IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

ATTACHMENT SW-13 TO STATEMENT OF SCOTT JAMES WIDMER

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This is the attachment marked '**SW-13**' produced and shown to **SCOTT JAMES WIDMER** at the time of signing his Statement on 21 July 2015.

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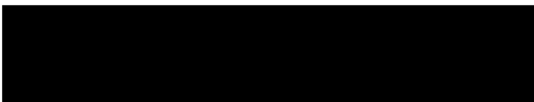

An Australian Legal Practitioner within the meaning of the Legal Profession Uniform Law (Victoria)

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Family violence

RISK ASSESSMENT AND RISK MANAGEMENT

safety of victims

Identifying Family Violence

Maternal and Child Health Nurses' Training Handbook

safety of victims

safety of victims

An initiative of the Victorian Government Family Violence Reform program
developed by
Domestic Violence Resource Centre (Victoria)
Swinburne University of Technology
No To Violence (NTV)

Minister's letter

Family violence is a devastating crime that must not be tolerated in our community. It remains the leading contributor to preventable death, disability and illness in women aged between 15 and 44.

The Victorian Government is taking action to address family violence through a significant $75 million investment since 2005 to increase the safety of women and children. This investment demonstrates our commitment to breaking the cycle of family violence and to improve support to victims by working in close collaboration with the community and service sectors.

The development and delivery of Family Violence Risk Assessment and Risk Management training throughout Victoria is a significant step forward in our efforts to increase the safety of women and children experiencing family violence.

We are encouraging victims to report violence, we are using evidenced based risk factors to measure violence, and we are providing a specialist response, so that experienced workers can work with women, children and men to reduce the risk of family violence from occurring.

The risk assessment training program builds on the Victorian Government's Family Violence Risk Assessment and Risk Management Framework, a guide which since its release in July 2007 has been distributed to more than 3000 community and health workers.

Developed in partnership with the family violence sector, the training program includes handbooks, a resource kit, DVD and online materials. It will assist skilled professionals to provide a consistent approach to risk assessment and to ensure an early, effective and professional response.

The elimination of family violence is a whole of community responsibility. I believe that by continuing to work together to implement our comprehensive reform program and by educating and informing the community, we will make a real difference towards eliminating family violence from our community.

On behalf of my colleagues Ministers Richard Wynne, Bob Cameron, Lisa Neville and Attorney-General Rob Hulls, who join me with responsibility for family violence reform, I would like to thank you for your involvement and interest in our program to address the risk of family violence.

MAXINE MORAND MP
Minister for Women's Affairs

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Common risk assessment framework training task group

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Introduction

The Victorian Government has committed funding to implement the Safer Families Training Program (including the Family Violence Risk Assessment and Risk Management Framework Training Program) across the state for key professionals, such as specialist family violence workers, teachers, doctors, nurses, social workers, police and court workers, who respond to victims of family violence. The program is expected to provide a consistent approach to family violence risk assessment and contribute to an early, effective and professional response to family violence by skilled professionals. (A Fairer Victoria 2007: Strategy 3.2)

This training forms part of a response derived from State Government policy and reform strategies, including:

- A Fairer Victoria: Creating opportunity and addressing disadvantage (2005)
- A Fairer Victoria (2007)
- The Women's Safety Strategy (2002 – 2007)
- Reforming the Family Violence System in Victoria (2005).
- Family Violence Risk Assessment and Risk Management Framework (2007)

For further information about the Victorian Government Family Violence Reform program please visit www.familyviolence.vic.gov.au.

Risk Assessment and Risk Management Framework

The Framework has been developed to better identify and respond to family violence. It has been developed for a range of professionals including family violence service providers, the police and the courts, all of which are key elements of an integrated family violence service system. It is also relevant to professionals who work in mainstream services who may encounter and work with people who experience family violence. It is designed to support women and children who are victims of family violence, with broad consideration given to other forms of family violence.

The Framework aims to develop common standards and practices among service providers. Adopting a consistent approach for assessing and managing family violence throughout the service system ensures the focus of the intervention and support remains on the safety of those experiencing violence. Three practice guides are included in the framework and represent the different levels of assessment utilised by various professionals.

The development of the Framework has been based on a review of international research, consultation with more than 500 family violence and allied sector workers (including police, courts and community legal services) and piloting/evaluation in a metropolitan and rural region.

The three practice guides are:

Practice guide No. 1: *Identifying family violence*

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

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

(Framework, p. 41)

Practice guide No. 2: *Preliminary assessment*

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

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

(Framework, p. 49)

Practice guide No. 3: *Comprehensive assessment*

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

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

(Framework, p. 65)

Training programs have been developed for each of these practice guides with the aim of building capacity and consistency across the workforce in risk assessment and risk management practice, within the objectives of the family violence reforms in Victoria.

Learning outcomes

- To have a common understanding of family violence as defined in the Framework (July 2007)
- To understand the six elements of the Framework
- To understand one's role in relation to assessment of victims and responses to perpetrators in an integrated service system
- To know how to undertake a relevant level of risk assessment and risk management as described in the Framework practice guides
- To be provided with current information about the integrated family violence referral pathways in their area
- To have an increased knowledge of diversity as a factor in risk assessment and risk management – particularly as this relates to children, Aboriginal people and their families, culturally and linguistically diverse (CALD) people and people with a disability.

A note about language: both of the terms family violence and domestic violence are used in this training. This reflects their different uses in various contexts, in particular in Federal and State legislation and in the preferences of different social groups within the community.

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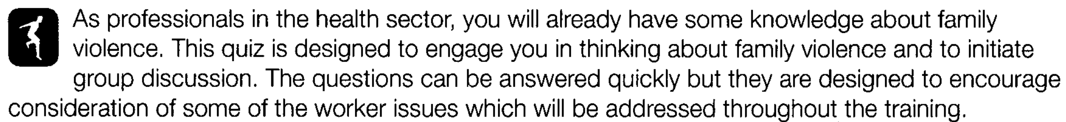
Shared understanding of family violence

Family Violence Quiz



As professionals in the health sector, you will already have some knowledge about family violence. This quiz is designed to engage you in thinking about family violence and to initiate group discussion. The questions can be answered quickly but they are designed to encourage consideration of some of the worker issues which will be addressed throughout the training.

In groups discuss each of the questions below and note your responses for a large group discussion.

1. What is the greatest risk factor for those experiencing family violence?
   a) Poverty
   b) Race
   c) Religion
   d) Gender

2. When is a woman who experiences violence in most danger of being killed?
   a) When the user of violence is drinking
   b) When she fights back
   c) When she attempts to leave
   d) All of the above

3. What should be your response/s to a woman who decides to stay in the relationship?

4. Who should be involved in developing a safety plan?

1. ______________________________

____

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2. ______________________________

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3. ______________________________

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4. ______________________________

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Introduction to the Framework

The Framework has been developed to better identify and respond to family violence based on a comprehensive review of international research and consultation with over 500 family violence workers throughout Victoria

It is comprised of six components. These six components are designed to support the effective identification (risk assessment) and response (risk management) to victims of family violence. The Framework is important because it represents a standardised approach to assessing risk and a consistency of practice across all services. This in turn supports an integrated family violence service system.

This training will focus on the first three of these elements.

