

D O M E S T I C
V I O L E N C E
N S W

**GOOD PRACTICE
GUIDELINES FOR THE
DOMESTIC AND FAMILY
VIOLENCE SECTOR IN NSW**

CONTENTS

Preface	4
Relationship between the Domestic and Family Violence Practice Guidelines and the Specialist Homelessness Services (SHS) Practice Framework	5
Acknowledgements	6
Introduction	9
Purpose	10
Objectives	12
Who are the Guidelines for?	12
Limits and Intended Applications of the Guidelines	13
Concepts	14
Human Rights	14
Feminist/Gendered Analysis	14
Social Justice	16
Intersectionality	16
Definitions	17
Victim-survivor	17
Women and families	17
Young women	18
Perpetrator	18
Worker/Practitioner	18
Heterosexism, transphobia, biphobia and homophobia	18
Strengths-Based Practice	19
Domestic and Family Violence	19

Understanding Domestic and Family Violence	21
Impact on children and young people	22
Young Women and Mothers	24
Older Women	24
Aboriginal and Torres Strait Islander Women and families	25
Women and families with disabilities	27
Women and Families from Culturally and Linguistically Diverse Backgrounds	28
Lesbian, Gay, Bisexual, Trans*, Intersex and Queer (LGBTIQ) people	30
Rural and Remote Communities	32
NSW Domestic and Family Violence Good Practice Guidelines	34
Principles	34
1. Services and practitioners prioritise the physical, cultural and emotional safety of victim-survivors, their families and workers	34
2. Access and Equity	40
3. Trauma-informed practice	49
4. Victim-survivor Centred Practice and Empowerment	54
5. Confidentiality & Informed Consent	57
6. Non-judgmental support	61
7. Collaboration	63
8. Upholding, Promoting and Advocating for Victim-Survivor Rights	65
9. Prevention and Early Intervention	68
10. Competency, Accountability and Continuous Improvement	70
Conclusion	75
Appendices	75

PREFACE

Domestic Violence NSW (DVNSW) is the peak body for services providing specialist responses to women and families experiencing domestic and family violence (DFV) in New South Wales (NSW). Our mission is to eliminate domestic and family violence through leadership in policy, advocacy, partnerships and the promotion of good practice responses. We work within a feminist, social justice framework to improve safety, wellbeing, cultural, economic and social justice outcomes for women, families and communities.

DVNSW is committed to promoting trauma-informed targeted, culturally-safe practice within an inclusive, feminist and human-rights based framework that places those affected by DFV at the centre of the response and ensures that the safety and dignity of women and their families is at the core of all DFV support and policy responses.

Through discussions and consultations with the membership of DVNSW and NSW Specialist Homelessness Service (SHS) sector organisations, it was identified that there was a need for greater consistency, transparency and accountability for services working with those impacted by violence. Consequently, in 2016 DVNSW began consultation with the specialist DFV sector to explore the possibility of creating a set of good practice guidelines

(the DFV Practice Guidelines) for NSW.

NSW Policy Context

Concurrently, Women [NSW released its NSW Domestic and Family Violence Blueprint for Reform 2016-2021: Safer Lives for Women, Men and Children](#). The Blueprint provides a framework to address the causes and respond to DFV, including a commitment to improve the quality of services and the [system as a whole](#).

Development and implementation of the DFV Practice Guidelines directly contributes and responds to Action 5 of the NSW Domestic and Family Violence Blueprint for Reform 2016-2021 – Delivering quality services. Under this Action, Women NSW commit to the co-design of service quality standards with the non-government organisation sector for domestic and family violence services and training requirements for mainstream services. The Guidelines also contribute to Action 3: Supporting victims, and Action 6: Improving the system of the NSW Domestic and Family Violence Blueprint for Reform 2016-2021.

The DFV Practice Guidelines support the NSW Government's [NSW Domestic and Family Violence Prevention and Early Intervention Strategy 2017-2021](#), a key element of the Blueprint that sets the

direction for the way NSW Government agencies, non-government organisations and communities, design and implement prevention and early intervention strategies over the next four years. In addition they complement and encompass the five priorities of NSW Government's domestic and family violence framework for reform, **It Stops Here**, specifically elements 3 and 4:

- a strategic approach to prevention and early intervention,
- streamlined referral pathways to secure victims' safety and recovery,
- accessible, flexible, person-centred service responses that make the best use of resources,
- a strong, skilled and capable workforce, and
- a strengthened criminal justice system response.

RELATIONSHIP BETWEEN THE DOMESTIC AND FAMILY VIOLENCE PRACTICE GUIDELINES AND THE SPECIALIST HOMELESSNESS SERVICES (SHS) PRACTICE FRAMEWORK

The Guidelines are intended to complement the NSW FACS SHS Practice Guidelines and the Framework for Multi-agency Transition Planning to Reduce Homelessness. This is achieved by incorporating principles such as collaboration, access and equity, trauma informed practice model and the person centred approach. The Guidelines for Domestic and Family Violence Services build upon the SHS Practice Framework, as well as other DFV frameworks such as It Stops Here reform and Staying Home Leaving Violence.

Australian Policy Context

The NSW DFV Practice Guidelines sit alongside and complement a number of national frameworks including:

- The **National Plan to Reduce Violence against Women and their Children 2010-2022**, specifically to National Outcome 4: Services meet the needs of women and their children experiencing violence.¹

¹ COAG,

- Our Watch's **Change the Story** framework for the primary prevention of violence against women and their children in Australia which underpins the guidance on early intervention and prevention.²

The DFV Guidelines involved detailed research and consultation to identify good practice in the current service context in communities across NSW. The principles and origins of this work lie in feminist, social justice practice developed by workers in refuges, women's, family

support services and community-controlled organisations over several decades. While the domestic and family violence service system will inevitably continue to be impacted and shaped by ongoing reform and development, the principles and values in this guide are designed to assist workers to understand the needs of victim-survivors of violence and to embed a gendered analysis of violence and cultural safety throughout their practice.

ACKNOWLEDGEMENTS

Domestic Violence NSW developed the DFV Good Practice Guidelines for domestic and family violence services in NSW with funding from the NSW Department of Family and Community Services under the Sector Development Project of the Specialist Homelessness Services Industry Partnership.

We acknowledge the time and input of the workers, networks and service representatives who participated in consultations and contributed their expertise to the development of this work across NSW as well as the members of the DVNSW Policy and Advisory Committee for their guidance and support in developing this document.

We thank our colleagues at the Industry Partnership, Homelessness NSW and yFoundations for their advice, collaboration and expertise in finalising these Guidelines.

We are incredibly grateful to all DFV workers who met with us to contribute to this document. We thank you for the time, energy and effort you put into your work every day to improve the lives of victim-survivors of domestic and family violence. Your expertise, encouragement and guidance is so greatly appreciated. The following is a list of services that participated in face to face consultations with us. Thank you for your time and expertise in helping make this document possible.

² Our Watch, VicHealth & ANROWS; 2015

¹ VITIS, L., GRONDA, H. and WARE, V. A. 2010. International Rough Sleeping. Melbourne: Australian Housing and Urban Research Institute (AHURI), Research Synthesis Service for the Australian Government, Melbourne, Australia.

² McMurray-Avila, M. (2001). Organising Health Services for Homeless People: A Practical Guide. Nashville, TN: National HCH Council.

³ Phillips & Parcell (2012). The Role of assertive Outreach in ending 'rough sleeping' https://www.ahuri.edu.au/__data/assets/pdf_file/0010/2062/AHURI_Final_Report_No179_The_role_of_assertive_outreach_in_ending_rough_sleeping.pdf

<u>Domestic Violence Service Management</u>	<u>Youth Emergency Services</u>
<u>Mission Australia (Central & Far West NSW)</u>	<u>Armidale Women's Homelessness Support Service</u>
<u>St Vincent de Paul (Southern Area)</u>	<u>Barnardos Western NSW</u>
<u>Sydney Women's Counselling Centre</u>	<u>Orana Support Service</u>
<u>Young Crisis Accommodation</u>	<u>On Track Community Programs</u>
<u>Sisters Housing</u>	<u>Tumut Regional Family Services Inc.</u>
<u>Linking Communities Network Ltd</u>	<u>Port Macquarie Hastings DFV Specialist Service</u>
<u>Anglicare North Coast</u>	<u>Kempsey Family Support Service</u>
<u>Samaritans Foundation</u>	<u>Coffs Coast Committee Against Domestic and Family Violence</u>
<u>Jenny's Place</u>	<u>Carrie's Place Domestic Violence and Homelessness Services</u>
<u>ACON</u>	<u>Staying Home Leaving Violence Broken Hill</u>
<u>Staying Home Leaving Violence Kempsey</u>	<u>Staying Home Leaving Violence Maitland</u>
<u>Staying Home Leaving Violence Penrith</u>	<u>Upper Hunter Homeless Support</u>
<u>Coast Shelter</u>	<u>Hunter Women's Domestic Violence Court Advocacy Service</u>
<u>NOVA for women and children</u>	<u>Wyong Women's Domestic Violence Court Advocacy Service</u>
<u>Tamworth Family Support Service Inc</u>	<u>Beyond Empathy</u>
<u>Armidale Neighbourhood Centre (DV-PASS)</u>	<u>St Vincent de Paul Men's Homelessness Service Armidale</u>
<u>Pathfinders - Inverell</u>	<u>Centacare - Cobar & Bourke</u>

<u>Dubbo Neighbourhood Centre</u>	<u>Salvation Army Broken Hill</u>
<u>Immigration Advice and Rights Centre</u>	<u>The Gender Centre</u>
<u>The Deli Women & Children’s Centre</u>	<u>Lou’s Place</u>
<u>WAGEC</u>	<u>Aboriginal Women and Children’s Crisis Centre</u>
<u>Women’s Health</u>	<u>Far West Domestic Family Violence Interagency</u>
<u>Catholic Care Broken Bay</u>	<u>Youth Action</u>
<u>Mission Australia NSW Metro</u>	<u>Settlement Services International</u>
<u>St Vincent de Paul North Coast</u>	<u>Housing Plus</u>
<u>West Connect Domestic Violence Support Service</u>	<u>Lithgow Women and Children’s Crisis Centre</u>
<u>Moving Forward</u>	<u>Northern Rivers Women and Children’s Services Inc</u>
<u>Wattle Tree House</u>	<u>Immigrant Women’s Speak Out</u>
<u>People with Disability Australia</u>	<u>The Freedom Partnership – Salvation Army</u>

Lastly, we honour and recognise the advocacy of women, families and communities who have survived violence in our state. It is our hope that this document will assist the ongoing improvement of responses to those impacted by violence.

This project was funded by NSW Family & Community Services

The development of the good practice guidelines is a project of the Industry Partnership, which is a partnership between Homelessness NSW, DV NSW and Yfoundations.

INTRODUCTION

It is well accepted that domestic and family violence (DFV) is widespread and causes significant damage to women, families and communities across Australia. We know that one in three women in Australia has experienced some kind of physical violence in her lifetime, one in six adult women has experienced physical or sexual violence by a current or former partner, and one in four women has experienced emotional abuse by a current or former partner.³ At least 89 women were killed by their current or former partner between 2008 and 2010, equating to nearly one woman every week.⁴

Domestic and family violence is the single largest driver of homelessness for women, a common factor in many child protection notifications, and results in a police call-out on average once every two minutes across the country.⁵

The serious and widespread nature of DFV within our state places significant pressure on services responding to DFV. Victim-survivors seeking assistance require quality services from appropriately skilled workers regardless of their sexuality, gender, socio-economic status or location. Workers require appropriate and ongoing training to ensure they are able to practice this quality work. In response to this need, these Guidelines have been developed.

The NSW DFV Guidelines are divided into two sections:

- Practice Guidelines to provide good practice direction to all services working in the domestic and family violence sector in NSW on the fundamental operational aspects for effective service delivery to victim-survivors of domestic and family violence;
- A Resource Manual with a toolkit of detailed resources, policies, templates and models of practice including examples of evidence which a service might explore and develop in order to fulfil the Guidelines. The manual is designed to guide the work of services and provide clear direction on the principles and protocols to meet the guidelines and work towards improving practice. This is currently in development, and will be an online tool frequently updated by DVNSW and its members. This is due for completion August 2017.

³ Our Watch, 2016.

⁴ Australian Bureau of Statistics, 2012; ANROWS, 2015.

⁵ Australian Institute of Health and Welfare 2012

PURPOSE

The key purpose of the DFV Practice Guidelines is to provide a framework to support the delivery of high quality, consistent responses to victim-survivors across the DFV sector in NSW, and to provide services with a tool to assist them to provide high quality services and guidelines for service development, planning and quality assurance. The Guidelines recognise the specific needs of victim-survivors from a diverse range of backgrounds and the importance of flexible service responses that respond to individuals' specific needs. Finally, they define what makes working with victim-survivors of domestic and family violence different to working with other clients, and provide generalist services with information around what it means to have DFV specialisation. The Guidelines aim to provide services with a framework to deliver quality responses, demonstrate the value of specialist service provision and benchmark against other similar services with the intention of supporting continuous sector improvement.

The Guidelines reinforce practices and procedures that have been developed over decades of expertise by experienced specialist domestic and family violence services, women's services, peak bodies (including the NSW Women's Refuge Movement's Access and Equity Manual),

community-controlled organisations and agencies that have experience working with women, children, families and communities impacted by violence.

Background

The 2014 NSW Specialist Homelessness Services (SHS) reforms changed the way that DFV services were delivered and funded in NSW, informed by a review of national and international policy development in government responses to homelessness, including the learnings from evaluations of NSW Homelessness Action Plan 2009-2014. The SHS reforms saw contracts significantly restructured, including changes to areas of coverage, client focus, service coordination and design. A key element of change included funding some services that had traditionally focused on homelessness to provide support to victim-survivors of DFV. In this way, the vast majority of DFV services in NSW are part of the SHS sector, and as such the Guidelines reference policy and practice procedures that relate to homelessness.

A key issue identified by services throughout the SHS reforms (and prior to the reforms) was that the specialisation of working in the DFV space was not captured in current SHS policy. Substantial

Australian and international evidence shows that work with victim-survivors of violence requires skilful, nuanced, trauma-informed interventions.

Over the last few decades, women's and domestic and family violence services have developed a highly-specialised way of working with women and families impacted by trauma and violence. Anecdotal evidence suggests that the availability and quality of service responses varies considerably both within and between regions in NSW. The DFV Practice Guidelines aim to define and distil the essence of work with victim-survivors. In addition, as DFV is the leading cause of homelessness⁶ for women, generalist and/or youth homelessness services will undoubtedly be working with people who are impacted by historical or non-current experiences of domestic and/or family violence but they may not have the skills or practice experience to do so.

These Guidelines have been developed through extensive consultation with DFV practitioners working in NSW communities over a period of 18 months. Consultations took place through regional forums, individual service visits, teleconferences and through an online survey. Those consulted include caseworkers and managers in refuges, specialist homelessness services, family support organisations, health services, legal and community-controlled services across the state in each FaCS District. Face to face consultations took place

in Sydney, Nepean Blue Mountains, Central Coast, Maitland, Lake Macquarie, Newcastle, Tamworth, Armidale, Wagga Wagga, Griffith, Junee, Dubbo, Orange, Bathurst, Bourke, Brewarrina, Walgett, Cobar, Broken Hill, Wilcannia, Lismore, Coffs Harbour, Port Macquarie Hastings, Kempsey, Tweed Heads, Wollongong and the Shoalhaven. Face to face consultations occurred with workers from over 40 services, and the online survey was completed by 74 individuals from the DFV sector. Consultations took place with a diverse range of services and workers: Aboriginal, LGBTIQ and culturally and linguistically diverse communities as well as services working in some of the most rural and remote areas of NSW. The range of services consulted aimed to provide a diversity of responses to the development of the Guidelines and to ensure they are relevant and useful for a range of services. In every community setting, practitioners expressed strong support for a set of Practice Guidelines and for a system that will measure and provide evidence of good practice.

OBJECTIVES

The key objectives of the DFV Guidelines are:

- To provide guidance for services in NSW working with victim-survivors of DFV
 - To provide services with a framework to deliver quality responses and to assist services and practitioners to benchmark against others for continuous improvement.
 - To enable those who work with victim-survivors of DFV to be supportive, culturally appropriate, empowering, strengths-based, victim-survivor
- focused and reflective in their practice.
 - To define what makes working with victim-survivors of DFV different to working with other homeless clients
 - To promote and support the delivery of consistent, transparent, accessible, collaborative and equitable service provision across a range of DFV services within NSW
 - To ensure that all work undertaken in the DFV sector places safety at the forefront of responses.

WHO ARE THE GUIDELINES FOR?

The Guidelines encourage practice that supports, empowers and strengthens victim-survivors and supports workers to be reflective in their practice. The Guidelines highlight good practice direction for services and individuals working with victim-survivors of DFV and are positioned for:

- Workers providing case management or support services within a specialist DFV service
- Specialist Homelessness Service workers and/or managers developing a specific DFV program
- Crisis/refuge or transitional housing workers for women and families
- Client support workers working with homeless or at risk women and/or children
- Any individual working with, or intending to work with, victim-survivors of DFV

- Any employees who work collaboratively with specialist DFV services (for example staff at the Department of Family and Community Services, NSW Health or NSW Police).
- Management committees or governance bodies who advise services providing DFV support.

LIMITS AND INTENDED APPLICATIONS OF THE GUIDELINES

The DFV Practice Guidelines are not designed to cover every operational or governance aspect of specialist or mainstream services. They are devised to be relevant to a diverse domestic and family violence service delivery environments but they are not intended to replace practice guidelines for counsellors, legal practitioners and court support workers, the NASASV National Standards or Practice Manual for Sexual Assault Services or other professional standards or guidelines.

These Guidelines are written in collaboration with workers from the Men's Behaviour Change sector, and are designed to complement and sit alongside the NSW Minimum Standards for men's behaviour change programs (MCBP).⁷ These Standards were introduced in 2012 to improve the safety of victim-survivors in programs delivered to perpetrators of DFV. Principal 1 states: **The safety of women and children must be given the highest priority.** There are eight Standards

within Principal 1 that relate to partner contact (current and/or former). Principal 2 relates to the broader DFV sector and states: **Victim safety and perpetrator accountability are best achieved through an integrated, systemic response that ensures all agencies work together.**

Collaboration with specialist DFV services and other services working with victim-survivors is essential for services delivering MBCP's to ensure women and children's stories remain central in their engagement with men.

