

Principle 1: Safety and wellbeing

Threats to the safety of victim-survivors including children are identified and responded to effectively.

The safety hazards of practitioners and others are identified and responded to effectively.

Guideline 1.1:

Threats to the safety of victim-survivors including children are identified and responded to effectively.

To align with this practice guideline, the <u>service</u> should:
Have values and/or a mission that aligns with principles relating to victim-survivor safety.
Have a risk assessment process at intake, during the case management process and on exit from the service to identify potential safety risks and assess the safety of the victim-survivor/s, including children.
Have intake and assessment processes that are inclusive of asking about client's parental status to identify potential risks for infants and children including ways to strengthen the parent-child relationship. This is especially important where infants and children are not visible to the service.
Include child-focused risk and safety planning that specifically considers times that the infant, child or young person will be in contact with the perpetrator (e.g. when violence is building or imminent at home / contact following separation) and considers different forms of technology that the child / parent uses.
When in person, provide victim-survivors a space that offers privacy, is gender safe, is culturally safe and has interview rooms to ensure confidentiality and security.
When working remotely (i.e. phone or online), develop protocols such as code words or code sentences to accurately identify the victim-survivor and ensure they are able to talk.
Have procedures in place for when the location of a victim-survivor is disclosed to someone that may impact on the safety of the victim-survivor.
Maintain effective relationships with local police to reduce barriers to reporting DFV.
Maintain effective relationships with local DCJ offices to support adult and child safety and wellbeing.

To align with this practice guideline, the <u>practitioner</u> should:
Assist victim-survivors, including children, if they want to develop a thorough safety plan that is regularly updated and revised to reflect changes in risk and circumstances. This must be survivor-led and can include: <ul style="list-style-type: none"> • Arranging/referring safe accommodation for the victim-survivor, including children. • Assisting the victim-survivor to obtain an Apprehended Domestic Violence Order This includes seeking to understand the adult victim-survivor's perspective on Police assistance and actively supporting them to overcome barriers to accessing Police or other assistance. • Obtaining additional security measures for the victim-survivor or their property. • Support the victim-survivor throughout the process of accessing legal protection/court support through direct service provision or partnership arrangements. • Identify safe, trusted relationship/s for children within their education environment to support their safety and wellbeing where relevant.
Regularly revisit the safety and wellbeing of the victim-survivor through case planning and management, with separate case plans for children where appropriate.
Always keep the location of a victim-survivor confidential and protected.
Develop a needs/risk assessment and information gathering to identify victim-survivor's protective strengths and perpetrator patterns of behaviour as parenting choices, tying the impact of the perpetrator's behaviours to the child's safety, wellbeing and functioning as the source of concern (not the victim-survivor's choices).

Guideline 1.2:

The safety hazards of practitioners and others are identified and responded to effectively.

To align with this practice guideline, the service should:

Have 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:

- Securely storing the personal details of practitioners and not disclosing them.
- Providing a work car so that practitioners are able to safely undertake outreach work and work within the community.
- Providing all staff with safety training, the impacts of vicarious trauma and the importance of self-care.
- Providing staff with immediate access to support and supervision to guide responses to identified threats to safety.
- Giving staff access to debriefing, vicarious trauma and support mechanisms on an ongoing basis, particularly in relation to critical incidents.
- Organising staff access to communication/ electronic response systems to maximise their safety e.g. duress alarms and/or mobile phones with emergency contact details.

Have a system to monitor the safety and whereabouts of staff that take into account geographic areas with poor internet/mobile phone coverage (i.e. sign in/out board, shared calendars).

To align with this practice guideline, the practitioner should:

Understand the link between safety and confidentiality, ensuring that the location of a service and clients is not disclosed purposefully or inadvertently.

Adhere to public health and safety guidelines when doing outreach work.

Always keep the location of a victim-survivor confidential and protected.

Develop a needs/risk assessment and information gathering to identify victim-survivor's protective strengths and perpetrator patterns of behaviour as parenting choices, tying the impact of the perpetrator's behaviours to the child's safety, wellbeing and functioning as the source of concern (not the victim-survivor's choices).

Principle 2: **Access and equity**



Services are culturally safe, responsive and appropriate to the diverse needs and experiences of victim-survivors, including children.



Practitioners have a thorough understanding of the diversity and intersectionality's of victim-survivor experiences and are culturally safe and responsive.



Services are accessible and prominent in the community.

Services provide culturally safe and appropriate practice for Aboriginal and/or Torres Strait Islander victim-survivors to be supported and guided.

Guideline 2.1:

Services are culturally safe, responsive and appropriate to the diverse needs and experiences of victim-survivors, including children.

