 4.2 — Supporting Young People
- Standard 4.3 — Supporting Women and Children experiencing Family Violence
- Standard 4.4 — Providing Culturally Competent Services
- Standard 5.1 — Safe, Secure and Healthy Environment
- Standard 5.2 — Quality Living and Working Environment
- Standard 7.1 — Establishing and maintaining Governing Bodies

## 5.10 Structural Advocacy and Community Development

Family violence specialist services take a proactive stance in challenging structural inequality and barriers to women exercising their human rights in the broader community. This is an essential element of the work of family violence specialist services which are guided by the principle of the rights of all people to live free from violence.

In undertaking structural advocacy, services engage in a number of community development, awareness-raising and advocacy activities, including active participation in and support of:

- DV Vic and other relevant peak bodies;
- Dialogue with government including systemic reform and structural advocacy activities;
- Relevant research;

<sup>116</sup> WAVE (ed) (2004)

- Local community networks;
- Community education and public awareness-raising.

When undertaking such activities workers are mindful of the broader context of the issues faced by their services and the women and children they support.

Data collection is an important aspect of effective structural advocacy work. Undertaking data collection and analysis on a local and statewide level across service systems strengthens advocacy efforts, thereby improving responses to family violence.

Recognising a community's unique character is essential to a targeted community development or structural development strategy. An awareness of the pathways to address issues at a local government level is also important.

The collection of data supports and facilitates structural advocacy. For instance, data might identify an area that has no pharmacy providing methadone or no vacancies in the local methadone program which prevents methadone-dependent women from accessing the local family violence specialist services. This data can be applied to advocacy work on behalf of women denied a service due to the lack of methadone dispensers.

The analysis of data about women and children who are denied access to a service helps to identify barriers to access and measures that might be taken to address those barriers. A simple example of this would be women and children with physical disabilities requiring a wheel chair. They have greater access through the instalment of ramps. In this case, the collection of data provides the service with evidence to support a submission for funding to install ramps.

Family violence prevention requires awareness-raising, changing community attitudes and behaviour, responding to people at risk at the earliest possible stage and improving responses to women and children who experience family violence.

Community education activities are an important preventative tool. Services provide information about the nature and dynamics of family violence, the issues facing women and children, appropriate responses to family violence and available support options available.

Community development and structural advocacy work compliment and inform practice with women and children. Conversely, the effective targeting of issues in this area must be informed by practice and mechanisms put in place that enable reflection about practice to identify current issues that require response and action at the organisational, structural or societal level.<sup>117</sup>

### 5.11 Workforce Development

Family violence services consciously recruit workers for their knowledge, skills and experience with the diversity of women and children. Newly employed workers are provided with thorough orientation and services ensure that they have adequate risk assessment and safety planning skills, and an understanding of the nature and dynamics of family violence, before they undertake independent contact with women and children accessing the service. All workers understand the potential emotional impact of providing support to women and children experiencing family violence and effective self-care strategies to minimise the impact.

The participation of workers in training, both formal (in line with national competencies) and informal, is encouraged and facilitated in family violence services. Worker practices exchanges are also facilitated with key local services to broaden the expertise of workers.

A professional development strategy is designed in collaboration with each worker according to their individual professional needs and the needs of the service. Professional development strategies are regularly reviewed.

<sup>117</sup> Hander (1999)



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**See Also:**

- 2.3 Understanding Family violence
- 5.7 Service Safety Plan
- 6.3 Responding to the Diversity of Women's Needs
- 6.5 Risk Assessment and Safety Planning

**Relevant Documents**

*Department of Human Services (2005)*

**'Homelessness Service Standards'**

Standard 2.2 — Initial Assessment

Standard 4.1 — Supporting Parents with  
Accompanying Children

Standard 4.2 — Supporting Young People

Standard 4.3 — Supporting Women and Children  
Experiencing Family Violence

Standard 4.4 — Providing Culturally Competent  
Services

Standard 9.2 — Staff Supervision, Training  
and Development

# Section 6: Key Elements of Practice

## Section 6: Key Elements of Practice

### Section Overview

Section six describes the methodological framework for specialist practice with women, and children who experience family violence.

### Key Statements

- Practice is informed by feminist methodologies and human rights and social justice frameworks, and underpinned by the core values outlined in this document: a client centred focus, response to diversity and a non judgmental and non discriminatory approach.
- Practice is undertaken by workers within the context of the organisational framework and must be supported by service policy and procedure that is aligned with stated practice frameworks and core values.
- Workers are the interface between the woman, children and the service. On this basis the support relationship is established not only between the woman/child and the worker but also between the woman/child and the service.

### Implications for Policy

See Section Five Overview for Policy Implications of this section.

### Implications for Procedure

See Section Five Overview for Procedure Implications of this section.

### Practice Implications

- Workers aim to actively engage women and children in positive support relationships;
- Workers provide support/counselling in the context of individual women and children's lives and experiences;
- Workers aim to foster positive support relationships with women and children so that the safety and well being of their children can be discussed in an open and supportive manner;
- Workers seek to reinforce and enhance the sound knowledge and effective strategies employed by women to address the issues they face;
- Workers provide holistic responses to women and children and have the responsibility to support them with a range of issues in addition to the issues that women and children face as a direct result of their experience of family violence;
- Knowledge regarding family violence and associated issues informs rather than predetermines practice;
- Workers gain support for their practice through professional development, secondary consultation, co-case management or referral to specialist services when dealing with issues outside the services role and/or expertise;

- Practice is client driven;
- Workers engage in reflective practice and employ proactive and reactive strategies to ensure positive self care;
- Workers use appropriate methods to facilitate communication with women and children and have a sound knowledge of the methods available;
- Risk assessment and safety planning is central to practice;
- When undertaking referrals an active approach is taken;
- Workers recognise a collaborative practice approach enhances support and subsequent outcomes for women and children. An integral part of collaborative practice is a mutual understanding of roles and responsibilities and workers take active steps to facilitate such understanding;
- Worker's practice compliments the relevant documents and initiatives of agencies such as the Victoria Police and Child Protection and workers practice in line with relevant documents and initiatives;
- Best practice incorporates the completion and maintenance of appropriate case notes, files and data collection;
- Workers actively participate in individual and group supervision and debriefing;
- Workers recognise the importance of active participation in the development and review of their professional development plans and training opportunities.

## Section 6: Key Elements of Practice

### 6.1 Engaging Women in the Support Relationship

The worker is the interface between the woman and the service. On this basis the support relationship is established not only between the woman/child and the worker but also between the woman/child and the service.

To provide a sound foundation from which women may move from a formal support relationship towards independence, workers are mindful of the issues covered in subsections 6.1.1 – 6.1.5.

#### 6.1.1 Power

Power is not distributed equally between a workers and a women accessing support. As support providers, workers are in a more powerful position than the recipient of support. Workers aim to minimise this power imbalance, approaching the support relationship with the intention to practice “power with” rather than “power over”. This means that workers do not exploit the power of their position at any time and employ proactive strategies to share power with the women and children they support. To do this workers must recognise the power implicit in their role.

#### 6.1.2 Clear Boundaries

To demystify the process of support/counselling and to empower women, workers provide clear communication on what women can expect and offer women choices regarding the direction and agenda for each contact.

Ensuring women are aware of the boundaries of the support relationship including the responsibilities (such as duty of care) of the worker is an essential component of informed engagement in support. Issues regarding boundaries and expectations should be revisited throughout the support relationship.

The process of forming professional and collaborative partnerships sets the tone for the entire interaction between workers and women. The hallmark of the partnership between family

violence workers and women is an active belief in women’s ability to know and choose what is best for them and ‘the belief that the relationship is collaborative where both women and workers bring distinctive but essential knowledge.’<sup>118</sup>

It is considered highly unethical<sup>119</sup> for a sexual, romantic or friendship relationship to be entered into by the worker with:

- a woman currently receiving support/counselling from the worker or her service;
- a woman who has received support/counselling from the worker or her service;
- the partners of women who are receiving or have received support/counselling from the worker; or
- the family members of women who are receiving or have received support/counselling from the worker;
- a supervisor from whom they are receiving supervision.

#### 6.1.3 Rights Based Approach

Women are actively encouraged to identify the assistance they need from the service to facilitate their access and engagement in support. Workers ‘open up options, to help clients expand their choices, or to help them become free to consider multiple paths.’<sup>120</sup> By providing information to further a woman’s understanding of her rights and available options, a worker enhances her ability to make informed decisions.

Within domestic/violence services, women have the right to expect that workers will take a collaborative approach to their support and provide opportunities for them to tell their stories from their perspective. Women also have the right to expect that workers will:

- demonstrate respect;
- communicate non-judgmentally;

<sup>118</sup> Dubois (2005) pp 201

<sup>119</sup> Also see AASW and APS Professional Standards

<sup>120</sup> Dubois (2005) pp 218



- demonstrate culturally informed and sensitive practice;
- appraise women and children of their options;
- hold themselves accountable for their actions;
- promote social justice;
- uphold the Code of Practice; and
- facilitate, rather than direct, case management and support processes.

It is important that workers view culture as a way of understanding the context of a woman's experience rather than an issue in itself.

As service users, women have the right to provide feedback to the service regarding the support they receive.

Family violence services convey the message to women (using explicit language) that the service provides client-driven support. Services also ensure that women are informed that they may leave support if and when they wish to do so, and may re-access support when they choose.

#### 6.1.4 Validate and Build Upon Strengths

Validation of women's experiences is a key aspect of the support provided by workers. Workers demonstrate recognition of the strengths, resources and spirit of women. In validating women's experiences, workers should demonstrate unconditional positive regard and active listening.

Family violence workers provide women with information about the nature and dynamics of family violence and ensure responsibility for violence rests with the perpetrator.

Workers have an extensive knowledge and understanding of the complex range of issues associated with family violence<sup>121</sup> including the effects of trauma, and an understanding of issues facing a diverse range of women and the barriers they face in gaining support. This knowledge informs their practice rather than predetermining their responses to women. To this end, workers 'maintain perspective about the uniqueness of specific persons or social structures in particular situations.'<sup>122</sup>

Workers support the empowerment of women by:

- assisting women to reframe their experiences and identify the problem-solving strategies and resourcefulness they have demonstrated;
- assisting women and children to recognize their own strengths, rather than focusing on their problems which obscures their personal potential;
- framing issues in terms of challenges rather than problems, as the focus on challenges implies the potential for overcoming obstacles;
- using open ended questions with a solution focus, thereby facilitating a woman's exploration of options rather than providing advice or entering into a counselling dynamic.

#### 6.1.5 Respectful, Open and Transparent Interaction

'Even the simple act of interacting with someone respectfully can have an enormous and long term impact.'<sup>123</sup> To do this workers must see women's behaviour in the context of their experiences 'rather than seeing behaviour as intrinsic to the person'<sup>124</sup> and avoid drawing conclusions or forming assessments on this basis.

Respect is demonstrated via verbal and non-verbal communication skills. Workers are, therefore, aware of their selection of words, eye contact and body language in their exchanges with women, whether in person or on the phone. The language used by workers is highly important as it can convey beliefs and can influence the behaviour and thoughts of others.