This first iteration of the DFV Guidelines has been created at the request of our sector and specialist practitioners to help them to share and enhance existing practice and to encourage all services working with women and families impacted by violence to expand their responses to victim-survivors.

Prior to consulting with services and practitioners, we reviewed the current literature and evidence exploring models of practice guidelines in other jurisdictions.

CONCEPTS

The DFV Practice Guidelines are underpinned and informed by women's lived experiences of DFV. In this way, the socio-political context in which women and their children experience violence must be considered. It must also be acknowledged that for women and families from Aboriginal and Torres Strait Islander and Torres Strait Islander backgrounds, immigrant and refugee women, LGBTIQ people, and women with disabilities, there are additional issues of colonisation, racism, complex trauma and discrimination which must be raised and addressed to ensure appropriate responses. The relationship between human rights, feminism, social justice and intersectionality is at the core of the DFV Practice Guidelines.

HUMAN RIGHTS

The underlying principle of the Guidelines is that all human beings have the right to life, bodily integrity and a sense of dignity and respect irrespective of gender. The Universal Declaration of Human Rights states that 'no one shall be subject to torture or to cruel, inhuman or degrading treatment or punishment.'⁸ Domestic and family violence is acknowledged as a violation of human rights.

FEMINIST/GENDERED ANALYSIS

The Guidelines have been developed with an understanding that DFV is a gendered issue, and that many services working within the specialist DFV sector identify as feminist organisations and work to address the alarming rates of violence against women and girls through prevention and early intervention as well as crisis responses. Official police and court data, and the ABS Personal Safety Survey, demonstrate unequivocally that DFV is a gendered issue, in terms of frequency, perpetration, the ongoing effects and the likelihood of victimisation. Women are at least three times more likely than men to experience violence from a domestic relationship and at least one woman a week is killed by a partner or former partner in Australia.⁹ In addition, 95% of all victims of violence, whether female or male, experience violence from a male perpetrator. This does not mean that men are never the victims of violence, or that women are not sometimes perpetrators. However, national and international prevalence surveys reveal a clear disproportionality along gender lines.¹⁰ Because DFV is overwhelmingly perpetrated by men, towards women and girls – the Guidelines use a gendered analysis of DFV, and we often refer to the

⁸ The Advocates for Human Rights, 2010

⁹ Our Watch, 2016

¹⁰ Imkaan, Rape Crisis England and Wales, Respect, SafeLives & Women's Aid, 2016; Cussen & Bryant, 2015.

victim-survivor as women.

The United Nations cites that violence against women and girls is a gender inequality issue, with inequality identified as both a cause and consequence of such violence¹¹ International and national research shows gender inequality is strongly linked with, and contributes to, DFV. A 2015 study in medical journal *The Lancet* found factors relating to gender inequality predict the prevalence of DFV across 44 countries, and a United Nations review found significantly and consistently higher rates of violence against women in countries where women's economic, social and political rights are poorly protected, and where power and resources are unequally distributed between men and women.¹²

Our Watch, Australia's National Prevention Foundation, has undertaken significant research into the impacts of social constructs on the opportunities and experiences of women and the correlation to violence perpetrated against them.¹³ Our Watch's research asserts that when societies, institutions, communities or individuals support or condone violence against women, levels of violence are significantly higher.¹⁴ International evidence also shows that there are certain factors that consistently predict or drive higher levels of DFV, including beliefs and behaviours reflecting disrespect for

women, low support for gender equality and adherence to rigid or stereotypical gender roles, relations and identities.¹⁵ Public perceptions and attitudes shape the social climate for violence against women and girls occurs, with gendered norms and expectations being linked to patterns of violent or controlling behaviour.¹⁶ It often results from, or has historical roots in, laws or policies formally constraining the rights and opportunities of women, and is reinforced and maintained through more informal mechanisms.¹⁷ These include, for example, social norms such as the belief that women are best suited to care for children, practices such as differences in childrearing for boys and girls, and structures such as pay differences between men and women. The work conducted by Our Watch (discussed in the *Change the Story* framework), highlights how such norms, practices and structures encourage Australian women and men, girls and boys to adopt distinct gender identities and stereotyped gender roles, within a gender hierarchy that historically positions men as superior to women, and masculine roles and identities as superior to feminine ones. To reduce violence against women, historically entrenched beliefs must be challenged, along with the social, political and economic structures, practices and systems that support violence.

¹¹ United Nations, 2006.

¹² Our Watch, 2016; Heise & Kotsadom, 2015.

¹³ Our Watch, 2016; VicHealth, 2007; Imkaan, Rape Crisis England and Wales, Respect, SafeLives & Women's Aid, 2016.

¹⁴ Heise, 2011; Our Watch, 2016; European Commission, 2010.

¹⁵ ANROWS DATE; Our Watch, 2016; VicHealth, 2016.

¹⁶ Imkaan, Rape Crisis England and Wales, Respect, SafeLives & Women's Aid, 2016.

¹⁷ Our Watch, 2016

Consequently, providing a response to victim-survivors of DFV that is sensitive to the gender dynamics of violence is a crucial component of specialist DFV work. Putting this into practice can take a range of forms, including offering a service that is delivered by women only staff, providing a safe space for women only, having a cultural understanding of gender roles (particularly when working with CALD women), and putting gendered and cultural safety at the centre of the response provided.

SOCIAL JUSTICE

The DFV Practice Guidelines are underpinned by a social justice framework, meaning that the values of equity, equality, access and participation are paramount. Human rights should be recognised and promoted, there must be fairness in distribution of resources, and services essential to meet people's basic needs and to improve victim-survivors quality of life. A social justice framework for working with communities impacted by domestic and family violence requires consistent promotion of inclusivity, diversity and the fostering of environments that include and accept people so that they have true and better opportunities for genuine participation and consultation about decisions affecting their lives.

INTERSECTIONALITY

An intersectional approach recognises the unique experiences of each victim-survivor of DFV and the ways in which difference and disadvantage work across communities. It is important to understand that multiple markers of difference, such as age, class, gender, ethnicity, culture, sexual orientation and religion intersect to inform victim-survivor experiences and that these often interact to reinforce the root causes of gender inequality and violence against women and girls.¹⁸ The DFV Practice Guidelines have been developed with an understanding that there are multiple factors other than gender that prevent or limit victim-survivors from being able to seek or continue support. Intersectionality recognises that historic and ongoing experiences of discrimination will impact on a victim-survivors' sense of trust.¹⁹ The DFV Practice Guidelines place the onus on the practitioner or service to ensure that sensitivity to the gendered dynamics of DFV does not ignore other areas of inequality that a woman may encounter. A service working to good practice will address intersecting forms of inequality, recognising that gender inequality cannot be separated from other forms of inequality.²⁰ These Guidelines aim to ensure all DFV work has an inclusive and intersectional focus, and recommends that an effective intersectional approach be at the core of each aspect of a service's work and design.

¹⁸ Mason, 2010

¹⁹ Imkaan, Rape Crisis England and Wales, Respect, SafeLives & Women's Aid, 2016; Michau et al. 2014

²⁰ Our Watch, 2015.

DEFINITIONS

Definitions can be problematic as they may not be suitable for every individual, or every service. The suitability of a definition will greatly depend on the context in which a service is operating. While it is acknowledged that the language used to describe domestic and family violence is varied, contested and will inevitably change over time, the following outlines the key terms used throughout this paper, consistent with the definitions and terminology used within NSW Government policy and frameworks.

VICTIM-SURVIVOR²¹

Significant and careful consideration was given to the appropriate use of terms to refer to those experiencing, or who have been impacted by, domestic and family violence. The Oxford Dictionary defines 'victim' as "a person harmed, injured or killed as a result of a crime, accident or other event or action".²² This term is commonly used within public discourse, however the term is also considered disempowering by some advocates. Some services and practitioners refer to a person impacted by domestic and family violence as a survivor, defined as "a person who survives, especially a person remaining alive after an event in which others have died". At DVNSW we have chosen to convey the understanding that

domestic and family violence is both a process of victimisation and survival, and that people's choice to identify as either one or both should be respected. The term victim-survivor is also commonly used within specialist domestic and family violence services within NSW, and in significant research and policy documents nationally and internationally.

WOMEN AND FAMILIES

Women and families is used in this document to describe the domestic and family violence victim-survivor, service user, client or consumer. Although domestic and family violence can occur in a variety of relationships and perpetrated by all genders, it is most commonly perpetrated by men against women. A gendered approach to working is therefore imperative and as such women and families are referenced as the victim-survivor/s, the use of the term 'families' also acknowledges the impact of domestic and family violence on children and other family members. Children is used to describe people under 16 years of age, consistent with the Children and Young Persons (Care and Protection) Act 1998.²³

²¹ Adapted from Not Now Not Ever Putting an End to Domestic and Family Violence in Queensland. Department of Communities. 2015

²² Oxford Dictionary, 2016.

²³ Children and Young Persons (Care and Protection) Act 1998

YOUNG WOMEN

Young women are defined as being between 16 – 25 years old.²⁴ This age bracket has been used to align with research conducted by Youth Action, referenced within the Guidelines for its relevance and usefulness for DFV workers. It also aligns with data collected by the Australian Bureau of Statistics within the Personal Safety Survey – also referenced within the Guidelines.²⁵

PERPETRATOR

The term perpetrator is used to describe the offender/abuser or individual who uses violence. The term is used as it is consistent with the core value of placing responsibility for violence with those who use violence.²⁶ It is recognised that the majority of perpetrators are men. The term may also however apply to other genders such as women in relationships with other women, and carers for women with disabilities.

It should be noted that the term perpetrator can be problematic within some communities, and for some individuals. This is because it assumes a single perpetrator (and we know for many families and in many relationships there can be more than one perpetrator) and

for some, the term has connotations that presuppose an individual's inability to change or undergo personal development, to be accountable for their actions and transform their identity (i.e. once labelled a perpetrator they will always be known as a perpetrator). The term perpetrator was chosen as it was the term most commonly used by specialist DFV workers in NSW, in the literature, and throughout state and national plans relating to DFV.²⁷

WORKER/PRACTITIONER

The term worker is used to refer to those providing support to victim-survivors of domestic and family violence via a range of practice/service models within specialist DFV services or programs.

HETEROSEXISM, TRANSPHOBIA, BIPHOBIA AND HOMOPHOBIA

Homophobia and biphobia refer to negative beliefs, prejudices and stereotypes about people who are not heterosexual.²⁸ Transphobia refers to negative beliefs, prejudices and stereotypes that exist about people whose gender identity does not conform to the gender assigned at birth and who identify as trans*.²⁹

²⁴ Youth Action, 2014.

²⁵ ABS, 2012.

²⁶ DVVIC, 2006

²⁷ COAG, 2011; Women NSW, 2016

²⁸ Lorenzetti et al., 2015; Campo & Tayton, 2015; Fileborn, 2012

²⁹ Willis, 2011; Lorenzetti et al., 2015; Campo & Tayton, 2015

Heterosexism is the set of beliefs that privilege heterosexuality and heterosexual relationships “at the expense of non-normative sexual orientations and gender identities” and relationships.³⁰ Heterosexism assumes that sex and gender are fixed at birth and that: “Men are born masculine, women feminine and sexuality is the gendered, reciprocal attraction between the two ... society is built on the primal division and attraction between male and female”.³¹

Heterosexuality and heterosexual relationships are seen as “natural, normal and legitimate”³² and although these views are slowly changing, these assumptions are reinforced through cultural beliefs and practices and through social and political institutions such as the law, family structures and religious beliefs.³³ In this way, our society is heteronormative.

Heterosexism provides the “social backdrop” for homophobic, biphobic and transphobic prejudices, violence and discrimination.³⁴ Heteronormativity is the internalisation of heterosexism at the individual, cultural and institutional level. It has also been described as “an internalised set of expectations about gender and sexuality”.³⁵

STRENGTHS-BASED PRACTICE

Within the DFV Practice Guidelines, the term ‘strengths-based’ is frequently used. A strengths-based approach acknowledges the positive aspects of the individual or family, and looks for exceptions to the problem-saturated descriptions.³⁶ A strengths-based approach looks for what the victim-survivor can do (rather than can’t do), and focuses on aspirations, goals, successes (no matter how small), and explores their hopes for the future. It focuses on the strengths of the victim-survivor to foster empowerment.

DOMESTIC AND FAMILY VIOLENCE

Developing shared language and understanding of domestic and family violence (DFV) is an important aspect of an effective integrated system. The guidelines use of DFV is consistent with that of the NSW government policy definition set out in It Stops Here and with DVNSW’s member endorsed definition and overarching principles which recognises that DFV can occur in all types of intimate, family and personal relationships which can foster the use of coercive control.³⁷ Support for the use of domestic and family violence was

³⁰ Leonard et al., 2008; Campo & Tayton, 2015

³¹ Putt, Holder, & O’Leary, 2017;

³² Lorenzetti et al., 2015;

³³ Fileborn, 2012; Campo & Tayton, 2015

³⁴ Putt, Holder, & O’Leary, 2017

³⁵ Lorenzetti et al., 2015; Campo & Tayton, 2015

³⁶ Miller, 2012; VicHealth, 2007.

³⁷ DVNSW, DVNSW Principles,

reinforced through sector consultations, and also most accurately reflects the scope of the NSW service system response.

Domestic and family violence is inclusive of any behaviour, in an intimate or family relationship, which is violent, threatening, coercive or controlling, causing a person to live in fear. It is usually manifested as part of a pattern of controlling or coercive behaviour.

An intimate relationship refers to people who are (or have been) in an intimate partnership whether or not the relationship involves or has involved a sexual relationship, i.e. married or engaged to be married, separated, divorced, de facto partners (whether of the same or different sex), couples promised to each other under cultural or religious tradition, or who are dating.

A family relationship has a broader definition and includes people who are related to one another through blood, marriage or de facto partnerships, adoption and fostering relationships, sibling and extended family relationships. It includes the full range of kinship ties in Aboriginal and Torres Strait Islander communities, extended family relationships, and constructs of family within lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) communities.

People living in the same house, people living in the same residential care facility and people reliant on care may also be considered to be in a domestic relationship if their relationship exhibits dynamics which may foster coercive and abusive behaviours.³⁸

UNDERSTANDING DOMESTIC AND FAMILY VIOLENCE

DFV is a violation of human rights and contributes to more death, disability and illness in women aged 15 to 44 than any other preventable risk factor.³⁹ The negative impact of DFV has on a victim-survivor's health and wellbeing can be overwhelming, significant and in many cases, long-lasting. Survivors might need specialist support for years after the violence has ended. DFV has a range of serious consequences for families and communities.⁴⁰ DFV causes fear, physical and/or psychological harm. It is most often violent, abusive or intimidating behaviour exerted by a man against a woman,⁴¹ and is consequently why the Guidelines refer to victim-survivors as women. As noted above in the definition it is recognised that DFV can and does occur in all types of relationships.

It involves violent, threatening, abusive or intimidating behaviour carried out by an individual with whom they have, or have had, a domestic relationship. The traditional associations of DFV are with acts of physical violence within relationships occurring in the home but this understanding fails to grasp the complexity of the phenomenon. The National Council to Reduce Violence against Women and Children (NCRVWC) found that:

... a central element of domestic violence is that of an ongoing pattern of behaviour aimed at controlling one's partner through fear (for example, by using violent or threatening behaviour) ... the violent behaviour is part of a range of tactics used by the perpetrator to exercise power and control ... and can be both criminal and non-criminal in nature.⁴²

It can include but is not necessarily limited to:

- **emotional abuse**—blaming the victim for all problems in the relationship, undermining the victim's self-esteem and self-worth through comparisons with others, withdrawing interest and engagement and emotional blackmail
- **verbal abuse**—swearing and humiliation in private and public, focusing on intelligence, sexuality, body image or the victim's capacity as a parent or spouse
- **social abuse**—systematic isolation from family and friends, instigating and controlling relocations to a place where the victim has no social circle or employment opportunities and preventing the victim from going out to meet people

³⁹ VicHealth, 2004; HEROC, 2017; AIHW, 2016

⁴⁰ Australian Bureau of Statistics, 2012.

⁴¹ Our Watch, 2016; ABS, 2014; European Commission, 2010; VicHealth, 2007.