The six elements of the Framework are:

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

(Framework, p. 7)

Understanding family violence

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

This includes clarity about:

- what constitutes family violence - definitions and types of violence
- common beliefs about family violence
- prevalence of family violence
- the impact of family violence
- diversity as a risk factor in family violence
- understanding what constitutes risk and what elements should be considered when assessing family violence
- the barriers to effective risk assessment and risk management, and
- the requirements of vulnerable groups.

Definitions of family violence

Family Violence Protection Act 2008
For the purposes of this Act, family violence is

(a) behaviour by a person towards a family member if that behaviour-
- (I) is physically or sexually abusive; or
- (ii) is emotionally or psychologically abusive; or
- (iii) is economically abusive; or
- (iv) is threatening; or
- (v) is coercive; or
- (vi) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person;, or

(b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

Partnerships Against Domestic Violence (2002)

Domestic violence is a pattern of behaviour where one partner in an intimate relationship attempts by physical or psychological means to dominate and control the other. It is generally understood as gendered violence, and is an abuse of power within a relationship or after separation. In the large majority of cases those who use violence are male and those who experience violence are female. Children and young people are profoundly affected by family violence, both as witnesses and those who experience violence.

Family Violence Risk Assessment and Risk Management Framework (2007)

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

How diversity may effect the definition of family violence

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

Other culturally and linguistically diverse communities within Australia may have their own definition of and mechanisms for dealing with family violence.

People with a disability may also experience family violence, not only from family members, but from a paid or unpaid carer. This has now been recognised in the Family Violence Protection Act under family like relationships.

Irrespective of the setting in which it occurs family violence is a human rights issue and thus excuses of religion and culture are not legitimate defences of the practice.

Types of family violence

PHYSICAL	Hitting; punching; dragging by hair; choking; burning; slapping; pinching; stabbing; pushing/shoving; restraining; tying up; gagging; physical intimidation; use of body language ie: standing over/invading personal space; threats with gun/other weapons; damage to possessions/property; denying medication or even medicating; putting something out of reach of a person with a disability.
SOCIAL	Prevention of studying or advancing self/skills; public humiliation; isolating by being obnoxious to friends & family driving them away; interfering with car to control movements; preventing contact with friends/families; prevent from studying; imprisoned at home; monitoring phone calls; denial of access to phone; threats to out a gay or lesbian; preventing a woman from attending medical appointments on her own.
SEXUAL	Coerced sexual activities ie: forced to perform acts which you find humiliating; forced to have sex with and or in front of others; forced to have sex with animals; rape with objects; forced to wear clothes which make you feel degraded; forced to be constantly sexually available no matter how tired sick or uninterested; waking up to find you are being raped; mutilation of genitals/ breasts; sexual harassment; forced sterilisation, forced abortion or pregnancy.
FINANCIAL	Controlling all finances & denying access to money; coercion to sign contracts without being an equal partner or fully informed; gambling all the money & assets away leaving family destitute; overzealous scrutiny of expenditures; dragging out family court proceedings in order to force all funds to be spent in legal costs; forced to hand over pay; incurring debts & then disappearing leaving the debts to be paid by the partner left behind.
SPIRITUAL	Undermining spiritual myths/practices; use of spiritual/religious rituals to abuse; denial of access to religious practices/networks; within some cults, use of brainwashing & controls over all aspects of life; forced to participate in religion you don't want to join; forced to participate in rituals.
EMOTIONAL	Yelling abuse; name calling; mind games; crazy making behaviour; undermining parenting skills; criticising beliefs; criticising abilities; put downs; emotional withdrawal at times of need; silent treatment; threats to kill / to harm/to suicide; harming/killing pets; use of anger to control; excessive controlling jealousy; prevent from studying; destroying books, notes, essays; stalking/harassment behaviour.
SYSTEMIC	Myths & stereotypes about people (ie: indigenous, gay & lesbian, people with disabilities) prevent people from obtaining their basic human rights. They have a direct effect on the development & also the absence of services, laws, public programs & social policies. Myths, stereotypes & social systems not only influence public opinion, but can also influence the action of individuals. There may be times when a person experiences individual & systemic abuse at the same time. What is especially harmful about systemic abuse is that people (ie: with disabilities) are often dependent on the people or systems that are abusing them.

Common beliefs about family violence

Commonly held beliefs about domestic violence influence the way victims see themselves, and the responses of social institutions and services.

Many people believe that family violence is caused by the abuse of alcohol or drugs, unemployment, financial stress, coming from a dysfunctional/violent family background, anger issues, stress, mental illness, male hormones, female hormones, provocation by women, culture, class, and so on. Although these and other factors may play a role in a particular instance of family violence, none of them causes violence. Unfortunately, these beliefs remain widespread and lead to the following responses:

- a failure to name the violence as a crime, treating it instead as a health, communication or relationship problem
- providing the person who chooses to use violence with an invitation to excuse himself and to pursue a search for causes, triggers, precipitating events and circumstances
- ignoring power and control issues that are central to the violence
- ignoring the gendered dimension of family violence
- individualising the problem by ignoring the social/cultural/historical context in which violence towards women and children has been both openly and secretly excused
- a failure to locate responsibility with the person using violence, failure to acknowledge violent behaviour as a choice and failure to focus on the man stopping his violence
- a tendency to excuse the man and blame the woman.
- involving the woman in taking responsibility for the violence and often requiring her to change in order to avoid violence
- a lack of community or social responsibility for violence in the community, and
- avoiding a criminal response to criminal behaviour.

Prevalence of family violence

Population surveys

The 2004 International Violence Against Women Survey included Australia (Mouzos and Makkai 2004). It surveyed women between the ages of 18-69 about their experiences of physical and sexual violence. Some of the findings included:

- 34% of Australian women had experienced some form of violence by a current or previous partner.
- of 6,677 women surveyed 57% reported experiencing at least one incident of physical or sexual violence in their lifetime.
- 29% of women reported they had experienced physical and/or sexual violence before the age of 16 years.

In 2006 the Personal Safety Survey interviewed 11,900 women and 4,600 men across Australia about their experiences of violence and safety (Australian Bureau of Statistics 2006). It found that:

- women were most likely to be physically assaulted by someone they know. Some 242,000 women had experienced physical assault in the previous 12 months, and for these women, the most recent incident of assault was perpetrated either by a current or previous partner (31%) or by a family member or friend (37%)
- in contrast, only 4.3% of men were assaulted by a current or previous female partner in the most recent incident
- women were more likely to experience repeated incidents of violence from a current partner than were men - 46% of women experienced more than one incident; compared to 26% of men
- only 10% of women who experienced current partner violence had a violence order issued. Of those women, 20% reported that the violence still occurred
- reporting to police by women of violence by a previous male partner in the past 12 months had increased from 35% in 1996 to 61% in 2005.

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Police and court statistics

- during 2007/2008, there were 31,676 family violence incident reports, 6.9% higher than in 2006/2007 (Victoria Police 2008)
- in 2003-04, Victoria Police recorded 27,672 incidents of family violence. This was a 41% increase in recorded incidents since 1999-00 (Kirkwood and Diemer 2006)
- in Victoria for each of the years 1999 to 2004, approximately 80% of victims were female and 20% were male (Kirkwood and Diemer 2006)
- in 2003-04 there were 20,120 applications for Intervention Orders in Victorian Magistrates Courts. Of these applications, 80% involved women as the victims of domestic violence, and 80% involved men as alleged offenders (Kirkwood and Diemer 2006).