Regardless of the mode of service delivery when undertaking assessments workers ensure the exchange between themselves and the women/ children is kept 'informal and conversational not a form filling in session.'<sup>125</sup> Assessment forms are used only as a guide or prompt for workers.

<sup>121</sup> Western Australian Government (1998) pp10

<sup>122</sup> Dubois (2005) pp 206

<sup>123</sup> Cunningham et al (2005) pp 10

<sup>124</sup> Cunningham et al (2005) pp10

<sup>125</sup> Gevers (1999) pp 6.4



While notes may be taken in the session, the forms are completed afterwards. Workers should also ensure that clients are fully informed regarding the data collected and how they may access the information.

Respect is also demonstrated through the punctuality of workers in appointments with women. Workers allocate an appropriate amount of time for appointments based on client need and case load. When allocating time to appointments, it is important to consider the nature and function of the appointment and the time required for appropriate engagement. The effectiveness of the interaction may be undermined if too much time is allocated and the ability of the worker and the woman to remain focused on the relevant issues is diminished by fatigue. Likewise, if the appointment is too brief the woman's engagement in the support relationship may suffer as she may feel the worker has no time to meet her needs. In this case, a woman's feelings of being unimportant, generated by her experience of family violence, can be unintentionally reinforced by the worker.

When making the appointment the worker seeks to determine what the woman is hoping to achieve from the appointment. At the beginning of an appointment the worker revisits this issue and identifies any additional needs that have arisen since the appointment was made. This strategy seeks to ensure the worker has a clear idea of what needs to be addressed within the time allotted. Where it is not possible to cover everything the woman wants to discuss, the worker assists the woman to prioritise the issues and makes a follow up appointment where necessary.

Workers exercise empathic and active listening. Empathy is demonstrated by perceiving and responding to women's feelings with sensitivity and understanding. 'Being empathetic means more than simply understanding another's world; it means understanding and communicating understanding. Thus, being empathic implies being an active responder rather than a passive listener.'<sup>126</sup>

It is very important for workers to listen openly to the experiences of women and children and respond to them in a non judgemental way.<sup>127</sup> Remaining supportive regardless of the decisions made by women, and ensuring that the woman sets the pace of support/counselling, are essential.

#### Also See:

- 2.3 Understanding of Family Violence
- 5.6 Privacy, Confidentiality and Duty of Care
- 5.7 Service Safety Plan
- 5.11 Professional Development

#### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standard'**

- Standard 1.1 — Rights Based Culture
- Standard 2.2 — Initial Assessment
- Standard 3.1 — Providing Equitable Access to Support Services
- Standard 3.2 — Engagement, Assessment and Case Planning
- Standard 4.3 — Supporting Women and Children experiencing Family Violence

#### Further Information

To access the documents referred to in this section or for further information regarding a particular issue access the following websites:

#### Professional Associations

- Australian Association of Social Workers*  
[www.aasw.asn.au](http://www.aasw.asn.au)
- Australian Psychology Society*  
[www.psychology.org.au](http://www.psychology.org.au)

<sup>126</sup> Dubois (2005) pp 208

<sup>127</sup> Bagshaw (2000) in Sealy and Plunket (2002)

## 6.2 Engaging Children in a Support Relationship

It is essential that workers work with children in the context of their lives and relationships; where children are seen as competent and as actors in their world.<sup>128</sup> This, though, does not correlate with the degree of control children have over their safety.

Workers ensure that children:

- have their rights acknowledged and upheld;
- are listened to without judgement;
- are treated with respect;
- have space and privacy;
- are treated as individuals; and
- are accorded privacy and confidentiality.

Workers should not rush for solutions but take the time to listen, seek feedback and explore options with children.

Workers provide children with age and gender appropriate information to enhance their understanding of the family violence service and the purpose of the support provided. Children are also appropriately informed about the workers' duty of care obligations and the limitations of confidentiality where the child's safety may be at risk. This approach is taken to minimise the child's interpretation of the worker/child relationship as friendship. Workers should communicate this in plain, age-appropriate language.

'Children always have less power than adults. The closer the relationship between the child and adult – the greater the dependency – the greater the power that the adult has over the child.'<sup>129</sup> Workers, therefore, need to be particularly aware of the power inequality inherent the worker/child relationship.

### 6.2.1 Engaging Child or Young Person's Mother

'The concerns of women are inextricably linked to the welfare of their children and the safety decisions of...women are typically guided by the needs of their children.'<sup>130</sup>

Workers foster positive support relationships with women so that concerns regarding child safety and welfare can be discussed in an open and supportive manner. This approach facilitates three outcomes:

- informal education with the mother can occur that seeks to address the concerns;
- formal referral to relevant support services to address the concerns;
- women are aware, and as involved as possible, if a child protection report needs to be made.

Ensuring women/children have a clear understanding of the roles and responsibilities of family violence workers, Child Protection workers, and the relationship between worker and Child Protection is essential to best practice. It is important that workers take a proactive approach to this issue.

While it is important for workers 'not to overestimate the ability of mothers to care for their children when they themselves are recovering from trauma, there is a real danger in assuming that only workers represent the interests of children adequately.'<sup>131</sup>

The actions and strategies of mothers to protect their children in situations of family violence must be considered as part of any response to children. 'In some cases the mother may have a good understanding of the effects of the violence on her children and may have effective strategies in place.'<sup>132</sup> Workers should seek to reinforce and enhance sound knowledge and effective strategies.

<sup>128</sup> Brittan in Partnerships Against Domestic Violence (2000)

<sup>129</sup> Hander (1999) pp 4

<sup>130</sup> Spears (2000) pp4

<sup>131</sup> Brittain in Partnerships Against Domestic Violence (2000) pp 147

<sup>132</sup> Gevers (1999) pp 6.4

### Relevant Documents

*Department of Human Services (2005)*

**'Homelessness Assistance Service Standard'**

Standard 1.1 — Rights Based Culture

Standard 2.2 — Initial Assessment

Standard 3.1 — Providing Equitable Access to Support Services

Standard 3.2 — Engagement, Assessment and Case Planning

Standard 4.2 Supporting Young People

Standard 4.3 — Supporting Women and Children experiencing Family Violence

*Department of Human Services (2005)*

**Protecting Children — the next steps**

*Department of Human Services (2004)*

**Towards Collaboration — A resource guide for Child Protection and family violence services**

### 6.3 Responding to the Diversity of Women's Experiences

Given that women who experience family violence are a diverse group and that their experiences are unique, the response of workers must be tailored to the individual needs of each woman they support. Workers provide a holistic response to women, and have a responsibility to support them with a range of issues in addition to family violence.

Supported by individual professional development plans, each worker has an extensive and continuously growing knowledge of the issues and barriers facing the client group. This knowledge does not, however, predetermine how workers respond to women. Indeed, the individual experiences of women should be validated regardless of the characteristics or issues they may present with.

Important issues to be considered by workers in responding to the diversity of women's experiences include:

- Practice is client driven and avoids assumptions — for instance, assuming that the perpetrator of the violence is a marital partner excludes lesbian women, women experiencing violence from a family member and women with disabilities experiencing violence from a carer.
- The worker is non judgmental and non discriminatory — workers engage in reflective practice and, being conscious of how attitudes may be conveyed, are aware of their own verbal and non verbal communication with the women they support;
- Workers gain support for their practice — through professional development, secondary consultation, co-case management or referral to specialist services with issues outside the family violence service's field of expertise;

Workers recognise that while women share a common gender, 'they experience it through their individual historical, social, political, economic, ecological and psychophysical realities... "women" should be thought of as a unifying term, not necessarily a unified experience.'<sup>333</sup>

Workers have a professional responsibility to reflect upon their individual practice and continue to seek up to date information regarding issues that they may find personally challenging.

Some examples of women with characteristics and issues that have been identified, through consultation, as presenting challenges to workers practice, are covered in subsections 6.3.1 – 6.3.4.

<sup>333</sup> Lalende & Lavery (2002) pp 7

### 6.3.1 Women with Mental Health Issues

Where family violence services believe a woman they are supporting is experiencing mental health issues, it is essential that an assessment is undertaken by mental health services to prevent inappropriate and inaccurate diagnoses which could then lead to labelling or inappropriate support. Family violence workers recognise the danger of dismissing a woman's experience as manifestations of their illness.

The engagement of mental health services may occur via a referral for an assessment, by co-case management or, if the woman does not wish to utilise a mental health service, the worker may access secondary consultation using anonymous information which will not identify her. In this context it should be noted that a worker may engage a mental health service without a woman's consent if she should pose a threat to herself or others.

### 6.3.2 Women with Disabilities

Workers recognize that responding to the needs of women with disabilities who experience family violence requires more than ensuring the physical accessibility of the service site. Workers actively encourage women to identify what will facilitate their access to the service, including methods of communication that are suitable for them.

Workers should be familiar with the range of aids that women with disabilities may use to assist with mobility and communication e.g. hearing assistance dog.

### 6.3.3 Women with Substance (Mis)Use Issues

It is not appropriate to support women according to a 'address substance (mis)use first' approach, as this fails to recognize that women often rely on substances as part of their coping strategies to manage their daily activities as they face ongoing violence.<sup>134</sup> In reality, women may be particularly resistant to engaging in support to address their substance use issues until they are confident that they can achieve genuine safety.

It is important that workers recognize that a woman's ability to address substance use issues is significantly compromised when her right to self determination is restricted; that is when accessing family violence support, criminal justice system involvement and/or her custodial rights are conditional on her addressing substance use issues.

The following issues are important considerations for workers in practice with women with substance (mis)use issues:<sup>135</sup>

- Reflective practice — by reflecting upon and dealing with their own beliefs, feelings, and prejudices about substance abuse. Engaging in ongoing training to ensure knowledge regarding the characteristics of problematic substance (mis)use and making appropriate referrals;
- Minimising blame — blame and moral reprobation for use or relapse may further disempower the woman and subsequently empower the perpetrator;
- Nature and dynamics of family violence — inform the woman, and substance use support services, of the risks of conjoint couples counselling sessions;
- Impact on safety — discuss the impact of problematic substance use on their safety and on their ability to safety plan;
- Power and problematic substance (mis)use — assist women through supportive discussion to find an alternate means of empowerment as replacement for the sense of power induced by substances;
- Case planning — incorporate and recognize problematic substance use as part of planning discussions. Help the woman to understand the ways the perpetrator may attempt to undermine her efforts to address her substance use as part of safety planning discussions and during exit planning and case closure.

<sup>134</sup> Minnesota Coalition Battered Women (1992) in (1995)

<sup>135</sup> The following dot points have been adapted from Illinois Department of Human Services (2002) p6



- Linkages — encourage and facilitate linkages with substance use support services.
- Awareness of referral options — remain cognizant of local substance use support programs and support groups.

### 6.3.4 Culturally Informed and Sensitive Practice

Culturally informed and sensitive support is an integral component of service provision and it is important that workers provide support with an understanding of culture beyond the country of origin. Where women have specific cultural support needs (e.g. Indigenous women and women from culturally and linguistically diverse backgrounds) they are always offered an appropriate cultural support referral.

Knowledge of the particular barriers faced by women is important, particularly in the context of safety planning. For Indigenous women and women from culturally and linguistically diverse backgrounds, prior experience with authorities such as the police or the court system impacts upon the women's likelihood of accessing these options to enhance their safety.