⁴² NCRVWC, 2009; Department for Planning and Community Development, 2007

- **economic abuse**—controlling all money, forbidding access to bank accounts, providing an inadequate ‘allowance’, preventing the victim seeking or holding employment and taking wages earned by the victim
- **psychological abuse**—making threats regarding custody of children, stalking, asserting the justice system will not believe or support the victim, destroying property, abusing pets (irrespective of whether the victim owns the animal) and driving dangerously
- **technology facilitated abuse** — including technology facilitated stalking, making numerous and unwanted calls to a person’s phone, sending threatening and/or abusing messages, hacking into a person’s email or social media account, using surveillance software and devices to spy on or stalk a person and sharing or threatening to share intimate pictures of a person.
- **cultural and/or religious practices abuse**—denial and/or misuse of religious and/or cultural beliefs or practices to force victims into subordinate roles and misusing religious, cultural or spiritual traditions to justify physical violence or other abuse.⁴³

DFV also has significant social, economic and health costs to victims-survivors and the community. The costs of DFV to the community is high and includes direct

and indirect costs, macro-economic costs and social costs. The combined health, administration and social welfare costs of violence against women in Australia is conservatively estimated to be \$22 billion a year, with projections suggesting that if no further action is taken to prevent violence against women, costs will accumulate to \$323.4 billion over a thirty year period from 2014-15 to 2044-45.⁴⁴ Underrepresentation within national prevalence estimates of Aboriginal and Torres Strait Islander women, pregnant women, women with disability and women who are homeless may add a further \$4 billion to the cost of violence against women and their children in Australia each year. It is also estimated that the second generational impacts from violence against women and their children is estimated to cost the Australian economy \$333 million per annum.⁴⁵

IMPACT ON CHILDREN AND YOUNG PEOPLE

The links between domestic and family violence, children’s wellbeing and child protection is well known and the need for improved integration across these service systems is now widely acknowledged. Refuge workers and DVNSW’s predecessor the NSW Women’s Refuge Movement were among the first in NSW to recognise the impact of DFV on children and recognise children as clients’ in their own right and to advocate for improved legislative, policy and practice responses to children impacted by DFV.⁴⁶

⁴³ NCRVWC, 2008; AIHW, 2016

⁴⁴ KPMG, 2016

⁴⁵ KPMG, 2016

It is now widely accepted that infants, children and adolescents who witness or experience DFV can experience significant lifelong impacts, including psychological and behavioural issues, child abuse, health issues and other effects on wellbeing and development.⁴⁷ Exposure to violence may include experiences of physical injury as a result of assault or as an indirect consequence of an assault against their mother. Children who are exposed to violence in the family context experience significant trauma and are at high risk of suffering psychological and emotional trauma.⁴⁸ However, this trauma can be significantly reduced when appropriate supports are put in place.⁴⁹

Young people from homes where DFV is present are also more likely to be homeless.⁵⁰ A study conducted by Mission Australia⁵¹ on the cost of youth homelessness found that in NSW, more than half (56%) of the homeless youth surveyed had to leave home on at least one occasion because of violence between parents or guardians. Of those who ran away from home for that reason, the median age of their first experience leaving home was ten.⁵² The stresses associated with violence in the home may

make usual young person risk-taking and escape behaviours worse and they may begin to participate in DFV themselves.⁵³ Violence against mothers in childhood is highly associated with ongoing depression in adolescent girls.⁵⁴ Young people may present at youth refuges or youth specific services who have been impacted by DFV. It is vital that these services have a thorough understanding of the complexities of DFV, undertake the appropriate risk assessments to ensure safety for that young person, and work closely with DFV specialist services.

DFV can significantly impact the relationship between mother and their child/ren. This relationship, and the mothers parenting capacity, may be adversely impacted by perpetrator tactics used to disrupt the relationship, and contribute to the health impacts of DFV experienced by both mothers and children.⁵⁵ System and practice responses should be focussed on improving the safety of both children and the mother including the provision of interventions that seek to strengthen the relationship between mothers and their children and enhance parenting capacity that can assist children in the recovery from trauma.⁵⁶

⁴⁶ Bee for example the NSW Women's Refuge Working Party, 2003, *An Open Door: NSW Women's Refuge Movement Access and Equity Manual*; Steele, S., 2008, 'The NSW Women's Refuge Movement Child Support Submission' [No.19], *Inquiry Into Children And Young People 9 - 14 Years In NSW* (NSW Parliamentary Inquiry).

⁴⁷ KPMG, 2016

⁴⁸ Bee, 2000; Laing, 2000,

⁴⁹ Hooker., L., Kaspiew., R. & Taft., A., 2015.

⁵⁰ DSS, 2008; Bailey et al, 2016.

⁵¹ Bailey et al, 2016.

⁵² It should be noted that factors such as family violence make homelessness more likely at a particular point in time, but do not necessarily mean they are more likely to be homeless in the future (ie in adulthood).

⁵³ Howard, 1995; McInnes, 1995

⁵⁴ Boldy et al, 2002.

⁵⁵ Hooker., L., Kaspiew., R. & Taft., A., 2015

⁵⁶ Hooker., L., Kaspiew., R. & Taft., A., 2015

YOUNG WOMEN AND MOTHERS

Young women are at a higher risk of DFV than older women, with those aged 18 to 24 twice as likely to experience sexual assault, with some estimates that those aged 15 to 19 are four times as likely.⁵⁷ The 2012 Personal Safety Survey identified that 13% of young women (aged 18 to 24) experienced at least one incidence of violence in the 12 months prior, a rate higher than for any other age group surveyed. Moreover, young people are frequently exposed to, witness, or are 'pulled in' to domestic and family violence.⁵⁸

Research shows that young women often have different perceptions of what constitutes DFV and how DFV is understood.⁵⁹ In this way, they are more likely to think abusive behaviour is justifiable or understandable. Adolescence is a key time for young people to form ideas about relationships and their sense of identity in them.⁶⁰ Young women often minimised their partner's violence and considered it to be an individualised problem, often for which they were responsible, rather than an expression of gender inequality.⁶¹ In addition, many young women found it difficult to speak up, seek help or leave a partner.⁶² The research suggests that young women

are reluctant to seek help from formal services, more commonly seeking assistance from informal networks such as peers.⁶³

Young women who have been forced to marry are also particularly vulnerable, and are likely to fear reporting any violence due to family repercussions.⁶⁴

Housing and support options for young women are also very limited, and may contribute to remaining in a violent relationship. Women may not be eligible for either youth refuges (as they often don't allow children) or adult family refuges due to their age.

OLDER WOMEN

Older women experiencing DFV are particularly vulnerable due to social isolation and dependence on their partners and children.⁶⁵ These factors also compound the fear of disclosing violence and makes it more difficult to leave.⁶⁶ In addition, older women experiencing DFV face a number of increased barriers when seeking assistance. Studies highlighted that older women may have come from generations where women were less likely to work and have financial independence.⁶⁷ Generational norms and values, (particularly for women over

⁵⁷ Youth Action, 2016; ABS, 2013.

⁵⁸ Youth Action, 2016; Richards, 2011.

⁵⁹ Tayton, Kaspiew & Campo, 2014; AIFS, 2006.

⁶³ AIFS, 2006; Chung, 2007; Tayton, Kaspiew & Campo, 2014; Harris et al, 2014.

⁶⁴ Simmons & Burns, 2012.

⁶⁰ Chung, 2007; Tayton, Kaspiew & Campo, 2014

⁶¹ Chung, 2007; AIFS, 2006.

⁶² Chung, 2007; Tayton, Kaspiew & Campo, 2014; Harris et al, 2014.

⁶⁵ Women NSW, 2016.

⁶⁶ Bows, 2015; The United Nations, 2013

⁶⁷ Bows, 2015; Boldy et al, 2002.

fifty) often mean that women believe abuse is a normal part of the relationship and that such matters should be kept private and within the family.⁶⁸ Women experiencing abuse over many years cited that although the severity of physical abuse often declined as the victim-survivor and perpetrator aged, emotional and sexual abuse continued.⁶⁹ The Sydney Women's Homeless Alliance found that older women are more economically vulnerable than younger women, and they may fear poverty, homelessness, or loss of health care benefits if they report abusive behaviour by a spouse or family member.⁷⁰ When an older victim-survivor has been able to leave the perpetrator, many have found themselves without stable long-term accommodation.⁷¹ Limited financial resources and assets have meant they are unable to hold their place in the housing market.⁷² For older women, homelessness is related to their low incomes and their lack of assets – they can't afford to pay a mortgage as a single woman, they can't afford to pay market rents, and there is a vast lack of appropriate housing (for example, one bedroom accessible units close to transport and community facilities). Services working to good practice are mindful of the often hidden abuse older women face, and understand the complexities associated with older women experiencing DFV. Services work to respond to these issues and provide the

appropriate support and suitable housing wherever possible.

ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN AND FAMILIES

DFV is a serious issue for Aboriginal and Torres Strait Islander peoples in Australia. Considerable evidence exists which verifies that Aboriginal and Torres Strait Islander women are far more likely to be victims of DFV than non-Aboriginal women and they sustain much higher rates of injury from DFV.^[1] Aboriginal and Torres Strait Islander women are 34 times more likely to be admitted to hospital for family violence related injuries.^[2] There is a general consensus that we do not know the full extent to which Aboriginal women experience violence due to the array of barriers that lead to the under-reporting of violence and reduced help-seeking in Aboriginal communities.⁷³ The rate of violence within Aboriginal and Torres Strait Islander families can only be understood in the context of the historical, political, social and cultural environments in which it occurs.^[3] The high rates of DFV in Aboriginal and Torres Strait Islander communities must be seen in the context of colonisation, disadvantage, oppression, racism and marginalisation.

There are several barriers that hinder Aboriginal women's use of mainstream services when seeking support for DFV.

⁶⁸ Bows, 2015; Mitchel, 2011.

⁶⁹ Bows, 2015; DSS, 2016;

^[1] AIHW, 2009; Putt, Holder & O'Leary, 2015 AIHW, 2011; Olsen, A & Lovett, R, 2016.

^[2] Our Watch, 2014

⁷⁰ DSS, 2016; Boldy et al, 2002; Sydney Women's Homeless Alliance, 2016.

⁷¹ DSS, 2016; AIHW, 2009

⁷² DSS, 2016; Olsen & Lovett, 2016; Putt, Holder & O'Leary, 2017

⁷³ Prentice, K, Blair, B & O'Mullan, C, 2016; Olsen & Lovett, 2016.

^[3] AIHW, 2009; Putt, Holder & O'Leary, 2015.

These include: intergenerational trauma and distrust towards non-aboriginal people; fear of retaliation or alienation from kinship community; lack of accurate information and awareness of services; lack of local service with capacity to assist/expertise; and lack of culturally competent service providers.⁷⁴ There is also often a fear of what will happen to the perpetrator if legal action is taken against him.⁷⁵ Workers need to understand the ongoing effects of colonial policies such as invasion, protection, child removals, assimilation and forced integration of diverse communities on Aboriginal and Torres Strait Islander peoples, if they are to work respectfully with Aboriginal and Torres Strait Islander families and communities. Holistic approaches to programs and services should be developed by and/or with Aboriginal and Torres Strait Islander people, should foster social and emotional well-being, and would do well to incorporate traditional and culturally appropriate healing practices.⁷⁶ Ideally, all services should have Aboriginal and Torres Strait Islander workers and have strong working relationships with Aboriginal services. In addition services should be careful to ensure that Aboriginal and Torres Strait Islander staff are adequately supported and mentored.⁷⁷ Services need to ensure all staff have the appropriate

skills and ongoing training to work effectively with Aboriginal and Torres Strait Islander people and offer culturally-competent practice and culturally-safe spaces. In this way, cultural competency training must be mandatory and ongoing⁷ review of the data in this area indicates that many Aboriginal and Torres Strait Islander women, despite living in violent situations, will not use mainstream services or those services that do not understand their needs. This is because women feel the services do not provide a comfortable welcoming environment, nor the necessary support with culturally appropriate healing that is needed.⁷⁹ Good practice responses must reflect the views, involvement, ownership and diversity of Aboriginal and Torres Strait Islander people in urban, rural and remote communities.⁸⁰ Community-driven and responsive programs are more likely to experience greater engagement from local Aboriginal people, and show respect for the rights of Aboriginal peoples to self-determination.⁸¹ Mainstream services should strive to support and partner with Aboriginal and Torres Strait Islander Organisations in providing responses to DFV within the local community. Aboriginal services are well positioned as leaders and spaces that foster cultural resilience and healing in Aboriginal communities.

⁷⁴ SNAICC, 2002; Southern Domestic Violence Service, 2007; Putt, Holder & O'Leary, 2015. Prentice, Blair, & O'Mullan, 2016

⁷⁵ Memmott, P., Chambers, C., Go-Sam, C., Thomson, L., 2006.; Southern Domestic Violence Service, 2007; HREOC 2006,

⁷⁶ Health NSW, 2016; Victorian Indigenous Family Violence Task Force, 2003. Cripps, K & Adams, M, 2014.

⁷⁷ Farrelly, T & Bronwyn, L; 2009; SNAICC, 2002; Southern Domestic Violence Service, 2007; Cripps & Adams, 2014;

⁷⁸ Al-Yaman, F., Van Doeland, M. & Wallis, M. 2006; Bubar, 2004; Farrelly & Lumby, 2009; Putt, Holder & O'Leary, 2017

⁷⁹ HREOC 2006, p. 24; Prentice et al., 2014.

⁸⁰ Southern Domestic Violence Service, 2007.

⁸¹ Blagg H, Bluett-Boyd, N & Williams, E, 2016. .

WOMEN AND FAMILIES WITH DISABILITIES

Women and girls with disability experience violence at extreme rates, in a variety of settings and face a number of unique obstacles regarding disclosure and support in relation to DFV.⁸² A 2013 University of New South Wales survey of 367 women and girls with disability found that one in five (22%) had been affected by violence in the previous year.⁸³ Within this group 90% per cent of women with an intellectual disability have been subjected to sexual abuse, and over two-thirds of women with disability (68%) reported being sexually abused before they turned 18 years old.⁸⁴ Many women with disabilities are subject to the control of others, for example, women who are dependent on carers. This power imbalance increases the vulnerability of women with disability to emotional and psychological control and all forms of violence.⁸⁵ This includes acts of violence and abuse to which, women and girls with disabilities may be more vulnerable such as violations of privacy, forced isolation and the denial of rights including control over bodily integrity; provision of essential care; social contact; and the right to decision-making.⁸⁶

Women and girls with disability are often isolated, face obstacles in seeking help,

and may face challenges in being believed or taken seriously.⁸⁷ Further to these barriers disability advocates and expert practitioners have identified significant gaps in DFV service system knowledge and responses to women and girls with disabilities.⁸⁸

Good practice work consists of services including working with women and girls with disability in all DFV policies and procedures, and establishing clear protocols to respond effectively.⁸⁹ This includes ensuring information is made accessible for women who may require access to the service. For example, ensuring information about the service is widely available, distributed in areas frequented by women with disability such as disability services, advocacy organisations, doctor's offices, supermarkets, schools, accessible bathroom and community centres.⁹⁰ Ensuring a service is physically accessible is more than just providing wheelchair accessibility. Women with physical, visual and hearing impairments and/or mental illness all face various barriers in environments that do not accommodate their presence. Good practice is to begin by conducting an access audit, consulting a number of people with disability to assist the service in analysing how accessible the service is and what might

⁸² Women with Disabilities Australia, 2013; Frohmander, 2014; Jennings, 2003.

⁸³ Women with Disabilities Australia, 2013

⁸⁴ Frohmander, 2014.

⁸⁵ DVVIC, 2006.

⁸⁶ Frohmander, C., Dowse, L., Didi, A., 2015.

⁸⁷ Jennings, 2013.

⁸⁸ INWWD, 2011; Frohmander, 2014.

⁸⁹ Women with Disabilities Australia, 2013.

⁹⁰ Frohmander, 2014; Women with Disabilities Australia, 2013.

be improved. Minor changes may include minimising clutter, having adequate storage, eliminating trip hazards, ensuring each room as adequate lighting and seating, and installing handrails. Additional information on improving practice, with specific recommendations for domestic and family violence services, can be found in Appendix 1 – Women with Disability and Domestic and Family Violence: A Guide for Policy and Practice.

Workers should also be familiar with the issues facing young women and children with disability. For example, workers need to be aware that, depending on the disability, young women with disability may not be able to remove themselves from the proximity of violence, and it may be impossible for them to disclose their experiences.⁹¹ Significant ongoing work should be undertaken in services to ensure that frontline staff have the knowledge, expertise and competence to adequately respond to people with disability. Training in recognising and responding to undisclosed violence against people with disability is an important element of this. Good practice also includes adopting a human rights approach to service delivery and policy.⁹²

WOMEN AND FAMILIES FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

Women who are from culturally and linguistically diverse (CALD), backgrounds - particularly migrant or refugee women - are recognised as having particular vulnerabilities that may place them at increased risk of DFV and also particular barriers to seeking support.⁹³ CALD victim-survivors are not a homogenous group, with each individual facing their own complex issues compounded by a wide variety of cultural, linguistic and religious differences, review of relevant literature and research has highlighted a number of common experiences for immigrant and refugee women.⁹⁴ These may include a lack of support networks, socio-economic disadvantage, perceived or real community/family pressure and lack of knowledge about rights for victims/survivors.⁹⁵ Women's migration and resettlement experiences can increase risk by establishing their dependence on perpetrators for access to services, residency and economic security.⁹⁶ In the absence of income, and due to measures they must take in order to simply survive, women are also more vulnerable to sexual exploitation and added abuse.⁹⁷ Women from CALD backgrounds are also less likely than other victims-survivors to seek

⁹¹ Cunningham et al, 2005

⁹² Women with Disabilities Australia, 2013; Forhmander, 2014.

⁹³ Allimant & Ostapiej-Piatkowski, 2011; DVVIC, 2006; Vaughan et al, 2016.

⁹⁴ Vaughan et al, 2016.

⁹⁵ Taylor & Putt, 2007.

⁹⁶ Vaughan et al, 2016

⁹⁷ Refugee Council, 2009

support and may hold a fear of reporting to police, and when they do it is often after more prolonged periods of violence and abuse.⁹⁸ Some common reasons identified for this reluctance include a lack of awareness of their rights and the services available to them, fear of retribution from the perpetrator/s and/or community, previous experiences of discrimination and racism, fear towards the police, and a desire to maintain a positive reputation for their communities.⁹⁹ A fear that confidentiality will be breached is also common and not always unfounded, particularly in small communities and language barrier including limited access to professional and competent interpreters can often hinders access to support and justice systems.¹⁰⁰

Good practice in working with women and families from CALD backgrounds means all staff having knowledge and expertise in the challenges and particular issues that face this client group, beyond understanding country of origin or language. Knowledge of the particular barriers facing women from CALD background, particularly in the context of safety and well-being and fear associated with talking to authority figures such as the police, is important.¹⁰¹ It is important that workers have an understanding

and acknowledgement of threats and intimidation specific to a victim-survivors culture or religion. Ensuring service delivery is culturally appropriate, including but not limited to providing access to qualified and professional interpreters. Services will respond to any specific support needs a CALD victim-survivor may have, and will be proactive in building relationships with specific support services who may be able to assist with these needs if the worker feels out of depth. For example, a service will have a productive working relationship with specialist migrant and refugee services, particularly in order to address any issues relating to immigration. DFV services should also link and work closely with specialised CALD and migrant services. This may include provision of secondary consultation and co-case management with services regarding the provision of appropriate and effective support to women and families from culturally and linguistically diverse backgrounds.¹⁰² Training to practitioners to support their knowledge and practice working with women and families from CALD backgrounds should be continuous, and be a regular part of sector development and network building.

⁹⁸ Phillips & Vandenbroek, 2014.