Homicide data

According to the 2004–05 National Homicide Monitoring Program (Mouzos and Houliaras 2006):

- during 2004–05, a total of 66 intimate partner homicides occurred. Women were most likely to be killed by an intimate partner (57%) or a family member (17%). Men were far more likely to kill (22%) or be killed (26%) by a person unknown to them
- three-quarters of intimate partner homicides involved a male killing his female partner, and
- a history of domestic violence was recorded in 38 out of the 66 intimate partner homicides (58%) that occurred during 2004–05. This was an increase from 44% recorded during 2003–04.

Impact of family violence

On women

Intimate partner violence is the leading contributor to death, disability and illness in Victorian women aged 15-44 (VicHealth 2004).

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

Women who experience family violence may be diagnosed with post-traumatic stress disorder. Symptoms include nightmares, flashbacks, emotional detachment, insomnia, avoidance of reminders and extreme distress when exposed to the reminders triggers, irritability, hypervigilance (watching for anger or signs of violence), memory loss, excessive startle response, clinical depression, anxiety, and loss of appetite.

Mothers who are traumatised may be unable to provide for their own or their children's needs.

On children

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

There is now a strong evidence base that shows:

- early childhood development and wellbeing provides the foundation for learning, behaviour and health through school years and into adult life
- negative experiences in the first three years of life have long lasting effects on brain development, and

- children who have negative experiences in their early years are more likely to experience behavioural and learning problems, substance abuse, involvement in crime, poor physical health and engage in subsequent poor parenting practices in later life.

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

Recent evidence indicates that ongoing exposure to traumatic events as a child, such as witnessing or being the victim of family violence, results in chronic overactivity of the body's stress response (the fight or flight response) and permanent changes to the brain's architecture, leading to behaviours such as hypervigilance and hyperactivity (Perry 1997).

The impact of cumulative harm on children is now well documented. The Department of Human Services, Children, Youth and Families Division provides the following definition:

> *Cumulative harm refers to an accumulation of risk factors. It recognises the existence of compounded experiences by way of multiple levels or layers of neglect or maltreatment.*
>
> *By the time abuse/neglect is identified as having caused cumulative harm, its unremitting daily impact on the child is wide ranging, profound and exponential, covering multiple dimensions of child and family life, causing damage to the foundations of a child's sense of safety, security, wellbeing and development, which can be irreversible (Miller 2006:8).*

Cost to the community

A report by Access Economics estimated that the total cost of domestic violence in 2002-03 was $8.1 billion. This estimate includes the costs of pain and suffering, health costs and long-term productivity costs (Access Economics 2004).

The Australian statistics in a World Health Organisation report indicate that in 2001 $14.2 million was spent on refuge accommodation (World Health Organisation 2002).

Other community costs include expenditure on counselling, medical treatment, police services, housing, child protection and social services.

Diversity as a risk factor in family violence

Particular women are more vulnerable than others to family violence due to their life circumstances. Women from diverse backgrounds, due to cultural identity or disability, for example, are more isolated than other women and experience limited access to support services. Active steps must be taken to improve every woman's access to services, regardless of her background, and the process of assessing risk must extend to promoting an awareness of women and children who are not engaged in the service system.

All women provided with a service must be involved in the assessment process and in planning and decision making because women, regardless of ability, cultural background and age, are the best judges of their safety (in most cases). It is also important to acknowledge that women may be positioned across a number of diverse groups and no assumptions should be made.

Women who are in Australia on spousal visas, women with a disability who depend on their abuser for their care, and women who depend on their partner for their residency status and financial wellbeing are particularly vulnerable. Legal requirements, advocacy and disability support must, therefore, be understood, and while not all agencies will have this expertise, appropriate links with experts need to be established to ensure appropriate referral and case management.
(Framework, p. 25)

Aboriginal communities

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

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

Agencies involved in responding to family violence for Aboriginal and Torres Strait Islander clients must develop a culturally appropriate service response, based on:

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

Aboriginal or Torres Strait Islander victims must be offered a clear choice about referral options that includes referral to an Aboriginal-specific family violence service wherever possible, unless the victim prefers to use a non-Aboriginal family violence service to ensure safety.

As noted by the Indigenous Family Violence Taskforce Final Report, regardless of the historical antecedents of Indigenous family violence and the cultural complexities involved in responding sensitively, the safety and security of victims is the number one priority.
(Framework, p. 26)

Culturally and linguistically diverse (CALD) communities

The majority of women from culturally and linguistically diverse communities do not know what services are available to them if they are in a violent situation.

These women also face a number of other barriers including:

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

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

When assessing risk for victims from culturally and linguistically diverse backgrounds, it should be remembered that their risk level may be higher than for the rest of the population because of additional barriers.

When working with women from diverse backgrounds, it is important to ensure:

- that all terms are simplified and explained, and that they have been understood

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

(Framework, p. 26)

Women with a disability

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

Types of disability include:

- a neurological impairment
- acquired brain injury
- a sensory disability
- a physical disability

or any combination thereof.

The disabilities may combine to impact on the capacity of the individual to manage self-care, self-management, mobility, communication or comprehension.

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

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

(Framework, p. 27)

Rural communities

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

- isolation - either geographically or from appropriate supports such as services, family and friends
- access to independent advice/support/ assistance because fewer professionals (for example, police) tend to be available in smaller communities
- access to interpreters for women from diverse backgrounds or women with a communication difficulty
- access to appropriate services - because there are less services and less service options in smaller communities, women and children may need to go out of their community; this is a particular issue for women with a disability
- lack of effective transport or alternative accommodation
- difficulties in maintaining confidentiality and safety – smaller communities can mean confidentiality is compromised and victims are more likely to encounter their perpetrators, and where a

perpetrator has a high profile or is otherwise a valued member of a small community, victims may not be believed.

Firearms and family violence

Guns are often more accessible in rural communities for occupational purposes and in some circumstances this can increase women's vulnerability. Much of the family violence literature points to the threat or actual use of firearms as a significant reason that women do not risk fleeing or seeking help. Firearms are believed to play an important role in explaining the disproportionate number of domestic violence-related homicides in rural and remote areas.
(Framework, p. 27)

The elderly

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

Women with mental health issues

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

Gay, lesbian, bisexual, transgender and intersex people

While figures about family violence between gay, lesbian, bisexual, transgender and intersex couples are unknown, evidence suggests it occurs in comparable rates with those of heterosexual women. The types of violence occurring between these couples are also similar to those reported between heterosexual couples, and as with heterosexual couples, the principle reason for the violence is a power imbalance. Treatment of disclosure of family violence between these couples must be the same as for heterosexual people; treatment should not be influenced by personal beliefs and practice must remain respectful, accepting and appropriate.
(Framework, p. 28)

Building inclusive services

Many factors affect an individual's experience of family violence and ability to access resources. All services need to be aware of these diverse factors and practice inclusive policies which make responding to each client's individual story and needs a priority. Simply referring the client on to a specialised service is seldom the best practice. Wherever the client discloses, workers can build on the trust established by the disclosure and bring in extra resources as needed while remaining, in many cases, the primary contact for that client. The ideal of an integrated service is that it shouldn't matter who the client approaches in the first instance. It may be the police, a community health centre, an individual doctor, a specialist family violence service, a disabled service or one of a multitude of other possibilities. The client should be treated with the same care and respect, and receive the same advice and support. This creates a genuine, practical safety net throughout the community.