Access to the police and emergency services is also restricted to those women who may not speak English or who have difficulty communicating verbally and/or are unable to use a telephone.

#### Also See:

- 2.3 Understanding Family violence
- 5.1 Policies for Ensuring Access, Equity and Responsiveness
- 6.9 Reflective Practice
- Appendix 3 Women without Permanent Residency
- Appendix 4 Working with Interpreter

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 3.1 — Providing Equitable Access to Support Services

Standard 3.2 — Engagement, Assessment and Case Planning

Standard 3.3 — Responsive Support

Standard 4.3 — Supporting women and Children Experiencing Family Violence

Standard 4.4 — Providing Culturally Competent Services

### 6.4 Responding to the Diversity of Children's Experiences

The terms "children" and "young people" are viewed as similar to the term "women"; each describes a diverse group of people with distinct and individual experiences. Consistent with responses to women, practice with children is:

- client centred and avoids assumptions;
- non judgemental and non discriminatory;
- supported by knowledge gained through training, secondary consultation and professional development.

'What is important for workers not to be paralysed by a sense that it is too difficult or that there are experts who should handle matters.'<sup>136</sup> Responding to the diversity of children's experiences 'is not about learning a formula. Rather, it is about an approach.'<sup>137</sup> Workers are open to the process of understanding the meaning children take from their experiences and connect with the 'stories' children tell that describe their perspectives.

Knowledge regarding a range of issues facing children is essential to responsive practice, however this information will inform rather than predetermine a worker/counsellor's response.

<sup>136</sup> Cunningham et al (2005) pp 10

<sup>137</sup> Cunningham et al (2005) pp 10



For instance, workers are informed by knowledge of child development 'not as truth but as theories to inform practice.'<sup>138</sup>

Workers should be familiar with the issues facing children living with disabilities. For example, workers need to be aware that, depending on the disability, children may not be able to remove themselves from the proximity of violence, and it may be impossible for them to complain about their experiences.<sup>139</sup> While it is important that workers do not assume that children are able or unable to do things without checking, it is also important that they do not ask questions or use assessment to categorise a child as deficient. It is always most useful when working with children to let them set the pace. The experiences of children are heavily influenced by the experiences of their mothers. It is clear that workers require a multiplicity of strategies to respond to the diversity of children's experiences of family violence.

## 6.5 Privacy, Confidentiality and Duty of Care

Privacy, confidentiality and duty of care are essential concerns for workers. Worker practice regarding privacy and confidentiality is supported by policy and procedure documented by their service. All workers are familiar with their duty of care responsibilities.

For a woman to feel safe and supported, she must know that her information is treated carefully and appropriately.<sup>140</sup> Workers prioritise women's informed engagement in support by providing information about:

- the legal obligations of the service and its workers regarding privacy and duty of care;
- recording, storage and sharing of information practices and processes; and.
- how records can be accessed.

Workers solicit private information from women/children only when it is beneficial to the support/counselling process.<sup>141</sup>

### Also See:

5.6 Privacy, Confidentiality and Duty of Care

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 1.4 — Privacy and Confidentiality

Standard 3.3 — Responsive Support

*Department of Human Services (2002)*  
**'Privacy Policy'**

## 6.6 Risk Assessment and Safety Planning

Risk assessment and safety planning is central to the work of family violence services. Workers take a consistent approach to risk assessment and safety planning, assisting women and children to make informed decisions regarding their safety.

In 2006, a common risk assessment tool will be developed to be utilised by specialist family violence services and other services providing a response to family violence. The tool will be utilised with a common framework for understanding risk and safety planning.

Risk assessment is undertaken to identify factors which may jeopardise woman's/child's physical, emotional and/or psychological safety.

A subsequent safety plan is developed based upon these identified factors, and that builds upon the resources and experiences of the woman and is informed by the knowledge of the worker.

An individual, case by case approach to risk and safety is taken by the worker in tandem with women and children and is supported by the Service Safety Plan, community resources and professional development plans.

<sup>138</sup> Brittain in Partnerships Against Domestic Violence (2000) pp 147

<sup>139</sup> Gevers (1999) in Cunningham et al (2005) pp 7

<sup>140</sup> Department of Human Services (2004)

<sup>141</sup> American Counseling Association (2005)

As part of safety planning with children, workers monitor and inform children of self-protective behaviours (or ensure they are referred to a service that can). Information is given about Kids Help Line and/or other services they may access for assistance. Safety planning builds upon effective strategies put in place by children or by their mothers.

The practice of workers to determine a venue for contact with women and children is supported by policies and procedures that are part of the Service Safety Plan and ensures that the venue for contact is assessed according to where both the woman and worker feel safe and comfortable.

Risk assessment and safety planning is undertaken with women and children on an ongoing basis. Risk assessment considers the risks posed by forms of abuse other than physical violence, and reflects an understanding of the nature and dynamics of family violence. Risk assessment never assumes that women's lives are made safer or better by leaving the relationship.<sup>142</sup>

**Also See:**

5.7 Service Safety Plan

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 4.3 — Supporting women and Children Experiencing Family Violence

*Statewide Steering Committee to Reduce Family Violence (2004)* **'Reforming the Family Violence Service System'**

Section 8 — Model for System Integration — Assessment of Client's Risks and Needs (Common Risk Assessment)

## 6.7 Facilitating Referrals

Referral is an extension of assessment and is made to:

- assist women to address the issues they have identified in their case plan; and/or
- address issues identified by the woman that exceed the knowledge, expertise or boundaries of the family violence service.

An active, client-driven approach is taken by workers to referrals. Active referral involves the worker facilitating the referral in accordance with assessed need and aims to minimise the need for women to retell their story. An active referral requires more than the provision of a phone number.

To facilitate an active referral, workers explain why their service is inappropriate, what is offered by an alternate service and why they feel it may be more appropriate. Where the referral to another service is offered in addition to the support provided by their service, workers explain how the referral may enhance their support or assist in dealing with a particular presenting issue.

The worker offers to contact the service and provide them with the information the woman has already disclosed. This is to ensure that the woman does not have to retell what she has already told the worker. If the woman feels confident and comfortable to make contact with the service herself, then the worker makes it clear that if the referral is unsuccessful she should re-contact the worker who will provide further assistance.

Referral is made in accordance with the woman's wishes and, except where there are duty of care obligations, referral is at all times voluntary.

Workers are guided by service policy and procedure where referrals are made to enhance the safety of women, e.g. where women are located by a perpetrator and thus become unsafe while supported by the service.

<sup>142</sup> Laing (2001) pp 12

If workers determine that they are unable to be of professional assistance to a woman/child, after consultation and with the support of their service, avoid entering or continuing the support/counselling relationship. In this case the service will appoint another worker or ensure there is an active referral to an appropriate service.

**Also See:**

5.3 Collaboration and Integration

6.8 Collaborative Practice

### Relevant Documents

*Department of Human Services (2005)*

**'Homelessness Assistance Service Standards'**

Standard 2.3 — Effective Referrals

Standard 3.2 — Engagement, Assessment and Case Planning

Standard 3.3 — Responsive Support

## 6.8 Collaborative Practice

Where a woman or child/young person are engaged with support provided by more than one service, their experience of support can be greatly improved and the outcomes enhanced when services take a collaborative approach to practice. Collaborative practice must be supported by a range of strategies to effectively and meaningfully engage in an integrated response to family violence in Victoria.

Clarity of roles and responsibilities ensures the woman is not confused and can make more informed decisions regarding her support. A collaborative and coordinated approach also ensures consistency and prevents duplication thereby increasing efficiency and responsiveness to the needs of women and children.

Transparent communication with a solution-seeking perspective is a key aspect of collaborative practice. There are challenges to effective collaboration, including aligning differing philosophical perspectives and views on appropriate support. This makes communication and establishing common ground essential to

effective collaboration between services. Positive collaborative practice between workers is based upon a shared understanding of each other's perspectives, expertise and experiences. This understanding also provides the basis for a clear determination of responsibilities where co-case management is undertaken with a mutual client.

When a woman/child or young person enters a support relationship with a family violence specialist service it is essential at the point of intake that the worker seeks to identify other services that are providing support to the woman and/or her children. Regardless of whether the services are already involved or become involved during the support period, where there are other services involved:

- The worker explains the importance of a coordinated approach to the client's support and the need to communicate with other services involved with them; and
- With the informed consent of the client, the worker makes contact with the service/s and schedules a case conference with involved services and the client.

As well as principles of privacy and confidentiality that are integral to practice, transparent communication with the woman regarding the purpose and nature of the information exchanged is essential.

Regardless of the services involved in collaborative practice, case conferencing is an important strategy for ensuring transparency of process and clear communication and for identifying roles and responsibilities. Case conferencing is also important to assist with assessment and effective case planning, monitoring and review.

It is important for workers to be clear about which service is taking responsibility for particular aspects of case management and which service will take the role of primary case manager. The primary case manager also takes on the role of facilitator and convener of case conferences. The primary case manager is usually identified by evaluating, with the woman's involvement, which

service has the most contact with her. Where the case conference is focused upon the needs of children, the primary case manager may be determined by specialist skills the specialist skills of a worker, as well as the level of contact with them.

As with other elements of support provided by family violence services, co-case management is client driven, and in case planning and conferencing the worker/counsellor actively involves the woman in identifying what would be useful to support her. The worker also seeks to ensure and clarify the woman's understanding of the co-case management process and debrief the woman following case conferences (unless this responsibility is being taken by another involved service).

Documentation is an important element in clear communication, therefore workers ensure that minutes are taken of case conferences and any joint case plans are also documented. Minutes clearly articulate decisions, actions and responsibilities and are circulated to the woman and all involved services.

### **6.8.1 Collaborative Practice with Victoria Police**

To increase the safety of women and children, family violence workers and police members must have a mutual understanding of the roles and responsibilities, that of their organisations and the policies & procedures that inform their work in this area.

Family violence workers actively encourage and support police referral. Police and workers engage in the provision of secondary consultation to support their practice and responses to women and children.

#### **Case Conferencing**

Where a woman is reluctant to proceed with a complaint and police have enough evidence to lay criminal charges or have already laid charges, a case conference can be used to determine whether or not prosecution should continue.

The case conference is a meeting in which those involved in the matter come together to discuss the issues. It will help police informants and supervisors to decide whether or not to continue with criminal proceedings in instances where women are reluctant.

Though the ultimate decision regarding prosecution rests with Victoria Police, a case conference is an opportunity to identify the reasons for the woman's concerns, explain the court process and the role of prosecution, and to discuss and try to relieve the woman's concerns so that the legal proceedings can continue.

In order to avoid unnecessary delays or court adjournments, case conferences should be initiated at the first opportunity after police become aware of a woman's reluctance to proceed.

Participants of the conference may include but is not limited to, the:

- Police officer who attended the incident;
- The woman/children;
- Domestic violence worker if already engaged by woman or a support person for the woman (friend, other family member);
- The attending police member's supervisor;
- Prosecutor (if charges have already been laid).

Also consider:

- Family Violence Liaison Officer or Family Violence Advisor who can provide assistance;
- Court support service if applicable;
- Any other person who can assist.

#### **Case Review**

A case review is an assessment of a decision by police not to proceed with prosecution of a criminal offence.

