DOMESTIC VIOLENCE VICTORIA

CODE OF PRACTICE

PRINCIPLES AND STANDARDS
FOR SPECIALIST FAMILY VIOLENCE
SERVICES FOR VICTIM-SURVIVORS

2nd Edition

v 1.1

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DISCLAIMER

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ABOUT DOMESTIC VIOLENCE VICTORIA

Domestic Violence Victoria (DV Vic) is the peak body for specialist family violence response services for victim-survivors in Victoria. As such, DV Vic is recognised as the state wide voice of Specialist Family Violence Services (SFVS) responding to victim-survivors. DV Vic is a membership-based organisation and is accountable to its members, who also comprise its Board of Governance. DV Vic's core membership comprises state wide and regional specialist agencies working with victim-survivors of family violence across Victoria. We are an independent, non-government organisation that leads, organises, advocates for, and acts on behalf of its members utilising an intersectional feminist approach. However, the organisation is ultimately accountable to victim-survivors of family violence and works in their best interests.

DV Vic's work is focused on advocating for, supporting, and building the capacity of specialist family violence practice and service delivery for victim-survivors; system reform; and research, policy development and law reform. DV Vic analyses the views and experiences of member organisations, the evidence on family violence, and the lived experience of victim-survivors, and translates this into innovative and contemporary policy, practice, and advocacy.

DV Vic holds a central position in the Victorian family violence system and its strategic governance and is one of the key agencies with responsibility for providing family violence subject matter expertise, technical assistance, capacity building, and policy and practice advice to the SFVS sector, broader sectors, government, and other partners and stakeholders.

ACKNOWLEDGEMENTS

ACKNOWLEDGEMENT OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

Domestic Violence Victoria acknowledges Aboriginal and Torres Strait Islander peoples as Australia's First Nations and Traditional Owners of Country. We pay respects to Elders past, present and emerging. We acknowledge that sovereignty was never ceded and recognise the right to self-determination and continuing connection to land, waters and culture.

ACKNOWLEDGEMENT OF VICTIM-SURVIVORS

Domestic Violence Victoria acknowledges the strength and resilience of adults, children and young people who have experienced family violence, and recognises that it is essential that responses to family violence are informed by their experiences and advocacy. We pay respects to those who did not survive and acknowledge friends and family members who have lost loved ones to this preventable and far-reaching issue.

THANK YOU TO CONTRIBUTORS

We are grateful for all of the participants who met with us and contributed to creating this resource. Thank you for your commitment to bring forth a world without family violence.

Domestic Violence Victoria wishes to especially thank the Project Advisory Group, the Specialist Family Violence Services Leadership Group, the Refuge Roundtable, Family Safety Victoria, the Department of Health and Human Services, the Experts by Experience Group (Women with Disabilities Victoria), the Inspire Group (inTouch Multicultural Centre against Family Violence) and the Victim Survivors' Advisory Council. Thank you also to consultants, QIP Consulting and Claire Varley and editor, Rachel Hewitt, for your assistance in developing the Code.

The Code was prepared by Erin Davis with graphic design by Meredith Eldridge at Domestic Violence Victoria.

CONTENTS

1. OVERVIEW

1.1 ABOUT THE CODE

Family violence is a widespread and serious problem that causes significant and detrimental impacts on individuals, families and communities across all facets of society. Addressing family violence requires a whole-of-community response and a coordinated system working together to support adult and child victim-survivors, address risk and safety needs, and promote perpetrator accountability. At the heart of this system is the specialist family violence service sector, a group of complementary service providers whose shared role is to promote the rights of victim-survivors and provided dedicated resources and advocacy to address their safety and support needs.

The *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors* (the Code) is provided to the specialist family violence service sector by its peak body, Domestic Violence Victoria. It is an essential industry resource and guide to inform service design and continuous quality improvement.

Domestic Violence Victoria established the first edition of the Code in 2006. It informed the development of the sector over many years and provided a key resource for the broader family violence system. It was also one of the first guidelines of its kind and has served as a model for other states in Australia and internationally.

The second edition of the Code articulates principles and standards to guide consistent quality service provision for victim-survivors accessing specialist family violence services in Victoria. It was developed using a range of research processes, including participatory consultations with specialist family violence service leaders and practitioners, government and sector partners, and victim-survivor advisors. The Code is founded on a framework that is underpinned by an evidence-based understanding of family violence, intersectional feminist analysis, and supporting frameworks including human rights, social justice, anti-oppressive practice, and a trauma and violence-informed approach.[1]

The Code draws on numerous evidence-based materials and is complementary to several essential systems resources used by specialist family violence services in Victoria, including the *Family Violence Multi-Agency Risk Assessment and Management Framework* (see 1.6 Essential Systems Resources). While the Code provides some practice guidance to inform the principles and standards, it is not a service model, operational manual or detailed guide for practitioners. However, it can be used to inform the production of such resources for specialist family violence services.

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1. Please see Appendix A for more information about how the second edition of the Code was developed.

1.2 STRUCTURE OF THE CODE

The Code is organised into the following sections:

OVERVIEW

Provides a high-level description of the Code's purpose, structure and language, and complementary essential systems resources.

OVERVIEW

HOW TO USE THE CODE

Describes the intended use of the Code for continuous quality improvement in specialist family violence services.

HOW TO USE THE CODE

ABOUT SPECIALIST FAMILY VIOLENCE SERVICES

Provides background information about the specialist family violence service sector and the broader family violence response system.

ABOUT SPECIALIST FAMILY VIOLENCE SERVICES

FOUNDATIONAL FRAMEWORK

Describes the 'praxis' of specialist family violence services including an evidence-based understanding of family violence, intersectional feminist analysis and other key supporting frameworks.

FOUNDATIONAL FRAMEWORK

PRINCIPLES AND STANDARDS

Articulates the core principles emerging from the foundational framework to inform organisational level standards for continuous quality improvement.

PRINCIPLES AND STANDARDS

BIBLIOGRAPHY

Lists the cited references and other resources that have informed the Code.

BIBLIOGRAPHY

APPENDIX A

Describes the history and development of the Code.
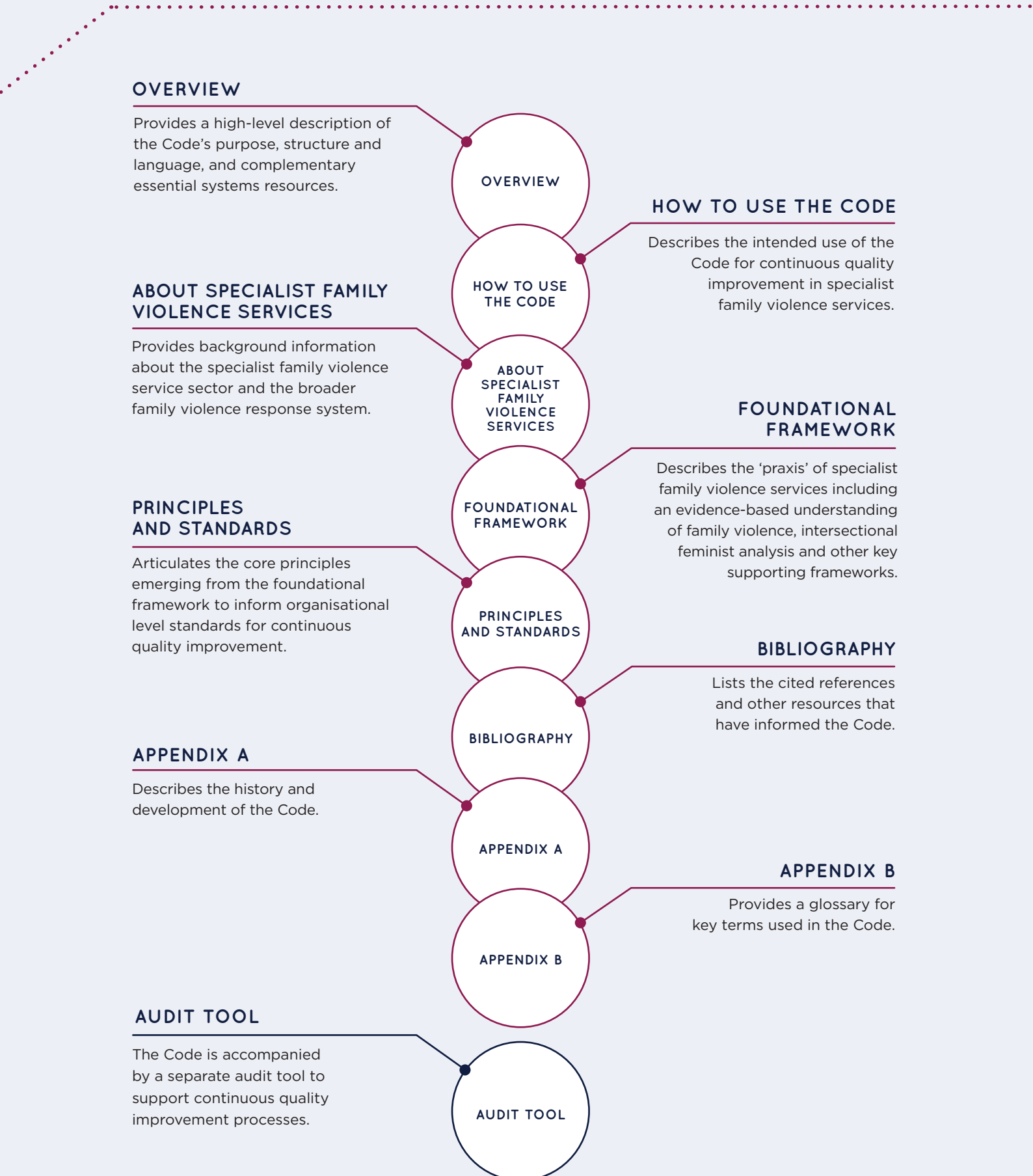
APPENDIX A