Common underpinning principles

Adopting a consistent approach, based on the best evidence available, for assessing and managing family violence throughout the service system ensures the focus of intervention and support remains on the safety of the victims.

It also ensures all professionals involved in identifying and responding to family violence are approaching their clients' safety and needs consistently, and that victims receive a response that is respectful, informed, holistic and understanding, regardless of their background or an organisation's culture.

The identification and adoption of common principles is essential for a consistent approach for assessing and managing family violence throughout the service system. The principles listed below underpin the Framework.

Common Underpinning Principles	
FAMILY VIOLENCE	Is a fundamental violation of human rights
	Can include criminal behaviour
	Is unacceptable in any community or culture
SAFETY for vulnerable women and children can be improved by	Integrated service responses
	Change in community attitudes
	Redressing gender power imbalances
	Awareness of diversity
	Upholding children's rights
	Holding perpetrators accountable

(Framework, p.19)

Issues to consider:

- Family violence is a human rights issue and thus excuses of religion or culture are not legitimate defences of the practice
- Family violence is against the law and the law is being more strongly and consistently enforced
- Family violence is a gendered crime; all the evidence disproves current social mythology that *women are just as bad* or that women falsely report family violence
- Family violence affects the whole community; just as in the past drink driving was widely accepted but now is not, attitudes towards family violence are changing due to enforcement of the law and broader community awareness of the issues.

Risk assessment and family violence

Identification of family violence is the first step in working to ensure women (and children) are safe. Assessing for risk is the next important step and builds on the preliminary identification process.

Many mainstream professionals who encounter people they believe to be victims of family violence are not expected to undertake a full risk assessment as this requires specialist knowledge and skills. Rather they are required to address basic safety measures and utilise their knowledge of the family violence services network to make appropriate referrals. Consultation with victims and exploring their wishes in this process is essential to responding within a rights based approach.

Risk assessment in family violence is a relatively new field. The increasing public awareness of family violence as a crime, together with policy and legislative changes that reflect this community attitude, have seen family violence services increasingly work towards common processes for assessing risk.

An integrated family violence service response depends on all agencies speaking a common language in terms of risk assessment and the issues underpinning family violence. This includes a focus on the needs of victims from Aboriginal, culturally and linguistically diverse backgrounds and other vulnerable groups, such as women with disabilities.

The Framework is the key tool for achieving this.

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

Three essential elements for determining risk

Those professionals who are undertaking training in the preliminary and comprehensive risk assessment practice guides will utilise the following three elements in determining the level of risk:
1. the victim's own assessment of their level of risk
2. evidence-based risk indicators, and
3. the practitioner's professional judgement.

1. The victim's own assessment of their level of risk

Research evidence indicates that the victim's own assessment of their level of risk is a critical determinant in assessing risk. This is due to the victim's intimate knowledge of the perpetrator, his emotional state and any changes in the situation or his behaviour which increase her danger.

2. Evidence-based indicators

Comprehensive-evidence based risk factors help professionals to collect relevant information during interviews about the risk and vulnerability factors for victims. The likelihood of each risk factor occurring and the consequence of the risk factor should always be explored. A comprehensive table of risk factors and their rationale is provided in the Framework (pages 73-75). The table is called the aide memoire and its aim is to help professionals, such as specialist family violence workers, courts workers and police, to collect relevant information during the interview about the risk and vulnerability factors for the victim.

3. The practitioner's professional judgement

Family violence events may present with great complexity and/or contradictory elements. The worker's experience, skill and knowledge are invaluable in analysing a particular situation of risk and determining the significance of the many factors present. Workers can never completely guarantee a client's safety, they can however, greatly increase the probability of safer outcomes through their skill in presenting all the available options and empowering the victim to make decisions which minimise her level of risk.

Pregnancy and new birth are occasions when family violence frequently commences or intensifies. Thus it is particularly important that MCH nurses understand the indicators for family violence and be prepared to assist women to gain support if they are experiencing family violence. A visiting MCN nurse can provide a vital link to assistance and services to an isolated woman, improving the chances of safety for her and her children.

The risk assessment practice approach

The best practice approach is rights-based[1]

service delivery accountability	non-judgemental communication
social justice	informing victims of their options
provision of advocate or translator, if required	culturally informed and sensitive practice

RESPECT

The best practice approach is also

- woman and child-centred
- strengths-based
- an ongoing and incremental process that builds on new and changing information
- reflective and responsive
- accountable, supported by regular supervision and thorough documentation1
- guided by the Framework, practice standards, organisational policies and procedures

Guidelines for working with those who experience family violence:

- not judging or criticising
- believing the victim
- taking the victim's fears seriously
- placing the responsibility with the perpetrator
- acknowledging that each victim's experience of family violence is unique
- clarity about confidentiality and its limits
- awareness of the barriers that limit victim's options, and
- providing accurate information about resources, legal options and referral to appropriate support services

One of the best current descriptions of the strengths-based practice approach can be found in the article Noticing Women's Agency, by Tracy Castelino and *women need education and then they will leave violent men*. Relationships are complex, unique and capable of change. Workers can learn to recognise the many ways, often small but effective, in which women act to protect themselves and their children and to maintain their own dignity and self respect in very difficult circumstances. By identifying and appreciating these acts of resistance, the worker can build on the woman's strengths and work with her to increase her agency.

1 See also p. 18 of Domestic Violence Victoria 2006. "Code of Practice for Specialist Family Violence Services for Women and Children: Enhancing the safety of women and children in Victoria." Melbourne: Domestic Violence Victoria.

Possible indicators of family violence

The following list presents possible indicators of family violence. If a number of these indicators are present, mainstream services should ask the trigger questions below to guide a conversation with their client about their current circumstances. To effectively determine the presence of family violence, professionals from mainstream services must develop a rapport with the individual so that they feel comfortable, safe and able to respond to questions.

Women

The victim may:

- appear nervous, ashamed or evasive
- describe their partner as controlling or prone to anger
- seem uncomfortable or anxious in the presence of their partner
- be accompanied by their partner, who does most of the talking
- give an unconvincing explanation of any injuries
- have recently separated or divorced
- be reluctant to follow advice
- suffer anxiety, panic attacks, stress and/or depression
- have a stress-related illness
- have a drug abuse problem including dependency on tranquillisers and alcohol
- have chronic headaches, asthma and/or vague aches and pains
- have abdominal pain and/or chronic diarrhoea
- complain of sexual dysfunction
- have joint and/or muscle pain
- have sleeping and/or eating disorders
- have attempted suicide and/or have a psychiatric illness
- have gynaecological problems and/or chronic pelvic pain, and/or suffered miscarriages
- have physical signs of violence such as bruising on the chest, abdomen, multiple injuries, minor cuts, injuries during pregnancy and/or ruptured eardrums
- delay seeking medical attention, and
- present with patterns of repeated injury.