After this decision has been made, the police member who prepared the brief of evidence must contact the woman and advise them of this outcome. Initial report can be verbal but it should be followed up with written report.



The women/children and/or their representative can initiate a case review by writing to the officer in charge of the police member detailing reasons for the request.

The Officer in charge and the Family Violence Liaison Officer must conduct the review within one month.

### 6.8.2 Collaborative Practice with Child Protection

Collaborative practice between family violence services and Child Protection agencies is essential to increasing the safety of children and providing support to women.

Where a woman and/or child requests advocacy services, a family violence worker participates in case conferences and case planning meetings. Family violence and Child Protection workers coordinate safety assessments and interventions for both mother and child.

Family violence workers establish clear communication with Child Protection workers regarding their respective roles and responsibilities and demonstrate respectfulness of the role of Child Protection workers. Family violence workers are aware and have an understanding of relevant legislation regarding Child Protection and the implications of this legislation on information exchange.<sup>143</sup>

Services facilitate opportunities for shared practice exchanges between workers to enhance understanding and increase opportunities for collaboration.

#### Also See:

- 5.3 Collaboration and Integration
- 7.7 Advocacy with Women
- 8.4 Advocacy of Behalf of Children

<sup>143</sup> See 5.6.5a)

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 3.2 — Engagement, Assessment and Case Planning

Standard 6.1 — Building Partnerships and Integrated Networks

*Statewide Steering Committee to Reduce Family Violence (2004)* **'Reforming the Family Violence Service System'**

Section 8 — Model for System Integration

*Victoria Police (2004)* **'Code of Practice for the Investigation of Family Violence'**

*Department of Human Services (2005)*  
**Protecting Children — next steps**

*Department of Human Services (2004)* **Towards Collaboration — A resource guide for Child Protection and family violence services**

### 6.9 Case Notes, Files and Data Collection

#### 6.9.1 Case Notes & Files

Case notes include all information recorded or kept on file, for instance the contents of log/communication books, computer and hard files. All this information can be subpoenaed.

The production of case notes is an integral part of the provision of support provided by family violence workers and fulfils accountability requirements to a range of stakeholders including service users, the organisation providing the service, the funding body and the legal system.

There are a number of reasons why case notes are recorded:

- Service delivery involves a range of demanding tasks. Workers provide support/counselling to a number of women and children with numerous issues and to recall accurate details of contact with clients, without reference to case notes, would be an impossible task.



- Case notes ensure that, if necessary, appropriate support can be provided to a woman across team members in a consistent, effective and timely manner.
- Case notes are an essential tool in ensuring worker accountability to the service, broader organization and, more importantly, to service users.
- Case notes may be subpoenaed by the courts or requested by lawyers to support a legal case. This may occur in a range of jurisdictions and for a number of reasons, including a service being called into question around issues relating to duty of care.
- Case notes enable a worker to provide accurate testimony regarding service provision. In addition, case notes can be accessed by clients as evidence in support of their testimony around dates and injuries etc.

Case notes are recorded immediately following a contact to ensure they are clear and factual. This can be difficult due to competing demands on a worker's time and workers must therefore take proactive steps towards scheduling the time needed.

Case notes are recorded in line with privacy and confidentiality policy and procedure, and include only objective, demonstrable observations and information.

### 6.9.2 Data Collection

Data collection is undertaken by family violence services to promote access and equity within their services, the family violence service system and broader community response. Data collection is an extension of service provision, therefore workers pay particular attention to ensuring appropriate data is collected regarding their contact with women and children.

#### Also See:

- 5.6 Privacy, Confidentiality and Duty of Care
- 6.4 Privacy, Confidentiality and Duty of Care
- 5.10 Structural Advocacy and Community Development

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 1.4 — Privacy and Confidentiality

Standard 3.5 — Documenting Case Work

### 6.10 Reflective Practice

Workers take a reflective approach to practice with the understanding that it is essential they develop a sound sense of their own identity with respect to the diversity of women and children. In this context, workers acknowledge the "dynamics of difference" in which people seem prone to perceive differences as threatening and must actively work to overcome such perceptions.<sup>144</sup>

Workers are also aware 'of their own socialisation so they can recognise potential biases that may interfere with support/counselling.'<sup>145</sup>

Workers interact with a range of theories and, as part of their reflective practice, consider how these theories inform their approach and intersect with the lived experiences of women and children.<sup>146</sup>

Workers recognise that barriers to access and equity are multi-faceted, present themselves in numerous ways, and often disguise or are symptomatic of attitudes. Workers are also aware of the potential for social attitudes to be reflected within their practice and service, for instance, maintaining an awareness of the issues facing lesbian and bisexual women, including homophobia and heterosexism, on a societal level and the subsequent potential for such attitudes from within the service. Proactive strategies to challenge and address such attitudes in a supportive environment include the engagement of workers in reflective practice on an individual level through supervision and as a team.

<sup>144</sup> Gevers, L (1999)

<sup>145</sup> Sealy & Plunkett (2002) pp 23

<sup>146</sup> Brittain in Partnerships Against Domestic Violence (2000)

Negative attitudes can be underpinned by a lack of knowledge and resulting anxiety. Consequently, workers participate in formal and informal training opportunities as part of their professional development and plans are developed in the context of reflective practice.

Through individual supervision, case conferencing as a team, and formal feedback and evaluation, workers engage in reflection and review of their practice. This is guided by the view that every case can provide lessons and that workers benefit from discussion of strategies and feedback as individuals and as a team. The primary aim of reflective practice is improvement in service delivery and enhanced outcomes for women and children.

**Also See:**

5.1 Policies for Ensuring Access, Equity and Responsiveness

5.7.2 Occupational Health and Safety

5.11 Professional Development

6.3 Responding to the Diversity of Women's Experiences

6.4 Responding to the Diversity of Children's Experiences

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 9.2 — Staff Supervision, Training and Development

## 6.11 Self Care

Whether they are undertaking community development and research, or providing services to individual women and children, support workers are fully engaged with the issue of family violence and its social context. Provision of family violence specialist support/counselling is difficult and stressful work and can take an emotional and psychological toll on workers. 'This stress comes not only from responding to people in pain and crisis; characteristics of the organisation also contribute to the stress.'<sup>147</sup>

The emotional impact on support workers is often referred to as burnout, compassion fatigue, secondary traumatic stress and/or vicarious trauma, and is described as having three dimensions:

- emotional exhaustion or fatigue;
- depersonalisation, defined as negative attitudes towards clients, a personal detachment, or loss of ideals;
- reduced personal accomplishment and commitment to the profession.

Burnout is 'a process rather than a condition or state, and some have theorised that it progresses sequentially through each of these dimensions.'<sup>148</sup> Symptoms of burnout can manifest themselves either 'in the form of intrusive symptoms, such as flashbacks, nightmares, obsessive thoughts or in the form of constrictive symptoms, such as numbing and disassociation. It may also result in disruptions to important beliefs that individuals hold about themselves, other people and the world.'<sup>149</sup>

It is important that workers inform themselves about the symptoms of burnout and utilise a range of self-care strategies to reduce the impact of the provision of support/counselling on them. Self-care strategies are essential because issues that impact on workers also impact upon the provision of support/counselling and, ultimately, the client. Strategies workers may consider include:

- engaging in reflective practice;
- avoiding overwork (avoiding overtime or carrying case loads that exceed the recommended level);
- knowing and accepting personal limitations;
- rewarding themselves for reaching goals and scheduling fun/relaxing activities;
- taking care of physical needs: maintaining a sleep schedule, and healthy diet;

<sup>147</sup> Sze & Ivker (1986) in Bell, Shanti & Dalton (2003)

<sup>148</sup> Maslach (1993) in Bell, Shanti, Dalton, L. (2003) p 463

<sup>149</sup> Bell, Shanti, Dalton (2003) p 464

- attending to emotional needs by talking talk about fears and doubts, seeking personal counselling;
- remembering social needs: valuing friends and family, and friendships outside welfare circles
- keeping time for themselves
- having personally meaningful items in their work space

Just as the women and children whom workers support are unique and individual, so too are the workers themselves. As such each worker will need to:

- design strategies for their specific needs;
- reflect upon how the work impacts upon them;
- consider what their symptoms are or how the emotional impact of the work manifests in them.

Workers are supported by their service to develop self-care strategies and monitor the effects of the work through the provision of supervision and training, and attention to the work environment.

**Also See:**

- 5.7 Service Safety Plan
- 6.9 Reflective Practice

**Relevant Documents**

*Department of Human Services (2005)*

**'Homelessness Assistance Service Standards**

Standard 9.2 — Staff Supervision, Training and Development



# Section 7: Service Delivery with Women



## Section 7: Service Delivery with Women

### Section Overview

Section Seven provides an overview of the various modes and methods of service delivery utilised by services to provide family violence specialist support.

### Key Statements

- Regardless of the mode of service delivery, services will:
  - demonstrate an understanding of the fundamental concepts outlined in this document.<sup>150</sup>
  - incorporate key elements of practice.<sup>151</sup>
  - be provided in the context of the organisational framework.<sup>152</sup>
- All forms of service delivery are informed by current SAAP and other relevant DHS documentation.
- Whatever the mode of service delivery or model of service, the worker who facilitates the initial contact and/or intake and assessment must ensure that their service is the most appropriate to meet the needs of the woman. Language used by workers to describe the services provided does not always match the language used by women e.g. women may use the term counselling when they are seeking practical support and advocacy. Conversely they may be unsure of what services are available and request counselling because that is a term they know, or they may request 'support' but actually be looking for therapeutic counselling or need crisis intervention.
- Evaluation is a key element of service provision and all modes of service delivery include mechanisms to seek clients' feedback.
- Standards for the provision of individual counselling and support groups for women and children will be developed in 2006–7.

### Implications

- Program/Service Descriptors including description of models and modes of service delivery;
- See Section Five Overview and Section Six Overview for policy, procedure and practice implications.

<sup>150</sup> See Section Two – Principles and Values

<sup>151</sup> See Section Six – Key Elements of Practice

<sup>152</sup> See Section 5 – Service Framework



## Section 7: Service Delivery with Women

### 7.1 Crisis Intervention

'A crisis is defined as a time in a person's life when their usual methods of coping are either temporarily ineffective or unavailable. It is not the event which creates the crisis but the person's perception of the situation, what might be a crisis for one person is not necessarily a crisis for another.'<sup>153</sup>

The common feature is usually a time limited disruption in the customary way of functioning that triggers an inability draw on coping skills in a usual way. Family violence workers must be skilled in working with women in crisis and understand the potential impact family violence can have on women, including the impact on their ability to make decisions.

Crisis Intervention occurs when a service is called upon to provide support in the context of crisis. Crisis intervention refers only to the support provided in the time limited period of the immediate crisis. Women may experience crisis and contact a family violence service without a prior support relationship or they may experience crisis while in a support relationship with a service. Where there is a pre-existing support relationship, crisis intervention is informed by prior knowledge of the woman's circumstances and safety planning. Regardless of the prior relationship, key aspects of crisis intervention include risk assessment and safety planning, active listening and facilitation.