⁹⁹ Taylor & Putt, 2015; DVVIC 2006; Vaughan et al, 2016.

¹⁰⁰ Allimant & Ostapiej-Piatkowski, 2011; Vaughan et al, 2016.

¹⁰¹ Cunningham et al, 2005; Taylor & Putt, 2007.

¹⁰² Cunningham et al, 2005.

LESBIAN, GAY, BISEXUAL, TRANS*, INTERSEX AND QUEER (LGBTIQ) PEOPLE

The acronym LGBTIQ is used within this document to refer collectively and inclusively to people of diverse sexualities, and genders, and intersex people. Noting however, that there is a great deal of diversity within these communities and a wide range of “terms and language used to describe biological sex, gender, sexuality and sexual practice”.¹⁰³ In this document, the acronym LGBTIQ is used with the intention to include people who may or may not identify as LGBTIQ or as being in an exclusively same-sex, bisexual, pansexual or heterosexual relationship. It is essential that services use language that is respectful of the diverse ways in which a person may identify their gender, sexuality, lived body experience and relationship.

Historically, there has been an invisibility of LGBTIQ relationships in DFV policy and practice responses and a lack of acknowledgement that DFV exists in these communities.¹⁰⁴ This is somewhat due to the fact that there is limited research and data on DFV within gender diverse or same sex relationships.¹⁰⁵ The literature suggests that this is due to a lack of disclosure, additional discrimination, stigma and non-

recognition of same-sex or other gender diverse relationships.¹⁰⁶ The small body of evidence that does exist has found that significant levels of DFV occur in same sex or gender diverse relationships, and that those who identify as LGBTIQ, experience DFV at similar rates to that of the wider community but are less likely to identify the experience as abuse, report violence to the police, or seek assistance from a domestic and family violence support organisation for fear of discrimination.¹⁰⁷

Discrimination against non-heterosexual women takes various forms, from overt homophobia to heterosexism. Heterosexism assumes that all people are heterosexual, and incorporates mainstream attitudes that value heterosexuality more highly than other types of sexuality.¹⁰⁸ Homophobia, transphobia and heterosexism affect the experience of, and responses to, DFV in LGBTIQ populations. Even with LGBTIQ rights being protected in Australian law (Sex Discrimination Act 1984 (Cth)), LGBTIQ communities still face significant discrimination, harassment and abuse in many parts of their everyday life.¹⁰⁹ Power and control within LGBTIQ relationships can be abused through homo/bi/transphobia or heterosexism. For example, the practice of “outing” or disclosing gender identity, intersex, HIV status or

¹⁰³ Fileborn, 2012

¹⁰⁴ McNair, 2003.

¹⁰⁵ Campo & Tayton, 2015; AIFS, 2010.

¹⁰⁶ Lorenzetti et al., 2015

¹⁰⁷ Women NSW, 2016

¹⁰⁸ McNair (2003) Gay and Lesbian Association in McNair (2003)

¹⁰⁹ Australian Human Rights Commission, 2014; Hillier et al., 2010; Campo & Tayton, 2015

chronic illness (or threats to do so) may occur.¹¹⁰ An abusive LGBTIQ partner may use their partner's sexuality or identity as a form of control by limiting their access to friends and social networks, or by threatening to tell their partner's employer, parent, children, landlord or friends about their same-sex relationship or trans* identity.¹¹¹

An abusive partner may also use homophobia or transphobia to control and isolate a partner by suggesting that they will not be believed or that they shouldn't report the violence as they will be discriminated against by services and the law.¹¹² Compounding this, fear of isolation and homophobia in the wider community may contribute to victims staying with an abusive partner.¹¹³

An Australian study examining lesbian experiences of DFV, for example, found that mainstream domestic violence service providers are often unaware of the particular strategies used by abusers, such as the threat of "outing" as a form of power and control.¹¹⁴ Some services may not be welcoming or accepting of LGBTIQ victim-survivors and may alienate or further marginalise them.¹¹⁵ This may occur, for example, by not providing appropriate options on client intake forms (i.e. only

providing male or female options). A lack of understanding and discrimination may affect trans* or intersex individuals more severely for example, trans* women may be refused entry to "women only" DFV or homelessness services or may be unsafe because of other clients in a service.¹¹⁶ Workers may have preconceived ideas about the diversity of sex, sexuality, gender or family that limit their understanding of abuse in LGBTIQ relationships.¹¹⁷

Good practice in working with LGBTIQ communities includes having a detailed understanding of the complexities and issues around same sex and gender diverse relationships. Building the capacity and knowledge through training and other professional development is imperative in order to improve understanding and awareness of specialist referral pathways and responses. The development and ongoing review of inclusive practice and policy guidelines to ensure access and equity for LGBTIQ victim-survivors including, specific policies and guidelines in working with trans* and gender diverse victim-survivors ensuring that they can access a supportive and welcoming service environment.

¹¹⁰ Campo & Tayton 2015; Ball & Hayes, 2009; Calton et al., 2015; Kay & Jefferies, 2010

¹¹¹ Calton et al., 2015; Donovan et al., 2006

¹¹² Calton et al., 2015; Fileborn, 2012.

¹¹³ Kay & Jefferies, 2010; Parry & O'Neal, 2015; ACON 2016.

¹¹⁴ Fileborn, 2012

¹¹⁵ Campo & Tayton, 2015; Fileborn, 2012

¹¹⁶ Calton et al., 2015; Campo & Tayton, 2015; Fileborn, 2012

¹¹⁷ ACON, 2016; Parry & O'Neil, 2015.

RURAL AND REMOTE COMMUNITIES

The NSW Crime Statistics reported that for December 2015 to December 2016 domestic assaults were the highest per capita from regional, rural, and remote areas.¹¹⁸ Consequently, DFV services in these areas face significant challenges – particularly as they are often under resourced and cite having difficulty obtaining and retaining qualified workers. In this way, good DFV practice in rural and remote communities may look significantly different to work in urban regions. Distance, reduced resources, fewer services and limited staffing may place limitations on an organisation’s ability to work to good practice.

Services in rural and remote areas may face different obstacles to services in metropolitan areas, including that violence may be less likely to be disclosed due to confidentiality, an ideology of self-reliance, informal sanctions and/or social control.¹¹⁹ There is some research to suggest that in more remote areas, the narrowly constructed notions of masculinity exist more commonly that emphasise traditional gender roles and the physicality of rural men’s labour, plus patterns of alcohol consumption, as risk factors pertinent to rural and remote areas.¹²⁰

Women in rural and remote areas may also find it harder to seek help or leave

a violent relationship.¹²¹ Factors such as access to services, a perceived lack of confidentiality and anonymity, lack of employment opportunities, financial pressure and/or dependency, stigma attached to the public disclosure of violence and lack of transport and telecommunications may compound the isolation victims of domestic violence already experience as part of the abuse.¹²² Women in these areas also report feeling pressured to stay in violent relationships due to community beliefs and attitudes about them as the victim, and the perpetrator holding status and a position of power within the community.¹²³ Court facilities in regional and rural areas remain inadequate, and there are increasing demands on legal and specialist DFV services to address safety risks and improve accountability. In addition, a lack of 24/7 policing in some regional areas means police responses are often slow or non-existent depending on the time an incident occurs. This may impact a victim-survivor’s willingness to notify the police in the future, and may compound distrust towards authority, as well as her own feelings of helplessness.

Services in regional NSW should also consider the following groups of women in rural and regional NSW who may be particularly vulnerable and/or have specific needs:

¹¹⁸ BOSCAR, 2016.

¹¹⁹ Hogg and Carrington, 2006; Australian Human Rights Commission, 2014

¹²⁰ Carrington, 2007, Trainor, 2015.

¹²¹ Carrington, 2007; Wall & Strathopoulos, 2012.

¹²² Morgan and Chadwick, 2009

¹²³ Trainor, 2015.

- **Women living in mining communities.**
The intrinsic characteristics of mining communities may make it difficult for women experiencing domestic violence to seek assistance or end a violent relationship. These include: the lack of cohesiveness of many mining communities, isolation from family and other support networks, limited employment and alternative housing opportunities and an overall lack of appropriate or accessible services. The services that are provided within mining communities tend to reflect the needs of male company employees, such as sporting facilities.
- **Partners of defence personnel stationed in rural and remote areas.** Similarly, to women living in mining communities, women who are partners of defence personnel are often integrated in very close knit communities, and may feel pressured to remain in a violent relationship because of this. In addition, defence personnel usually receive accommodation subsidies and assistance with living costs – which may also prohibit a victim-survivor and her child/ren from feeling able to leave a violent relationship. In addition, Victim-survivors may not have tenancy rights to remain in defence housing if they are not defence personnel, despite having an ADVO. Responsibility is often left on the victim-survivor to leave and find alternative housing.
- **CALD women** with little or no English and/or community networks. These women may be experiencing significant social isolation, and may feel or be unable to communicate the DFV they are experiencing. These victim-survivors may or may not be partnered with a local person born in Australia who is well known and respected within the community. In this way, he speaks for her and controls her ability to participate in community life and seek assistance.
- **Women living in alternative communities and communes,** particularly where excessive drug use and drug production are features of community life;
- **Aboriginal women living on remote outstations.** The social isolation of these women, as well as the community stigma and shame that may arise if DFV is reported, means these women are particularly vulnerable.
- **Women living on stations or farms.** Women experiencing domestic violence residing on stations or farms face increased vulnerability due to the higher prevalence of firearms and the absence of DFV responses to these areas due to remoteness. The research indicates that violence against isolated women goes unseen and unpunished with few options for leaving.¹²⁴ Access to confidential forms of communication may also be difficult with many

homesteads still having limited telecommunication or internet access.

- **Temporary workers (eg 457 visas) and backpackers** are also vulnerable to exploitation and DFV they may be heavily reliant on their spouse or family member for financial support.

Services working in rural and regional NSW have significant responsibilities and must be applauded for the tireless and often never ending work they undertake. The nuanced and specialised nature of good practice DFV service provision is evident particularly in rural and regional NSW.

NSW DOMESTIC AND FAMILY VIOLENCE GOOD PRACTICE GUIDELINES

The DFV Practice Guidelines are based on ten core principles. These principles were identified as a result of consultation and research including analysis of other jurisdictions (in particular Queensland and Victoria) and a review of the current literature. Each principle has identified good practice guidelines. The principles were used in consultation with the NSW specialist DFV sector to explore good practice. In addition, a literature review of practice models in the DFV sector nationally and internationally took place to develop key principles used in consultation. Underpinning all of the principles is a gendered understanding of domestic and family violence. In addition, although trauma-informed practice is identified in these guidelines as a standalone principle, trauma-informed practice underpins the practice and principles articulated in these guidelines

PRINCIPLES

1. SERVICES AND PRACTITIONERS PRIORITISE THE PHYSICAL, CULTURAL AND EMOTIONAL SAFETY OF VICTIM-SURVIVORS, THEIR FAMILIES AND WORKERS

The safety and wellbeing of victim-survivors of violence and practitioners is of paramount consideration in any response to domestic and family violence. It must be given the highest priority and is the cornerstone of trauma-informed practice.¹²⁵

At a minimum, the service must have a comprehensive DFV safety or risk assessment process to identify potential safety risks posed by the perpetrator/s of the violence and assess the safety needs for women and families, developing

clear and comprehensive safety plans for each individual including, working with children as clients and understanding and responding to risks to their safety. As risk is not static, these safety and/or risk assessment processes must be ongoing and regularly reviewed accounting for any increased risks or changes in circumstance. All risk and safety assessments undertaken with the victim-survivor must take into account their emotional wellbeing, and be conducted in a sensitive, trauma-informed way. For example, an experienced worker would not rush asking sensitive, intimate or personal questions relating to the violence. Wherever possible time should be taken to build rapport and trust with the victim-survivor, ensuring that her emotional wellbeing will not be adversely affected by risk assessment questions.

The management of identified risks to the victim-survivor and/or their family must be supported by policies and procedures that provide a basis for consistent, equitable, transparent and quality assessment and management processes where safety is prioritised, and practitioners and services fulfil their duty of care to victim-survivors', workers and others. This includes meeting organisations' and practitioners legislative responsibilities, including for example reporting responsibilities for children at risk of significant harm.¹²⁶ Duty of care is a service providers' and practitioners' duty 'to act with reasonable care and skill to protect and promote the wellbeing

of a victim-survivor in care or for whom you have responsibility'.¹²⁷ Reasonable care is 'the standard of care and skill that an ordinary, sensible person, in your profession or occupation, is expected to take in the same circumstances.'¹²⁸ Good practice services and practitioners have a thorough understanding of their duty of care requirements, and ensure compliance.

Recognising that the risks to women and families experiencing DFV can change and escalate quickly, service provider's policies, systems and practice should support the ongoing use of safety and risk assessments (such as the NSW Domestic Violence Safety Assessment Tool or the risk assessment tool on the FACS SHS Client Information Management System), together with other assessment and intake processes and throughout the period of client support. When and how often DFV risk assessments are conducted will vary and be informed by changing circumstances of the victim-survivor or the perpetrator, the victim-survivor's changing assessment of risk and their safety needs, as well as the professional judgment of practitioners. It is vital that safety planning policies and procedures account for the safety and security of victim-survivors within different service contexts and transition points - for example, when a victim-survivor enters crisis accommodation, when she is at court, and when supported by a service within the victim-survivor's own home.

¹²⁶ DVVIC, 2006; QLD Department of Families, 2002; RDVSA, 2015.

¹²⁷ Department of Human Services, 2004; Greeley et al, 2004.

¹²⁸ DVVIC, 2006; AIFS, 2015; Department of Human Services, 2004; Putt, Holder & O'Leary, 2017

The physical safety and security of victim-survivors, workers and others is paramount. In addition to DFV risk/safety assessments and individual safety planning for victims-survivors, organisational policies, systems and practice must be responsive to the increased risks of workplace violence toward workers, clients' and others due to the nature of the work. Specific measures to mitigate the risk of violence to victim-survivors, workers and others, and the harm caused by it should be identified through ongoing risk assessment and consultation with workers and other stakeholders. Broadly, responses may include but are not necessarily limited to:

- The use of security systems and safety protocols to reduce the risks to workers, clients and others from violence. For example, in shelters and crisis refuges this may include combination of keeping its physical location confidential and practical security protocols determining who can visit, who is given the physical address or other contacts and intruder alerts.
- Policy, procedural and communication systems for isolated work and remote work (ie using a 'check in/check out' system with colleagues and ensuring staff do not travel in their own vehicle).
- Clearly communicated expectations and responsibilities of workers, clients and others.

- Procedures for responding to violence and aggression and critical incidents (including de-escalation skills).
- Ongoing staff development, supervision and support including training on responding to violence and aggression.

Gender safety must always be at the core of practice, with services ensuring issues impacting women and girls are considered in practice.¹²⁹ It means consideration from a policy, service design and practice perspective to consistently take into account the effects systemic and individual misogyny and sexism have had on women and in turn their capacity to reach and maintain optimal safety and wellbeing. This may include ensuring sanitary items are available free of charge, providing a non-judgmental environment to discuss contraceptive or sexual health concerns, and efforts (where possible) to have female counsellors, translators and other human service or health providers available for victim-survivors for their emotional safety when accessing a service. Gender safety is a crucial component of quality service provision that DFV services provide to facilitate growth, healing, wellness, and empowerment. Gender safety needs to always be victim-survivor centric, which may mean (particularly for CALD women) allowing victim-survivors to bring a male support to the service if appropriate (i.e. if safe for other residents to do so). If it is not safe or appropriate for a male to accompany the victim-survivor,

the service should provide an alternative and flexible mechanism so that this is possible (For example, meeting in a public place or non-controversial setting such as a library or migrant resource centre). Workers from the CALD sector spoke to how vital it was that DFV workers have a thorough understanding of the cultural complexities CALD victim-survivors face. It is therefore important for all DFV services to collaborate regularly with local multicultural services to ensure workers cultural competence.

Emotional and cultural safety are key to good practice service provision. Health services are increasingly recognising that 'cultural diversity and a connection to one's own culture is the key to recovery'.¹³⁰ Culture profoundly influences the way in which a person has experienced trauma and violence and is central to healing. Good practice is when a service has a foundation based on a 'culture of belief'/ 'taking the side of' the victim.¹³¹ This is pivotal in ensuring and maintaining the wellbeing of those impacted by violence.

PRACTICE GUIDELINES

1.1 THREATS TO THE SAFETY OF VICTIM-SURVIVORS ARE IDENTIFIED AND RESPONDED TO EFFECTIVELY

- The service has a safety/risk assessment process to identify potential safety risks and assess the safety of the victim-survivor/s including children. All assessments are undertaken in a trauma-informed

manner, avoiding further trauma through consistent, transparent and supportive assessment practices and processes that:

- Include the provision of accessible information on victim-survivors' rights including their right to confidentiality and limits to confidentiality, the purpose of assessment processes, why information is sought and how it will be used.
- Only seeking the minimum amount of information required to determine appropriate service responses including referrals to other services, and as required by funding bodies.
- Respects victim-survivors' personal boundaries, wishes and views.
- Minimise the need for victim-survivors to retell their story by seeking their consent to exchange information with other services.
- Workers assist each victim-survivor to develop a thorough safety plan, which is regularly updated and revised to reflect changes in risk and circumstance (e.g. changes in accommodation arrangements, children's schools etc.). The safety plan will:
 - Outline strategies to increase safety and security if she remains with the perpetrator including specific

¹³⁰ O'Hagan 2004; Elliot et al. 2005.

¹³¹ Council of Europe, 2008

strategies to support her safety if she is living with the perpetrator. Examples include: not leaving her phone unattended; creating a code word if she's unable to talk or a code word if she requires urgent assistance.