These factors do not by themselves indicate family violence. In some situations and combinations, however, they may raise a suspicion of family violence, and it is therefore appropriate to ask the person about possible family violence.

Children

Children can also be victims of physical, sexual or emotional abuse or neglect perpetrated by family members. Indicators can manifest as either physical or behavioural and can include:

- bruises, burns, sprains, dislocations, bites, cuts
- fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally
- poisoning
- internal injuries
- showing wariness or distrust of adults
- wearing long sleeved clothes on hot days in an attempt to hide bruising or other injury
- demonstrating fear of parents and of going home
- becoming fearful when other children cry or shout
- being excessively friendly to strangers, and
- being very passive and compliant.

Indicators of possible sexual abuse in children include the child:

- telling someone that sexual abuse has occurred
- complaining of headaches or stomach pains
- experiencing problems with schoolwork
- displaying sexual behaviour or knowledge unusual for the child's age
- displaying maladaptive behaviour such as frequent rocking, sucking and biting
- experiencing difficulties in sleeping, and
- having difficulties in relating to adults and peers.

Indicators of possible emotional abuse in children include the child:

- displaying low self esteem
- tending to be withdrawn, passive and/or tearful
- displaying aggressive and/or demanding behaviour
- being highly anxious
- showing delayed speech
- acting like a much younger child, for example, soiling and/or wetting pants, and
- displaying difficulties in relating to adults and peers.

Indicators of possible neglect in children include the child:

- being frequently hungry
- being poorly nourished
- having poor hygiene
- wearing inappropriate clothing, for example, wearing summer clothes in winter
- being unsupervised for long periods
- not having its medical needs attended to
- being abandoned by its parents
- stealing food
- staying at school outside school hours
- often being tired and/or falling asleep in class
- abusing alcohol or drugs
- displaying aggressive behaviour, and
- not getting on well with peers.

While these indicators can suggest that a child is being abused or neglected, they should be used in conjunction with other information available about the child's situation. The child should also be asked about his or her situation.
(Framework, pp. 42, 43)

Use of questions to identify family violence

Questioning about possible family violence should begin with an explanation that sets the context for such personal probing. This might be along the lines of I am a little concerned about you because *[list family violence indicators that are present] and would just like to ask you some questions about how things are at home. Is that okay with you?*

Questions should not be asked one by one in survey style. Rather, they should provide trigger points for a conversation about possible violence in the family home.

Once the client has indicated a willingness to talk, more probing questions can be asked. The questions below are direct because research indicates that victims are more likely to accurately answer direct questions.

- *Are you ever afraid of someone in your family or household? If so, who?*
- *Has someone in your family or household ever put you down, humiliated you or tried to control what you can or cannot do?*
- *Has someone in your family or household ever threatened to hurt you?*

- *Has someone in your family or household ever pushed, hit, kicked, punched or otherwise hurt you?*
- *Are you worried about your children or someone else in your family or your household?*
- *Would you like help with any of this now?*

If family violence is detected, the victim should be asked about any children or other adults who may also be involved. Questions for consideration may include:

- *Are you worried about the children?*
- *How is this affecting the children?*
- *Is there anyone else in the family who is experiencing or witnessing what you are?*

If infants are suspected of being at risk from family violence, a thorough assessment must occur. This assessment will need to occur with the mother (or non-abusive parent) present. Referral to Child Protection or to a service with expertise in infant development may be appropriate.

Each question should be explored in detail if a response is ambiguous; for example, *Can you tell me more about that? or Could you explain that a little more for me?* could help to clarify responses.

Questioning does not need to be kept to the above questions and further information can be elicited through further inquiry. If family violence is detected, for example, it may be appropriate to ask *How is the violence affecting you?*

If responses to the trigger questions indicate that family violence is not present, this must be respected. The client may be in a family violence situation, but may not yet be ready to talk about it, or may not be comfortable talking to the person asking the questions. A no response can also mean that the person is not currently in a family violence situation. The person should be thanked for answering the questions and informed about available help should they ever find themselves in such a situation.

Case Study

Sally has 2 children, James who is 6 weeks old and Eric who is 3 years old. She has missed a recent appointment and was vague about the reasons. You notice that in the waiting room Eric has been destructive with some of the toys. When Sally comes into your room she seems flat and uneasy, not very communicative. She tells you that her husband is waiting outside for her and that she is concerned not to keep him waiting too long. She hasn't been sleeping well and tells you she is very tired. You notice that she is wearing a long-sleeved jacket even though it is a very warm day. She has some scratches on her hands. At one point Eric pulls her arm and punches her in the leg.

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Observer Check Sheet for Roleplay

Date: ______________________________

Name of Roleplay Observer: ______________________________

Name of Roleplay "Worker": ______________________________

Skill	☒☑ or NA	Comments
Active Listening Skills • eye contact • non-judgemental responses • no interrupting • open body language • encouraging • empathic responses • reframing • reflecting back what was said Sensitive to her comfort and feelings of safety		
Acknowledged her strength and courage		
Questions asked in a conversational manner (not tick-the-box)		
Placed responsibility for the abuse clearly with the abuser		
Clear about confidentiality and its limits		
Thorough - obtained required information		
Identified major risk factors		
Identified her strengths		
Identified her own resources		
Included questions about any others affected by the violence		
Identified external resources available to her		
Explained options clearly		
Gained her consent for further action		
Observer's notes		

Assessing risk using the aide memoire

The aide memoire in the Framework is the tool used in assessing the level of risk when family violence has been identified.

The aim of the aide memoire is to help practitioners collect relevant information through interview, including risk and vulnerability factors that should be explored to ensure that the risk assessment is based on as much information as possible. The aide memoire uses the best evidence available based on comprehensive research and consultation with experienced family violence workers throughout Victoria.

The aide memoire is used in a conversation, not as a tick-the-box assessment tool. The questions are used as a memory jogger to prompt the assessor about information that needs to be collected, and to flag information that should be followed up at a later stage if appropriate.

Professional judgement is required to ensure only indicators that are current and relevant to the circumstances are used to determine whether risk is present.

RISK OR VULNERABILITY FACTOR	PRESENCE OF FACTOR	
	YES	NO
Victim		
Pregnancy/new birth*	❑	❑
Depression/mental health issue	❑	❑
Drug and/or alcohol misuse/abuse	❑	❑
Has ever verbalised or had suicidal ideas or tried to commit suicide	❑	❑
Isolation	❑	❑

RISK OR VULNERABILITY FACTOR	PRESENCE OF FACTOR	
	YES	NO
Perpetrator		
Use of weapon in most recent event*	❑	❑
Access to weapons*	❑	❑
Has ever harmed or threatened to harm victim	❑	❑
Has ever tried to choke the victim*	❑	❑
Has ever threatened to kill the victim*	❑	❑
Has ever harmed or threatened to harm or kill children*	❑	❑
Has ever harmed or threatened to harm or kill other family members	❑	❑
Has ever harmed or threatened to harm or kill pets or other animals*	❑	❑
Has ever threatened or tried to commit suicide*	❑	❑
Stalking of victim*	❑	❑
Sexual assault of victim*	❑	❑
Previous or current breach of intervention order	❑	❑
Drug and/or alcohol misuse/abuse*	❑	❑
Obsession/jealous behaviour toward victim*	❑	❑
Controlling behaviour*	❑	❑
Unemployed*	❑	❑
Depression/mental health issue#	❑	❑
History of violent behaviour (not family violence)	❑	❑

RISK OR VULNERABILITY FACTOR	PRESENCE OF FACTOR	
	YES	NO
Relationship		
Recent separation*	❑	❑
Escalation – increase in severity and/or frequency of violence*	❑	❑
Financial difficulties	❑	❑

* May indicate an increased risk of the victim being killed or almost killed. # Mental health issues such as depression and paranoid psychosis, which focuses on the victim as hostile, are high risk when they are present in conjunction with other risk factors, particularly a previous history of violence.