The worker's primary concern in these circumstances is to determine how critical the situation is and the degree of risk. Determining the nature and degree of risk informs the response of the worker and the options explored in safety planning with the woman. In assessing the situation, the worker tries to gain an understanding of the woman's interpretation of what her experience of family violence means to her. Only by looking and listening through the woman's eyes and ears can the crisis worker form an accurate perception of what steps to take.'<sup>154</sup>

Six Step Crisis Intervention includes:<sup>155</sup>

1. Assess for physical and psychological safety.
2. Explore and define the problem from the client's point of view.
3. Provide personal supports for the woman in crisis.<sup>156</sup>
4. Examine alternatives available to the woman.
5. Assist the woman in developing a plan of action.
6. Discuss how the woman will implement the plan.

Workers are conscious not to reflect crisis, and remain calm in their interactions with the woman. When responding to crisis, it is important that workers communicate with co-workers to support their practice. Workers at no time force or coerce the woman to make a decision, but through active listening and reflection the worker facilitates the woman's development of a plan of action to address the crisis. Validating the woman's experience can assist in restoring her sense of balance and control.

#### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 4.3 — Supporting Women and Children Experiencing Family Violence

<sup>153</sup> WDVCS (2005) section 5 page 8

<sup>154</sup> WDVCS (2005) section 5

<sup>155</sup> As adapted from WDVCS (2005)

<sup>156</sup> Where there is physical injury women should be assisted to access medical attention. Where they have presented to a service with evidence of injury the worker should photograph (and date) the injuries in addition to referring the woman to a doctor to have the injuries recorded.

## 7.2 After Hours Response

After hours response workers use a crisis intervention approach to service delivery.

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 3.2 — Engagement, Assessment and Case Planning

Standard 3.3 — Responsive Support

Standard 3.4 — Exit Planning and Case Closure

Standard 4.3 — Supporting Women and Children Experiencing Family Violence

*Statewide Steering Committee to Reduce Family Violence (2004)* **'Reforming the Family Violence Service System'**

Section 8 — Model for System Integration

## 7.3 Case Management with Women

Case management is not a linear process and is undertaken to address the specific and unique needs of each woman. Case management comprises a number of stages:

- Intake and Assessment
- Case Planning
- Case Review
- Exit Planning
- Case Closure

These stages are not always consecutive and case management may also be punctuated by episodes of crisis intervention.

The intensity of support provided to a woman is determined on the basis of assessed need and the role and capacity of the service. At all times workers allocate appropriate time for appointments.

### 7.3.1 Intake and Assessment

Intake and assessment are informed by the information gathered at the point of referral. It is essential that family violence workers minimise the need for women to retell their stories.

Assessment includes questions designed to provide the worker with an understanding of the nature of the woman's experience of family violence: 'Direct questioning regarding family violence is the most effective assessment tool.'<sup>157</sup> Asking questions about physical and non physical abuse conveys to the woman the worker's concern for her safety and her understanding that all forms of violence are real and serious problems.<sup>158</sup>

At the point of initial assessment and throughout the support period, workers actively support women to identify the assistance they and their children need from the service to facilitate their access and engagement in support.

Elements of intake and assessment are:

- Information provision;
- Holistic assessment of needs and expectations;
- Addressing immediate needs;
- Discussion of preliminary options /case planning;
- Risk assessment and safety planning.

Initial assessment is an opportunity for both women and workers to build on and clarify information gathered in the referral contact. Workers ensure women have accurate information regarding the nature of the support provided by the service and the boundaries of the service and support relationship. Women are also fully informed of their rights and responsibilities within the service and beyond. Information regarding service guidelines, privacy and confidentiality, and duty of care responsibilities is provided at the earliest opportunity and this information is revisited throughout the support period. Information is also provided about the case management process.

<sup>157</sup> Sealy & Plunkett (2002) p 13

<sup>158</sup> Gellar (1998) in Sealy & Plunkett (2002)

Information must also be provided about the rights of women and children within the service, in accordance with the Charter of Client Rights. This includes informing women of avenues available to them to exercise their rights.

Holistic assessment, including risk assessment, is undertaken at initial assessment and is ongoing throughout the support period. The purpose of assessment is to:

- understand the problem;
- ascertain ways to reduce the impact of the presenting issues;
- inform case management.

Initial assessment identifies existing supports and provides the basis for informed engagement with the service, including case planning.

### 7.3.2 Case Planning

Workers recognise and respond to women as the primary planners of their own goals and objectives. A case plan is a plan of action to address goals identified during assessment and to provide a framework and purpose for the support relationship. Case plans clearly identify anticipated time lines and allocation of tasks. Workers document case plans with women and children. They can be developed over time and should be updated according to circumstances.

Case plans include ways to access the formal provisions of the social service delivery system as well as the informal resources in women's social networks. They may incorporate informal supports such as teachers, family, friends and neighbours. Formal and informal networks play distinct roles and each is essential.

### 7.3.3 Case Review

Case plans are reviewed regularly throughout the support period. Reviews are often undertaken in an informal way at each appointment however it is important that workers also initiate formal reviews at regular intervals throughout the support period. Review is an opportunity for the worker and woman to reflect on:

- the case plan;
- what has been achieved;
- what has been useful for the woman during her support;
- future directions;
- any issues that may not have been previously documented or included in the case plan;
- Risk assessment and safety planning.

### 7.3.4 Exit Planning

Exit planning is essentially the process of moving with a woman through the case plan and towards independence from the service. Exit planning involves a range of strategies developed with the woman for her unique circumstances and includes safety planning and community linkages.

### 7.3.5 Case Closure

Workers take each woman and child through a process of case closure. This involves reinforcing strategies discussed during exit planning and ensuring she is aware of how to access family violence support in the future.

Women may withdraw from support for a range of reasons without notice. For this reason it is important that workers provide positive feedback, reiterate progress and revisit safety planning strategies at the conclusion of each appointment.

### 7.3.6 Provision of Magistrate's Court Support

Court support is an important element of the work undertaken by family violence refuge and outreach services as part of case management practice. This involves:

- providing opportunities for women to prepare for the stressful process of participating in legal proceedings e.g. providing assistance to complete an intervention order application form;
- incorporating resources and programs available at the Magistrate's Court;



- being fully informed about developments in court process and procedure in addition to keeping up to date with knowledge of relevant legislation;
- being clear about the boundaries of workers' expertise and not providing legal advice;
- having an understanding of the role and responsibilities of the court and court staff.

Workers seek to establish collaborative partnerships with Magistrate's Court staff to enhance outcomes and minimise the levels of distress experienced by women.

Workers participate in networking opportunities at their local court to build relationships, ensure they have current information about court processes and develop shared understandings.

Workers are aware and have an understanding of relevant legislation and legislative change.<sup>159</sup>

### 7.3.7 Provision of Family Court Support

Support with Family Court matters is provided in the context of case management and the woman's existing formal and informal networks. Support is designed to strengthen a woman's ability to exercise self determination and independence from formal support. Workers should be aware of similar issues for practice in the Family Court as they are in the Magistrate's Court. Workers are also aware and have an understanding of relevant legislation and legislative changes as they occur.<sup>160</sup>

#### Also See:

7.3.6 Provision of Magistrate's Court Support

#### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 3.2 — Engagement, Assessment and Case Planning

Standard 3.3 — Responsive Support

Standard 3.4 — Exit Planning and Case Closure

Standard 4.3 — Supporting Women and Children Experiencing Family Violence

#### *Statewide Steering Committee to Reduce Family Violence (2004) 'Reforming the Family Violence Service System'*

Section 8 — Model for System Integration

#### Further Information

To access the documents referred to in this section or for further information regarding a particular issue access the following websites:

#### Law Reform

Victorian Law Reform Commission  
[www.lawreform.vic.gov.au](http://www.lawreform.vic.gov.au)

### 7.4 Intensive Case Management<sup>161</sup>

The elements of intensive case management are consistent with the elements of non intensive case management. The level of support provided is determined by the issues, needs and resources of the woman.

Intensive case management is more than a coordinating role and involves the building of trust and shared goals, working towards outcomes and providing advocacy on behalf of the woman while ensuring her safety and promoting empowerment. Intensive case management is appropriate for women:

- who have complex and multiple needs and where the threat to safety is such that issues cannot be addressed through case coordination processes;
- for whom a high level of risk has been identified in assessment;
- who have limited supports (formal and/or informal); and/or
- where multiple agencies are likely to be involved owing to the complexity of the issues.

<sup>159</sup> See Victorian Law Reform Commission for up to date information regarding legislative change [www.lawreform.vic.gov.au](http://www.lawreform.vic.gov.au)

<sup>160</sup> Such as the *Family Law Amendment (Shared Parental Responsibility) Bill 2006*

<sup>161</sup> Adapted from SSRFV (2004) p 32

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 4.3 – Supporting Women and Children Experiencing Family Violence

*Statewide Steering Committee to Reduce Family Violence (2004)* **'Reforming the Family Violence Service System'**

Section 8 – Model for System Integration

### 7.5 Individual Counselling with Women

Standards for the provision of individual counselling and support groups for women and children will be developed in 2006-7 in consultation with services. In any case, the provision of counselling and support groups for women and children who experience family violence will uphold and demonstrate the principles, values and key elements of practice outlined in this document.

### 7.6 Provision of Support Groups with Women

See 7.5 Individual Counselling with women.

### 7.7 Advocacy with Women

Barriers to access exist in all areas of the service system responding to family violence. It is the role of workers to provide strong advocacy with, and on behalf of, women to ensure access and assist with navigation of a complex system.

Workers base their provision of advocacy on the individual needs of women and ensure a culturally sensitive and informed approach. Advocacy involves using specialist knowledge in a respectful and collaborative way to support and assist women to negotiate systems effectively. Workers are mindful of the need to maintain professional and ongoing relationships with the service to which they are advocating. Where workers undertake advocacy, they utilise appropriate pathways, identifying where issues may need to be elevated to another level of an organisation while ensuring that their strategy is supported by their service. The provision of individual advocacy by workers does not extend beyond the expertise of their support role.

### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 6.2 – Advocacy and Community Education



# Section 8: Service Delivery with Children

## Section 8: Service Delivery with Children

### Section Overview

Section 8 provides an overview of the various modes and methods of service delivery utilised by services to provide family violence specialist support.

### Key Statements

- Responses to children who accompany women accessing family violence services are the responsibility of all workers, however child-specific workers are recognised for their expertise and consulted by workers to inform their practice with children. Family violence services who have a child-specific worker have clear policies regarding the roles, responsibilities and communication between workers who are both involved in case management with a family. All forms of service delivery with children is informed by current SAAP and DHS directives and guidelines.
- Children's needs must be assessed to identify what kind of assistance they require. Children who can acknowledge their traumatic experiences by talking about them may require different forms of intervention from those who cannot.
- Standards for the provision of individual counselling and support groups for women and children will be developed in 2006–7.

### Implications

- Program/Service Descriptors including description of models and modes of service delivery;
- See Section Five Overview and Section Six Overview for policy, procedure and practice implications





## Section 8: Service Delivery with Children

### 8.1 Case Management Support with Children

#### 8.1.1 Intake and Assessment

During initial assessment, workers articulate their responsibilities regarding child safety to women as part of the information provided regarding boundaries of the service.

Workers undertake holistic assessment with children, with their mothers, including risk assessment and safety planning.

Workers assist children to make sense of their experiences and enhance their skills to deal with their grief and reaction.