- Assist the victim-survivor to escape a violent situation.
- Assist the victim-survivor to travel safely.
- A safety plan for children of the victim-survivor is developed, taking into consideration any family court arrangements
- The service ensures thorough and detailed risk and security assessment procedures are carried out upon initial intake and exiting a service, and are revisited during the case management process to ensure ongoing safety.
- The service has policies and practice in place that nurture victim-survivor choices rather than victim-blaming, highlighting commitment to the gender and cultural safety of the victim-survivor
- Values and/or mission of the organisation aligns with principles relating to women's safety, strategically embedded in organisation's strategic direction/vision.
- Case planning and management regularly revisit the safety and wellbeing of the victim-survivor, with separate case plans for children where appropriate.
- The service assists victim-survivors to obtain additional security measures for their person or property if required.
- Workers at all times keep the location of a victim-survivor confidential and protected, and services have procedural guidelines in place when the location of a victim-survivor is disclosed to someone that may impact on her safety. This would include doing an immediate risk assessment to assess the safety of the victim-survivor, any other residents (if the location is shared accommodation), and the workers. Additional actions may include changing the locks or pin coded access if possible, alerting local police that the location of the victim-survivor has been breached and relocating the victim-survivor if her safety is of serious concern.
- The service can arrange and refer the victim-survivor (and children) to safe accommodation immediately
- Workers assist the victim-survivor to obtain an Apprehended Domestic Violence Order with her informed consent and support her throughout the process of accessing legal protection/court support through direct service provision or partnership arrangements.

- The service provides support and assistance in a space that offers privacy, is gender safe, and has interview rooms to ensure confidentiality and security.
- The service premises are equipped with security alarms and additional security measures where possible. Security measures are supported by emergency response procedures, policies and procedures on preventing and responding to violence and aggression, and promotion and instruction/training on these to stakeholders as relevant.
- Staff need to be trained to use interpreting services and have appropriate mechanisms in place so that interpreting can take place in a safe and supportive way (ie a speaker phone).

1.2 THE SAFETY HAZARDS OF WORKERS AND OTHERS ARE IDENTIFIED AND RESPONDED TO EFFECTIVELY

- All workers receive training on safety and the impacts of vicarious trauma and the importance of self-care.
- The service has policies and procedures in place to support the identification of threats to safety, the mitigation or elimination of threats to safety, emergency responses and critical incidents. This includes the development and ongoing review of risk assessment policies and procedures that support the ongoing assessment of all potential risks (not just those posed by the perpetrator/s of DFV) to the clients, other clients, staff and others. Including specific assessment and communication systems and procedures for all work sites as well as isolated and off-site work (e.g. outreach, transporting clients etc)
- All worker's personal details are kept securely and must not be disclosed.
- The service provides a work car so that workers are able to safely undertake outreach work and work within the community.
- Workers are provided with immediate access to support and supervision to guide responses to identified threats to safety.
- Workers have access to debriefing, vicarious trauma and support mechanisms on an ongoing basis and particularly in relation to critical incidents.
- Workers have access to communication/ electronic response systems to maximise their safety- i.e. duress alarms and/or mobile phones with emergency contact details saved for ease of access.
- The service has a system to monitor the safety and whereabouts of staff (i.e. check or sign in/out model).

2. ACCESS AND EQUITY

Victim-survivors have the right to receive equitable, inclusive, safe service provision, and to have their individual experiences, beliefs and choices respected. DFV services have a legal and ethical responsibility to provide accessible, responsive and appropriate support to the diverse range of victim-survivors in NSW. All workers must be aware of the anti-discrimination (both state and federal) legislation that works to prevent discrimination and harassment. Federal legislation includes:

- **Australian Human Rights Commission Act 1986**
- **Age Discrimination Act 2004**
- **Australian Human Rights Commission Act 1986**
- **Disability Discrimination Act 1992**
- **Racial Discrimination Act 1975**
- **Sex Discrimination Act 1984**
- **Fair Work Act 2009**

This legislation includes discrimination on the basis of race, colour, sex, religion, political opinion, national extraction, social origin, age, medical record, criminal record, marital or relationship status, impairment, disability (including physical, intellectual, psychiatric, sensory, neurological or learning disability, physical disfigurement, disorder, illness or disease that affects thought processes, perception of reality,

emotions or judgement, or results in disturbed behaviour, and presence in body of organisms causing or capable of causing disease or illness), nationality, sexual orientation, and trade union activity. This legislation also covers discrimination involving harassment in employment, education or the provision of goods and services, and discrimination on the basis of race, colour, descent or national or ethnic origin and in some circumstances, immigrant status.

Services must also abide by the NSW Anti-Discrimination Act 1977. This legislation covers discrimination on the basis of race, including colour, nationality, descent and ethnic, ethno-religious or national origin, sex, including pregnancy and breastfeeding, marital or domestic status, disability, homosexuality, age, transgender status, and carer responsibilities. Sexual harassment and vilification on the basis of race, homosexuality, transgender status or HIV/AIDS status are also prohibited under this Act.

Services working to good practice will go above and beyond the legislative requirements to ensure accessible and equitable service provisions. Services must ensure they provide a warm and welcoming environment that allows women and their children to feel safe and accepted. Services must be affordable (free of charge is advised as good practice),¹³² and must consider any potential barriers that may prevent an individual from accessing it. The

experiences victim-survivors have within a service (particularly initially) are often critical as they may significantly alter someone's decision to leave a violent relationship or seek help. Barriers to service accessibility must be carefully considered.

All victim-survivors should be able to access appropriate support wherever they live, and whatever their circumstance.¹³³ It is important to ensure access of services to specific groups, such as migrant women, women with no access to income, young and older women, women with disability, LGBTIQ people and women living in rural and regional areas.

To ensure equity for all victim-survivors, there need to be policies, systems and practice in place to reflect an understanding of, and seek to overcome particular barriers and disadvantage individuals may be facing. Workers need to ensure they are responsive to the specific needs and experiences of particular client groups. To engender trust and reach those who need vital support, services must reflect the populations they serve. Support and interventions should employ the principles of empowerment and self-determination even where a service may not have the adequate resources or expertise to be able to support someone long-term. Networking and understanding appropriate referral pathways are key to good practice.¹³⁴

2.1 BARRIERS TO ACCESS

Potential common barriers for victims/survivors accessing services that services should consider include: feelings of shame, responsibility for children, concerns about financial consequences, lack of knowledge/understanding of the legal system, mistrust of police/government service, cultural stigma and risk of being rejected by family and communities in which they belong. Some barriers for services to consider include:

Fear and mistrust

Victim-survivors may fear reprisal or escalating violence if they are seen to be accessing a service. This may be associated with a fear of being disbelieved or blamed, possible exclusion or persecution from their community. This is cited as particularly relevant for CALD women and Aboriginal and Torres Strait Islander women.¹³⁵ Fears towards authority such as police, courts, government agencies and the legal system may also be a barrier to access, and fear of discrimination may exist particularly for vulnerable and minority groups such as CALD women, women with complex needs, Aboriginal and Torres Strait Islander women, women with disability and LGBTIQ victim-survivors. These barriers are influenced by historical, social, cultural and pragmatic factors. This includes having a mistrust of the justice system, child protection workers and other government agencies. Fear can also

¹³³ DVVIC, 2006, NSW Department of Family and Community Services, 2014; QLD Department of Families, 2002; O'Hagan, 2004.

¹³⁴ Council of Europe, 2008; DVVIC, 2013. Wall, 2014

¹³⁵ Putt, Holder & O'Leary, 2017; DSS, 2015.

stem from ongoing psychological abuse by the perpetrator used to control and intimidate the victim-survivor into feeling they won't be believed if they disclose the abuse. For Aboriginal and Torres Strait Islander women, this fear and distrust may stem from the impacts of a post-colonisation history that has engendered a deep distrust of mainstream authorities, and justice systems that in the past have operated as agents of oppression rather than as agents of justice.¹³⁶ Through the impacts of this history, other agencies such as the justice system and health and welfare services may be regarded with distrust and perceived as racist, authoritarian or sexist.¹³⁷ Government practices such as the removal of Aboriginal and Torres Strait Islander children are still alive and very real. They perpetuate an ongoing fear that if women experiencing domestic and family violence disclose and seek assistance, they may have their children removed by the police or other human service agencies for being un-protective parents.¹³⁸

Some Aboriginal and Torres Strait Islander families and CALD women fear contact with police based on inadequate or culturally inappropriate responses they have experienced or heard about, exacerbated by a general distrust of police felt in communities and the culturally insensitive ways police may respond

to Aboriginal and Torres Strait Islander or CALD victim-survivors.¹³⁹ In addition, lack of female police officers further contributes to their fear to disclose, exacerbated by cultural issues, as female victim-survivors may feel uncomfortable or unable to disclose sexual or other victimisation to male police, particularly when the women have experienced insensitivity from these male officers.¹⁴⁰

Considerable external pressure from family and community is also a significant factor that influences why victim-survivors may not disclose violence - particularly to police or other authority figures. Women are often so fearful of the consequences and negative repercussions of disclosing DFV that they will not consider reporting to a service or the police.¹⁴¹ This is particularly relevant for women living in small, interconnected and isolated communities where anonymity cannot be maintained.

Not being accepted, believed or understood is a significant deterrent for those seeking help and services working to good practice should undertake all means necessary to provide an inclusive, welcoming and safe environment for all people eligible to receive a service or safe referral regardless of age, gender, sexual preference, religion, ability, cultural background and ethnicity. Women may face a multitude of obstacles throughout

¹³⁶ Willis, 2011; Putt, Holder & O'Leary, 2015

¹³⁷ Putt, Holder & O'Leary, 2015

¹³⁸ Willis, 2011; Olsen & Lovett 2016

¹³⁹ Taylor & Putt, 2007; Willis, 2011.

¹⁴⁰ Willis, 2011; Olsen & Lovett, 2016

¹⁴¹ Willis, 2011.

the legal process such as language difficulties, intimidating court processes, prejudicial attitudes, and inadequate support from services.¹⁴²

In addition, a victim-survivor may experience further trauma if they disclose, such as having to revisit details of the assault when providing a statement to police, undergoing medical examination or giving evidence in court.¹⁴³ Insensitive or inadequately trained police or human service workers can compound this, as well as through court processes which can further victimise the victim-survivor. While changes to evidentiary laws may have reduced the ability of defence counsel to 'attack' the victim, the legal process can still remain a confronting, invasive and traumatic experience. Research has shown that women are aware of the possibility of experiencing re-victimisation through the legal process and that it does play a part in decisions to report DFV.

Strategies for change and improvement need to build a sense of self-empowerment in women to enable victim-survivors to confidently navigate the legal system

Communication

Overcoming communication barriers and potential misunderstanding is critical to the delivery of accessible and victim-survivor centred services. Clear communication is of utmost importance when undertaking assessments and safety planning, and/or where a person's rights

and responsibilities, contractual and other legal matters and are being discussed and communicated. Language barriers and a lack of access to professional interpreting services are also a potential barrier in accessing a service and the delivery of trauma informed person centred responses.¹⁴⁴ Services are urged to engage professional accredited interpreters for victim-survivors with limited English language skills or who have a speech or hearing impediment, and to consider the gender, potential cultural connection and safety of the interpreter when using these services. Service information (i.e. on websites or pamphlets) is usually only in English, and doesn't highlight that interpreters can be used for non-English speaking women. Children or other relatives are often used as interpreters and this is now considered unacceptable practice. It is important to note that non-English speaking victim-survivors may preference an interpreting service over the phone, rather than in person. Services should also highlight their ability to provide translating services by showcasing the **Interpreter Symbol** on any pamphlets or public information about their service (ie a website). The symbol is a national public information symbol that provides a simple way of indicating where people with limited English proficiency can ask for language assistance.

Victim-survivors with disability may need additional communication tools (such as

¹⁴² Olsen & Lovett 2016

¹⁴³ Willis, 2011.

¹⁴⁴ AIFS, 2011

a victim-survivor with a hearing or speech impediment). Workers are urged to be aware of the appropriate referral services and disability advocates so that women with disability can be accurately and safely understood.

Income

Concern around the financial cost in accessing the services and finding appropriate accommodation and work is also a significant barrier to accessing a service. Services must be affordable or free of charge wherever possible to ensure accessibility.¹⁴⁵

In addition, migrant women who have no access to income are particularly vulnerable and at risk of not being adequately supported within the DFV sector. This group of women (primarily women who have arrived as spouses or partners of skilled migrants, asylum seekers, NZ residents who arrived after 2001 and other visa categories that have restrictions and their children) have limited exit options if they are accommodated in a crisis or transitional DFV service, which may force the service to make difficult decisions about the number of no income families that they are able to support.

In addition to the trauma resulting from DFV, women in this situation are often experiencing substantial distress due to language and cultural barriers, social isolation and, for some families, the impacts of post-traumatic stress

disorder from events experienced in their country of origin. There are fears of police, government institutions and authorities, often the perpetrator has threatened that if they seek help they will be deported and that no-one will believe them. There are a number of challenges associated with finding a support service that understands the complexities of their experience and can assist them in a culturally sensitive way.

Supporting victim-survivors of DFV in navigating the complexities of Centrelink and immigration rights and entitlements is very difficult and time consuming work which requires detailed understanding of the systems and trauma-specialist skills. Services working to good practice will establish links with specialist immigration or migrant DFV services in order to support the specific needs of migrant women with no income.

Pets

It is common in DFV situations for a perpetrator to threaten to, or actually harm, family pets.¹⁴⁶ Consequently, victim-survivors cite delaying leaving the violent relationship out of fear for the safety of their pets and the practical challenges of leaving with their animals is often overwhelming. Perpetrators have been known to lure the victim-survivor back to the home environment using the pet. It can be particularly traumatic for children to leave without the family pet, compounding the distress and sense

¹⁴⁵ Frohmader,

¹⁴⁶ Volant, Johnson, Gullone, & Coleman, 2008.

of loss already felt. Accommodation services are urged to consider providing accommodation where victim-survivors are able to bring pets with them if feasible. If not feasible (due to communal living spaces where other residents would be impacted) services/practitioners should demonstrate awareness and understanding of these issues and be encouraged to work with victims/survivors to identify and work to address the victim-survivor identified needs for pets in safety planning and case management. At a minimum, services should have contacts with their local animal shelter who will often care for the pet temporarily or can arrange foster care (such as the RSPCA's [Safe Beds for Pets](#) program).

Service barriers

A service may inadvertently appear unwelcoming, inaccessible or intimidating. The service image portrayed through front-of-house staff or promotional material may not reflect the diversity that exists in the community itself. For example, services that have a religious affiliation should be mindful that overt religious symbols can cause mistrust or uncertainty as victim-survivors may be concerned that their behaviours, actions, sexuality or own personal beliefs will be judged, or that the service will try to alter their own personal beliefs.¹⁴⁷ A trauma-informed care model is good practice, as outlined in Practice Guideline 3.

The physical distance of a service may be

problematic for women and families living in rural or remote areas. For practitioners servicing these victim-survivors, the social isolation some women and families face needs to be considered in safety planning. Services/practitioners servicing women in remote or rural areas may wish to offer casework and support over the phone or via skype (if safe phone/internet access is available and reliable), or undertake outreach work where feasible and safe to do so.

PRACTICE GUIDELINES:

2.2 SERVICES ARE ACCESSIBLE AND PROVIDE EQUITABLE SUPPORT APPROPRIATE TO VICTIM-SURVIVORS DIVERSE NEEDS

- Policies and procedures for intake and assessment use culturally appropriate language such as open ended questions to identify gender and pronoun usage.
- Information about services and programs, including eligibility, and access points are widely promoted through a variety of channels.
- Assessment of eligibility is at all times based on a non-prejudicial and consistent judgement of a person's individual needs and experiences. Under no circumstances will blanket exclusions be applied, other than those related to the documented function of the service, e.g. a man is seeking access to a women's refuge.

- The response time to requests for services is appropriate to the level of need and risk.
- Staffing and management structures and composition reflect the diversity within the broader community, however this should never lead to an assumption that clients will always want to work with a staff member from the same cultural background.
- The service adopts inclusive policies that encourage victim-survivors from a diverse range of backgrounds, cultures and experiences to seek support, and highlight these policies through participation in programs such as the Safe Place Program, that demonstrates to the community that the service is welcoming, supportive and actively engaged with LGBTIQ communities.¹⁴⁸ Services actively engage in learning about the cultural or religious practices of the victim-survivor and try to accommodate these.
- The service has procedures and risk management plans that are reflective of the cultural sensitivities of victim-survivors.
- The service has a policy and procedures on disclosure of trans* identity in making any referrals (ie when disclosure is necessary and when it is not), and confirms this with the victim-survivor before doing so.
- The service assists and supports women who have no access to income, and works collaboratively with other services to support their needs. If feasible, the service provides crisis or transitional accommodation, the service works to support women to present regardless of how many other women who have no access to income are residing there. The service supports women with no access to income financially during this period.
- If possible, the service provides multiple entry points – this may include soft entry points such as hosting community classes, providing a space for community women only, playgroups, cooking or craft classes etc.
- The service (if feasible/possible) offers child minding onsite to increase accessibility as victim-survivors may lack other child care options which may preclude them from attending a service.
- Services are free of charge or take into account the victim-survivor's ability to pay and does not discriminate or prohibit assistance to clients with no or limited income.
- The service has guidelines about the use of professional accredited interpreters, including the avoidance of using children and other relatives, and promotes the use of female interpreters wherever possible.

- The service provides disability access and is wheelchair accessible. If a service is not wheelchair accessible, measures are put into place so that the victim-survivor can still receive support in an appropriate environment.
- Materials and promotion activities are accessible and the service is well connected to disability specialists that can assist in working with clients who may have access issues.
- The service provides access to information and resources in a range of languages and formats. Written information is explained and contextualised, as its content and the unknown expectations related to it may bring on anxiety. Explanations of written information are clear and concise.
- Services actively work to highlight their inclusivity and accepting nature through the use of promotional material that promotes cultural, ethnic, sexual and/or gender diversity. This may include: a welcome poster in a variety of languages and a rainbow flag or poster.
- The service collects data on the diversity of victim-survivors to inform and tailor good practice responses and service design.
- The service undertakes an annual review of barriers to access reflecting on data collected.
- The service has a diverse group of people in its governance and advisory structures.
- The service explores a range of communication tools to overcome barriers to access and service delivery, including the use of online or telephone services. Safety and the preference of the victim-survivor must be considered first and foremost. Services that use the internet and social networking sites for service promotion and/or service delivery, should develop strategies to promote increased understanding and awareness of the importance of internet safety for people experiencing domestic and family violence. A safety plan when using online services must be carried out prior to use.