APPENDIX B

Provides a glossary for key terms used in the Code.

APPENDIX B

AUDIT TOOL

The Code is accompanied by a separate audit tool to support continuous quality improvement processes.

AUDIT TOOL

1.3 PURPOSE

The purpose of the Code is to articulate a set of principles and standards to guide consistent quality service provision for victim-survivors accessing specialist family violence services in Victoria, Australia.

To achieve its purpose, the objectives of the Code are to:

- describe the evidence base and theoretical frameworks that inform the shared principles and standards of specialist family violence services;

- support continuous quality improvement to enable consistent, inclusive, safe and accountable service design and delivery;

- clarify the relationship of the Code with other essential systems resources that inform specialist family violence service responses; and

- provide guidance on the leadership role of specialist family violence services within the family violence response system and broader social change advocacy.

The Code provides foundational guidance and organisational-level standards that are intended for translation by specialist family violence service providers into their own contexts. It is not a service model, operational manual or detailed practice guide; however, the Code can be used to inform the production of such resources for specialist family violence services.

1.4 REVIEWS AND UPDATES

Domestic Violence Victoria is responsible for regularly reviewing and updating the Code. Feedback and comments provided to Domestic Violence Victoria in between review periods will be logged for future updates and revisions.

Stakeholders in the specialist family violence service sector, government, sector partners and victim-survivors will be engaged during review processes to ensure the Code remains accountable, relevant and reflects contemporary evidence-based best practice.

Reviews should also consider changes in government standards for community service provision, ongoing reforms to improve the family violence system, and the outcomes of services' use of the Code.

1.5 LANGUAGE

Family violence is predominantly driven by gender-based oppression and inequality. The majority of perpetrators are men and victim-survivors are women and children. As such, gendered language and terminology is often used in specialist family violence services to acknowledge and communicate about this deeply entrenched social problem. At the same time, family violence impacts people across a diversity of gender identities, social and cultural contexts, and within various intimate, family and family-like relationships. For this reason, the Code uses the terms 'victim-survivor' and 'perpetrator' without assigning binary gendered terms (i.e. women and men) or pronouns (i.e. she/her and he/him) to acknowledge the complex ways family violence manifests across the community. This approach is underpinned by the intersectional feminist framework and human rights principles. It is intended to be 'gender inclusive' by acknowledging that family violence is a gendered issue that also has a far-reaching impact across the community.

Importantly, the term 'victim-survivor' refers to both adults and children who experience family violence. The term 'perpetrator' is only applied to adults who use family violence. Where a child or young person is using family violence against parents/carers or other family members, the term 'perpetrator' is not appropriate due to the likelihood that they may also be a victim-survivor themselves. The term 'adolescent who uses family violence' is often used an alternative. For many people, the terms 'victim-survivor' and 'perpetrator' may not be preferred at all, nor should they be used to wholly define a person.

Additionally, the term 'diverse communities and at risk age groups' is used in the Code as an overarching term to describe populations that are highly impacted by family violence and require proactive responses by specialist family violence services and the family violence response system as a whole. This term is consistent with the definition provided in the *Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework* and the outcomes of the *Royal Commission into Family Violence.*[2]

The term 'Aboriginal' refers to both Aboriginal and Torres Strait Islander peoples.

Please refer to the glossary (Appendix B) for more information about these key terms and other definitions used throughout the Code.

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2. Family Safety Victoria (2018c); Family Safety Victoria (2019a); Royal Commission into Family Violence (2016), Volume V.

1.6 ESSENTIAL SYSTEMS RESOURCES

The Code is situated within a family violence response system that provides numerous other essential resources to guide specialist family violence service provision. These resources are considered 'essential' because they are either legislated or embedded as key system enablers to facilitate consistent, safe and quality responses to family violence in the community.[3]

The Code was developed to support the specialist family violence service sector's alignment with each of these resources, however, they are individually substantial in their own right. Specialist family violence service providers must understand their obligations and requirements within each of these guiding documents, as well as any other resources not mentioned here that are prescribed through government contracts.

FAMILY VIOLENCE MULTI-AGENCY RISK ASSESSMENT AND MANAGEMENT FRAMEWORK

The *Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework* is legislated under the *Family Violence Protection Act 2008* (Vic), with the aim of increasing the safety and wellbeing of Victorians by ensuring that prescribed organisations can effectively identify, assess and manage family violence risk and keep perpetrators in view and held accountable for their actions and behaviours.

The *MARAM Framework* allocates multiple responsibilities to specialist family violence services as part of the broader family violence response system. As such, the Code frequently references *MARAM Framework* materials, however, to fully support implementation, specialist family violence service providers are required to implement the *MARAM Framework* and its accompanying risk assessment tools, practice guides (foundational and responsibility-based), and organisational alignment resources.

RESPONDING TO FAMILY VIOLENCE CAPABILITY FRAMEWORK

The *Responding to Family Violence Capability Framework* describes the knowledge and skills required to respond to all forms of family violence. It covers four workforce tiers, spanning specialist family violence services, core support services and professionals, mainstream/social support services and universal services. Specialist family violence practitioners are situated within Tier 1 of the Framework as they carry considerable responsibility and leadership in responding to family violence and managing serious levels of risk. Specialist family violence service providers benefit from using this resource to develop consistent approaches for recruiting, managing and supervising the specialist practitioner workforce.

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3. The descriptions do not include an exhaustive list of government policy platforms, specific operational guidelines or the guidelines of other services or authorities that work across the family violence response system, as these are often subject to change. It is important that specialist family violence services keep abreast of policy and practice developments and seek support from Domestic Violence Victoria if required.

FAMILY VIOLENCE AND CHILD INFORMATION SHARING SCHEMES

The Code is informed by the *Family Violence Information Sharing Scheme (FVISS)* and the *Child Information Sharing Scheme (CISS)*. The FVISS authorises prescribed information sharing entities (ISEs) to share information for the purpose of a family violence assessment or family violence protection purpose. The CISS authorises prescribed ISEs to share information for the purpose of promoting a child or group of children's wellbeing and safety. In the context of family violence, both FVISS and CISS must be used in conjunction with the *MARAM Framework*.

Organisations that are funded to provide specialist family violence services are prescribed with information sharing responsibilities under both schemes and must refer to the guidelines to appropriately share information and meet their legal obligations.

FAMILY VIOLENCE PROTECTION ACT 2008

The purpose of the *Family Violence Protection Act 2008* (Vic) is to: (a) maximise safety for children and adults who have experienced family violence; (b) prevent and reduce family violence to the greatest extent possible; and (c) promote the accountability of perpetrators of family violence for their actions. The Act aims to achieve its purpose by providing an effective and accessible system of family violence intervention orders and family violence safety notices.

Specialist family violence services are not legal or law enforcement services, however, they should be familiar with the Act and its functions to support victim-survivor safety and risk management planning.

CHILDREN, YOUTH AND FAMILIES ACT 2005

The purpose of the *Children, Youth and Families Act 2005 (Vic)* is: (a) to provide for community services to support children and families; (b) to provide for the protection of children; (c) to make provision in relation to children who have been charged with, or who have been found guilty of, offences; and (d) to continue the Children's Court of Victoria as a specialist court dealing with matters relating to children.