To align with this practice guideline, the service should:

Be free of charge or consider the victim-survivor's ability to pay and not discriminate or prohibit assistance to clients with no or limited income.

Facilitate external and internal supervision to support reflective practice on how the service and its practitioners may create/maintain barriers to access for victim-survivors.

Assist and support victim-survivors who have no access to income and work collaboratively with other services to support their needs, including housing and financial support.

Not apply blanket exclusions to service eligibility other than those related to the documented function of the service (e.g. a cis-man is seeking access to a women's refuge); recognising that some fluidity may be needed to address safety concerns.

Ensure staffing, management, governance and advisory structures and composition reflect the diversity of the broader community.

Collect data on the diversity of victim-survivors to inform, evaluate and tailor good practice responses and service design.

Adopt inclusive policies that encourage victim-survivors from a diverse range of backgrounds, cultures and experiences to seek support, for example Disability Action Plans, participation in [Pride in Health and Wellbeing](#) and/or the Australian Workplace Equality Index and Reconciliation Action Plans.

Have policies and procedures for intake and assessment conducive to the needs of women and children with disabilities.

Maintain effective relationships with local DCJ offices to support adult and child safety and wellbeing.

Have policies and procedures for working with clients living with cognitive and intellectual disabilities drawing on resources such as the [WWILD How to Hear Me Resource Kit](#).

Informational content is available in easy read for people with intellectual disability or cognitive disability, and policy and procedures should reflect meeting the needs of people with disability, including children and young people.

Have policies and procedures for intake and assessment that use culturally safe language and that reference the [TransHub service provider intake form](#) and [ACON sexuality and gender indicators](#) to ensure correct gender and pronoun usage.

Have appropriate policies on supports provided for sexuality and gender diverse clients. This includes policies and procedures on disclosure of trans (binary and non-binary) identities in making any referrals (i.e. when disclosure is necessary and when it is not), and confirmation with the victim-survivor before doing so.

Access regular training on affirming and inclusive service provision from specialist organisations.

Have guidelines about the use of professional accredited interpreters, including avoiding using children and other relatives for translation, and promoting the use of interpreters with the same gender as the victim-survivor wherever possible.

Actively engage in cultural and religious learnings of victim-survivors and identify with victim-survivors when and how to incorporate these into service delivery.

Guideline 2.1:

Services are culturally safe, responsive and appropriate to the diverse needs and experiences of victim-survivors, including children.

To align with this practice guideline, the practitioner should:

Be non-prejudicial and consistent when assessing a person's eligibility to access a service.

Offer ineligible people a referral to appropriate supports and services.

Explain and contextualise written information in a clear and concise manner to ensure it is understood and provide the opportunity for the victim-survivor and their child to ask questions.

Engage in reflective practice regarding intersectionality and the practitioner's role in maintaining or eliminating barriers to access and cultural safety.

When identifying and responding to forced marriage, refer to the My Blue Sky frontline worker guide which is also found on our Online Resource Toolkit.

Understand the barriers for migrant and refugee people with migration histories especially those with no income due to visa restrictions.

Guideline 2.2:

Practitioners have a thorough understanding of the diversity and intersectionality's of victim-survivor experiences and are culturally safe and responsive.

To align with this practice guideline, the <u>service</u> should:
Offer all staff ongoing training in cultural safety and practice specifically in relation to working with adults and children from migrant and refugee backgrounds and faith-based communities, Aboriginal and/or Torres Strait Islanders, LGBTIQ+ communities and victim-survivors living with disability (including working with AUSLAN interpreters).
Services should implement attitudes and practices that support practitioners and supervisors to fulfil their role effectively. Ongoing training and professional development needs to be supported throughout the various levels of services and organisations to ensure the translation of knowledge into practice.
Adopt inclusive policies and hold regular audits such as accessibility audits: built environment, informational, staff attitudinal, policy and procedures.

To align with this practice guideline, the <u>practitioner</u> should:
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 or services to suit their needs and to be able to change if needed without retribution.
Give the victim-survivor choice of a caseworker or a service that meets their needs, wherever possible.
Demonstrate that they value victim-survivor's, including their children, knowledge and life experiences.
Engage victim-survivors in paid consultation on policies, procedures and service design and delivery.
Engage in reflective practice to understand how their beliefs and values inform their work and the quality of service they offer victim-survivors.
Understand child development and engage age-appropriate strategies to support children.

Guideline 2.3:

Services are accessible and prominent in the community.