#### 8.1.2 Case Planning

Family violence workers develop case plans for the children to ensure they are not overlooked. As with the case plans of women, children's case plans are responsive, client driven and not directive.

Workers need to assist children to understand what is happening and if possible and appropriate make an individual safety plan.

A major skill in the development of support plans for children is to present their development in a way that supports the mother's role as a parent. This approach is taken by workers as 'mothers are responsible for their children while (supported by a family violence service) and will continue to be responsible after they have left.'<sup>162</sup>

#### 8.1.3 Case Review

Workers regularly undertake case plan reviews with children throughout the support period. Although the worker and child frequently discuss how things are going in an informal way, a formal review that is tailored to the needs of the child occurs in a similar way to those undertaken with women.

#### 8.1.4 Exit Planning and Case Closure

Women and children may often withdraw from support for a range of reasons without notice. When it is possible in these cases, workers should say goodbye and provide positive feedback to children, acknowledging what has been achieved.

This approach aims to assist children in making the transition from support to living independently, even when formal closure and exit planning activities cannot be undertaken. The involvement of children in exit planning and closure activities is essential to holistic case management as, in addition to assisting with the transition to life independent from support, it reiterates the boundaries of the support relationship between the worker and the child.

#### Relevant Documents

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**

Standard 4.1 — Supporting Parents and Accompanying Children

Standard 4.2 — Supporting Young People

Standard 4.3 — Supporting Women and Children Experiencing Family Violence

### 8.2 Individual Counselling with Children

See 7.5 Individual Counselling for Women

### 8.3 Provision of Support Groups with Children

See 7.5 Individual Counselling for Women

### 8.4 Advocacy on Behalf of Children

While family violence workers acknowledge the primary role of mothers in planning for their children's futures, services understand that it cannot be assumed that women's interests will exactly coincide with that of their children, or that mothers will represent the needs of their children accurately.'<sup>163</sup> Therefore, it is important that family violence services ensure children have access to independent advocacy, particularly where there are concerns for child safety. The advocate may be a worker from within the service or may be established via a referral to an external service.

<sup>162</sup> Gibson (1997) pp 40

<sup>163</sup> Gibson (1997) pp 40

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In the case of a referral to an external service, an agreement regarding co-case management is reached between the services/workers.

### **Relevant Documents**

*Department of Human Services (2005)*  
**'Homelessness Assistance Service Standards'**  
Standard 6.2 — Advocacy and Community Education

# Section 9: Glossary and Abbreviations

Section 9: Glossary  
and Abbreviations

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## Section 9: Glossary & Abbreviations

### **Section Overview**

Section Nine provides a glossary of terms and abbreviations

### **Key Statements**

Shared language is essential for mutual understanding and consistent practice and service provision. Therefore, it is suggested that readers familiarise themselves with Section Nine before applying or reading the Code.

### **Implications for Policy and Procedure**

The language used in organisational policy and procedure is consistent with the Code.





## Section 9: Glossary and Abbreviations

### 9.1 Glossary

**Perpetrator** — is used to describe the offender/abuser or individual who uses violence. The term is used as it is consistent with the core value of placing responsibility for violence with those who use violence. It is recognized that the majority of perpetrators are men. The term may also apply to women in lesbian relationships and carers for women with disabilities.

**Women and children** — is used to describe the 'service user' or 'consumer' of family violence services. The term 'client' is also used where the concept applies to practice/service delivery with both women and children.

**Children** — is used to describe people 0-18 years of age and as such is inclusive of young people.

**Worker** — is used to refer to those providing support via a range of modes of service delivery to women and children.

**Indigenous** — Aboriginal or Torres Strait Islander people.

**Child Protection Report** — Report is used to describe what has previously been referred to as a Child Protection Notification.<sup>164</sup>

**Significant Harm** — Where this term relates to Child Protection 'significant' is not an absolute term; it relates to a level of severity. The definition was most recently defined by Justice O'Bryan of the Supreme Court in *Buckley vs. CSV 11/12/92* and was described as:

*More than trivial or insignificant but need not be as high as serious' and 'important' or 'of consequence' to the child's...development and it is irrelevant that the evidence may not prove some lasting permanent effect or that the condition could be treated.*

**Accumulation of Harm** — when used in relation to Child Protection issues is harm that is accumulated through a series of continuing acts, omissions or circumstances.

### 9.2 Abbreviations

**DHS** — Department of Human Services

**DIMIA** — Department of Immigration, Multicultural and Indigenous Affairs

**DVC** — Department of Victorian Communities

**DVIRC** — Domestic Violence and Incest Resource Centre

**DV Vic** — Domestic Violence Victoria

**EHH** — Elizabeth Hoffman House

**HASS** — Homelessness Assistance Service Standards

**HAS** — Housing Advocacy Service

**IWDVS** — Immigrant Women's Domestic Violence Service

**NTV** — No to Violence

**SAAP** — Supported Accommodation Assistance Program

**SSRFV** — Statewide Steering Committee to Reduce Family Violence

**OFC** — Office for Children

**OoH** — Office of Housing

**OWP** — Office of Women's Policy

**VicPol** — Victoria Police

**VWDP** — Victorian Women with Disabilities Project

**WDVCS** — Women's Domestic Violence Crisis Service

**WHW** — Women's Health West

<sup>164</sup> See Appendix 6



# Section 10: Appendix

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## Section 10: Appendix

### **Section Overview**

Section Ten provides information designed to complement the Code of Practice.





## Section 10: Appendix

### Appendix 1: Service Funding

#### 10.1.1 Services Receiving SAAP Funding

Family violence specialist services providing support to women and children utilising outreach, refuge, crisis support, target group specific support, private rental brokerage, after hours and intensive case management service models are funded under the Supported Accommodation Assistance Program (SAAP) as Homelessness Assistance Services by the Office of Housing. Homelessness Assistance also incorporates Transitional Management (THM) Programs.

A woman is identified as being homeless when she has inadequate access to safe and secure housing. Inadequate access to safe and secure housing is defined as housing that:

- Damages or is likely to damage, the person's health;
- Threatens the person's safety;
- Marginalises the person through failing to provide access to adequate amenities;
- Places the woman in circumstances which threaten or adversely affect the adequacy, safety and security and affordability of that housing.

Family violence specialist services are funded as Homelessness Assistance Services. There is recognition that the impact of family violence on women and children is multi dimensional and is often far beyond the scope of housing services, therefore family violence services take a holistic approach to the provision of support.

#### 10.1.2 Service receiving Office for Children Funding<sup>165</sup>

The Office for Children reports to the Minister for Children and Minister for Community Services and is responsible for providing services for the health, safety and wellbeing of children and their families.

Office for Children services are provided both by staff directly employed through the regional offices and central office of DHS, and by external providers, such as local government and non-government agencies. Services include universal services, such as preschools and maternal and child health services, family and individual support services including family violence and Sexual Assault Support Services, the Women's Assistance and Counselling Program, early childhood intervention services, and statutory services such as child protection and juvenile justice services. Most services are provided by Community Services through a service agreement with the Department. The Office for Children provides funding for services to provide family violence specialist individual counselling and support groups for women and children.

<sup>165</sup> Adapted from Department of Human Services (2005)

## Appendix 2: Referral Information

### 10.2.1 Northern Metropolitan Sub Region

Agency	Program/service	Contact details
<b>Women's Health in the North</b>	Leadership Position	☎ 9484 1666
<b>Berry Street Victoria</b> Northern Domestic Violence Outreach Service	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service</li> <li>• Women's and Children's Counselling and Support</li> <li>• After Hours Service</li> <li>• Intensive Case Management</li> <li>• Women's Emergency Housing</li> <li>• Linking to Private Rental</li> </ul>	☎ 9458 5788 <b>After Hours Service</b> ☎ 9456 9277
<b>Elizabeth Hoffman House</b>	<ul style="list-style-type: none"> <li>• Indigenous Family Violence Outreach Program</li> <li>• Women and Children's Counselling</li> </ul>	☎ 9482 5744 <b>Outreach Worker:</b> ☎ 0438 528 525
<b>Anglicare – Broadmeadows</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling and Support</li> </ul>	☎ 9301 5200 *when making a referral request to speak with a duty worker

### 10.2.2 Western Metropolitan Sub Region

Agency	Program/service	Contact details
<b>Women's Health West</b>	Family Violence Outreach Service <sup>166</sup> <ul style="list-style-type: none"> <li>• Leadership Position</li> <li>• Children's Counselling</li> <li>• After Hours Service</li> </ul>	☎ 9689 9588 <b>After Hours Service referrals via WDVCS</b> ☎ 9373 0123
<b>Elizabeth Hoffman House</b>	<ul style="list-style-type: none"> <li>• Indigenous Family Violence Outreach Program</li> <li>• Women and Children's Counselling and Support</li> </ul>	☎ 9482 5744 <b>Outreach Worker:</b> ☎ 0419 157 003
<b>Western Region Health Centre</b>	<ul style="list-style-type: none"> <li>• Women and Children's Counselling and Support</li> </ul>	☎ 8398 4100
<b>McKillop Family Services</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling and Support</li> </ul>	☎ 9689 4799

<sup>166</sup> Outreach Service also includes Intensive Case Management, Linking to Private Rental and Emergency Housing for Women.

### 10.2.3 Inner/Middle Southern Metropolitan Sub Region

Agency	Program/service	Contact details
<b>Salvation Arm Crisis Services:</b> Family Violence Outreach Program	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service<sup>167</sup></li> <li>• After Hours Support</li> <li>• Linking to Private Rental</li> </ul>	☎ 9536 7777 * for referrals request the Family Violence Outreach Program Intake Worker
<b>Caroline Lodge:</b> Caroline Lodge Regional Response <sup>168</sup>		☎ 9547 7939
<b>South East Centre Against Sexual Assault (SECASA)</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling</li> <li>• After Hours Service</li> </ul>	<b>Counselling</b> ☎ 9928 8741 <b>After Hours Service</b> ☎ 9594 2289
<b>Inner South Community Health Service</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling and Support</li> </ul>	<b>St Kilda Office</b> ☎ 9534 0981 <b>Prahran Office</b> ☎ 9525 1300 <b>Southport Office</b> ☎ 9690 9144
<b>Connections</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling and Support Groups</li> </ul>	☎ 9521 5666 * when making referrals request to speak with the Duty Worker. Duty worker is available Monday, Wednesday and Friday
<b>Family Life</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling and Support</li> </ul>	☎ 9598 2133 * when making referrals request to speak with the Duty Worker who is available Monday & Tuesday 1pm-3pm, Wednesday to Friday 9am-11am

<sup>167</sup> Outreach Service also incorporates Intensive Case Management and Emergency Housing for Women

<sup>168</sup> Caroline Lodge Regional Response incorporates Intensive Case Management