Specialist family violence services should be familiar with the Act and guiding resources, including the *Best Interests Framework for Vulnerable Children and Youth* and the *Best Interests Case Practice Model.* These resources provide guidance on the developmental needs of infants, children and young people; children's rights to be protected from harm; and thresholds and decision-making for reporting concerns about child protection or wellbeing.

CHILD SAFE STANDARDS AND REPORTABLE CONDUCT SCHEME

The *Child Safe Standards* are a compulsory and legislated framework that supports organisations to promote the safety of children by requiring them to implement policies to prevent, respond to and report allegations of child abuse.

The *Reportable Conduct Scheme* seeks to improve how organisations respond to and investigate allegations of child abuse and child-related misconduct. It achieves this by requiring heads of organisations to report to the Commission for Children and Young People any allegation that a worker or volunteer has committed child abuse or child-related misconduct.

Specialist family violence services are responsible for implementing their responsibilities to these resources and should seek guidance from the Commission for Children and Young People if required.

DHELK DJA: SAFE OUR WAY – STRONG CULTURE, STRONG PEOPLES, STRONG FAMILIES (THE ABORIGINAL 10 YEAR FAMILY VIOLENCE AGREEMENT 2018-2028)

The *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families (the Aboriginal 10 Year Family Violence Agreement 2018-2028)* is the key Aboriginal-led Victorian Agreement that commits the signatories – Aboriginal communities, Aboriginal services and government – to work together and be accountable for ensuring that Aboriginal people, families and communities are stronger, safer, thriving and living free from family violence.

The Code is informed by Aboriginal and Torres Strait Islander peoples' right to cultural safety and self-determination as described by the Agreement. Specialist family violence services should be familiar with this document to guide partnership work and service coordination with Aboriginal organisations and communities.

GUIDELINE: FAMILY VIOLENCE SERVICES AND ACCOMMODATION > COMPLYING WITH THE EQUAL OPPORTUNITY ACT 2010

The Victorian Equal Opportunity and Human Rights Commission provides this guideline to specialist family violence services outlining their legal obligations under the *Equal Opportunity Act 2010 (Vic)* to promote inclusive and non-discriminatory service delivery. The Code is informed by this guideline; however, specialist family violence services should use it to develop their own Equal Opportunity Policy and continuous improvement processes to deliver inclusive and equitable services.

EVERYBODY MATTERS: INCLUSION AND EQUITY STATEMENT

The *Everybody Matters: Inclusion and Equity Statement* sets out the Victorian government's long-term vision for the creation of a family violence system that is more inclusive, responsive and accessible to all Victorians. It acknowledges and recognises the diversity inherent within each of us, and the need for family violence and universal services to build a better understanding of the barriers that can prohibit inclusion and access through the understanding and application of an intersectionality framework.

The Statement's vision for an inclusive, safe, responsive and accountable system for all Victorians will mean that anyone seeking help for family violence will be able to choose what service they access and know they will receive the help they need.

DEPARTMENT OF HEALTH AND HUMAN SERVICES STANDARDS

The *Department of Health and Human Services Standards* are a single set of service-delivery quality standards for service providers operating in the human services sector. The standards promote people's right to empowerment, transparent and equitable access and engagement with integrated services, wellbeing and safety, and participation in decision-making and involvement in their chosen community.

All service providers that are funded or registered by the Department of Health and Human Services to provide services to clients are required to meet the standards. Compliance is generally assessed through service providers achieving accredited certification via an independent review. The standards and the review process seek to ensure that people experience the same quality of service no matter what service they are accessing and helps ensure service providers have systems in place that promote acceptable levels of management, administration and service delivery.

THE COMMUNITY SERVICES QUALITY GOVERNANCE FRAMEWORK

The *Community Services Quality Governance Framework* outlines the principles, domains, roles and responsibilities needed to deliver on the shared goal of safe, effective, connected and person-centred services for everybody, every time. It includes measures of success and indicators of poor-quality governance, and is designed for use across all services delivered, funded and regulated by the Department of Health and Human Services.

The framework has been developed so that services can scale, adapt and implement components to meet the needs and scope of their organisation. Each service should use it to review, design and continuously improve its own structures, systems and processes. It specifies that everyone, whether a volunteer, manager, CEO or member of a governing body, has a role to play in achieving the best possible experience and outcome for the people who use community services.

2. HOW TO USE THE CODE

This section provides an overview of the intended use of the Code for continuous quality improvement and the roles and responsibilities to support this process.

2.1 CONTINUOUS QUALITY IMPROVEMENT

The purpose of the Code is to articulate a set of principles and standards to guide consistent quality service provision for victim-survivors accessing specialist family violence services. As such, specialist family violence services can use the Code for continuous quality improvement by evidencing their progress against the standards and indicators, identifying gaps and trends, and making action plans for organisational change and improvement.[4]

2.2 AUDIT TOOL

The Code is accompanied by a separate audit tool, which is available to assist specialist family violence services to use the Code as a resource for continuous quality improvement.

The tool is designed for services to:

- evidence and rate their performance against the standards and indicators of the Code;
- identify and critically reflect on areas for internal improvement and change management;
- identify impediments to meeting standards and indicators that may require improved systemic collaboration and/or advocacy; and
- develop and document action plans with timelines, key responsibilities and outcomes.

The audit tool also shows how the Code complements the *Department of Health and Human Services Standards*[5] and the *Community Services Quality Governance Framework*.[6] This is not intended to replace these essential resources; rather, the aim is to assist specialist family violence services to use the Code alongside these resources to provide high quality family violence services to the community. Understanding the complements between the Code and these resources may also assist services to prepare for accreditation processes.

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4. See the Appendix B Glossary for a definition of 'continuous quality improvement'.
5. Family Safety Victoria (2018c).
6. Department of Health and Human Services (2018d).

2.3 ROLES AND RESPONSIBILITIES

DOMESTIC VIOLENCE VICTORIA

Developing and implementing the Code is part of Domestic Violence Victoria's mandate as the industry peak body for the specialist family violence service sector. The Code is an important part of the peak body's work to drive service innovation, and practice excellence in partnership with member organisations.

Importantly, Domestic Violence Victoria is not a regulatory authority or accreditation body and does not have a role in managing service compliance with government contracts or independent quality assurance mechanisms. As the owner of the Code, however, Domestic Violence Victoria can help specialist family violence services with understanding and implementing the Code through member networks, communities of practice and in-service support as requested.

Specifically, Domestic Violence Victoria will work with the sector to implement the Code by:

- supporting the specialist family violence service sector to translate the Code into their own service settings;

- learning about how specialist family violence services are tracking against the principles and standards to inform the peak body's representation of the sector's capabilities and expertise;

- developing communities of practice and capacity-building programs to promote consistency in the quality and safety of specialist family violence service provision; and

- identifying trends and gaps across the sector that indicate a need for broader systemic improvements and investment.

SPECIALIST FAMILY VIOLENCE SERVICE LEADERS

As the purpose of the Code is to support consistency in specialist family violence service provision for victim-survivors, it is the responsibility of service leaders (e.g. executives, managers, board members) to use the Code and translate it into their own contexts, service design, and quality governance and continuous improvement systems. It is also important that the Code is understood and used by specialist family violence practitioners. Services should support practitioners to engage with the Code by using it to inform staff induction, supervision, reflective practice and professional development.

GOVERNMENT DEPARTMENTS

Government departments with responsibilities for funding and contracting specialist family violence services can support implementation of the Code by inserting it into service contracts and using it to inform service models, capacity-building, evaluation and regulation.

EDUCATION AND TRAINING PROVIDERS

The Code is available as a resource for educational institutions and training providers that have a role in preparing professionals for undertaking specialist family violence service provision. This includes tertiary education institutions, registered training organisations, government training programs and community-based family violence training providers.

3. ABOUT SPECIALIST FAMILY VIOLENCE SERVICES

3.1 SECTOR OVERVIEW

The specialist family violence service sector is a group of service providers whose shared role is to work directly with victim-survivors providing dedicated resources and advocacy to promote their rights and respond to their safety and support needs.

Specialist family violence services have a complementary yet distinct role from other services that provide support to victims of crime and families. The sector receives government funding and is guided by this industry Code alongside several other policies and essential systems resources.

The sector originated from the global women's liberation movement of the mid-20th century. Services were formed out of grassroots feminist activism to advocate for public awareness about men's violence against women, including family violence and sexual assault.[7] Like many other locations around the world, early initiatives in Victoria established a network of refuges where victim-survivors could seek safety and support. Over time, campaigns to put family violence on the public and political agenda became increasingly successful. The combination of government funding, systemic reform initiatives, legislative changes and research into evidence-based practice contributed to the continuous evolution of the specialist family violence service sector.