To align with this practice guideline, the <u>service</u> should:
Provide disability access and be wheelchair accessible as well as accessibility for people with intellectual disabilities, people with cognitive disabilities, people who are sight impaired and people who are deaf.
Undertake an annual review of accessibility barriers, reflecting and improving from data collected.
Undertake an accessibility audit and create an Inclusion Action Plan and Disability Inclusion Action Plan.
Both the built environment and attitudinal environment (staff knowledge and attitudes) take into account equitable access for people with disabilities.
Where appropriate, have multiple entry points, including soft entry points, and offer child minding arrangements onsite in child-friendly environments or through partner organisations.
Have partnerships with specialist organisations to improve accessibility of the service to key community groups.
Specify a response time to requests for services that is appropriate to level of need and risk.
Promote the service and offer information and resources through a variety of channels, in key community languages and in accessible and inclusive formats e.g. welcome posters in community languages and a rainbow flag or poster, and information in easy read format.
Connect and collaborate with local agencies, community groups and relevant organisations.
Regularly send representatives to attend and contribute to inter-agency forums.
Promote the service and program through a variety of channels, in key community languages and in accessible formats, including at community events.

Guideline 2.4:

Services provide culturally safe and appropriate practice for Aboriginal and/or Torres Strait Islander victim-survivors to be supported and assisted.

To align with this practice guideline, the <u>service</u> should:
Develop meaningful and culturally safe collaborations with Aboriginal and/or Torres Strait Islander organisations that are underpinned by shared respect, shared meaning, shared knowledge, and the experience, of learning, living and working together with dignity and truly listening. ⁵⁶
Foster positive relationships and consultation with Aboriginal and/or Torres Strait Islander specific services so that families impacted by DFV feel safe in accessing the service and know that confidentiality will be respected.
Ensure staff have access to ongoing training delivered by Aboriginal and/or Torres Strait Islander people.
Ensure staff are trained in culturally safe practice and working with victim-survivors impacted by intergenerational trauma, dispossession of land and traditional culture, racism and vilification, substance use, the effects of institutionalisation and child removal policies, economic exclusion and entrenched poverty.
Give victim-survivors a choice of Aboriginal and/or Torres Strait Islander or non-Aboriginal and Torres Strait Islander practitioners.

To align with this practice guideline, the <u>practitioner</u> should:
Proactively build trust in Aboriginal and/or Torres Strait Islander communities and with Elders and community members.
Access training and other educational opportunities to develop a thorough understanding of the inherited grief, trauma and loss Aboriginal and/or Torres Strait Islander people continue to experience.
Access training and other educational opportunities to develop a thorough understanding of the complex family and kinship networks in Aboriginal and/or Torres Strait Islander communities.
Work alongside Aboriginal colleagues, clients and services in an open minded, respectful and flexible manner.
Engage in reflective practice regarding supports provided to Aboriginal and/or Torres Strait Islander clients.

Principle 3: Domestic and family violence-informed and trauma-informed specialist practice



Services are committed to working in a DFV-informed and trauma-informed way that aligns with a strengths-based framework



Services address the impacts of vicarious trauma on staff

Guideline 3.1:

Services are committed to working in a DFV-informed and trauma-informed way that aligns with a strengths-based framework.

To align with this practice guideline, the <u>service</u> should:	To align with this practice guideline, the <u>practitioner</u> should:
Create and maintain a safe physical space for victim-survivors.	Be welcoming, friendly, respectful and responsive to the specific needs of the victim-survivor and relate in a way that reflects equality.
Work collaboratively with other agencies in order to provide continuity of care and best support and assist victim-survivors, including children’s physical, emotional, social, spiritual, and cultural wellbeing.	Reflect on any biases/beliefs.
Have trauma-informed policies that formally acknowledge that victim-survivors and their children have experienced trauma, commit to understanding trauma and its impacts for both adults, children and their relationships, and detail trauma-informed care practices.	Follow the lead of the client as to how past experiences of trauma are managed by themselves and their children.
Have practices and guidelines for supporting the parent-child relationship where adult clients are parents and introduce evidence informed models of practice to strengthen family relationships that help children heal.	Be child-aware and parent-sensitive and hold a non-judgemental, curious stance when partnering with parents and children. Make child friendly resources available to help facilitate conversations with children and their family about safety and healing.
Have intake and assessment policies and procedures for asking about an adult’s parental status.	Have a nuanced understanding of intergenerational trauma.
Ensure all staff have training on attachment, child development, resilience, and trauma-informed support at a minimum.	Always identify a person with disabilities strengths. See the person, not just the disability.
Have policies and procedures for supporting infant and children’s social, emotional and developmental wellbeing, inclusive of a child-aware, parent-sensitive approach and creating opportunities to work with the parent-client in a way that supports their parenting role and the parent-child relationship.	Be 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. Support victim-survivors by normalising their responses.
Provide a safe and well-presented child-friendly area and engaging play materials for a variety of age groups.	Be respectful of, and provide responses specific to, a diverse range of cultural backgrounds and beliefs.
Offer all staff ongoing training and professional development in trauma and DFV informed practice; including in how to provide culturally safe responses to LGBTIQ+ people, Aboriginal and/or Torres Strait Islander people, people from migrant and refugee backgrounds and faith-based communities, and people with disability. This is alongside processes to support staff in embedding and enhancing these skills such as supervision.	