The presence of a mental health issue must be carefully considered in relation to the co-occurrence of other risk factors.

(Framework, p. 83)

Safety planning

Any service provider who receives a disclosure of family violence must be aware of the need for basic safety measures to be put in place.

If responses to the trigger questions indicate that family violence is present, consideration must be given to either contacting the police, Child Protection, or a specialist family violence service for comprehensive assessment and support. The Police, Child Protection and the specialist family violence service are able to conduct a more detailed risk and safety assessment and develop an appropriate risk management strategy.

Aboriginal or Torres Strait Islander victims must be offered a clear choice about referral options that includes referral to an Aboriginal-specific family violence service (if possible) or to a non-Aboriginal family violence service. It may be difficult for Aboriginal victims to always access support services through their community; in such instances, their safety will be better assured through a non-Aboriginal service system response.

The needs of victims from culturally and linguistically diverse backgrounds and of victims with a disability must also be considered. Secondary consultation with appropriate organisations such as the Immigrant Women's Domestic Violence Service or disability service providers in the area may help find the most appropriate referral options.

If family violence is detected but there is no immediate threat, or if the client indicates they do not want assistance, consideration should still be given to referring the client to a specialist family violence service for detailed assessment, support and monitoring. Arrangements should also be made between the mainstream professional and the client for ongoing contact and monitoring because it is important that the professional continues to engage with the client and encourage them to accept an appropriate referral for their safety.

If family violence is detected, the victim should be asked about any children or other adults who may also be involved. Questions for consideration may include:

- *Are you worried about the children?*
- *How is this affecting the children? and*
- *Is there anyone else in the family who is experiencing or witnessing what you are?*

If it is clear that children are residing in a family where violence is occurring, the professional needs to determine an appropriate course of action based on policy and procedure within their organisation and consideration of the rights and best interests of the children. If children are considered to be unsafe and at risk of physical, emotional or other types of harm, a referral to Child Protection must be made. If concerns are held for the wellbeing of children in the present and future, contact could be made with the local Child FIRST to discuss appropriate response/ options.

If other adults are found to be involved as victims, for example, women with a disability or elderly adults, consideration should be given to contacting the police or the Office of the Public Advocate for further investigation.

At a minimum, safety measures should include:

- the contact numbers for a family violence organisation
- other emergency contact numbers
- the identification of a safe place to go if in danger
- the identification of a friend or neighbours who can assist in an emergency
- the identification of a way to contact the emergency support person and a plan to get to a safe place, and
- identifying ways a victim can access to cash and quick access to important documents.

Identifying other services that might already be involved will strengthen the victim's safety planning. Details about the involvement of other services should be recorded, and with the victim's consent, used for referrals to other services. The integrated approach to family violence has strengthened the police and court response to family violence situations and these should be remembered as options for supporting safety.

Effective questions when developing safety plans

Throughout the risk assessment process issues relevant to safety planning are identified. When undertaking safety planning it is important the specific questions are used to elicit information that will support the safest possible plan of action for the victim. Often questions used when planning for safety build on discussions that have already occurred. Taking the discussion back to previously explored issues about risk factors can be effective in raising the issue of the victim's safety and the need to develop a plan.

Obviously the focus of questions about safety planning will depend on the situation for the victim, the risk factors and the preferences of the victim in terms of the actions she would like to take.

Sample questions:

- *What do you usually do when he is violent?*
- *What do you think you might do when you go home?*
- *We need to make sure you and the children are safe. What needs to be done?*
- *What do you need to think about if you need to leave the house quickly?*
- *What have you done in the past to keep yourself and your children safe? Have the police been involved? Are they aware of his violence towards you?*
- *What supports do you need to take out an intervention order? Who can help you? Once you have done that what do you need to do to be safe?*
- *What gets in the way of you being able to seek help to become safe?*
- *Do you have anyone you can contact on a regular basis, who can help you in an emergency?*
- *Can you get away from home when unsafe? How?*

- *Do you have a working telephone at home or is your mobile phone working?*
- *Do you have access to any money?*
- *Do you have a car, and if not how do you get around? How far away is public transport?*
- *Where will you keep phone numbers of emergency contacts?*
- *Are you in contact with a support service?*
- *Do you have your important documents at hand if you need to leave in a hurry?*
- *Is it safe for me to contact you by phone?*
- *Do you have anyone you can contact on a regular basis, who supports you, and who you trust to talk to about your situation? Can they help you in an emergency?*

Aboriginal Women

- *Are there members of your family and/or a community member that can safely help you in an emergency?*
- *Are you interested in getting support from the Aboriginal Family Violence Legal Prevention Service or the Aboriginal Legal Service?*
- *Would you like to access support through the Aboriginal women's refuge?*
- *What gets in the way of you being able to seek help and become safe?*
- *Can you get away from home when unsafe? How?*

Women with disabilities

- *In what ways do we need to take account of your disability to help you to implement plans for your safety (what sort of assistance do you need from this service) e.g. communication assistance (for speech communication difficulty) or Auslan interpreter (for hearing impaired women), personal assistant for women needing personal care in a refuge.*
- *If your carer is the perpetrator, what other arrangements for your care can we consider that would meet your needs and reduce risk to you?*
- *Do you have a guardian/ advocate that helps you make decisions about what's in your best interests including your right to be safe from violence? Can you talk to your guardian about this, if not what gets in the way?*
- *What do you need to be safe when you go home? How might we be able to help you with these needs?*