Today, specialist family violence services operate as a multi-functional sector providing a range of complementary responses, including state wide telephone services, state wide and local support services, family violence accommodation services and therapeutic programs. Some specialist family violence services are stand-alone organisations, some are provided as programs within other types of community organisations, and some are working within co-located, multi-agency environments. While many service providers

7. Theobald, J., Murray, S. & Smart, J. (2017).

focus their efforts on addressing the significant and overwhelming prevalence of men's family violence against women and children, there are also specific initiatives and targeted responses for men who experience family violence, and people from multicultural communities or ethno-specific groups, LGBTIQ communities, older people and people with disability.

Across the sector, specialist family violence services engage in numerous activities when working with victim-survivors. These include case management activities (such as crisis responses, brief interventions and intermediate to longer term or intensive approaches), family violence risk assessment and risk management processes, safety planning, counselling and support group work, community outreach support, and advocacy for victim-survivors' rights and access to resources and service entitlements. Specialist family violence services provide secondary consultations and mobilise coordinated responses within the broader family violence system. They are also involved in researching and developing innovative responses to family violence and providing education about family violence to other sectors and the community.

Specialist family violence services hold expertise in assessing and analysing family violence as an abuse of power and control situated within complex patriarchal social conditions and intersecting oppressions. As such, specialist family violence services work not only to address the individual experience of violence but also to collectively transform the conditions of society that make violence possible in the first place, through primary prevention strategies, systemic advocacy, political reform and social change campaigning.

Most importantly, the work of the sector is underpinned by the lived experiences of victim-survivors of family violence. Victim-survivors were part of the origins of the grassroots movement and they continue to inform specialist family violence services through their direct engagement as clients, self-advocates, expert advisors, researchers and research participants, and leaders and practitioners within services. Over the years, victim-survivors' lived experiences have informed the family violence evidence base, contributed to an expanded understanding of family violence through intersectional feminist analysis, and advocated for good practice principles including safety, empowerment, child-centred practice, and perpetrator accountability – all of which inform the principles and standards of the Code.

3.2 SERVICE DESCRIPTIONS

The following describes the main categories of specialist family violence services. It does not include detailed information about sub-programs across the sector or name specific organisations that are funded to provide these services. Please contact Domestic Violence Victoria for more information about the different organisations that perform these roles.

STATE WIDE FAMILY VIOLENCE TELEPHONE SERVICES

State wide telephone services provide a 24-hour response to victim-survivors of family violence. This includes providing crisis responses, information and advocacy, trauma-informed support, family violence risk assessments and safety planning, and referrals to local family violence support, family violence accommodation, and other types of services as required.

LOCAL FAMILY VIOLENCE SUPPORT SERVICES

Local family violence support services are provided across the metro, rural and regional parts of Victoria. Case management, risk assessment, safety planning, crisis responses, referrals, advocacy support and other specialised programs are provided. Local services also often work in co-located and multi-agency settings, such as police stations, courts, sexual assault services, Multidisciplinary Centres and The Orange Door.

FAMILY VIOLENCE ACCOMMODATION SERVICES

Family violence accommodation services provide temporary alternative accommodation for victim-survivors who are unable to stay in their usual residence due to a serious level of risk posed by the perpetrator. These safe and specialist alternative accommodation options include short-term crisis accommodation, refuges and transitional housing. Case management, risk assessment, safety planning, crisis responses, advocacy support and other specialised support programs are provided.

FAMILY VIOLENCE THERAPEUTIC PROGRAMS

Family violence therapeutic programs include individual counselling and support groups for adults, children and young people who have experienced family violence. There are also programs that address adolescents or young people who use violence against family members, and programs that focus on supporting parents/carers and children to restore attachment and bonds disrupted by family violence. These services use a trauma-informed approach and help victim-survivors to understand their experiences of family violence, improve their health and wellbeing, and reduce isolation.

TARGETED FAMILY VIOLENCE SERVICES

Targeted services are specialist family violence services or programs, either at the state wide or local level, that provide support for victim-survivors from specific communities, such as multicultural communities or ethno-specific groups, LGBTIQ communities, older people and people with disability. Depending on the type of organisation and funding contracts, these services provide different responses such as case management, accommodation, therapeutic programs and other tailored programs for their client group.

FAMILY SAFETY CONTACT

Family Safety Contact is a specialist family violence response whereby practitioners provide support to current or former partners or other family members of a perpetrator involved in a behaviour change program. Regular contact is organised with victim-survivors to assess, manage and review changes in risk while the perpetrator is in the program and provide referrals and other support resources as required. Family Safety Contact workers are guided by both this Code and the *Men's Behaviour Change Minimum Standards.*[8]

ABORIGINAL FAMILY VIOLENCE SERVICES

In Victoria, there are a range of Aboriginal specialist family violence services located within Aboriginal Community Controlled Organisations, or programs in community health services or local family violence services. Depending on the type of organisation and funding contracts, these services provide different responses such as case management, accommodation, therapeutic programs and other tailored programs for their client group.

Notably, this Code is available for use by Aboriginal family violence services and programs, however, with respect to Aboriginal self-determination and choice, Aboriginal services may prefer to use other resources more suitable to their cultures and communities.

8. Family Safety Victoria (2017a); No to Violence (2018).

3.3 THE FAMILY VIOLENCE RESPONSE SYSTEM

ABOUT THE SYSTEM

Specialist family violence services are part of a broader family violence system that includes government departments, statutory agencies and community services working across the spectrum of prevention, early intervention and response. Specialist family violence services are primarily situated at the response-end of the system, although many services are also involved in leading or contributing to family violence prevention initiatives and early intervention programs. It is important that specialist family violence services play a leadership role in the family violence response system as their everyday work with victim-survivors, analysis of systemic trends and gaps, and specialist expertise provides a unique vantage point to assess the effectiveness and functioning of the system.

The family violence response system is premised on the concept that family violence brings people into contact with a range of different services and sectors that have responsibilities to prevent, recognise and respond to adult and child victim-survivor safety risks and promote perpetrator accountability within the scope and limitations of their role.[9] Coordination and collaboration is a key organising principle of the family violence response system to enable effective and seamless multi-agency responses.

A full description of the workforces involved in the family violence response system can be found in the *Responding to Family Violence Capability Framework*.[10] This includes specialist family violence services for victim-survivors, perpetrator interventions and behaviour change services, sexual assault services, police, courts, legal services, child and family services, child protection services, homelessness and housing services, mental health services, alcohol and drug services and universal services.

9. Family Safety Victoria (2017b).
10. Ibid.

MULTI-AGENCY INITIATIVES

The descriptions below provide information about key multi-agency initiatives in the family violence response system across the state that directly involve specialist family violence services. In addition to these descriptions, specialist services often provide other types of local community outreach initiatives.

RISK ASSESSMENT AND MANAGEMENT PANELS

Risk Assessment and Management Panels (RAMPs) are a local-level, coordinated, multi-agency response to assess and manage the safety needs of people (primarily women and children) identified as being at serious and imminent threat of death or serious injury because of the severity of the family violence risk posed by the perpetrator(s).

RAMPs bring together representatives from agencies in the family violence response system to share and assess critical information about specific family violence cases and develop coordinated action plans. The agencies represented on local RAMPs are specialist family violence services, police, corrections services, housing services, mental health services, alcohol and drug services, perpetrator intervention services, child and family services and child protection.

REGIONAL INTEGRATION COMMITTEES

Family Violence Regional Integration Committees are a vital part of Victoria's family violence system. These committees are situated across all metropolitan and regional parts of the state, bringing together local representatives from across the family violence prevention, early intervention and response system.

Each Regional Integration Committee is convened by a Family Violence Principal Strategic Advisor (PSA). The PSAs work to drive the implementation of family violence reforms in their area, build partnerships and collaborate across sectors, enable workforce development and provide insight into operations, issues, functions and opportunities in their region.[11]

THE ORANGE DOOR NETWORK

The Orange Door Network is for adults, children and young people who have or are experiencing family violence and families needing support with the development and wellbeing of children.

It helps people to access the services they need to be safe and supported by providing an integrated intake pathway to family violence and family services, as well as services for men who use violence.

The Orange Door Network keeps the whole family in view, with expert support tailored to each family member's needs. It works with people who use violence, helping them to change their behaviour and hold them to account.

The Orange Door Network is key to reforms across the state to the family violence and children and families service systems. These reforms strengthen responses for victim survivors of family violence and create better outcomes for children and families, while addressing perpetrator behaviour, holding them to account and improving access to interventions that support behaviour change.