Guideline 3.2:
 Services address the impacts of vicarious trauma on staff.

To align with this practice guideline, the <u>service</u> should:
Have guidelines to manage the risk of vicarious trauma in WHS policy.
Give staff regular access to trauma support services and professionals.
Provide regular and culturally appropriate external supervision for staff.
Refer to the Australian Association of Social Workers for standards a professional has to meet to be a supervisor.
Promote 1800 RESPECT as a support service available to practitioners.
Offer training on vicarious trauma to management so they can identify burnout and vicarious trauma in staff.
Have a standing agenda item at team meetings to discuss staff emotional wellbeing.
Leadership and/or managers frequently check in with staff about their emotional wellbeing and regularly debrief.
Foster resilience by supporting regular peer debriefing and promote staff wellbeing activities e.g. team lunches, allowing a pet friendly workplace - within allergy range.
Offer staff a variety of work to mitigate vicarious trauma.

Principle 4: Victim-survivor centred practice and empowerment



The service partners with victim-survivors to ensure they are at the centre of all decisions relating to them.



The service works from an empowering, person-centred and strengths-based framework that is child-aware and parent-sensitive, and practitioners treat all victim-survivors with respect, dignity, sensitivity, and equality.

The service recognises children and young people as active contributors and clients in their own right.

Guideline 4.1:

The service partners with victim-survivors to ensure they are at the centre of all decisions relating to them.

To align with this practice guideline, the <u>service</u> should:
Have policies that clearly promote the rights of the victim-survivor, such as a charter of client rights.
Develop and implement child and family partnership strategies across all areas of their service to ensure the lived experience voices of families is reflected in service delivery.
Have accessible complaint mechanisms in place.
Ensure that intake and assessment processes include identification of clients as parents and take into account experiences of trauma and safety, needs and goals, risk and information sharing processes.
Use intersectionality as a framework for reflection, supporting practitioners to identify and address unconscious biases that may cause them to be judgemental towards a victim-survivor or their choices or priorities.

To align with this practice guideline, the <u>practitioner</u> should:
Breakdown decisions into manageable options.
Ensure victim-survivors and their children are aware of their rights and the available complaints and feedback mechanisms through the service and other services they are accessing where available.
Provide victim-survivors with information about available options for meeting their needs and assist them to identify options to meet those needs without overwhelming them (further information on this can be found in Principle 8).
Create separate case plans for each child and ensure parent/guardians are offered opportunities to explore the impacts of DFV on the social and emotional wellbeing of their child/ren.
Ensure victim-survivors, including children, have autonomy over decisions that impact their lives.
Actively promote the principle that the victim-survivor and their child/ren is the expert in their own life, respect this expertise and acknowledge that this is fundamental to the safety of the victim-survivor.
Review case plans regularly and ensure the victim-survivor's decisions and ideas, including those in relation to their parenting, are thoroughly integrated into their case planning and review.

Guideline 4.2:

The service works from an empowering, person-centred and strengths-based framework that is child-aware and parent-sensitive, and practitioners treat all victim-survivors with respect, dignity, sensitivity and equality.

To align with this practice guideline, the <u>service</u> should:
Have systems, processes, and partnerships to minimise the need for the victim-survivor to re-tell their story.
Ensure a victim-survivor is not at any disadvantage if they choose not to engage with the service or receive support from another service.
Ensure organisation policy and practice supports a person-centred and strengths-based approach.

To align with this practice guideline, the <u>practitioner</u> should:
Listen and follow the lead of victim-survivors, including children and young people.
Use holistic, strengths-based and empowering approaches in providing support.
Promote respectful relationships with victim-survivors where the safety of children and families is discussed openly, safely and sensitively.
Understand the complexity of DFV, the impacts of trauma on the parent-child relationship and the opportunities to support positive wellbeing and safety within the family.
Validate the experience of the victim-survivor and never put pressure or blame on them, even if they take action the practitioner does not think is in the best interests of the victim-survivor.
Be transparent about their role and the capacity in which they can assist the victim-survivor, including limitations of the work and the practitioner/victim-survivor relationship.
Recognise and name acts of resistance, strength and resilience.

Guideline 4.3:

The service recognises children and young people as active contributors and clients in their own right.