2.3 WORKERS HAVE A THOROUGH UNDERSTANDING OF THE DIVERSITY AND INTERSECTIONALITY OF VICTIM-SURVIVOR EXPERIENCES AND ARE AWARE OF AND SENSITIVE TO ANY SPECIFIC NEEDS OR PRACTICES ASSOCIATED WITH DIVERSE COMMUNITIES.

- Workers develop and maintain links, points of access and clear referral pathways with other specialist services so that victim-survivors can choose to access a service to suit their needs. For example a specialist DFV service, a community-based service (eg. a local Aboriginal and Torres Strait Islander organisation or a statewide LGBTIQ service) and/or a mainstream service (health, housing, GP etc). Victim-

survivors may choose to be supported by more than one service.

- Workers give the victim-survivor choice of a caseworker or a service that meets their needs wherever possible. It may not always be appropriate to assign a worker with the same ethnicity/cultural background as the victim-survivor. Some women might engage successfully with a worker only when she shares the same cultural knowledge and language, and knows her community, other women may actually seek out or engage with a worker who does not belong to her community nor share her ethnic or cultural background.¹⁴⁹
- Workers demonstrate that they value victim-survivor's knowledge and life experiences.
- All workers receive ongoing training in cultural diversity, safety and practice – specifically in relation to working with culturally diverse, Aboriginal and Torres Strait Islander and LGBTIQ communities and women with disability (including working with AUSLAN sign interpreters).
- Workers are aware of their own professional limitations and self-reflect regularly to uncover unconscious bias. In this way, workers consider how their beliefs and values inform their words and actions and in what ways they are inclusive or exclusive of others.

2.4 SERVICES ARE WELL KNOWN WITHIN THE COMMUNITY FOR THE POSITIVE WORK THEY DO

- The service connects with local agencies, community groups and relevant organisations, and attends and contributes to inter-agency forums regularly.
- The service has written information about its role and services offered, distributed in a variety of media and languages.
- The services has strong connections within the local community.

2.5 SERVICES PROVIDE CULTURALLY SAFE AND APPROPRIATE PRACTICE TO ENSURE ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN AND FAMILIES IMPACTED BY FAMILY VIOLENCE ARE ABLE TO BE SUPPORTED AND ASSISTED

- Workers proactively work to build trust in Aboriginal and Torres Strait Islander communities and with Elders and community members.
- Positive relationships and consultation with Aboriginal and Torres Strait Islander specific services and/or Aboriginal and Torres Strait Islander victim-survivors occurs so that families impacted by DFV feel safe in accessing the service and know that confidentiality will be respected.
- All service staff have ongoing training on working with Aboriginal and Torres Strait Islander women, children and families delivered by Aboriginal people.

- All staff have training on culturally appropriate practice and working with victim-survivors impacted by intergenerational trauma, dispossession of land and traditional culture, racism and vilification, alcohol and drug abuse, the effects of institutionalisation and child removal policies and economic exclusion and entrenched poverty.
- Victim-survivors have a choice of Aboriginal and Torres Strait Islander or non-Aboriginal and Torres Strait Islander workers (staff are mindful that family connections may inhibit Aboriginal and Torres Strait Islander women and families experiencing DFV from wanting to work with Aboriginal and Torres Strait Islander staff).
- Workers all obtain a thorough understanding of the inherited grief, trauma and loss of Aboriginal and Torres Strait Islander peoples
- Workers complete training in, and a thorough understanding of, Aboriginal and Torres Strait Islander communities having complex family and kinship networks

3. TRAUMA-INFORMED PRACTICE

Working in a trauma-informed way with people impacted by violence is best and standard practice for this sector.¹⁵⁰ This means adapting practice that aligns with a strengths-based framework grounded in an understanding of, and responsiveness to, the impact of trauma. Practice should

emphasise physical, psychological, and emotional safety for both practitioners and survivors, and create and nurture opportunities for survivors to rebuild a sense of control and empowerment.¹⁵¹ Victims of DFV generally live in fear of ongoing threats and acts of violence and abuse. Different forms of violence and abuse may co-occur but because they often stay hidden, with many incidents and violent tactics often not appropriately acknowledged or addressed. Violence and abuse can often have severe, pervasive and lifelong effects on victims/survivors health, 'identity, relationships, expectations of self and others, ability to regulate emotions and view of the world'.¹⁵² Trauma profoundly affects thoughts, beliefs and behaviours, and an understanding of the effects trauma, trauma reactions and trauma-informed practice is essential for all people working with victims/survivors.

These guidelines support the core principles of trauma-informed care/practice as outlined by the United States of America National Centre for Trauma Informed Care (NCTIC). These are:

- Understanding trauma and its impact on individuals, families and communal groups
- Promotion of safety
- Ensuring cultural competence
- Integrated care
- Enable recovery
- Support client control¹⁵³

¹⁵⁰ RDVSA, 2016

¹⁵¹ Blue Knot Foundation 2016

¹⁵² Elliott et al. 2005

¹⁵³ SAMHSA, 2015.

Ensuring that workers have a solid understanding of these principles is vital. Services that work from a trauma-informed framework ensure that every aspect of the service, management and program delivery systems is assessed and modified to include an understanding of how trauma affects the life of those seeking support and the workers delivering the care.¹⁵⁴

Understanding trauma and its impact on individuals, families and communal groups

This expertise is critical to avoid misunderstandings between staff and victim-survivors that can re-traumatise individuals and cause them to disengage from a program. Two strategies promote understanding of trauma and its impacts: trauma-informed policies and training. Trauma-informed policies formally acknowledge that victim-survivors have experienced trauma, commit to understanding trauma and its impacts, and detail trauma-informed care practices. Ongoing trauma-related workforce training and support is also essential. For example, workers need to be trained in the impacts of trauma and the affect that trauma has on a victim-survivor's ability to make decisions or respond appropriately in certain circumstances. Core support activities for staff include regular

supervision (individual and group), team meetings and staff self-care opportunities.

Burnout and Vicarious trauma

Vicarious trauma' is a psychological term used to refer to changes in a person that can occur when they are repeatedly exposed to traumatic material.¹⁵⁵ It is the cumulative transformative effect on a person who has secondary exposure to traumatic events. In this way, workers in the DFV sector are highly likely to experience some form of vicarious trauma throughout their careers.¹⁵⁶

Employers play an important role in acknowledging that DFV workers may experience vicarious trauma and have an obligation to ensure that appropriate actions and strategies are in place to respond to it. Vicarious trauma may consist of short-term reactions, or longer-term effects that continue long after the work has finished. Some have even argued its effects are potentially permanent.¹⁵⁷ Managing the risk of vicarious trauma is an important part of Workplace Health & Safety (WHS) responsibilities and should be embedded within the service's policies and procedures. It is vital that services recognise that vicarious trauma is a serious clinical issue requiring a therapeutic intervention. Professional external supervision is recommended, and professional supervisors may also

¹⁵⁴ SAMHSA, 2015.

¹⁵⁵ Morrison, 2007; RDVSA, 2016.

¹⁵⁶ RDVSA, 2016

¹⁵⁷ Mouldern & Firestone, 2007.

offer phone, online and Skype sessions if locality is an issue for workers.¹⁵⁸ Providing workers with professional avenues to process this trauma is good practice (such as professional supervision), as well as a space to debrief with colleagues and management. It is important for services to provide culturally appropriate professionals to undertake external supervision with staff, and ensure that staff are able to vet or choose wherever possible their supervisor.

Services must also be aware of the risks regarding workers burnout, which can lead to vicarious trauma. Burnout is linked to cumulative stress, work-related dissatisfaction, a sense of hopelessness and inefficacy. It can lead to serious emotional and health problems. Services are encouraged to promote 1800 RESPECT as a services workers should use when feeling burnt out. This service should particularly be encouraged for workers in rural or regional areas where access to professional support or supervision may be limited.

To reduce the risk of burnout, services working to best practice will work to foster resilience in the workplace, and encourage informal supervision such as providing a space to unwind and debrief,

opportunities to exercise on lunch breaks and other self-care activities. Good practice services will also encourage positive and friendly office relationships. Collegial support is a key element in sustaining and developing resilience in workers.¹⁵⁹

Promotion of Safety*

***also see Principle 1 – Safety and Wellbeing**

Individuals and families who have experienced trauma require spaces in which they feel physically and emotionally safe.¹⁶⁰ Service providers have reported that creating a safe physical space for their clients/consumers includes having made them feel welcome (e.g. through tours and staff introductions), providing full information about service processes (in their preferred language), providing a safe and well-presented child-friendly areas and engaging play materials, and being responsive and respectful of their needs.¹⁶¹ The literature agrees that the physical environment of support services (drop in centres, intake room, crisis or other accommodation settings), is very important to anyone experiencing trauma.¹⁶²

¹⁵⁸ Bell, H., Kulkarni, S., & Dalton, L. 2003

¹⁵⁹ McCann et al. 2013; Regehr, 2005; Jenkins, 2002.

¹⁶⁰ Atkinson, 2013.

¹⁶¹ Van de Kolk, 2007; Shaw, 2010; Benevolent Society, 2010.

¹⁶² Guarino et al. 2009; SAMHSA, 2015; Atkinson, 2013

Ensuring Cultural Competence

Culture plays an important role in the management and expression of traumatic experiences and identification of the most effective supports and interventions.

Culturally-competent services are respectful of, and specific to, cultural backgrounds. Such services may, for example, offer opportunities for victim-survivor to engage in cultural rituals, speak in their first language and offer specific foods or assist clients to source them. Culturally-competent staff are aware of their own cultural attitudes and beliefs, as well as those of the individuals, families and communities they support. Services working to good practice will support the choice of a victim-survivor to meet with and discuss matters with her religious or community leader, and will provide advice on how to do this safely. Workers should strive to be alert to the legitimacy of inter-cultural difference and able to interact effectively with different cultural groups.

Integrated care

Integrated care involves bringing together all the services and supports needed to assist individuals, families and communities to enhance their physical, emotional, social, spiritual and cultural wellbeing. This is important so that victim-survivors do not have to necessarily re-tell their story (ie through established information sharing practices). Integrated care models also provide assist in

providing holistic wrap around support to better assist the victim-survivor's wellbeing and safety.

Enable recovery

Trauma-informed services empower individuals, families and communities to take control of their own healing and recovery. They adopt a strengths-based approach, which focuses on the capabilities that individuals bring to a problem or issue.¹⁶³

Support client control

Trauma-informed practice enables victim-survivors of trauma to be supported to regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy.¹⁶⁴ Service systems should be designed to keep individuals well informed about all aspects of their support, with the individual having opportunities to make daily decisions and actively participate in a healing process appropriate to their needs.

The move to make all services therapeutic and trauma-informed brings with it workforce implications in terms of training and qualifications. There are a series of courses that explore trauma, attachment and resilience and trauma-informed support. As a minimum requirement all staff must have ongoing training in working in a trauma informed way.

¹⁶³ kinson, 2013, Havig 2008.

¹⁶⁴ Aitkinson, 2013; Benevolent Society, 2010;

Training courses focused on counselling and therapy will also be relevant to caseworkers and managers. A good practice response would be to ensure all staff are adequately trained in courses such as these and feel confident working in a trauma informed manner.¹⁶⁵

PRACTICE GUIDELINES

3.1 SERVICES ARE COMMITTED TO WORKING IN A TRAUMA INFORMED WAY THAT ALIGNS WITH A STRENGTHS-BASED FRAMEWORK

- Trauma-informed policies formally acknowledge that victim-survivors have experienced trauma, commit to understanding trauma and its impacts, and detail trauma-informed care practices. Ongoing trauma-related workforce training and support is a core part of practice.
- The service has created and maintains a safe physical space for victim-survivors.
- The service provides a safe and well-presented child friendly area and engaging play materials
- The service is welcoming, friendly, respectful and responsive to the specific needs of the victim-survivor.
- The service works collaboratively with other agencies in order to best support and assist victim-survivors physical, emotional, social, spiritual and cultural wellbeing.

- Workers and management are trained in trauma-informed practice, and at a minimum receive training on attachment and resilience and trauma-informed support.
- Services are respectful of, and provide responses specific to, a diverse range of cultural backgrounds and beliefs. This includes providing culturally and linguistically appropriate support, and ensuring the culture, religion and beliefs of the victim-survivor are considered in all work.

3.2 WORKERS HAVE A THOROUGH AND NUANCED UNDERSTANDING OF THE IMPACTS OF VIOLENCE AND VICTIMISATION ON A PERSON'S DEVELOPMENT AND THEIR CAPACITY

- Encourage victim-survivor to determine if and when they choose to address their trauma.
- Have a nuanced understanding of intergenerational trauma
- Support families who are experiencing complex trauma.
- Workers are able to explain how trauma impacts a victim-survivor's cognitive, emotional and behavioural responses and how this may affect a victim-survivor's ability to make decisions or respond appropriately in certain circumstances.

3.3 SERVICES ADDRESS THE IMPACTS OF VICARIOUS TRAUMA ON STAFF

- As a minimum, the services has guidelines in place to manage the risk of vicarious trauma as part of its Workplace Health & Safety (WHS) policy, this may include a self-care or 'worker wellbeing' budget for staff to manage stress, burnout and vicarious trauma.
- The service enables access to trauma support services and professionals regularly. Services are encouraged to enforce regular external supervision within staff work plans to mitigate risk of vicarious trauma and ensure all workers know they can contact 1800 RESPECT at any stage to discuss feelings of burnout, stress or trauma. Managers should ideally have a different external supervisor to their staff. In addition, any professional external supervision should be culturally appropriate where possible. The Australian Counselling Association has standards a professional has to meet to be a Supervisor – services should look to this for guidance.
- The service encourages staff to attend training on vicarious trauma. A good practice service will ensure all management staff undertake this training and are aware of triggers and warning signs of burnout or vicarious trauma workers may display.

- The service has a standing agenda item at team meetings to discuss staff emotional wellbeing and health.
- Executives and/or other team leaders or managers frequently check in with staff around their emotional wellbeing and debrief regularly.
- Services support peer debriefing and foster resilience by allowing staff to regularly debrief each other and promoting staff wellbeing activities (such as team lunches, allowing staff to exercise at lunch, considering allowing a pet friendly workplace where practical and appropriate etc).

4. VICTIM-SURVIVOR CENTRED PRACTICE AND EMPOWERMENT

Working from the perspective of the individual seeking support or assistance has long been acknowledged as best practice in the domestic and family violence sector.¹⁶⁶ Victim-survivors accessing support are to be offered services that are focused on meeting their needs and are delivered using principles of empowerment. This being that DFV services work with victim-survivors to build on their strengths and enhance their capacity to make informed decisions and exercise their right to self-determination without coercion and free from judgement.¹⁶⁷ Every service response must be built around the needs of the individual rather than a programmatic or

¹⁶⁶ ASSW, 2008

¹⁶⁷ DVVIC, 2006

predetermined service offer or practice model. Services and practitioners operate from a position of listening and believing, and drawing on the strengths and resources of the victim-survivor. Following information gathering and assessment, responses will reflect processes that assist victim-survivors to explore options in a non-judgmental atmosphere, and make their own informed choices about their circumstances. Service providers are expected to respect diversity and to value difference.¹⁶⁸

The principle of empowerment reflects a particular style of response to victim-survivors by workers, as well as a particular style in which information is to be delivered to those accessing services. Empowerment as a work practice is a process of 'enabling' the victim-survivor rather than taking a position of power by determining decisions and/or outcomes for the victim-survivor wherever possible.¹⁶⁹ The underlying assumption is that every person is entitled to be treated with dignity and respect and be supported to make their own informed decisions. Services will work in a way that promotes victim-survivors to experience a sense of being in charge of their lives, this entails regarding the victim-survivor as the 'expert on their own life'.¹⁷⁰

A good practice response would see victim-survivors offered services which

are focused on meeting their needs and providing the opportunity for exploring their options in a non-judgmental atmosphere.¹⁷¹ Victim-survivors must be believed when they disclose violence and abuse and be supported to make their own choices.¹⁷² It is also vital that victim-survivors do not have to re-tell their story multiple times to different workers or services, this can amplify the trauma.¹⁷³ The focus for service provision should be on acknowledging a person's experiences, recognition and enhancement of personal resources, assistance in identifying the risks faced in the victim-survivor's individual situation and practical support for the development of strategies that maximise their safety and well-being.¹⁷⁴

Practitioners acknowledge that when people are in vulnerable and/or unsafe situations their capacity for decision making may be reduced whilst also recognising this does not entitle the worker to make decisions for them but rather invites the practice of empowerment and acknowledges that victim-survivors are not a homogenous group.¹⁷⁵ It is important that services are responsive to the specific needs of their community and consider the appropriateness of workers in terms of gender, race, language and competencies in order for the needs of the community to be met.

¹⁶⁸ Western Australian Government, 2000

¹⁶⁹ DVVIC, 2006; Seeley & Plunkett, 2002.

¹⁷⁰ Women's Health NSW, 2006.

¹⁷¹ QLD Department of Families, 2003; No to Violence, 2015.

¹⁷² National Council to Reduce Violence Against Women and their Children, 2009.

¹⁷³ Platt, Barton & Freyd, 2009.

¹⁷⁴ Shaw, 2010; DVVIC 2006.

¹⁷⁵ Hopper, Bassuk & Olivet J. 2010.

PRACTICE GUIDELINES

4.1 THE SERVICE ENSURES THAT ALL VICTIM-SURVIVORS OF DFV ARE AT THE CENTRE OF ALL DECISIONS RELATING TO THEM

- Victim-survivors are offered a range of services focussed on meeting their needs.
- Services have policies that clearly promote the rights of the victim-survivor (such as a charter of client rights), and practitioners work to ensure victim-survivors are aware of their rights, provide victim-survivors with information about available options for meeting their needs and assist them to identify options to meet those needs (Further information on this can be found at Principle 8).
- Victim-survivors have a right to choose and refuse services that are offered. If a victim-survivor wishes to make a complaint, that there is a clear and easy mechanism in place within the service for this to occur.
- Workers review case plans on a regular basis (ie whenever goals are progressed, or the worker meets with victim-survivor), and ensure the victim-survivor decisions and ideas are thoroughly integrated into their case planning and review.
- Intake and assessment processes take into account trauma and safety, needs and goals, risk and information sharing

processes.