MULTIDISCIPLINARY CENTRES

Multidisciplinary Centres (MDCs) are a Victoria Police initiative that co-locates a range of agencies in one building to provide a victim-centred, integrated and holistic response to victims of sexual crime, family violence and child abuse.

MDC buildings are located away from police stations and are designed to provide a welcoming, confidential and safe environment for victim-survivors. Some of the MDCs include specialist family violence services within their co-located environment.

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11. Victorian State Government (2017).

4. FOUNDATIONAL FRAMEWORK

The principles and standards of the Code are founded on an evidence-based understanding of family violence, an intersectional feminist framework, and other supporting frameworks including human rights, social justice, anti-oppressive practice, and a trauma and violence-informed approach.

This foundational framework is situated within the 'praxis' developed by specialist family violence services over many decades. Praxis is the application of experience to theory, reflection and action.[12] Specialist family violence praxis combines:

- working directly with victim-survivors of family violence and learning from their lived experiences;

- applying intersectional feminist analysis to critically reflect on how family violence is situated within gendered and structural oppressions;

- engaging with and contributing to the evidence base about family violence through research and evaluation; and

- undertaking individual and systemic advocacy to promote victim-survivor rights and safety, address perpetrator accountability, prevent family violence and progress social change.

4.1 UNDERSTANDING FAMILY VIOLENCE

This section provides a high-level overview of the family violence evidence-base for the purposes of promoting understanding of family violence and informing the principles and standards of the Code. The information provided is derived from several key resources, including: the *MARAM Framework* (policy, practice guides and tools) and research by the Australian Bureau of Statistics, the Australian Institute of Health and Welfare and Australia's National Research Organisation for Women's Safety; the Family Violence Data Portal (Victorian Crime Statistics Agency); and the report from the R*oyal Commission into Family Violence*.

Specialist family violence services should engage with these resources and other credible sources of evidence for more detailed information about the many risks, impacts and barriers of family violence across diverse populations, age groups and community contexts. This is important for staying abreast of the evidence base, addressing barriers for seeking help, informing continuous quality improvement, and providing leadership within the family violence response system.

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12. Fook, J. (1993), p.15.

DEFINING FAMILY VIOLENCE

According to the *Family Violence Protection Act 2008* (Vic), 'family violence' is defined as any behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling, that causes a person to live in fear for their safety or wellbeing or that of another person. Family violence is also defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviour.[13]

Family violence can occur in a range of relationships, including between current and former spouses or partners, parent/carer-child relationships, and relationships between siblings and other relatives, such as grandparents or extended family members. It also includes 'family-like' relationships such as paid or unpaid carers for people with disability, families of choice for LGBTIQ people, and cultural kinship networks in multicultural and Aboriginal communities. Because of the different relationships and contexts in which family violence occurs, the concept of family violence is considered to be an umbrella term and includes other related terms such as intimate partner violence, elder abuse, child abuse and adolescent family violence.[14]

In addition to the descriptions of family violence behaviours provided by the *Family Violence Protection Act 2008* (Vic), there are many different categories of family violence that are broadly described as physical, sexual, verbal, emotional, psychological, economic, cultural, spiritual, social, systemic, and technology-facilitated. There are also family violence behaviours that are relevant to intersectional experience, such as gender-based oppression, homophobia, ageism, racism, ableism, xenophobia, and more. Additionally, many family violence behaviours are criminal offences, such as stalking, physical assault, sexual assault, threats, pet abuse, property damage, theft and breaches of intervention orders. Evidence-based risk factors associated with these family violence behaviours and the intersectional impacts are integrated into the tools and guidance provided by the *MARAM Framework*.[15]

As described above, sexual violence (or 'sexual assault') is part of the definition of family violence, however, it is often under-reported, misunderstood, and not properly assessed with victim-survivors for appropriate service responses.[16] The *Family Violence Protection Act 2008* (Vic) describes sexual violence as "sexually assaulting a family member or engaging in another form of sexually coercive behaviour or threatening to engage in such behaviour".[17] CASA Forum provides a more detailed description of sexual violence to include "a continuum of behaviour which includes any uninvited sexual behaviour which makes the recipient feel uncomfortable, harassed or afraid, unwanted touching or remarks, sexual harassment, coerced sexual activity, rape with physical violence and threat to life and sexual assault of children and the grooming of children that accompanies this crime".[18] Furthermore, the *MARAM Framework* recognises that family violence risk factors include sexual assault, sexualised behaviours towards a child by a perpetrator, and circumstances where child victims of family violence experience harm from perpetrators outside of the family including harassment, grooming, and physical and sexual assault.[19]

13. Family Violence Protection Act 2008 (Vic) s.5.
14. See the glossary for definitions of these terms.
15. Family Safety Victoria (2018c); Family Safety Victoria (2019a).
16. Royal Commission into Family Violence (2016), Chapter 12.

17. Family Violence Protection Act 2008 (Vic) s.5.
18. CASA Forum (2014), p.14.
19. Family Safety Victoria (2018c); Family Safety Victoria (2019a).

Fundamental to understanding family violence in all its forms and behaviours is the concept of 'coercive control', whereby the myriad tactics of violence used by the perpetrator are most often patterned, repeated and integrated into everyday life to control, manipulate and dominate the victim-survivor.[20] While many people associate family violence with physical abuse, the perpetrator may not ever need to harm the victim-survivor physically to enact control and cause the victim-survivor to live in fear. Identifying coercive control assists in understanding the impacts of family violence on a victim-survivor's life and their sense of safety in complex and nuanced ways.

Because family violence is underpinned by patterns of coercive and controlling behaviour, it is important to recognise that perpetrators are responsible for using family violence and acknowledge that victim-survivors are not at fault or to blame for experiencing violence. This is also relevant to the perpetrator's parenting role. A parent who perpetrates family violence against another parent or family member, who abuses and harms children and/or exposes them to the effects of abuse, is choosing to make family violence part of their children's lives. Perpetrators of family violence must be held accountable by systems that can intervene with them, mitigate and reduce their use of violence, and provide opportunities for them to change their behaviour. While there may be reinforcing or exacerbating factors such as the perpetrator's own lived experience of violence, acquired brain injury or the use of drugs or alcohol, there are no excuses for inflicting violence, abuse and controlling behaviours against another person.

ABORIGINAL DEFINITION

Family violence against Aboriginal and Torres Strait Islander peoples carries its own self-determined definition that must be understood and embedded into specialist family violence service responses and across the broader system.

The Victorian Indigenous Family Violence Task Force defined family violence against Aboriginal people as "an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities … [i]t extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide".[21]

Additionally, Dhelk Dja (an Aboriginal-led Victorian agreement addressing family violence) acknowledges the spiritual and cultural perpetration of family violence by non-Aboriginal people against Aboriginal partners, children, young people and extended family members, abuse of Elders, and lateral violence within Aboriginal communities.[22] Family violence against Aboriginal people and communities is situated within the context of historic and ongoing impacts of colonisation, genocide, systemic violence, racism, family separation and intergenerational trauma.[23]

PREVALENCE, IMPACTS AND BARRIERS

Understanding family violence necessitates understanding the evidence about the prevalence of family violence, the impacts it has on victim-survivors and the community, and the barriers victim-survivors face in accessing services and systems for safety and support.

20. Laing, L., Humphreys, C., & Cavanagh, K. (2013), p. 23; Stark, E. (2007).
21. Department of Victorian Communities (2003); Department of Health and Human Services (2018b).
22. Department of Health and Human Services (2018b).
23. Ibid.

At the whole-of-population level, prevalence data shows that family violence is a predominantly gendered issue whereby it is mostly perpetrated by men against women and children within intimate partner relationships and immediate family contexts.[24] This produces highly detrimental individual and social outcomes:

- Intimate partner violence contributes to more death, disability and illness in adult women than any other preventable risk factor.

- Approximately one in four women has experienced intimate partner violence compared to one in 13 men.

- 92 per cent of women are physically assaulted by a man they know, most commonly a former intimate partner.

- On average, one woman per week is killed in Australia by a current or former male partner.[25]

While men generally experience family violence at lower rates and with less severe consequences in comparison with women[26], the *Royal Commission into Family Violence* acknowledged the particular circumstances for male victims, including that they are most likely to experience family violence from either female partners or another male family member (e.g. brother, son, father).[27] Men's experiences of family violence also occur in the context of same-sex relationships, in childhood or as a young person, and in the context of elder abuse.