#### 10.2.4 Outer Southern/Peninsula Metropolitan Sub Region

Agency	Program/service	Contact details
<b>WAYSS Ltd</b>	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service<sup>169</sup></li> <li>• After Hours Service (see Crisis Service)</li> </ul>	<p><b>Dandenong Office</b> ☎ 9791 6111</p> <p><b>Frankston Office</b> ☎ 9781 4658</p> <p><b>Cranbourne Office</b> ☎ 5990 6789</p> <p><b>Narre Warren Office</b> ☎ 9703 0044</p> <p><b>Crisis Service</b> Business Hours 8am–5pm ☎ 9791 6111</p> <p><b>After Hours Weekdays</b> 5pm to 10pm ☎ 1800 357 397 or 0400503338</p> <p>Weekends 10am–5pm ☎ 0400 503 338</p>
<p><b>Good Shepherd Youth and Family Services:</b> Mornington Peninsula Domestic Violence Service</p>	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service<sup>170</sup></li> <li>• After Hours Follow up</li> </ul>	☎ 5971 9454
<b>South East Centre Against Sexual Assault (SECASA)</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling</li> <li>• After Hours Service</li> </ul>	<p><b>Counselling</b> ☎ 9928 8741</p> <p><b>After Hours Service</b> ☎ 9594 2289</p>
<b>Windermere Child and Family Services</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling and Support</li> </ul>	<p>☎ 9705 3200</p> <p>* for referrals request the Victim's Intake Worker</p>
<b>Springvale Indo Chinese Mutual Assistance Association</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling</li> </ul>	☎ 9547 7939



### 10.2.5 Eastern Metropolitan Sub Region

Agency	Program/service	Contact details
<b>Eastern Domestic Violence Outreach Service (EDVOS)</b>	<ul style="list-style-type: none"> <li>• Leadership Position</li> <li>• Family Violence Outreach Service</li> <li>• Linking to Private Rental</li> <li>• Women's Counselling and Support</li> <li>• Intensive Case Management</li> </ul>	☎ 9870 5939
<b>Salvation Army Eastcare</b>	<ul style="list-style-type: none"> <li>• After Hours Service</li> <li>• Women's Emergency Housing</li> </ul>	<b>Referrals via WDCV</b> ☎ 9373 0123 or Country Toll Free ☎ 1800 015 188
<b>Australian Childhood Foundation</b>	<ul style="list-style-type: none"> <li>• Children's Counselling and Support</li> </ul>	☎ 9874 3922

<sup>169</sup> Outreach Service also incorporates Intensive Case Management, Linking to Private Rental and Emergency Housing for Women

<sup>170</sup> Outreach Service incorporates Intensive Case Management, Women's and Children's Counselling and Emergency Housing for Women

### 10.2.6 Grampians Region

Agency	Program/service	Contact details
<b>Child and Family Services Ballarat</b>	<ul style="list-style-type: none"> <li>• Leadership Position</li> </ul>	☎ 5337 3333
<b>Grampians Community Health Service</b>	<ul style="list-style-type: none"> <li>• Leadership Position</li> <li>• Linking to Private Rental</li> <li>• Women's and Children's Counselling and Support</li> <li>• Family Violence Outreach Service<sup>171</sup></li> </ul>	☎ 5358 3700 * when referring request to speak with the duty/intake worker
<b>Central Highlands Womens Collective:</b> Women's Resource Information and Support Centre (WRISC)	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service<sup>172</sup></li> <li>• Women's and Children's Counselling and Support</li> <li>• Court Support Service — Family Violence Court Pilot</li> </ul>	☎ 5333 3666 * when referral request to speak with a duty worker
<b>LISA Lodge:</b> Family Violence Program	<ul style="list-style-type: none"> <li>• After Hours Support (SOS)</li> <li>• Linking to Private Rental</li> <li>• Intensive Case Management</li> <li>• Women's Crisis Support and Emergency Housing</li> </ul>	☎ 5331 3558 <b>'Safety Out-of Hours Service' (SOS)</b> <b>Referrals via WDVCS</b> ☎ 9373 0123 or Toll Free ☎ 1800 015 188
<b>Salvation Army Property Trust Grampians</b> Karinya Centre		☎ 5331 5001
<b>Ballarat Community Health Centre</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling</li> </ul>	☎ 5320 7513 * when making a referral request to speak with the Counselling Intake Worker

<sup>171</sup> Intensive Case Management is a component of the Outreach Service

<sup>172</sup> Linking to Private Rental and Intensive Case Management are components of the Outreach Service

### 10.2.7 Loddon Campaspe Sub Region

EASE is the primary contact for family violence services in the Loddon Campaspe Region.

Agency	Program/service	Contact details
<b>Emergency Accommodation &amp; Support (EASE)</b>	<ul style="list-style-type: none"> <li>• Leadership Position</li> <li>• Family Violence Outreach Service</li> <li>• Linking to Private Rental</li> <li>• Women's and Children's Counselling</li> <li>• Intensive Case Management</li> <li>• Emergency Housing Options for Women</li> </ul>	☎ 5443 4945
<b>Loddon Campaspe Centre Against Sexual Assault</b>	<ul style="list-style-type: none"> <li>• After Hours Service</li> <li>• Women's and Children's Counselling and Support</li> </ul>	☎ 5441 0412 <b>After Hours Service referrals via WDVCS</b> ☎ 9373 0123 or toll free ☎ 1800 015 155
<b>Cobaw Community Health Service</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling and Support</li> </ul>	☎ 5421 1611
<b>Loddon Mallee Women's Health</b>	<ul style="list-style-type: none"> <li>• Women and Children's Counselling</li> </ul>	☎ 5443 0233

### 10.2.8 Loddon Mallee Sub Region

Agency	Program/service	Contact details
<b>Mallee Family Violence and Sexual Assault Unit</b>	<ul style="list-style-type: none"> <li>• Family Violence Outreach</li> <li>• Linkage to Private Rental</li> <li>• Women's and Children's Counselling</li> <li>• Intensive Case Management</li> <li>• Leadership Position</li> <li>• Emergency Housing for Women</li> </ul>	☎ 5021 2130

### 10.2.9 Barwon Sub Region

Agency	Program/service	Contact details
<b>Zena Collective</b> Barwon Domestic Violence Outreach Service	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service</li> </ul>	☎ 5224 2903
<b>Bethany Community Support Service</b>	<ul style="list-style-type: none"> <li>• After Hours Support<sup>173</sup></li> </ul>	<b>Referrals via WDVCS</b> ☎ 9373 0123 or Country Toll Free ☎ 1800 015 188
<b>Colac Area Health</b>	<ul style="list-style-type: none"> <li>• Family Violence Outreach Services</li> <li>• Women's and Children's Counselling and Support</li> </ul>	☎ 5232 5140 or ☎ 5232 5180
<b>Salvation Army Kardinia Women's Services</b>	<ul style="list-style-type: none"> <li>• Linking to Private Rental</li> <li>• Intensive Case Management</li> </ul>	☎ 5241 9149
<b>Barwon Centre Against Sexual Assault</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling and Support</li> </ul>	☎ 5222 4318  * when making referrals request to speak with the Intake Worker

<sup>173</sup> Emergency Housing for Women m is incorporated in the After Hours Service however this will depend on resources available and needs assessment

### 10.2.10 South West Sub Region

Agency	Program/service	Contact details
<b>Community Connections Victoria</b>	<ul style="list-style-type: none"> <li>• Leadership Position</li> <li>• Women's and Children's Counselling</li> </ul>	☎ 1300 361 680
<b>Emma House Domestic Violence Services</b>	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service<sup>174</sup></li> <li>• Women's and Children's Counselling and Support</li> </ul>	☎ 5561 1934
<b>Gunditjmara Aboriginal Cooperative</b>		☎ 5564 3333
<b>South West Healthcare Centre Against Sexual Assault</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling and Support</li> </ul>	☎ 5564 4144
<b>Bethany Community Support Service</b>	<ul style="list-style-type: none"> <li>• After Hours Support</li> </ul>	<b>Referrals via WDVCS</b> ☎ 9373 0123 or toll free ☎ 1800 015 188
<b>Brophy Family and Youth Service</b> – Crimes Victim Services	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling and Support</li> </ul>	☎ 5561 8888

<sup>174</sup> Outreach Service incorporates Intensive Case Management, Linking to Private Rental, Emergency Housing for Women



### 10.2.11 Gippsland Region

Decisions regarding recent funding allocation have not been reached in this region. As such listed below are the services that have been responding to family violence in the region. Agencies referring to services in the area should ensure they provide women with up to date information regarding services available.

Agency	Program/service	Contact details
<b>Quantum Support Services</b> Women's Place — Domestic Violence Outreach Service		☎ 5120 2000
<b>Gippsland Women's Health Service</b>		☎ 5143 1600
<b>Salvation Army Gippscare</b>		☎ 5662 4502
<b>Gippsland Lakes Community Health Service</b>		☎ 5155 8300
<b>Community Housing Ltd</b>		☎ 5135 3600
<b>Gippsland East Aboriginal Co-Operative</b>		☎ 5152 1922

### 10.2.12 Hume Region

Agency	Program/service	Contact details
<b>Mitchell Community Health Service</b>	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service</li> <li>• Women's and Children's Counselling</li> </ul>	☎ 57845555 * when making a referral request the Intake Worker
<b>Upper Hume Community Health Service</b> Family Violence Program	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service</li> </ul>	☎ 02 6022 8888
<b>Goulburn Valley Community Health Service</b>	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service</li> <li>• Koori Family Violence Outreach Service</li> </ul>	☎ 5823 3200 * for Family Violence outreach when making a referral request to speak with the Family Violence Worker *for Koori Family Violence Outreach request to speak with the Koori Family Violence Worker

## 10.2.12 Hume Region (cont)

Agency	Program/service	Contact details
<b>Marian Community</b>	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service</li> <li>• After Hours Service</li> </ul>	☎ 5822 2289
<b>Cooroonya House Collective</b> Cooroonya Domestic Violence Services	<ul style="list-style-type: none"> <li>• Family Violence Outreach Service</li> <li>• After Hours Service</li> </ul>	☎ 5722 1100 <b>After Hours Service referrals via WDVCS</b> ☎ 9373 0123 or Country Toll Free ☎ 1800 015 188
<b>Central Hume Support Service</b>	<ul style="list-style-type: none"> <li>• Women's and Children's Counselling and Support</li> </ul>	<b>Wodonga Office</b> ☎ 02 60437404 <b>Wangaratta Office</b> ☎ 5721 8277
<b>Rural Housing Network</b>	<ul style="list-style-type: none"> <li>• Private Rental Brokerage</li> </ul>	Referral via Housing Information and Referral Workers (HIR) <b>Wodonga Office</b> ☎ 02 60247146 <b>Wangaratta Office</b> ☎ 57223326 <b>Seymour Office</b> ☎ 57990944 <b>Shepparton Office</b> ☎ 58317755
<b>Women's Health Goulburn North East</b>	<ul style="list-style-type: none"> <li>• Leadership Position</li> </ul>	☎ 57232000

### 10.2.13 Statewide Services

Agency	Contact details
<b>Women's Domestic Violence Crisis Service (WDVCS)</b>	 9373 0123 Country Toll Free:  1800 015 188
<b>Immigrant Women's Domestic Violence Service (IWDVS)</b>	 9898 3145
<b>Elizabeth Hoffman House (EHH)</b>	 9482 5744
<b>Women's Information Referral Exchange (WIRE)</b>	 1300 134 130 <a href="http://www.wire.org.au">www.wire.org.au</a>
<b>Domestic Violence and Incest Resource Centre (DVIRC)</b>	 9486 9866 <a href="http://www.dvirc.org.au">www.dvirc.org.au</a>

### Appendix 3: Women without Permanent Residency

There are a number of issues workers should consider in their approach to practice when a woman from a culturally and linguistically diverse background presents to a family violence specialist service. They should:

- check if the woman has a permanent Australian Visa;
- check whether the relationship between the woman and her partner has ended.
- Where it is determined that a woman does not have permanent residency status, it is important that the worker refers the woman for legal assistance. There are three options in this case:
  - Call a reputable migration agent or migration lawyer — check cost (some may do pro bono work);
  - Call Victoria Legal Aid; or
  - Call a local community agency with a qualified migration agent.