- Workers ensure autonomy over the decisions that impact victims/survivors lives, and actively promote the principle that the victim-survivor is the expert in her own life. Workers respect this expertise and acknowledge that this is fundamental to her safety.
- The service encourages a culture of reflection, whereby workers are encouraged to identify any unconscious bias that may cause them to be judgemental towards a victim-survivor's choices or priorities.

4.2 THE SERVICE WORKS FROM AN EMPOWERING AND STRENGTHS BASED FRAMEWORK, AND WORKERS TREAT ALL VICTIM-SURVIVORS WITH RESPECT, DIGNITY AND SENSITIVITY.

- Holistic, strengths-based, empowering approaches are utilised in service provision.
- Services have systems, processes and partnerships in place to minimise the need for the victim-survivor to retell their story.
- Workers provide positive support relationships with women and families so that children's safety is discussed in a supportive way.
- Workers understand the complexity of DFV, the impacts of trauma and barriers to achieving safety.

- Workers validate the experience of the victim-survivor and never put pressure or blame on them, even if they take action the worker does not think is in the best interests of the victim-survivor.
- Workers are transparent about their role and the capacity in which they can assist the victim-survivor, including limitations of the work and the worker/victim-survivor relationship.
- The service ensures no disadvantage to a victim-survivor in receiving additional support or assistance if they choose not to engage at the present time.
- Workers have a comprehensive understanding of the way DFV affects and impacts children, and is able to present this information clearly to the parent and child if appropriate.

5. CONFIDENTIALITY & INFORMED CONSENT

Confidentiality and privacy is key when working with women and families experiencing DFV. A breach of confidentiality can be dangerous and detrimental to a victim-survivor's safety, as well as having potential implications for the service, worker or other clients. In addition, victim-survivors trust workers with highly personal information and have a right to expect that this will be kept in confidence and used only for the appropriate purposes.

In addition to worker's ethical obligations to maintain the privacy and confidentiality of victim-survivors there are also a number of legislative and regulatory obligations to which practitioners and services must comply such as the NSW and Commonwealth privacy legislation, the NSW Crimes (domestic and personal violence) Act Chapter 13 A and the related **Domestic Violence Information Sharing Protocol**, Chapter 16A of the Children and Young Persons (Care and Protection) Act and other relevant interagency or program guidelines. Privacy laws control the ways in which personal information, including sensitive information and health

4.3 THE SERVICE RECOGNISES CHILDREN AS CLIENTS IN THEIR OWN RIGHT

- At a minimum organisation's policies, procedures and practice should adopt a Child Safe approach as articulated by the Office of the Children's Guardian¹⁷⁶
- The service works with children as victim-survivors in their own right wherever possible including individual case, risk and safety planning, support for children and young people's trauma and trained, specialist workers to support children.
- The service has links with other agencies that can support the wellbeing and continued development of the child/ren if the service is unable to provide this support while working with the parent/guardian/carer.

¹⁷⁶ Office of the Children's Guardian, Becoming a Child Safe Organisation. NSW <http://www.kidsguardian.nsw.gov.au/child-safe-organisations/become-a-child-safe-organisation>

information, is collected, used, stored, shared and disposed of.¹⁷⁷

Guiding principles relevant for good practice in the DFV sector as outlined in the NSW Department of Justice Domestic Violence Information Sharing Protocol¹⁷⁸ are:

- The safety of victims and their children is paramount.
- Individuals have rights to both safety and privacy, but where these rights are in tension, victims' safety comes first.
- There is a presumption that informed consent to share information must be sought and obtained from victims. However, there are some limited exceptions to the requirement for consent.
- Victims can choose the service providers with which they engage.
- Victims have the right to receive domestic violence support services without consenting to information sharing.
- Victims have the right to access information held about them by service providers, and are able to correct that information. Information shared must be secure, timely, accurate and relevant.

Within each service, it is important that clear protocols are established to advise victim-survivors of situations where their right to confidentiality may be limited.

For example, that workers inform victim-survivors that in specific circumstances courts can subpoena worker's case notes and information held by the service. Victim-survivors must be fully informed about what information is collected and recorded by the service, the boundaries of privacy and confidentiality and their access to the information, how the information is used by the service and the procedures used to ensure consent.

For people living in rural and remote areas, concerns about privacy and confidentiality present an additional barrier to seeking assistance as locations are often less hidden than in metropolitan areas, and residents are often well known to each other. Even in urban areas, where a population is relatively small and connected, the local police officer may know a victim-survivor and the perpetrator (or both). CALD, Aboriginal, LGBTIQ and other community members regularly fear that confidentiality will be breached by service providers or authorities. Services have an obligation to address these issues with victim-survivors in the initial stages of intake, to be honest about any limits to confidentiality, and have strategies in place to reduce any conflict of interest or breach of confidentiality.

¹⁷⁷ Department of Human Services, 2004

¹⁷⁸ NSW Department of Justice, 2016

PRACTICE GUIDELINES

5.1 VICTIM-SURVIVORS HAVE THEIR RIGHT TO CONFIDENTIALITY AND PRIVACY RESPECTED AND OBSERVED

- The service has a set of policies on confidentiality that explain to clients the limits and services' philosophy on confidentiality and support practitioners' adherence to the numerous legislative, regulatory and funding obligations.
- The confidentiality policy is explained to the victim-survivor in a language in which they can understand.
- The service has a mechanism for feedback regarding their understanding of the policy including limitations of confidentiality.
- Services information management and sharing processes must respect client autonomy and promote involvement in decision making processes. This includes seeking clients' consent and involvement in the collection, use and sharing of their personal information wherever it is safe, lawful and possible to do so and not just as required by law. Consent must be voluntary, informed, specific, current and provided by someone with the capacity to do so.¹⁷⁹
- Services and practitioners who have or are intending to share or disclose personal information without consent because of its duty of care or other legal obligations, should endeavour to, wherever it is safe to do so, inform the client/s and seek their involvement.
- Wherever possible, fully informed written and verbal consent is obtained for each victim-survivor. Where it is possible to gain only verbal consent, workers clearly document in case notes the circumstances in which consent was obtained.
- Wherever possible, workers ensure exchanges between workers and victim-survivors occur in a private space. If an exchange occurs in a public space (whether planned or by accident), the worker will discuss preferred explanations and/or process to ensure victim safety and confidentiality.
- As part of its confidentiality policy, the service has a policy on not 'outing' victim-survivors who disclose information relating to their gender, sexuality or health.
- Sexual assault communication privilege – reference to legal advice service at legal aid that deal with this particular issue.

5.2 VICTIM-SURVIVORS ARE INFORMED OF SITUATIONS WHERE CONFIDENTIALITY MAY BE LIMITED

- Each worker understands where limitations of confidentiality exist, and is able to talk this through with the client it pertains to.
- The service provides clear guidance to the victim-survivor on the importance of privacy and confidentiality (such as not disclosing location and identity) to protect her safety and the safety of others
- The service policy on confidentiality considers issues relating to limitations, including reporting of suspected child abuse or neglect, the share and exchange of information with other services/agencies, protocols pertaining to a breach in confidentiality, discussion of the case in supervision or team meetings, subpoena of information by courts etc.
- Where possible, workers allow a range of options and flexibility for meeting times and locations to ensure both safety and confidentiality is maintained.

5.3 THE SERVICE HAS SECURE RECORD-KEEPING PROCEDURES

- The service has a policy on record-keeping and advises victim-survivors of this policy and their rights to access and request amendment of personal information held by the agency.

- The service ensures all files, records and case notes are secured safely - including electronic information
- The service has taken appropriate security measures to prevent any records from being seen, used, copied or removed by anyone who does not have the authority (this includes electronic security measures)
- Clear guidelines exist on who can access this information (who has the authority), the process victim-survivors must follow to gain access to these records and details of when and how the records will be destroyed.

5.4 ALL WORKERS ARE AWARE OF AND OBSERVE LEGAL AND ETHICAL OBLIGATIONS IN RELATION TO CONFIDENTIALITY AND PRIVACY

- Information is recorded accurately.
- Workers are able to prepare legible court reports and provide evidence, which focuses on the best interests and safety of the victim-survivor and her children.
- The service has a Code of Ethics or Code of Conduct and all workers have received training or information about what this entails
- The service has clear protocols in place regarding exchange and disclosure of information relating to children, including policy and procedure guides responses to requests from

parents and particularly perpetrators for information regarding children. The child's safety best interest is of paramount consideration. Workers should consider how the provision of information may impact the perpetrators behaviour and carefully analyse the context of the family dynamic in both the past and present. It is recommended that services seek legal advice in the development of these policies and procedures and document all communication clearly.

6. NON-JUDGMENTAL SUPPORT

A crucial part of DFV service delivery is to provide a welcoming, non-judgmental, safe and inclusive space for victim-survivors. Ensuring that workers treat victim-survivors with respect is essential. Workers are required to establish a trusting, empowering and supportive relationship with victim-survivors and ensure all communications and engagements are undertaken with sensitivity, care and dignity. Victim-survivors must be treated as individuals and are not be stereotyped according to cultural background, sexual preference, religion, professional, age or any other affiliation. Ensuring a victim-survivor's safety may at times also mean ensuring that she is safe from prejudice or discrimination from other service users.

Victim-survivors return to violent

relationships for a multitude of complex reasons and it is important that workers understand this and resist any judgment associated with this. Questioning a victim-survivor's choice to stay or return may result in them disengaging from the service – putting her safety at further risk. It is important that all workers are aware of their own biases and the impacts that individual experiences and beliefs may have.

It is important that all aspects of service provision reflect a commitment to a victim-survivor's right to self-determination and empowerment. Services should ensure mechanisms for feedback from victim-survivors to including an accessible complaints mechanisms as required by funding bodies and the **Community Services (Complaints Review and Monitoring) Act 1993 (CS-CRAMA)**. Other opportunities or processes for feedback processes may include but are not limited to victim-survivor advisory groups, case review process, satisfaction surveys are distributed to victim-survivors upon exiting a service.

PRACTICE GUIDELINES

6.1 SERVICES SUPPORT, LISTEN TO, AND RESPOND TO ALL VICTIM-SURVIVORS IN A RESPECTFUL, DIGNIFIED, SENSITIVE AND NON-JUDGMENTAL WAY

- Workers ensure victim-survivors receive empathetic and accepting support that targets their individual needs.
- The victim-survivor is provided with information about their right to be treated with respect and without judgment by the worker.
- Workers ensure positive and effective referral pathways to other services.
- The service has policies and practice in place that nurture victim-survivor choices rather than victim-blaming. For example, a victim-survivor is believed when telling her story, and her goals and plans for the future guide her case plan. The service ensures the victim-survivor signs off on this case plan and reviews it regularly with the practitioner so that it aligns with her goals.
- Workers accept what the woman says without being judgmental and never blames the victim-survivor for the violence.
- Workers understand the complex and personal reasons around why women return to violent relationships, and do not judge a woman's reasons for remaining in a violent relationship.
- Workers validate and acknowledge

the victim-survivors experience and supports her choices.

6.2 ALL WORKERS NEED TO ENSURE NON-BIASED AND NON-JUDGMENTAL ENVIRONMENTS ARE NURTURED

- Services incorporate regular peer and external supervision.
- Services regularly undertake case reviews as a team.
- Services that are affiliated with a religion are mindful and cautious that those who do not hold the same religious beliefs may fear judgment or pressure to adopt similar religious beliefs. Historically, religion has been used as a tool to control women's identity and choice. Practitioners should be mindful of this, and highlight to victim-survivors that beliefs will not be imposed on them.
- Workers attend regular training on working with victim-survivors with diverse needs including cross cultural training, working with interpreters, issues for LGBTIQ people impacted by DFV, women with disability, women with mental health issues and young women and mothers.
- The service has mechanisms for feedback and client complaints regarding their experiences with the service.
- Workers respect the victim-survivors beliefs and values.

- The service provides a variety of programs, strategies and resources to meet the diverse needs of victim-survivors, including telephone and face to face crisis support, information and referrals to appropriate services, advocacy, support and counselling, group work, outreach and follow up work.

6.3 WOMEN AND THEIR CHILDREN ARE EMPOWERED TO IDENTIFY AND EXPRESS THEIR NEEDS AND MAKE DECISIONS IN A SUPPORTIVE AND INCLUSIVE WAY

- The service addresses concerns in an empowering, non-judgmental way.
- Workers utilise a strengths-based approach, particularly when working with survivors of trauma
- Services systems, processes and practices uphold and promote victims/survivors rights and seek to increase victims/survivors awareness and promotion of these rights.
- The service works with victim-survivors who have complex or multiple diversities (eg. mental health, sexuality, gender diversity, AOD, culture), or has clear referral pathways and links to other appropriate specialist services
- The service has links and/or collaborates with multicultural services to support any cultural needs CALD victim-survivors may have, and to ensure cultural competence among workers.

7. COLLABORATION

Multidisciplinary collaboration has been highlighted as a significant cornerstone of good practice in services working with clients impacted by domestic and family violence. Good practice responses to women and families impacted by violence means services must work collaboratively, with respect for difference and specialisations and in a coordinated way. It is vital that services are part of community networks and do not work in isolation.¹⁸⁰

In order to establish and maintain effective, professional and collaborative working relationships services must regularly liaise and network with other key agencies including health services, local police, legal services, court support, translation services, youth services, domestic and family violence networks and other interagencies and other homelessness services.¹⁸¹ Good practice means having mechanisms in place that delineate referral processes and pathways, and opportunities for staff to develop and maintain strong working relationships with other local agencies.¹⁸² Taking time to network and frequently communicate with other agencies is important to allow for better outcomes for victim-survivors, as well as to improve practice responses. Where appropriate, services should coordinate cases and co-case manage victim-survivors who present with complex issues. For example, having a strong relationship with a local mental health

¹⁸⁰ Stewart, Lohar & Higgins, 2011; Qld Department of Families, 2003.

¹⁸¹ Bromfield et al, 2010; Western Australian Government, 2000; Qld Department of Families, 2002.

¹⁸² McUlllock et al. 2016; Hampshire, Hunt & Winterton, 2005.

agency, an organisation that can provide specialist legal support and being able to link a woman and her children in with a child and wellbeing support group could greatly improve immediate and longer-term client outcomes. Collaboration provides opportunity to respond not only to the violence and trauma but the complicating and contributing factors often co-occurring in these complex cases (for example: homelessness, substance misuse, mental health issues, language and cultural barriers etc).

Good multidisciplinary collaboration also encompasses the appropriate sharing of information and integrated thinking to enable comprehensive risk assessment and consideration of all matters pertaining to a victim-survivor (and any child's) wellbeing. This can take the form of referrals; formal reporting mechanisms; case conferences; information sharing and joint planning processes. It may involve anything from a simple telephone call to following an extensive range of interagency protocols.

DFV workers must have a thorough knowledge of, and access to, both specialist and mainstream agencies and organisations responding to DFV in their local area. Working in isolation of agencies that are also involved, or who need to be involved, in the response can lead to fragmentation, duplication and lack of critical information for establishing the immediate and future risks to those

experiencing trauma. Good practice means each professional performs their role with reference to, and respect for, other roles - ensuring that the collective wisdom of a wide range of expertise is brought together to resolve a complex issue. Services must have clear processes for dealing with disputes or grievances that arise between agencies or services.¹⁸³

Good collaboration requires articulation of shared aims and understandings and processes for working productively in order to achieve the safety and wellbeing of victim-survivors. Working effectively means building trust, respecting the expertise of each other, being open and transparent, and building respect for each other's work and practice style.

PRACTICE GUIDELINES

7.1 SERVICES RESPONDING TO DFV ARE COMMITTED TO IMPROVING THEIR SERVICES, AND THE OUTCOMES OF VICTIM-SURVIVORS, THROUGH GREATER COORDINATION, COLLABORATION AND INTEGRATION

- The service regularly participates in interagency and network meetings and are part of community networks
- The service has strategies in place for working collaboratively with key partners within their local area to improve outcomes for women and families
- Workers skilled in client focused case conferencing, co-case manage victim-

survivors and, where appropriate, share information on a case by case basis (subject to the requirements of the privacy legislation).

- Services have strong links with local youth services, multicultural services, Aboriginal and Torres Strait Islander services, services that specialise in working with people with disability, as well as LGBTIQ specialist services.
- The service has formal partnerships in place built upon a mutual understanding of roles and responsibilities and the shared goal of increased safety for women and families.
- The service has mechanisms in place that delineate referral processes and pathways.
- There are clear processes in place within each service for dealing with disputes or grievances that arise between agencies.
- Services regularly meet to discuss how to best support victim-survivors and appropriately share information to enable comprehensive risk assessment and consideration of matters relating to the safety and wellbeing of victim-survivors.
- Where relevant, there are clear pathways or referral line for victim-survivors to be referred after hours or on weekends
- Services commit to working with NSW Police Force, Child Protection, Local Coordination Points and participating in Safety Action meetings and other case coordination structures.
- When co-case managing or working collaboratively with a victim-survivor, workers are willing to sacrifice their professional autonomy for the goal of practice of unity, and are open to changing organisational practice or operational procedures to meet the aims of the joint response.

8. UPHOLDING, PROMOTING AND ADVOCATING FOR VICTIM-SURVIVOR RIGHTS

Promoting and advancing the rights of victim-survivors of DFV is a core part of specialist practice. Services advocate for the needs and rights of victim-survivors at an individual level, social level and political level. Services working to good practice commit to upholding, promoting and advocating victim-survivor rights.

It is important that practitioners assist victim-survivors to identify their own needs and rights and to determine if their rights are being infringed or are not being met. Services will inform victim-survivors of the NSW **Charter of Victims Rights**, and will have a Charter of Rights available so that the services' own obligations to articulate and promote the rights of the victim-survivor is clear.