To align with this practice guideline, the <u>service</u> should:
Ensure organisational policies, procedures and practice adopt Child Safe Standards and a Child Safe Policy. ⁷³
Ensure policies, procedures and practices support the physical, social and emotional wellbeing of infants and children.
Work with children and young people as victim-survivors in their own right wherever possible including individual case, risk and safety planning, offering support for children and young people around the impacts of trauma and DFV.
Have established links and referral pathways with other agencies that provide continuity of care and can support the wellbeing of the children and young people where they require specialised support.
Have appropriate trauma-informed procedures in place for children and young people who use violence within the service, alongside referral pathways that support these children and young people to receive appropriate support.

To align with this practice guideline, the <u>practitioner</u> should:
Have a comprehensive understanding of the way DFV affects and impacts children and young people, including the stress on the parent and therefore the parent-child relationship, and can share this information respectfully with the parent, and young person if appropriate.
Support children and young people in ways that are sensitive to their experiences and view them as active, knowledgeable contributors.
Inform children and young people in age-appropriate ways of their options and choices.
Ensure case plans for children and young people include their personal aims, goals and voice in an age-appropriate manner.

Principle 5: Confidentiality and informed consent

Victim-survivors have their right to confidentiality and privacy respected and are informed of situations where their right to confidentiality may be limited.

Victim-survivors have a right to access their data.

The service meets ethical and legal obligations in relation to confidentiality and privacy. The service also has secure record-keeping procedures and informs victim-survivors of these procedures.

Guideline 5.1:

Victim-survivors have their right to confidentiality and privacy respected and observed and are informed of situations where their right to confidentiality may be limited.

To align with this practice guideline, the <u>service</u> should:	To align with this practice guideline, the <u>practitioner</u> should:
Have confidentiality policies that outline the service’s approach to confidentiality and the limits of confidentiality, and support practitioner adherence to legislative, regulatory and funding obligations.	Explain the confidentiality policy to the victim-survivor utilising communication method/s which they can understand, for example sign language, communication device, pictures, easy read format, languages other than English.
Have a policy on not ‘outing’ victim-survivors who disclose information relating to their gender, sexuality or health as part of their confidentiality policy.	Inform the client and seek their involvement, when safe to do so, when the practitioner has shared or disclosed, or is intending to share or disclose, personal information without consent because of duty of care or other legal obligations.
Have a mechanism for victim-survivors to offer feedback on their understanding of the confidentiality policies, including limitations of confidentiality.	Obtain fully informed written and verbal, or in a format suitable for a person with disability, consent for each victim-survivor. Where it is possible to gain only verbal consent, practitioners clearly document in case notes the circumstances in which consent was obtained.
Have information management and sharing processes that respect client autonomy and promote their involvement in decision making processes. This includes seeking client 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. ⁷⁷	Wherever possible, ensure exchanges with victim-survivors occur in a private space.
Inform the client and seek their involvement, when safe to do so, when the service has shared or disclosed, or is intending to share or disclose, personal information without consent because of duty of care or other legal obligations.	To ensure victim safety and confidentiality, the practitioner should discuss with the victim-survivor their preferred explanation and/or process for being together if an exchange were to occur in a public space (whether planned or unintentionally).
Access the Sexual Assault Communications Privilege Service education and support services to help protect the privacy of counselling notes and other confidential therapeutic records in criminal proceedings involving sexual offences.	To ensure victim safety and confidentiality, the practitioner should discuss with the victim-survivor their preferred explanation and/or process for being together if an exchange were to occur in a public space (whether planned or unintentionally).

Guideline 5.2:

Victim-survivors have a right to access their data.

**To align with this practice guideline,
the service should:**

Have policies on confidentiality that consider issues relating to limitations, including mandatory 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.

**To align with this practice guideline,
the practitioner should:**

Provide clear guidance to the victim-survivor on the importance of privacy and confidentiality (such as not disclosing location and identity) to protect their safety and the safety of others.

Understand the limits of confidentiality and be able to discuss this with their client.

Be flexible with meeting times and locations to ensure safety and confidentiality are maintained.

Guideline 5.3:

The service meets ethical and legal obligations in relation to confidentiality and privacy. The service also has secure record-keeping procedures and informs victim-survivors of these procedures.

To align with this practice guideline, the <u>service</u> should:
Have a Code of Ethics or Code of Conduct and give all staff training or information about what this entails.
Have a policy on record-keeping and advise victim-survivors of this policy and their rights to access and request amendment of personal information held by the agency.
Ensure all files, records and case notes are stored securely, including electronic information.
Take security measures to prevent any records from being seen, used, copied or removed by anyone who does not have authority (this includes electronic security measures).
Have clear guidelines on who has the authority to access client information, the process victim-survivors must follow to gain access to these records and details of when and how the records will be destroyed.
Have clear protocols for exchange and disclosure of information relating to children, including requests from parents that are perpetrators. It is recommended that services seek legal advice in the development of these policies and procedures and document all communication clearly.