Importantly, family violence is not solely a gendered problem but also an intersectional problem, driven by complex hierarchies of power, privilege and oppression with far-reaching impacts that reinforce structural disadvantage and marginalisation (see 4.2 Intersectional Feminism). Research undertaken by the Australian Institute of Health and Welfare found that the populations most impacted by family violence are younger women, children, older people, people with disability, people from culturally and linguistically diverse backgrounds (including people with temporary residency status), LGBTIQ people, people in rural and remote communities, people with mental health issues and/or substance misuse problems, people from socio-economically disadvantaged areas and Aboriginal and Torres Strait Islander peoples.[28] There are also high impacts of family violence perpetrated against women in the sex work industry and women who have been criminalised.[29] Emerging evidence also shows that the rates of intimate partner violence within same-sex relationships are as high as the rates experienced by cisgender women in heterosexual relationships, and possibly higher for bisexual, transgender and gender diverse people.[30]

Besides the immediate and ongoing risk and safety concerns produced by family violence, there are a range of cumulative and long-lasting impacts on victim-survivors' emotional, psychological, spiritual, financial, physical, sexual and reproductive health and wellbeing.[31] Family violence can cause significant physical and psychological harm, including acquired brain injuries, disabilities, chronic health issues, mental health issues, problems with alcohol and drug use, pregnancy loss, self-inflicted injuries and suicide.[32] Family violence can produce traumatic impacts and result in long-lasting effects on a person's physical and psychological wellbeing, sense of safety, identity and worldview.[33] Additionally, family violence can disadvantage

24. Australian Institute of Health and Welfare (2019); Australia's National Research Organisation for Women's Safety (2018); Diemer, K. (2015).

25. Australia's National Research Organisation for Women's Safety (2018); Australian Institute of Criminology (2017).

26. Australia's National Research Organisation for Women's Safety (2018).

27. Royal Commission into Family Violence (2016), Chapter 32.

28. Australian Institute of Health and Welfare (2019).

29. Royal Commission into Family Violence (2016), Chapters 34 and 35.

30. Our Watch & GLHV@ARCSHS (2017). Note: the rate of family violence for people with an intersex variation is as yet unknown.

31. Australian Institute of Health and Welfare (2019); On, M. L. et al. (2016); VicHealth (2004).

32. Australian Institute of Health and Welfare (2019).

33. Elliott, D.E. et al. (2005); Kezelman, C.A. & Stavropoulos, P.A. (2012); Klinic Community Health Centre (2013); Varcoe, C. et al. (2016).

a person's income, employment, education, housing security, and general participation in social and civic life.[34]

The impacts of family violence can also produce numerous barriers to secure help for family violence.[35] Notably, these barriers often include the very same health and social problems perpetuated by family violence in the first place, as described above. Victim-survivors whose experiences of family violence interrelate with a range of complex issues such as mental health issues, alcohol and/or drug issues, disability, criminalised backgrounds (including experiences of incarceration), housing and economic insecurity, child protection concerns, and temporary residency status may experience discrimination in the family violence response system, thus further impeding their access to safety and support.[36]

The ongoing perpetration of family violence is also a significant barrier. This especially includes the potential risk of harm, injury or fatality if the perpetrator is likely to escalate violence when they are exposed to the system, or during or after separation.[37] There are also related barriers if the perpetrator engages in monitoring or stalking

THE IMPACTS OF FAMILY VIOLENCE CAN ALSO PRODUCE NUMEROUS BARRIERS TO SECURE HELP FOR FAMILY VIOLENCE. NOTABLY, THESE BARRIERS INCLUDE THE VERY SAME HEALTH AND SOCIAL PROBLEMS PERPETUATED BY FAMILY VIOLENCE IN THE FIRST PLACE…

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34. Our Watch, VicHealth & PricewaterhouseCoopers (2015).

35. The barriers described in this section are primarily derived from the *MARAM Practice Guides: Foundation Knowledge* (Family Safety Victoria, 2019a). Please refer to this document for further detail.

36. Royal Commission into Family Violence (2016), Chapter 20 and Volume V.

37. Australian Institute of Health and Welfare (2019); Family Safety Victoria (2019a).

behaviour, making it very difficult for the victim-survivor to confidentially access support. Perpetrators might also use systemic violence through the justice system, courts, child protection and other institutions to control, punish and further harm victim survivors. For these reasons, the level of fear and safety concerns reported by victim-survivors must always be taken seriously to enable tailored risk management strategies, safety planning and coordinated approaches that intervene with the perpetrator and prevent further harm.[38]

The impacts that family violence has on a victim-survivor's worldview can also create barriers related to self-blame, shame, isolation, a lack of confidence and autonomy, normalisation of violence, or hope for change in the perpetrator's behaviour and improvements in family circumstances. A victim-survivor may also be dependent on the perpetrator for financial resources, housing and care, or may be a carer or supportive resource for the perpetrator. Additionally, parents/carers experiencing family violence may also experience barriers to seeking help because they are concerned about the stigma of being or becoming a single parent, not wanting to disrupt children's lives, losing access to children, or being negatively judged particularly if they are from a marginalised group.

Some victim-survivors may fear being ostracised or isolated from family and community connections. This is particularly relevant for people from diverse cultural, linguistic and faith-based backgrounds, Aboriginal people (who may also be concerned about losing connections to Country, cultural rights, and family and kinship groups) and LGBTIQ people (who may be additionally concerned about being 'outed' or losing their family of choice).[39]

There are also a range of systemic and structural barriers that make it very difficult for victim-survivors to get the help they need. These include difficulty in obtaining information about their rights, entitlements and how to access services, particularly where there are communication and literacy challenges, barriers related to a lack of access to financial resources, and geographic constraints impacting people living in regional, rural and remote areas. There are also systemic barriers caused by historic and ongoing discrimination sanctioned against certain groups that has excluded them from services, government programs and equitable justice responses. This has been particularly impactful on LGBTIQ people, people from migrant and refugee backgrounds, Aboriginal and Torres Strait Islander peoples, people with mental health issues, and people with disability.[40]

Additionally, systemic and structural barriers include insufficient government funding to meet the demand on services created by family violence; poor service responses that fail to recognise the seriousness of family violence; victim-blaming attitudes that obscure perpetrator responsibility; and disempowering and inflexible service design that imposes rule-enforcing and unnecessarily bureaucratic processes.

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38. Family Safety Victoria (2019a); Family Safety Victoria (2019g); Family Safety Victoria (2019h).
39. Family Safety Victoria (2019a).
40. Ibid.

IMPACTS ON CHILDREN AND YOUNG PEOPLE

Family violence has significant consequences for infants, children and young people as victim-survivors in their own right, whether they are directly targeted with abuse, witness abuse or violence towards their parent/carer, or are exposed to the effects of family violence in their environment.[41] Filicides (where a custodial or non-custodial parent or step-parent kills a child) are the second most common form of family violence homicide following intimate partner homicide.[42]

Family violence negatively and cumulatively impacts children's physical, neurological and emotional development; their sense of security and attachment in relationships; their mental health and cognitive and behavioural functioning; and their ability to cope and adapt to different situations and contexts.[43] There is also an association between the perpetration of family violence during pregnancy and the transmission of stress hormones to the foetus, which can result in miscarriage, low birth weight and other poor health outcomes for infants.[44]

Children growing up in environments where family violence occurs may also be more likely to require additional support to meet milestones, regulate their emotions and behaviours, engage in education and sustain positive relationships with others.[45] Related to this is the significant impact of family violence on the development of positive attachment and bonds between children and their parents/carers.[46]

Children can be incredibly resilient, however, the impacts of family violence can potentially have long-term consequences for friendships and relationships, as well as participation in social and civic life.[47] Experiencing family violence as a child can also potentially contribute to using or experiencing family violence later in life.[48]

Parents/carers, who are often the adult victim-survivor of family violence, may experience intentional attacks by the perpetrator on their parenting capacity and relationships with their children, causing the victim-survivor's parenting role to become primarily focused on mitigating the impacts of the perpetrator's behaviour.[49] This can be exacerbated when statutory systems, such as child protection or courts, place expectations on victim-survivors to act 'protectively' and manage their children's safety, while there is little or no intervention or consequence for the perpetrator.[50]

Importantly, evidence shows that children's recovery from trauma and their ongoing safety and wellbeing is greatly supported by restoring attachment and security with their non-violent parents/carers.[51] At the same time, the relationships children have with parents who are perpetrating violence can vary but they are often characterised by fear and unpredictability, leaving children feeling confused and ambivalent about the relationship.[52] There is a growing evidence base, however, describing children and young people's perspectives on the impacts of family violence, including their desire for perpetrators to be made more accountable.[53]

41. Department of Human Services (2014), pp. 10-11.
42. Australian Institute of Health and Welfare (2019), p.51.
43. Family Safety Victoria (2019c, Appendix 1); Australian Childhood Foundation (2013); Holt, S., Buckley, H., & Whelan, S. (2008).
44. Bunston, W. & Sketchley, R. (2012).
45. Australian Childhood Foundation (2013); Campo, M. (2015); Holt, S., Buckley, H., & Whelan, S. (2008); Taylor, A. (2019).
46. Campo, M. (2015); Kaspiew, R. et al. (2017); Katz, E. (2019).