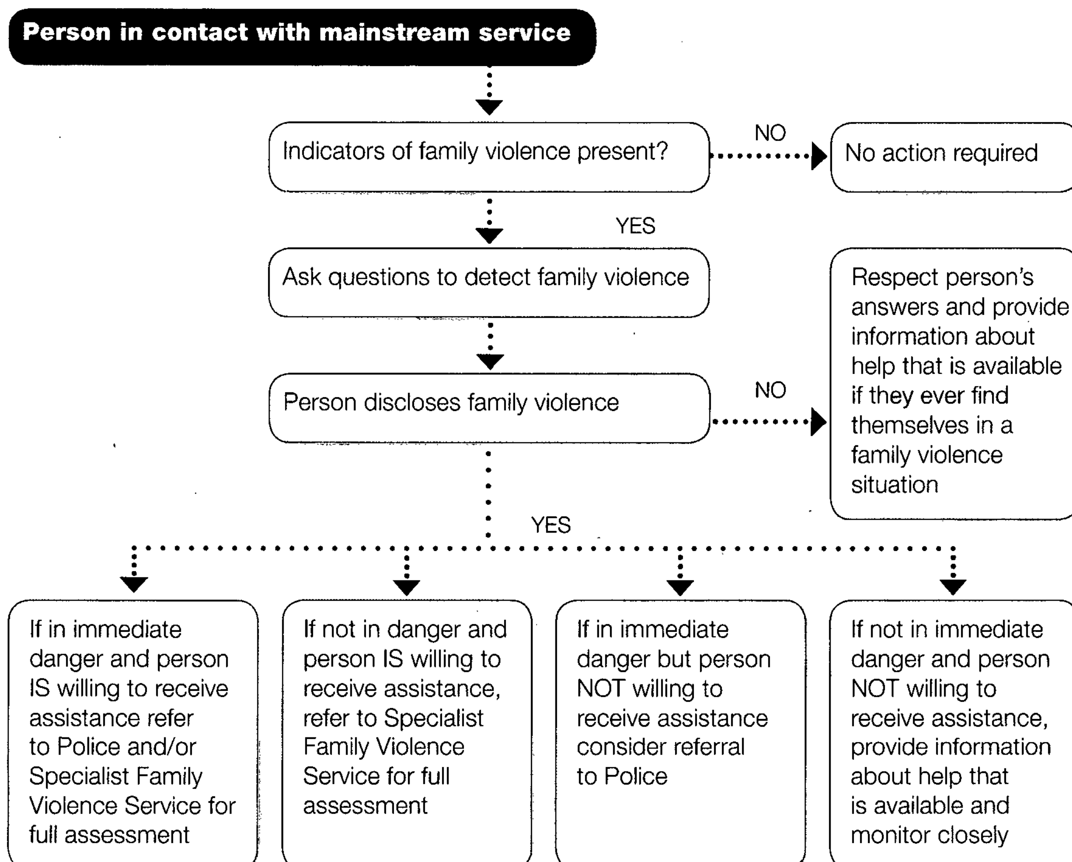
Women from rural and remote areas

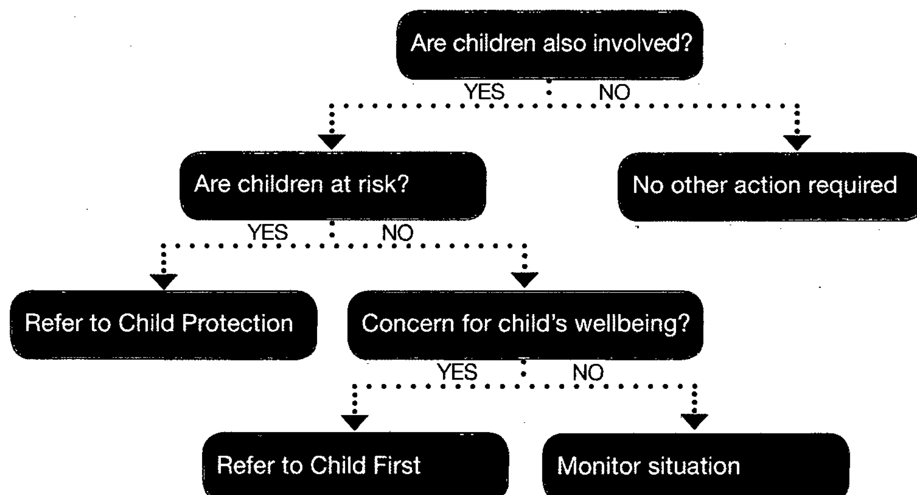
- *Is there anywhere safe you can store some clothes, a torch, spare set of car keys (if there is one) and a mobile phone?*
- *Given the distance of the nearest police station to your property, what other strategies can you use to keep yourself safe (call a neighbour, get into a car, use of another person's car)?*
- *What are the exit points on the property?*
- *Are you able to hide a copy of his car keys outside just in case you need to jump in and leave?*
- *Are you able to remove any weapons to a place less easy to access?*

Women from culturally and linguistically diverse (CALD) communities

- *Is there anyone in your community that might support your decisions?*
- *If you left your partner, how might your family/ community support you to be safe?*
- *Some women from your community I speak to report that they don't feel safe in accessing culturally specific services, because their family/ community members may find out about the violence. They say it puts them in more danger. Do you prefer to use culturally specific or mainstream services?*
- *Would you like me to tell you about local culturally appropriate services that can help you?*

Response options for mainstream services in the identification of family violence





(Framework, p. 46)

Caution when working with the person using violence

While the Risk Assessment Framework can potentially be used with anyone who is a victim of violence, it has been primarily designed for use with women and children. Some caution is warranted in using it with other presenting situations and in particular in its use with men. Men who are using violence will often present with a story of victimisation and minimise their responsibility and behaviour. Professionals working with men who advise they are the victims of family violence should seek advice and support from a family violence organisation experienced in working with men e.g. the Men's Referral Service, before undertaking any risk assessment.

Assessing who is actually at risk, at risk from whom and at risk of what is a complex clinical process when contradictory accounts of the violence are given by the person using violence and the victim.

- Many men using violence will directly or indirectly seek to justify it, minimise it, and blame their partner or claim in some way that they are the victim in the relationship.
- Women may present in more intensely emotional ways than men, as a result of the fear, trauma and loss of dignity they have been experiencing as a result of his violence. In many cultures, they might therefore be judged as hysterical, agitated, and presenting a less credible account than men, who frequently present as calm and in control.
- Some men will deliberately refer to their partners as hysterical, irrational or even mentally ill when trying to minimise their own behaviour to others.
- Men's stories about their violence are very different from women's. Men frequently underestimate their use of violence while women often overestimate their responsibility. Men often have a very different remembering of events, in particular about what was the most recent incident or the one which impacted most on the woman.
- In addition to blaming her, a man will often use language indicating that the source of their problems is relationship conflict, rather than his use of violence. He might use language such as *we just had a really bad blue and she over-reacted in calling the police.*
- Men may present with injuries consistent with a woman having acted in self defence, e.g. superficial scratches and bite marks, but claiming these as evidence of his victimisation. There is evidence that this has led to women being wrongly charged as the aggressor when they were in fact defending themselves (Braaf and Sneddon 2007). Even when men aren't able to portray her as the sole aggressor and himself as the sole victim, they often use her actions of self-defence to present the situation as tit-for-tat fighting or that she gives as good as she gets.

Caution is needed before undertaking a victim risk assessment with men because your intervention may:

- make a woman and her children more unsafe due to not addressing the violence being used against her
- reinforce the woman's tendency to blame herself for provoking the violence and her belief that she is somehow at fault and responsible for fixing things
- increase the risk of a woman not taking measures to increase her safety and that of her children, whether that be to reduce her isolation and seek support services for herself, establish a safety plan, or begin a process of separating from the person using violence
- reinforce a message to the man that he need not take responsibility for his actions and reinforce his story of victimisation
- reinforce the man's tendency to minimise both the violence and its impact on the victim
- miss the opportunity to engage the man in a conversation that might help him to take a step closer to taking responsibility for his behaviour, and towards accepting specialised help to change his behaviour

Although it is not the purpose of this training to deal with the assessment of men who use violence, it is important to be aware of these cautions and:

- know the limits of your role and expertise
- always see people individually as early as possible when performing a risk assessment

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- when couples attend together, try to interview them separately and alone with the woman first in order to ascertain her safety and allow privacy for disclosures
- be aware that intervening with the person using violence can itself be a risk. Violence used by a man against his female partner and children often escalates once the violence becomes known to others. Furthermore, attempts to engage a man about his use of violence can increase the risk of harm to her and her children if not done in a very skilled and careful way
- never disclose information provided by the woman to her partner or another family member if it compromises her safety. Information provided by the man that affects the woman and her children's safety must be acted on (e.g. contacting police, the woman, Child Protection etc)
- consult with providers who specialise in working with men who use violence, such as the Men's Referral Service (www.mrs.org.au) and/or a local men's behaviour change program (www.ntv.org.au). Men's behaviour change programs are required to comply with State Government standards.