To align with this practice guideline, the <u>practitioner</u> should:
Accurately record information.
Be capable of preparing legible court reports and providing evidence that focuses on the best interests and safety of victim-survivors.
Consider how the provision of information relating to children may impact the perpetrator's behaviour and the family dynamic.

Principle 6: Non-judgemental support



Services support, listen to, and respond to all victim-survivors in a respectful, dignified, sensitive and non-judgemental way.



Practitioners provide safe, non-judgemental and inclusive surroundings.

Guideline 6.1:

Services support, listen to, and respond to victim-survivors in a respectful, dignified, sensitive and non-judgemental way.

To align with this practice guideline, the <u>service</u> should:
Have policies and practices in place that nurture victim-survivor choices.
Have systems, processes and practices to uphold and promote victim-survivor rights and seek to increase victims-survivor awareness of these rights.
Take an intersectional approach to working with victim-survivors who have complex needs and/or experience intersecting forms of discrimination.
Have links and/or collaborations with multicultural services to support the cultural needs of victim-survivors and to ensure practitioners are culturally safe.
Have links and/or collaborations with Disability services to support the needs of victim-survivors living with disability and/or children living with disability.

To align with this practice guideline, the <u>practitioner</u> should:
Offer empathetic and affirming support that targets the individual needs of victim-survivors, including children.
Provide victim-survivors with information about their right to be treated with respect and without judgement.
Provide appropriate and effective referral pathways to other services as required.
Accept what the victim-survivor says without being judgemental and never blame the victim-survivor for the violence.
Utilise a strengths-based approach, particularly when working with people with a disability and people who have experienced, or are experiencing, trauma.
Understand the complex and personal reasons victim-survivors return to violent relationships, and not judge a person's reasons for remaining in a violent relationship.
Validate and acknowledge the victim-survivor's experience and support their choices.

Guideline 6.2:
Practitioners provide safe, non-judgemental and inclusive surroundings.

To align with this practice guideline, the <u>service</u> should:
Provide staff with regular peer and external supervision.
Regularly undertake case reviews as a team.
Use intersectionality as a framework for reflective practice at the organisational and practitioner levels.
Provide 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.
If affiliated with a religion, a service should highlight that religious beliefs will not be imposed on victim-survivors. The service should be mindful that victim-survivors may fear judgement or pressure to adopt the religious beliefs of the service.
Have accessible mechanisms for feedback and client complaints.

To align with this practice guideline, the <u>practitioner</u> should:
Be aware of their own beliefs, values and parenting style and consider how these may impact their work with victim-survivors, including those with diverse needs.
Work with a sense of curiosity and respect the beliefs and values of victim-survivors.
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, victim-survivors living with disability, elder abuse, mental health issues, young people and mothers.

Principle 7: Collaboration



Services are committed to actively engaging with the local service ecology and improving the outcomes of victim-survivors, including children, through coordination, collaboration and integration that provides continuity of care.

Guideline 7.1:

Services responding to DFV are committed to improving their services, and the outcomes of victim-survivors including children, through coordination, collaboration and integration that provides continuity of care.

To align with this practice guideline, the <u>service</u> should:
Commit to working with NSW Police Force, Child Protection, Local Coordination Points and participating in Safety Action Meetings and other case coordination structures.
Regularly participate in interagency and network meetings and be part of community networks.
Have clear referral processes and pathways and information sharing protocols that are child-aware and parent-sensitive.
Have strategies in place for working collaboratively with key partners within their local area to improve outcomes for victim-survivors including children. This may require initiation of routine case discussions with partner agencies and where appropriate, service users.
Have a shared responsibility framework with other services and clear processes in place within each service for dealing with disputes or grievances.
Regularly meet with other services to discuss how to best support victim-survivors, including children, and appropriately share information to enable comprehensive risk assessment and consideration of matters relating to the safety and wellbeing of victim-survivors with their consent.
When co-case managing or working collaboratively with a victim-survivor, the service ensures there is an action plan that documents the roles and responsibilities of each service. The action plan is reviewed regularly to ensure it is responding to the needs of the victim-survivor and the service uses advocacy approaches when client outcomes are not improving or services are not meeting their responsibilities.
Have strong links and referral processes and pathways with partner services including youth services, multicultural services, services that specialise in working with people with disability and LGBTIQ+ specialist services.

To align with this practice guideline, the <u>service</u> should:
Develop tools and supports which build a victim-survivor's capacity, including people and practices to enable supported decision-making.
Develop genuine connections with Aboriginal and/or Torres Strait Islander services, Elders and communities to create the best conditions for effective service delivery.
Request expert input from other services, and offer expert input to other services, to support delivery of inclusive and culturally safe responses to victim-survivors.