47. Campo, M. (2015); Taylor, A. (2019); Kaspiew, R. et al. (2017).
48. Royal Commission into Family Violence (2016), Chapter 10, p.111.
49. Department of Human Services (2014), p.19; Morris, A., Humphreys, C., & Hegarty, K. (2015); Mullender, A. (2002). Kaspiew, R. et al. (2017).
50. Department of Human Services (2014), p.18.
51. Ibid.
52. Mandel, D. & Rankin, H. (2018); Mandel, D. (2009).
53. Lamb, K., Humphreys, C., & Hegarty, K. (2018).

4.2 INTERSECTIONAL FEMINISM

This foundational framework applies intersectional feminism as the primary method for specialist family violence services to deepen their understanding of the family violence evidence base (described in 4.1 Understanding Family Violence), build coalitions and partnerships, and engage in critical reflection at organisational and practitioner levels.

UNDERSTANDING INTERSECTIONALITY

Intersectional feminism (also described as 'intersectionality') emerged as a branch of feminist critical race theory in the 1980s through the work of American black feminist activist and academic Professor Kimberlé Crenshaw building on decades of advocacy and scholarship by women of colour, disability activists and LGBTIQ people.[54] Professor Crenshaw used intersectionality to reveal how both the feminist movement (dominated by white women) and anti-racist movement (dominated by African-American men) failed to acknowledge and address women of colour's experiences of domestic/family violence and sexual assault at the intersection of gender and race.[55]

The theory of intersectionality has developed to examine how multiple forms of power, privilege and oppression overlap, or intersect, in people's lives in mutually reinforcing ways to produce power hierarchies, structural inequalities and systemic marginalisation.[56] These multiple inequalities are rooted in oppressive constructs such as sexism, racism, classism, ageism, ableism, xenophobia, homophobia, biphobia, transphobia and intersex discrimination.[57] Individuals and groups may experience some or many of these forms of oppression in their lived experiences, restricting their access to resources, power and participation in society. Conversely, privileges such as whiteness, masculinity, being able-bodied and heterosexual can also intersect and amplify a person's access to social power and multiple advantages.

These intersecting forms of power, privilege and oppression are shaped by the construction and categorisation of identities that include (but are not limited to): sex, gender identity, sexuality, age, culture, ethnicity, faith, education, disability, mental health, age, socio-economic status, nationality, and migration status. That said, sometimes descriptions of intersectionality erase its origins as an analysis of power, and misapply it by focusing only on identity factors in a depoliticised way.[58] This approach ends up framing intersectionality with vague ideas that different identities produce different life experiences, and ignores its application as a tool for critiquing the operation of power in society.[59] In the context of family violence, depoliticising intersectionality can reinforce harmful and stigmatising assumptions that victim-survivors experience family violence because of their identity factors, rather than as an outcome of intersecting structural oppressions and inequalities.

Importantly, while applying an intersectional lens requires understanding the broader structural impacts of power, being associated with a social identity or group does not necessarily have a fixed meaning, as these experiences are not constant and can change based on historical, personal and political contexts.[60] It is important to listen to how a person makes meaning of their identities and contexts, and how this might relate to intersecting forms of power, privilege and oppression alongside experiences of family violence.

54. Combahee River Collective (1977); Crenshaw, K. (1989); Crenshaw, K. (1991); Imkaan & Ascent (2017); Moradi, B. & Grzanka, P.R. (2017).
55. Crenshaw, K. (1991).
56. African American Policy Forum (n.d.); Chen, J. (2017); Crenshaw, K. (1989); 'Intersectionality' (n.d).
57. Family Safety Victoria (2018a).
58. Moradi, B. & Grzanka, P.R. (2017).
59. Moradi, B. & Grzanka, P.R. (2017); Sokoloff, N. & Dupont, I. (2005) cited in Nixon, J. & Humphreys, C. (2010), pp.150-51.
60. Chen, J. (2017); Grillo, T. (1995).

INTERSECTIONALITY AND FAMILY VIOLENCE

The evidence-based association of family violence with gender-based oppression reveals its roots in patriarchal and structural inequalities that perpetuate gender inequality, reinforce male privilege and authority, and maintain rigid binary stereotypes about sex and gender.[61] For this reason, a gendered analysis is central for understanding how inequality based in the construction of sex and gender categories is an underlying driver of family violence and a critical consideration for designing specialist family violence service responses.[62] As such, given the high demand on the system created by men's family violence against women and children, any service providing a response to family violence would be remiss in ignoring the importance of a gendered analysis. That being said, relying solely on a gendered analysis limits understanding of how patriarchal and structural inequalities produce other forms of intersectional oppression that perpetuate family violence and impact the lives of victim-survivors across all facets of society.[63] This is demonstrated by the disproportionate impacts of family violence on populations that experience social marginalisation (see 4.1 Understanding Family Violence – Prevalence, Impacts and Barriers).

The focus on responding to the high prevalence of men's perpetration of family violence against women and children has inevitably shaped systemic responses to family violence. This has contributed to the relative invisibility of family violence occurring across a range of intimate, family and family-like contexts, and a lack of targeted, inclusive and equitable service provision for people from 'diverse communities and at-risk age groups' (see Appendix B Glossary). Services and systems have evolved to either directly or indirectly exclude people from diverse cultural, linguistic and faith-based backgrounds, LGBTIQ people, Aboriginal people, people with disability, people experiencing interrelated mental health and alcohol and drug use issues, older people experiencing elder abuse, and families dealing with the complexities of children and young people using family violence. Intersectionality, therefore, provides the lens through which to expand our understanding of family violence and specialist family violence service responses beyond a 'single-axis' gender-based issue, and instead recognise family violence as a 'multi-axis' intersectional abuse of power that is simultaneously misogynist, homophobic, ageist, ableist, etc.

Using this analysis means that while there is no denying the high prevalence of men's family violence against women and children, family violence is also more broadly considered an abuse of power and control impacting on victim-survivors in a range of intimate, family or family-like relationships. An intersectional analysis can also inform understanding of how power, privilege and oppression intersects with the various risks, impacts and barriers that victim-survivors face.[64]

> **RELYING SOLELY ON A GENDERED ANALYSIS LIMITS UNDERSTANDING OF HOW PATRIARCHAL AND STRUCTURAL INEQUALITIES PRODUCE OTHER FORMS OF INTERSECTIONAL OPPRESSION THAT PERPETUATE FAMILY VIOLENCE AND IMPACT THE LIVES OF VICTIM-SURVIVORS ACROSS ALL FACETS OF SOCIETY.**

61. Our Watch, Australia's National Research Organisation for Women's Safety & VicHealth (2015).
62. Royal Commission into Family Violence (2016), Chapter 2; Family Safety Victoria (2019a).
63. Crenshaw, K. (1991); Laing, L., Humphreys, C., & Cavanagh, K. (2013), pp.19-21; Nixon, J. & Humphreys, C. (2010).
64. Family Safety Victoria (2019a); Family Safety Victoria (2018c).

INTERSECTIONALITY FOR COALITION-BUILDING

Intersectionality provides the opportunity to join seemingly 'separate' social movements together in coalition to collectively address the overlapping issues that people face on a daily basis.[65] If movements only focus on 'single axis' issues (e.g. feminism only on gender equality, anti-racism only on racial equality), they will fail to see how these issues are experienced by people in 'multi-axis' intersectional ways.[66] Such mutually exclusive approaches can result in organisations working at the coal-face of oppression being pitted against each other, when instead they may be able to work together for mutually beneficial social justice interests.

In the family violence response context, a single-axis approach can make it difficult for victim-survivors to access help when policies and practices do not address the intersectional reality of family violence. This can cause victim-survivors, especially from diverse and marginalised communities, to fall through systemic gaps, putting them at further risk of violence and harm. Perpetrators can exploit these gaps and take control of engagement with systems (e.g. legal, courts, immigration) to further disadvantage, harm and isolate victim-survivors. Intersectionality, therefore, opens up possibilities for specialist family violence services to take a more inclusive approach with victim-survivors facing the intersectional impacts of oppression and also work with organisations that advocate for marginalised groups. This will enable joining up a common struggle to eliminate family violence, seal cracks in the system, create new referral pathways and coordinate responses that improve outcomes for victim-survivors across the social spectrum.