Effective referral, networking and information sharing

Referrals

Mainstream services must be clear about their area of expertise and about the response options in the identification of family violence. There are a range of options recommended depending on the circumstances of each particular case. The most important factor is that violence has been identified and if disclosed there are clear pathways that you can suggest that will enhance safety of the victim/s.

At a minimum service providers should ensure the contact information for the 24-hour help line operated by the Women's Domestic Violence Crisis Service of Victoria is available to all staff. The free call number is 1800 015 188.

Mainstream services should be aware of other service providers in their region, and their role and purpose, so that when situations outside of their expertise arise the service can respond effectively by offering relevant referral options. This has two main benefits -

- Firstly if you have identified and the victim has disclosed violence, it is beneficial to know that there are other services with more specialised expertise that can conduct a full risk assessment. At this point a range of other specialist programs may be engaged to support the victim/s.
- Secondly, if this is the victim's first point of disclosure it is useful to act as a navigator in the family violence service system, in order for victims to make informed choices. It also clearly delineates what your service responsibilities and boundaries are to the client while keeping the door open in order to monitor the situation.

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

Agencies according to service type

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

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

See the Domestic Violence Resource Centre website for information about relevant referral options: www.dvrcv.org.au

Issues to consider when making referrals

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

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

Networking

Although there are many dedicated and specialist services available to victims of family violence, the active cooperation of organisations, services and individual workers across the community services sector is needed to build and strengthen the support networks. Each worker needs to know the services available in his/her area, and have a ready list of people in different roles who can be contacted to provide legal, financial, counselling, housing and specialised support as needed. Building and using such networks provides greater safety for both victims of violence and the workers who resource them. Your Regional Family Violence Integration Coordinator will have information on local services

Information sharing

Legislation

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

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

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

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

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

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

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

Privacy Act 1988

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

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

Health Records Act 2001

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

Information Privacy Act 2000

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

Children, Youth and Families Act 2005

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

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

Under the *Children, Youth and Families Act 2005*, medical practitioners, nurses, police and teachers are mandated to notify physical injury or sexual abuse to Child Protection where parents are not protecting the child. There are no plans to gazette any additional categories of mandatory reporter. (Framework, pp. 34, 35)

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Useful websites

Application form for Intervention Order
http://www.magistratescourt.vic.gov.au/CA256CD30010D864/page/Publications+Forms

Australian Domestic and Family Violence Clearinghouse
http://www.austdvclearinghouse.unsw.edu.au/

Domestic Violence Resource Centre (Victoria)
www.dvrcv.org.au

Domestic Violence Victoria
http://www.dvvic.org.au/

Family Violence Protection Bill
http://www.dms.dpc.vic.gov.au/

Family Violence Resource Guide
Goulburn Valley & North East Victoria
http://www.whealth.com.au/pdf/fvguide.pdf

Men's Referral Service
http://www.mrs.org.au

No To Violence
http://www.ntv.org.au

Queensland centre for Domestic and Family Violence research
http://www.noviolence.com.au/

Victoria Police Code of Practice for the Investigation of Family Violence
http://www.police.vic.gov.au

Victorian Government
http://www.familyviolence.vic.gov.au

Women's Health West
Family violence support services available in Victoria
http://www.whwest.org.au/famviolence/fvservices.php

The Victorian Women with Disabilities Network
http://www.whv.org.au/vwdn/violence.htm

Notes

Appendix: 1

Family Violence Risk Assessment and Risk Management Framework

State Government Policy and Reform Strategies:
- A Fairer Victoria (2007)
- Women's Safety Strategy(2002-2007)
- Reforming the Family Violence System in Victoria (2006)
- Family Violence Risk Assessment & Risk Management Framework (2007)

Common Underpinning Principles

Family Violence
- is a fundamental violation of human rights can include criminal behaviour
- is unacceptable in any community or culture

SAFETY for vulnerable women and children can be improved by:
- integrated service responses
- change in community attitudes
- redressing gender power imbalances
- awareness of diversity
- upholding children's rights
- holding perpetrators accountable

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

Three Practice Guides

Identifying Family Violence
(for maternal & child health nurses; general practitioners; teachers; other health care pratitioners etc)

Preliminary Risk Assessment
(for police; court staff; community health centre staff; community legal centre staff; disability and housing service workers etc)

Comprehensive Risk Assesment
(for specialist family violence service staff workling with women and children who are victims of violence)

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

Appendix: 2

Responses to disclosures of violence

Initial responses to disclosures of violence can have an impact on a woman's future help seeking behaviour. Below are some examples of responses that validate the woman's experience of violence and focus on safety:

- *I can understand this might be difficult for you to talk about but I am concerned about you.*
- *This must be hard for you to talk about. Is there anything I can say or do to make this easier for you?*
- *I am aware that you may be feeling anxious, scared or concerned. I'd like to be able to support you.*
- *Would you like some information or would you like to speak to someone who works with women and children who experience family violence?*
- *It sounds like it has been really difficult for you. Do you have anyone you could talk to further?*
- *Do you have family, friends, a doctor or someone who you can be honest with about the violence, someone who is on your side and who has your safety and your children's safety as a priority?*
- *It sounds like you are having a really rough time. It must be hard for you. What is helping you get through each day? Is there someone who is supporting you?*
- *You sound concerned for your son and I am feeling concerned for you too. Have you any ideas about what you want to do next? I'd like to support you in any way I can.*
- *What have you done to keep yourself and your children safe in the past? Would you like any other ideas about how to keep you and your children safe?*
- *Sometimes women feel that it is their fault. They think somehow that they caused the anger and abuse. His violence is his responsibility not yours.*
- *It must be difficult to talk about family violence? Many women report feeling ashamed and embarrassed about what is happening. I hope you feel comfortable enough to talk to me about this and know that I will not judge you.*
- *Are you feeling comfortable with me talking about this now? Would you like to make another time or to meet somewhere different?*
- *If you like you can choose to speak to someone else about this and I could provide you with some suggestions.*
- *I have noticed some changes in your child's behaviour recently. Have you noticed this? Do you think your child might also need some support or someone else to talk to?*
- *I am wondering how the children react after he has been violent towards you?*
- *Yes perhaps he is stressed, or affected by alcohol or depressed, but there is no excuse for violence.*
- *Your safety is the most important thing. You and your children have a right to be safe.*
- *My role is to give you information and support that will help you to keep safe. If I feel you and the children are in great danger I would talk to you about it and we could talk about the next steps.*

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