To align with this practice guideline, the <u>practitioner</u> should:
Be 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).
Make facilitated referrals that are child-aware and parent-sensitive, with the informed consent of victim-survivors and support the victim-survivor to overcome any barriers to engagement.
Provide referrals for after hours or weekend services victim-survivors may require.
When co-case managing or working collaboratively with a victim-survivor, practitioners should be willing to sacrifice their professional autonomy for the goal of unity and be open to changing organisational practice or operational procedures to meet the aims of the joint response.

Principle 8: Upholding and advocating for victim-survivor rights



Services and practitioners advance the rights and interests of victim-survivors at an individual level in a victim-survivor centred manner that is culturally safe.

Services acknowledge systemic issues and work to influence policy and legislation to uphold the rights of, and improve responses to, victim-survivors of DFV and those at risk.

Guideline 8.1:

Services and practitioners advance the rights and interests of victim-survivors at an individual level in a victim-survivor centred manner that is culturally safe.

To align with this practice guideline, the <u>service</u> should:
Build professional relationships with other key stakeholders and agencies to ensure good relationships are in place to address any issues for clients.
Have an up-to-date referral list and referral procedures to support individual advocacy.
Attend interagencies where appropriate and available.

To align with this practice guideline, the <u>practitioner</u> should:
Advocate on an individual basis for victim-survivors, as well as advocating to enhance the systems that work to prevent and respond to DFV.
Use strengths-based and empowering approaches to assist the victim-survivor to advocate for themselves and/or their children and only advocate on behalf of the victim-survivor with their explicit consent.
Develop and implement support plans with the victim-survivor that promote their right to live safely and any other rights and needs the victim-survivor identifies.
Ensure the service reviews the victim-survivors' experience of services they are referred to.

Guideline 8.2:

Services acknowledge systemic issues and work to influence policy and legislation to uphold the rights of, and improve responses to, victim-survivors of DFV and those at risk.

To align with this practice guideline, the <u>service</u> should:
Participate in research and policy reforms wherever possible and relevant, including responding to relevant discussion papers and submissions.
Collect accurate data and share aggregate and anonymised data to inform policy and practice.
Work towards shared outcomes across the human services sector to improve the way evidence, research, and data are embedded in policy and programs to achieve change and enhance learning and evaluation to improve practice.
Ensure policies, procedures and practice are in the best interests of victim-survivors of DFV and identify when this does not occur.
Support victim-survivors who want to advocate for change in the service or the DFV sector more broadly.
Work collaboratively with other agencies to push for systemic changes that will improve the lives of those impacted by DFV.

To align with this practice guideline, the <u>practitioner</u> should:
Be capable of identifying and articulating systemic issues that impact victim-survivors of DFV.
Ensure policies, procedures and practice are in the best interests of victim-survivors of DFV and identify when this does not occur.

Principle 9: Prevention



Services participate in activities that tackle the drivers of DFV and promote perpetrator accountability for violence prevention.

Guideline 9.1:

Services participate in activities that tackle the root causes of DFV and promote perpetrator accountability for violence prevention.

To align with this practice guideline, the <u>service</u> should:
Align with the principles underpinning prevention of men’s violence against women outlined in Change the Story and Changing the Picture .
Align with the principles underpinning prevention of violence against LGBTIQ+ people outlined in Pride in Prevention .
Ensure internal organisational policies and practice are aligned with primary prevention initiatives and address the gendered drivers of violence.
Develop, promote and implement strategies to raise community awareness about DFV including awareness of the impact of DFV on children.
Lead and actively participate in community activities that promote prevention of DFV and address gender inequality.
Work closely and continuously with educational institutions, community groups, individuals and lived expertise to build their trust and credibility and gain their consent in working with them to improve responses to early intervention and prevention.
Embed intersectionality in prevention and early intervention practices, ensuring strategies are tailored to the diverse needs of the community and do not further stigmatise the communities they work with.

To align with this practice guideline, the <u>practitioner</u> should:
Commit to building their knowledge and understanding of relationships and experiences of DFV in their local community to improve the effectiveness of interventions.
Promote positive and healthy relationships, and promote programs on the importance of those relationships, especially to young people.

Principle 10: Competency, accountability and continuous improvement

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-  Practitioners have the skills and training to work effectively with victim-survivors of DFV.

 -  Services demonstrate accountability to victim-survivors by monitoring, evaluating and continuously improving practice.

 -  Services support practitioners by providing a positive and empowering work environment, training and inducting new staff, and embedding practices for professional development.