The Department of Immigration and Multicultural Affairs (DIMIA) should be contacted as soon as possible regarding separation in the context of family violence and a change of address. The woman will require legal advice and assistance for her dealings with DIMIA.

In cases where an intervention order is appropriate, it is important that this is in place as soon as possible to satisfy DIMIA criteria. An interim intervention order is not sufficient, instead there must be either a full intervention order or statutory declarations by two competent people for a successful application under DIMIA's Domestic Violence Provision.

If an intervention order is inappropriate or cannot be obtained, a worker assists the women to identify competent persons to write reports to support an application to DIMIA under the Domestic Violence Provision. The competent persons should interview the woman as soon as possible to lend their statement of professional opinion to maximise credibility.

If the worker is eligible to complete a statutory declaration as a competent person, the worker should:

- Set out the allegation;
- Name the alleged perpetrator of the abuse;
- State that, in the worker's opinion, family violence has occurred. (Domestic Violence is defined under the Migration regulations 1994 (Cth) as:
  - '...violence against the alleged victim or his or her property that causes the alleged victim, or a member of the alleged victim's family, to fear for or to be apprehensive about. The alleged victim's personal well being or safety'); and
- Set out the evidence on which the opinion is based.

Workers who complete a statutory declaration as a competent person should seek the assistance of a legal professional or migration agent to ensure the appropriate completion of necessary documentation.<sup>175</sup>

<sup>175</sup> Adapted from Immigrant Women's Domestic Violence Service (2004)

## Appendix 4: Working with Interpreter<sup>176</sup>

To facilitate communication with women whose first language is not English or who use sign language, workers offer and arrange a professional face-to-face interpreter or, at a minimum, offer the services of a telephone interpreter.

The role of an interpreter is to facilitate a clear and accurate channel of communication between the woman and her worker. An interpreter's role does not extend beyond interpretation and translation and they are not advocates or counsellors. When working with a woman who requires an interpreter, family violence workers seek:

- A qualified female interpreter. A male interpreter is used only when there is no other alternative and with permission from the woman;
- To ensure the interpreter does not know the woman outside an interpreting relationship and that the worker stresses confidentiality at the beginning of the session;
- To brief the interpreter regarding the goals of the session;
- To introduce themselves and describe their role, and introduce the interpreter and describe their role, acknowledging confidentiality issues;
- To maintain eye contact with the woman and direct all questions to her using the first person;

- To use simple language and brief sentences;
- Clear evidence of communication: informed choice and decision making is dependent on the ability to communicate;
- Evidence of clear understanding: reflecting the information back to the woman may give an indication of her understanding
- Summarise the interview; agreed actions from here.

Family violence services are committed to the use of professionally trained interpreters and recognise that it is inappropriate to use family or friends. The worker should brief the interpreter of the situation and go over areas that will be covered in the session. The worker should also check in with the interpreter at the end of the session and recommend the interpreter seek supervision if appropriate.

All spoken communication should be interpreted and workers should refrain from conversing with the interpreter outside the parameters of the contact with woman. If the worker needs to organize payment with the interpreter or leave the room with interpreter for any reason, the worker must explain to the woman what is going on and why, and limit the time away as much as possible.

<sup>176</sup> This section has been adapted from Immigrant Women's Domestic Violence Service (2004)



## Appendix 5: Code of Practice Policy, Procedure and Practice Implications

Implications of the Code include but are not exclusive to:

### 10.5.1 Implications for Policy

- Definitions used in policy and procedure by services are consistent with the Code.
- Mission Statement.
- Work Force Development Policies:
  - Professional development and review;
  - Worker orientation include thorough understanding of fundamental concepts;
  - Training.
- Program/Service Descriptor.
- Access, Equity and Responsiveness Policies.
- Protocol or similar agreements with specialist services and key stakeholders.
- Diversity Policies.
- Data Collection and Analysis Policies:
  - Data Sharing.
- Communication Strategy Policy:
  - Internal;
  - External including wider community.
- Community Development and Research Policies.
- Service Evaluation Policy and Framework.
- Service Environment Policies.
- Children Policies:
  - Child safety and wellbeing;
  - Child inclusive practice;
  - Child specific practice and advocacy.
- Collaborative Practice and Integration Policy.
- Victoria Police Policy.
- Child Protection Policy.
- Protocol Development (and other similar agreement) Policies.

- Referral Management Strategy.
- Advocacy Policies:
  - Individual;
  - Structural.
- Client Feedback and Grievance Policies.
- Privacy and Confidentiality Policy.
- Duty of Care Policy.
- Service Safety Plan:
  - Occupational Health and Safety;
  - Risk Assessment and Safety Planning;
  - Critical Incident;
  - Service Guidelines.
- Responding to Breaches of Service Guidelines Policy.
- Supervision and Debriefing Policies.

### 10.5.2 Implications for Procedure

- Professional Development and Review.
- Data Base/Resource of Relevant Services.
- Eligibility Criteria and Determination of Acceptance Procedure.
- Procedure for ensuring service has current information regarding demographics of the local area and migration patterns.
- Procedure regarding support of women without permanent residency.<sup>177</sup>
- Procedure regarding working with interpreters.<sup>178</sup>
- Procedure for data collection and analysis — including data sharing.
- Procedures to facilitate community development activities and how and when research is undertaken and participated in.
- Procedure to ensure (potential) referring agencies have up to date information regarding the service.

<sup>177</sup> See Appendix 3 Women with Permanent Residency

<sup>178</sup> See Appendix 3 Working with Interpreters

- Procedures to support and facilitate service evaluation including client feedback.
- Procedures to support a comfortable and appropriate service environment for women, children, workers and other stakeholders.
- Procedures to support collaborative practice within services.
- Procedures relevant to and in support of referral management.
- Procedures to support structural and individual advocacy.
- Procedure for obtaining client feedback.
- Grievance procedures.
- Privacy and Confidentiality related procedures.
- Duty of care related procedures including Children Protection report procedure.
- Procedures regarding preventing and responding to critical or potentially critical incidents.
- Procedure to support access to the service.
- Procedures for responding to breaches of service guidelines.
- Procedure to support advocacy activities.
- Procedure for professional development plan and review.
- Procedure to support regular supervision and appropriate debriefing.

### 10.5.3 Practice Implications

- Practice demonstrates fundamental concepts.
  - Services and workers are aware of the service models available to women and children in their local area and on a statewide level.
  - Workers take a consistent approach to the determination of acceptance.
  - Workers have an in-depth understanding of services available to women and children and subsequent referral pathways.<sup>179</sup>
  - Workers recognise the boundaries of their role and expertise and where appropriate seek secondary consultation and/or co-case management with relevant specialist services.
- Workers undertake practice in the context of the organisational framework.
  - Workers aim to actively engage women and children in positive support relationships.
  - Workers provide support/counselling in the context of individual women and children's lives and experiences.
  - Workers aim to foster positive support relationships with women so that the safety and well being of their children can be discussed in an open and supportive manner.
  - Workers seek to reinforce and enhance the sound knowledge and effective strategies employed by women to address the issues they face.
  - Workers provide holistic responses to women and children and have the responsibility to support them with a range of issues in addition to the issues that women face as a direct result of their experience of family violence.
  - Knowledge regarding family violence and associated issues informs rather than predetermining practice.
  - Workers gain support for their practice through professional development, secondary consultation, co-case management or referral to specialist services with issues outside the services role and/or expertise.
  - Practice is client driven.
  - Workers engage in reflective practice and employ proactive and reactive strategies to ensure positive self care.
  - Workers use appropriate methods to facilitate communication with women and children and have a sound knowledge of the methods available.
  - Risk assessment and safety planning is central to practice.
  - When undertaking referrals an active approach is taken;

<sup>179</sup> See Appendix 2 Referral Information

- 
- Workers recognise a collaborative practice approach enhances support and subsequent outcomes for women and children. An integral part of collaborative practice is a mutual understanding of roles and responsibilities and workers take active steps to facilitate such understanding.
  - Where agencies such as the Victoria Police and Child Protection are concerned workers practice in line with relevant documents and initiatives.
  - Best practice incorporates the completion and maintenance of appropriate case notes, files and data collection.
  - Workers actively participate in individual and group supervision and debriefing.
  - Workers recognise the importance of actively participate in the development and review of their professional development plans and training opportunities.

## Appendix 6: Making a Report to Child Protection

### 10.6.1 When is a Child In Need of Protection?

A child is in need of protection if any of the following grounds exist—

- (a) the child has been abandoned by his or her parents and after reasonable inquiries—
  - (i) the parents cannot be found; and
  - (ii) no other suitable person can be found who is willing and able to care for the child;
- (b) the child's parents are dead or incapacitated and there is no other suitable person willing and able to care for the child;
- (c) the child has suffered, or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
- (d) the child has suffered, or is likely to suffer, significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
- (e) the child has suffered, or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional or intellectual development is, or is likely to be, significantly damaged and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
- (f) the child's physical development or health has been, or is likely to be, significantly harmed and the child's parents have not provided, arranged or allowed the provision of, or are unlikely to provide, arrange or allow the provision of, basic care or effective medical, surgical or other remedial care.

### 10.6.2 Notifications to Child Protection

The *Child and Young Persons Act 1989* states:

*s 64. Notification to protective intervener*

- (1) Any person who believes on reasonable grounds that a child is in need of protection

may notify a protective intervener of that belief and of the reasonable grounds for it.

- (1B) Grounds for a belief referred to in sub-section (1) .... are--
  - (a) matters of which a person has become aware; and
  - (b) any opinions based on those matters.

### 10.6.3 Who is a Protective Intervener?

The *Children and Young Persons Act 1989* states:

*s64(2) The following persons are protective interveners--*

- (a) the Secretary;
- (b) all members of the police force.
- (3) A notification made under sub-section (1)
  - (a) does not for any purpose constitute unprofessional conduct or a breach of professional ethics on the part of the person by whom it is made; and
  - (b) if made in good faith, does not make the person by whom it is made subject to any liability in respect of it; and
  - (d) does not constitute a contravention of section 141 of the *Health Services Act 1988* or section 120A of the *Mental Health Act 1986*.

### 10.6.4 Protection of Information

The *Children and Young Persons Act 1989* states:

*s67. Protection of information*

- (1) The giving of information to a protective intervener during the course of the investigation of the subject-matter of a notification under section 64(1) or (1A)--
  - (a) does not for any purpose constitute unprofessional conduct or a breach of professional ethics on the part of the person by whom it is given; and
  - (b) if given in good faith, does not make the person by whom it is given subject to any liability in respect of it; and
  - (c) does not constitute a contravention of section 141 of the *Health Services Act 1988* or section 120A of the *Mental Health Act 1986*.

# Section 11: References



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