It is important that practitioners promote and uphold victim-survivor's rights and their right to self-determination, good health and wellbeing, right to participate in cultural practices, independence, safe housing, and the right to access support services regardless of their background, ethnicity, gender, disability, sexual preference, religion or culture. It may be difficult for a victim-survivor to identify their rights and whether they are being met, particularly when there is significant trauma and a range of values, ethics, beliefs and legal requirements that need to be taken into account. Many victim-survivors may not know their rights and/or identify their needs. They may not identify that their rights are being violated by a service or individual. Victim-survivors should be given clear information about the services they receive and the options they have within those services.

At an individual level, advocacy assists a victim-survivor to identify her rights and her (and her children's) needs. At all times advocacy will occur under the instruction and with implicit consent of the victim-survivor. Workers provide advocacy with the victim survivor to ensure access to, and assist with, navigation of the complexities of the justice and human service systems. At all times the individual needs of women and their children should be at the forefront of advocacy approaches. Advocacy must be culturally-informed and sensitive, using knowledge in a respectful and collaborative way to support and assist women.

Services build relationships with other key stakeholders and agencies in order to better advocate for those they are working with. Advocacy should always be undertaken with professionalism and respect, ensuring ongoing relationships with the service or agency to which they are advocating. When undertaking activities associated with systems advocacy, workers must be mindful of the broader context of the issues faced by their services and the victim-survivors they support.

Data collection is an important aspect of effective advocacy work as it contributes to building a strong evidence base to improve good practice responses and DFV policy. Undertaking data collection and analysis on a local and state-wide level across service systems strengthens advocacy efforts, thereby improving responses to DFV. It is important for workers to have an understanding of the pathways to address issues at a local government level, and connect with community to gather support. Effective data collection enables this to occur as analysis may help to highlight gaps in the community that need to be addressed (for example a lack of free mental health support groups in a region). Data analysis can also assist in identifying barriers to access and measures that might be taken to address those barriers.

It is good practice for services and workers to contribute to broader research projects and inquiries undertaken through

government, industry bodies, peak bodies and research agencies such as universities. Again, this work contributes to broader strategies to reduce DFV and contributes to building a strong evidence base to inform policy and practice.

Advocacy sits within the principles of working in a trauma informed way, using a strengths-based, victim-survivor centred approach to practice, and working collaboratively to advocate for the individual and to change systemic issues.

PRACTICE GUIDELINES

8.1 WORKERS ADVANCE THE RIGHTS AND INTERESTS OF VICTIM-SURVIVORS OF DFV AT AN INDIVIDUAL LEVEL AS REQUESTED BY THE WOMAN (AND CHILDREN) WITH HER CONSENT

- Workers advocate on an individual basis for the victim-survivors as well as advocate to enhance the system that respond to people impacted by DFV.
- Services build professional relationships with other key stakeholders and agencies to gain specialist knowledge about service systems (such as court and legal services).
- Workers use strengths-based and empowering approaches to assist the victim survivor to advocate on her own or on her children's behalf and will only advocate on behalf of the victim-survivor with her explicit consent.

- Support plans are developed and implemented with the victim-survivor that promote her right to live safely, to participate in cultural or religious practices, to speak her preferred language etc.
- The service has an up to date referral list and referral procedures.

8.2 SERVICES WORK TO INFLUENCE POLICY AND LEGISLATION TO UPHOLD THE RIGHTS OF, AND IMPROVE RESPONSES TO VICTIM-SURVIVORS OF DFV AND THOSE AT RISK.

- Services participate in policy reforms wherever possible and relevant, including responding to relevant discussion papers and submissions.
- Services collect accurate data to inform policy and practice.
- Workers are able to identify and articulate systemic issues that impact victim-survivors of DFV.
- Services and practitioners work to ensure policies, procedures and practice are in the best interests of victim-survivors of DFV and identify when this does not occur.
- Services provide support to women who wish to advocate for change in the service or the sector more broadly.
- Services work collaboratively with other agencies to push for systemic changes that will improve the lives of those impacted by DFV.

9. PREVENTION AND EARLY INTERVENTION

In 2017, the NSW government launched its **Domestic and Family Violence Prevention and Early Intervention Strategy 2017- 2021**, which provides a clear focus on preventing violence before it occurs, and intervening early to create safer lives for women, men and children.¹⁸⁴ The Strategy is designed to inform the way NSW Government agencies, non-government organisations and communities, define, design and deliver prevention and early intervention activities. These Guidelines work to complement the Strategy, and provide further guidance to assist workers and services to work to good practice.

As outlined within the Strategy, key focus areas for prevention include awareness building, promoting healthy relationships and influencing social norms. Key focus areas for services working in the early intervention space includes identification of DFV, early engagement to change behaviour and providing clear and suitable referral pathways so that support and assistance can occur.

A core element of working in the DFV sector is to challenge the tolerance of violence and violence-supportive attitudes in communities as well as raising community awareness. Services play an important role in educating the community on ways that violence can be prevented and the effects of violence on families and the broader

community. Services play an important role in shaping the environment in which they work. Best practice services are engaged in community activities and awareness-raising that support DFV prevention and early intervention and tackle the behaviours and attitudes that underpin gender-based violence. DFV is founded in cultural and personal attitudes and behaviours, gender inequality and discrimination.¹⁸⁵ Best practice services aim to improve public awareness of the seriousness of DFV, work to change cultural and community beliefs, attitudes and behaviour and respond to those at risk at the earliest possible stages. Successful DFV prevention and early intervention will only occur when agencies, government and communities stand together and commit to tackling the root causes of gender inequality and gender based violence.¹⁸⁶ Services working to good practice will collaborate with intervention programs (or may be such a service themselves) such as accredited men's behaviour change and perpetrator programs when appropriate, and engage with the local community (such as schools and health centres) to promote DFV intervention strategies.

In the past, many DFV services within NSW were primarily funded to be crisis focused. Services must be resourced and equipped to undertake early intervention and prevention work where necessary and appropriate, even if just to understand the context of the victim-

¹⁸⁴ Women NSW, 2017; Ayre, 2016.

¹⁸⁵ Our Watch 2015; Cox 2015; Johnson & Bennett, 2015; Webster et al 2014

¹⁸⁶ Our Watch 2015; 2016; Woodlock et al 2014.

survivor. Workers should have a thorough knowledge of the causes of violence, and if appropriate, be able to point to tools and strategies that help others understand that violence is a means of controlling a victim-survivor's actions, thoughts and feelings - sometimes through coercion rather than overt physical violence. They may also work with others to explain, explore and examine the intent of the perpetrator's acts of abuse and the belief system from which he operates, as well as the cultural and social contexts in which the perpetrator lives and uses violence.¹⁸⁷ Throughout this process the services reinforce that the perpetrator is accountable for the violence, and acknowledge that he must accept responsibility for the impacts that his choice to use violence has on others around him.

Services can also work to improve their responses to at risk population groups and better respond to their needs. Intersectionality is an important element in the effective prevention and early intervention in domestic violence situations. Intersectionality is about understanding a victim-survivor's lived experience and the effects of DFV in the context of those experiences and using this to tailor and improve the design and delivery of prevention and early intervention practice.¹⁸⁸ Practitioners working to good practice will have a thorough knowledge and understanding about the nature of relationships and experiences of abuse in communities

where there is higher risk of domestic and family violence and will work will improve the effectiveness of interventions.¹⁸⁹ Identifying where people are marginalised and challenging the stigma and stereotypes that lead to systemic discrimination, will improve access to information and support and reduce vulnerability to domestic and family violence.¹⁹⁰

Services should actively seek out opportunities to collaborate with other agencies and communities in order to challenge DFV and tackle the root causes of violence. Fostering positive relationships with local health and educational facilities to provide early intervention support work is recommended wherever possible.

PRACTICE GUIDELINES

9.1 SERVICES PARTICIPATE IN ACTIVITIES THAT TACKLE THE ROOT CAUSES OF VIOLENCE AND PROMOTE RESPONSIBILITY FOR VIOLENCE PREVENTION

- Services develop strategies to raise community awareness about DFV, and are actively involved in the promotion and implementation of such strategies.
- Services work closely and continuously with community groups and individuals to build their trust, gain credibility and gain their consent in working with them to improve responses to early intervention and prevention.

¹⁸⁷ Ayre, 2016

¹⁸⁸ Imkaan, Rape Crisis England & Wales, Respect, SafeLives and Women's Aid, 2016

¹⁸⁹ Women NSW, 2017; Ayre et al, 2016.

¹⁹⁰ Women NSW, 2017; Department of Social Services, 2016; Our Watch, 2016

- Services participate in community education and training programs such as Love Bites, and have strong links or partnerships with local schools, youth groups and services and educational institutions to inform early intervention and prevention strategies with children and young people.
- Workers commit to frequently building their knowledge and understanding about the nature of relationships and experiences of DFV in their local community to improve the effectiveness of interventions.
- Services lead and actively participate in community activities that address gender inequality, cultural and personal attitudes, beliefs and behaviours that undermine women.
- Services develop and/or participate in campaigns that promote the prevention of DFV, tailoring these campaigns to the needs of the community.
- Workers promote positive and healthy relationships, and promote programs that teach individual (particularly young people) the importance of those relationships
- Services embed intersectionality in prevention and early intervention practices, ensuring strategies are tailored to the diverse needs of the community.
- Services work towards shared outcomes across the human services sector (justice, police, health, child protection, social housing and homelessness services) to improve the way evidence, research, and data are embedded in policy and programs to achieve change. This includes building a strong knowledge base and rich data, while also creating effective processes for learning and evaluation to improve practice.

10. COMPETENCY, ACCOUNTABILITY AND CONTINUOUS IMPROVEMENT

Reporting and awareness of domestic and family violence has increased exponentially in the last few years and with increased reporting comes increased pressure on the human services sector to respond to DFV.¹⁹¹ Victim-survivors require quality service from appropriately skilled workers. Workers require appropriate ongoing training and professional development to ensure they are able to practice quality work. Services must be evidence-based and responsive to the needs of victim-survivors, and well-resourced to manage an often complex, stressful and emotional draining workload.

It is essential that workers have relevant competencies and are given opportunities to develop their practice as they develop specialist skills over a period of time. Services specialising in DFV will have

clearly defined roles and responsibilities that are aligned with expertise and qualifications. For example, a case worker will have formal case management qualifications and experience, while a support worker may have a lower level of qualifications, experience and may have undertaken specific training to be qualified for the role. DFV services in NSW will often have a designated intake officer – an individual who undertakes all of the services new clients. This individual is often the first person the victim-survivor has contact with, and may therefore determine if the experience with the service is positive or not. Consequently, this employee should possess a nuanced understanding of DFV and have excellent skills in risk analysis and trauma informed care. Although qualifications are important – experience is also highly valued in the DFV sector. It is important that services honour and value the experience an employee may have in the industry – so long as the employee is committed to continual improvement of practice.

The professionalism of a service is often embedded in good governance structures and management strategies. Good governance ensures services have strong and relevant organisational strategies and plans, effective operational activities, prudent regulatory compliance, thorough financial and risk management processes, structures in place to ensure staff and stakeholder engagement and communication flow and also increase

the likelihood and degree to which an organisation delivers its purpose.¹⁹²

Services must ensure they have a well-developed strategic plan that is clearly linked to outcomes. Good practice work sees services revise and review their practice and procedural models regularly, and share positive outcomes within their networks to encourage good practice. Best practice means workers have an ongoing commitment to professional development and improving their skills and knowledge on issues relating to DFV that is supported by their employers.

It is also vital that services and workers evaluate the quality of services provided and seek to continually improve practice. Services are required to meet accountability requirements of their funding body, and be committed to seeking feedback from victim-survivors on the service provided and on ways the service can be improved. Services undertake evaluation to identify or assess the effectiveness of the governing body and management; communication skills, strategies to maximise access and equity, the effectiveness of information provision, attitudes within the service and the quality of support to victim-survivors. Victim-survivor participation in service evaluation and design is an important tool with which services may monitor and address any negative power dynamics within the organisation. It is also important to ensure a diverse range of victim-

survivors participate in service evaluation to improve practice. Good practice would see services actively engaging in consultation with LGBTIQ people, migrant women, Aboriginal women and women with disability to ensure the service is able to identify needs and models of service delivery that are culturally relevant.

10.1 WORKERS HAVE THE SKILLS AND TRAINING TO WORK EFFECTIVELY WITH VICTIM-SURVIVORS OF DFV

- Workers must be provided with comprehensive training, supervision and support to ensure appropriate responses to victim-survivors. DFV specialist training (for example, the core four day training run through the **NSW Health Education Centre Against Violence**) should be undertaken within the first six months of a new staff member joining a team. Other staff should undertake additional professional development annually to ensure continuous improvement of practice.
- Workers are skilled and trained in the unique risks and symptoms of DFV, such as for example the link between homicide and strangulation, the risks associated with obtaining an acquired brain injury, the impact DFV can have on a child's development, the increased risk of substance misuse and risk of suffering from post-traumatic stress disorder.¹⁹³
- Senior staff and management should have a graduate degree in a human services related field, or a minimum of 10 years practice experience. If possible, a Senior Practitioner role should be established or accessible to workers.
- Services must consciously recruit workers for their knowledge, skills and experience with victim-survivors of DFV and/or working with vulnerable and at risk women, children and communities.
- Services ensure newly employed workers are provided with thorough orientation and that they have adequate risk assessment and safety planning training, and a developed understanding of the nature and dynamics of DFV.
- All workers understand the potential emotional impact of providing support to women and families experiencing family violence and effective self-care strategies to minimise the impact
- The service provides induction training on all policies, procedures and guidelines.
- The service ensures workers are empowered and are supported if they have been victims-survivors themselves.

10.2 SERVICES HAVE MECHANISMS FOR REGULARLY MONITORING, EVALUATING AND CONTINUOUSLY IMPROVING PRACTICE

- The service has a system in place for complaints to be made, and reviews complaints regularly to improve practice.
- Workers actively encourage feedback from service users and reflect on practice when feedback is given.
- The service uses accessible and relevant evaluation tools embedded within operational and project plans.
- Workers keep up to date with research, literature and good practice initiatives relating to DFV practice work and are given the time to do so by managers.
- The service has established processes for the regular review of service's policies, procedures, strategic and operational plans that actively seek the views and input from staff, victim-survivors, partner agencies and other stakeholders.

10.3 SERVICES SUPPORT WORKERS CONTINUED PROFESSIONAL DEVELOPMENT, AND PROVIDE A POSITIVE AND EMPOWERING WORKING ENVIRONMENT FOR ALL STAFF

- The service has protocols in place regarding DFV leave and staff are able to access support through employee assistance programs and/or external professional supervision.
- Service management actively fosters

positive working relationships between all staff and immediately works to address any staff conflict to promote a positive and empowering work environment.

- The service considers the work-life balance of staff, and is open to flexible work practices.
- Services ensure that workers are provided opportunities for training and professional development to support their practice.
- The service is proactive in contracting training and professional development for staff in areas where more skill or additional expertise is required

10.4 THE ORGANISATION'S GOVERNANCE STRUCTURES PROVIDE A STRONG FOUNDATION FROM WHICH, TO DELIVER SUSTAINABLE CLIENT CENTRED SERVICES AND PRACTICE THAT ACCOUNTABLE, TRANSPARENT AND RESPONSIVE IN ADDITION TO ENSURING THE ORGANISATION'S LEGISLATIVE, REGULATORY AND FUNDING COMPLIANCE

- The governance body (the Board) or Management Committee of the service is diverse and reflects the local community. The Board is ideally skills-based, with each member having specialist expertise and experience to contribute to the capability and effective functioning of the service.
- The Board meets regularly, ideally face to face, to discuss the progress and outcomes of the service. The Board

meetings are conducted professionally, with all meetings being planned in advance with a relevant agenda, run in an efficient manner, and using sub-committees where appropriate.

- The service has a clear vision, purpose and strategy to which all operational tasks relate, and each staff member has clear roles and responsibilities. Staff have an up to date work plan that reflects their duties, aligned with goals and performance indicators to determine satisfactory practice.
- Senior management are transparent in their operational activities, and information is shared frequently and transparently between senior management staff and the Board – particularly relating to financial statements and other key information relating to the operational procedures of the service.
- The Board sets the tone for ethical and responsible decision making throughout the organisation, declares any conflicts of interest and treats each other with respect, dignity and professionalism.
- The service has a systemic approach to risk identification, management and monitoring and review that are embedded in the organisation's strategic and operational planning processes and used to inform decision making of the management committee, the leadership and all staff. This

includes staff and employment issues, workplace health and safety issues, theft, compliance risks such as failure to report to the funding body, financial risks such as loss of funding and operational or program risks such as poor service delivery.

- Recruitment, induction and workforce development processes support committee members, staff [including volunteers/students] ongoing awareness and understanding of their roles and responsibilities, including legal, regulatory and funding obligations related to their positions. Broadly these should include a Code of Conduct for committee members, staff, volunteers and students; recruitment and induction procedures, ongoing training and skills development plans, detailed position descriptions, supervision, planning, performance monitoring and appraisal.
- The development, maintenance, monitoring and adherence to delegations, policies, procedures and systems that support compliance.

CONCLUSION

DFV work is complex, nuanced and requires a series of specialist responses. These guidelines create a benchmark for services providing quality specialised domestic and family violence support.

The Guidelines enable those who work with victim-survivors of DFV to be supported, empowered and strengthened in their daily work, highlighting good practice direction for services and individuals working with victim-survivors of DFV and supporting the provision of consistent and high quality specialist domestic and family violence support.

DVNSW is currently working with its members to develop a Resource Manual, which will provide examples of policy and procedure templates to guide good

practice service provision. These are designed to be adapted for each service, and are draft examples only to serve as a guide. DVNSW envisages that the Resource Manual will be an adaptable set of resources that services can continuously contribute to. The resources in the Manual will be updated as the evidence grows to highlight what tools are good practice. DVNSW aims to renew the Practice Guidelines annually, and the associated resource manual bi-annually to ensure relevant good practice. This work will be overseen by the DVNSW Policy and Advisory Committee and specialist DFV services are encouraged to regularly contribute by submitting resources and evidence based work to DVNSW.

APPENDICES

1. Women With Disability and Domestic and Family Violence: A Guide For Policy and Practice

**GOOD PRACTICE GUIDELINES
FOR THE DOMESTIC AND FAMILY
VIOLENCE SECTOR IN NSW**