 -  The organisation has strong governance which delivers sustainable accountable, transparent and responsive services in addition to ensuring legislative, regulatory, and funding compliance.
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Guideline 10.1:

Practitioners have the skills and training to work effectively with victim-survivors of DFV.

To align with this practice guideline, the <u>service</u> should:
Provide staff with comprehensive training, supervision and support to ensure appropriate responses to victim-survivors.
Ensure 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, establish a Senior Practitioner role.
Recruit practitioners for their knowledge, skills and experience with victim-survivors of DFV and/or working with vulnerable and at-risk people, children and communities.
Ensure new employees have a thorough orientation, adequate risk assessment and safety planning training and a developed understanding of the nature and dynamics of DFV.
Provide induction training on all policies, procedures and guidelines.
Ensure practitioners are empowered and supported if they are victim-survivors themselves e.g. confidential support strategies and DFV leave provisions.

To align with this practice guideline, the <u>practitioner</u> should:
Be skilled and trained in the unique risks and symptoms of DFV, for example the link between homicide and strangulation, the risks associated with acquired brain injury for victim-survivors who have experienced or are experiencing physical violence, the impact DFV can have on a child's development, the increased risk of substance misuse and post-traumatic stress disorder.
Reflect and understand their own personal triggers and how these can impact working with victim-survivors.
Understand the potential emotional impact of providing support to victim-survivors and identify and implement self-care strategies to minimise the impact.

Guideline 10.2:

Services demonstrate accountability to victim-survivors by monitoring, evaluating and continuously improving practice.

To align with this practice guideline, the <u>service</u> should:
Allow time for practitioners to have a regular reflective practice and clinical supervision.
Have an accessible complaints system, and review complaints regularly to improve practice.
Make service users aware of the complaints process.
Introduce robust clinical practice improvement systems or quality assurance processes.
Actively encourage feedback from service users and reflect on practice when feedback is given.
Use inclusive, accessible and relevant evaluation tools and approaches embedded within operational and project plans.
Develop partnerships with victim-survivors to help understand what is working and identify opportunities for service improvement.
Establish processes for the regular review of service policies, procedures, strategic and operational plans that actively seek the views and input from staff, victim-survivors, partner agencies and other stakeholders.
Have processes to implement evaluation recommendations and share findings with key stakeholders, including clients.
Give practitioners time to keep up to date with research, literature and good practice initiatives relating to DFV practice work.

To align with this practice guideline, the <u>practitioner</u> should:
Reflect on their practice and be open to change.
Actively encourage feedback from service users and reflect on practice when feedback is given.
Keep up to date with research, literature and good practice initiatives relating to DFV practice work.

Guideline 10.3:

Services support practitioners by providing a positive and empowering work environment, training and inducting new staff, and embedding practices for professional development.

To align with this practice guideline, the service should:

Make DFV leave available to staff and give staff access to support through employee assistance programs and/or external professional supervision.

Foster positive working relationships between all staff and work quickly to address any staff conflict. Promote a positive and empowering work environment and avoid infringing WHS and anti-discrimination laws.

Consider the work-life balance of staff and be open to flexible work practices.

Ensure practitioners have opportunities for training and professional development, including supervision to support and enhance their practice and work through any triggers.

Be proactive in contracting training and professional development for staff in areas where more skill or additional expertise is required.

Guideline 10.4:

The organisation has strong governance which delivers sustainable accountable, transparent and responsive services in addition to ensuring legislative, regulatory and funding compliance.

To align with this practice guideline, the <u>service</u> should:
Be diverse and reflect the local community.
Be skills-based, with each member having specialist expertise and experience to contribute to the capability and effective functioning of the service.
Meet regularly to discuss the progress and outcomes of the service. Meetings should be conducted professionally, have an agenda and run efficiently.
Have sub-committees where appropriate.
Draw on the expertise of lived experience.
Set the tone for ethical and responsible decision making throughout the organisation, including declaring any conflicts of interest.
Treat members with respect, dignity and professionalism.

To align with this practice guideline, the <u>practitioner</u> should:
Have a clear vision, purpose and strategy to which all operational tasks relate
Ensure each staff member has clear roles and responsibilities.
Give staff up-to-date work plans that reflect their duties and are aligned with goals and performance indicators to determine satisfactory practice.
Frequently and transparently share information between senior management staff and the governing body, particularly relating to financial statements and other key information relating to the operational procedures of the service.
Have a systemic approach to risk identification, management, monitoring and review that is embedded in the organisation's strategic and operational planning processes and used by staff at all levels to inform decision making.
Have recruitment, induction and workforce development processes that support members of the governing body and staff (including volunteers, interns etc.) to develop an understanding of their roles and responsibilities, including legal, regulatory and funding obligations related to their positions.