INTERSECTIONALITY FOR REFLECTIVE PRACTICE

Intersectionality provides specialist family violence services with a tool to undertake reflective practice.[67] Reflective practice (also known as reflexivity or critical reflection) is a dynamic process of continuous analysis, reflection and action to examine the values, assumptions and biases that affect inclusive and socially-just service provision.[68] Unexamined power dynamics can uphold and reproduce structural power hierarchies and marginalisation, undermine victim-survivors' rights and safety, and perpetuate control over victim-survivors' lives in a way that is not dissimilar to the perpetrator's tactics.[69]

Undertaking reflective practice at a whole-of-organisational level, and through individual and group supervision, is particularly relevant for specialist family violence services as they are situated in relatively powerful positions in comparison with the people they serve in the community. Additionally, individual practitioners have their own lived experiences of intersectional power, privilege and oppression that are not disconnected from their practice and relationships with clients and other professionals within the family violence response system.

Intersectionality keeps power relations at the centre of reflective practice by acknowledging that power is not distributed equally, including between the victim-survivor, the practitioner and the service as a whole. Intersectionality exposes one's own relationship with power, privilege and oppression and how this informs beliefs, biases and attitudes. It also exposes how services set up discriminatory barriers for victim-survivors, thus reinforcing marginalisation and difficulties accessing support and safety. Reflective practice, therefore, requires in-depth consideration of intersectional power dynamics as well as a willingness to take action to disrupt power and make radical changes within service design and practice responses.[70]

65. African American Policy Forum (n.d.); Crenshaw, K. (1991).
66. Ibid.
67. Family Safety Victoria (2019a); Family Safety Victoria (2018c); Mattsson, T. (2014).
68. Laing, L., Humphreys, C., & Cavanagh, K. (2013), pp.10-12; Rupra, A. (2010); Mattsson, T. (2014).
69. Imkaan & Ascent (2017).
70. Imkaan & Ascent (2017); Mattsson, T. (2014).

4.3 SUPPORTING FRAMEWORKS

While intersectional feminism provides a dynamic analytical framework to inform the design and continuous improvement of specialist family violence services, there are other supporting frameworks that are essential for high-quality service provision. These include human rights, social justice, anti-oppressive practice, and a trauma and violence-informed approach.

HUMAN RIGHTS

Family violence is a violation of human rights and an affront to a person's dignity, autonomy and bodily integrity. This is supported by numerous international and domestic human rights instruments.[71] For example, the *Universal Declaration of Human Rights* states that "no one shall be subject to torture or to cruel, inhuman or degrading treatment and punishment".[72]

The high prevalence of men's family violence against women and children is connected with the global human rights issue of violence against women more broadly. This is recognised in international human rights instruments including the United Nations' *Convention on the Elimination of All Forms of Discrimination Against Women 1979 (CEDAW)* and the *Declaration on the Elimination of Violence Against Women 1993 (DEVAW)*. Australia is a signatory to CEDAW and has obligations to implement the rights enshrined within the convention via the *Sex Discrimination Act 1984* (Cth).

Furthermore, international and domestic human rights instruments and legislation, such as the United Nations' *Convention on the Rights of the Child 1989* and the *Child, Youth and Families Act 2005* (Vic), enshrine children's rights to be protected from violence and abuse, to grow up in a loving atmosphere, and to freely express their views and for those views to be considered.[73]

A human rights approach to family violence requires understanding essential rights-based concepts, which are described through the principles of the Code. These include advocating for victim-survivors' rights and safety, working in a child-centred way, respecting Aboriginal self-determination, and facilitating inclusive, equitable and culturally safe services.

SOCIAL JUSTICE

Social justice promotes principles of equity, access and the fair distribution of resources to meet people's basic needs, improve their quality of life and create opportunities for them to genuinely and meaningfully participate in society.[74] Social justice often requires advocacy on behalf of individuals and groups to enable people to access resources and change inequitable and discriminatory systems, policies and laws.[75]

Specialist family violence services use a social justice framework by distributing their own resources and services to victim-survivors and advocating to other services and systems to address safety and support needs. Depending on individual circumstance, these resources may include access to dedicated case management support, legal services and the justice system, housing support, financial and material aid, health services, therapeutic support, specialist services for children and young people, employment assistance and educational opportunities. Advocacy work also extends to systemic and structural levels to progress social change and prevent and eliminate family violence.[76]

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71. Universal Declaration of Human Rights (1948); Convention on the Elimination of All Forms of Discrimination Against Women (1979); Declaration on the Elimination of Violence Against Women (1993); Convention on the Rights of the Child (1989); Charter of Human Rights and Responsibilities Act 2006 (Vic); and Equal Opportunity Act 2010 (Vic).

72. Universal Declaration of Human Rights (1948).

73. Universal Declaration of Human Rights (1948); Convention on the Rights of the Child (1989); Charter of Human Rights and Responsibilities Act 2006 (Vic).

74. Australian Association of Social Workers (2010); Dominelli, L. (2009).

75. Ibid.

76. Pence, E. (2001); Nichols, A. (2013).

ANTI-OPPRESSIVE PRACTICE

Anti-oppressive practice (AOP) is a type of critical social work that seeks to challenge social inequality and systemic power imbalances affecting clients by engaging with person-centred, strengths-based, activist and critically reflective approaches.[77] AOP critiques more 'traditional' social welfare approaches that individualise client problems as personal inadequacies or dysfunctions, and offers an alternative to recognise how such problems are situated within structural contexts of oppression and injustice.[78]

Services that use AOP approaches acknowledge their responsibility to take a stand against injustice and recognise clients as active agents of change who have their own strengths, capabilities and strategies in response to their experiences of violence, oppression and discrimination.[79] AOP also requires a commitment to reflective practice at organisational and practitioner levels to examine and disrupt the biases, beliefs and structures that perpetuate systemic power imbalances both externally and within the organisation itself.[80] Intersectional feminism is a key theoretical framework for specialist family violence services to use when undertaking reflective practice (see 4.2 Intersectional Feminism).

TRAUMA AND VIOLENCE-INFORMED APPROACH

Trauma is a survival response to the overwhelming impacts of acute (i.e. single event) or complex (i.e. multiple, repeated) experiences of violence and abuse.[81] The risks and health and social impacts of family violence alongside various systemic and structural barriers can have long-lasting and intergenerational traumatic impacts on victim-survivors (see 4.1 Understanding Family Violence). Specialist family violence services must, therefore, be both trauma and violence-informed by accounting for the impact of traumatic events alongside the structural inequalities impacting on victim-survivors' lives.[82]

This means that the adverse impacts of family violence trauma are understood within the broader context of patriarchal social conditions, intersectional oppression, and systemic violence and discrimination.

Trauma and violence-informed services establish emotional, physical and cultural safety in service design, including in the physical service environment, service flow models, practitioner-client relationships, and methods for engaging victim-survivors in evaluating and improving service provision.[83] Person-centred approaches are also an important part of a trauma and violence-informed approach, acknowledging a person's inherent strengths, autonomy and dignity and maximising their choices and control over their lives.[84]

Importantly, an individual's response to traumatic events is not necessarily inevitable or predicable; rather, it is a complex interaction of a person's neuro-biology, previous experiences of harm, the role of others (including services) in providing supportive or unsupportive responses, and the context of broader social and cultural structures.[85] As such, it is important to avoid making assumptions and judgements that a person has medical symptoms, diagnoses or pathologies, and instead listen to understand how an individual makes meaning of their responses to trauma within the context of their own lived experience.[86]

A trauma and violence-informed approach must also recognise the impacts on specialist family violence service practitioners of continuously responding to family violence issues and working within the context of structural oppression and social injustice.[87] This may result in experiences of vicarious trauma, distress, dissatisfaction, hopelessness, ethical dilemmas, and mental or physical health problems. This is an important occupational health and safety issue for specialist family violence service practitioners and should be addressed through a range of strategies (see Principle 9 Capable and Sustainable Workforce).

77. Dominelli, L. (2009).
78. Dominelli, L. (1996); Ferguson, H. (2003); Mattsson, T. (2014).
79. Dominelli, L. (1996).
80. Boucher, L. (2018); Dominelli, L. (1996); Dominelli, L. (2009); Ferguson, H. (2003); Mattsson, T. (2014).
81. Varcoe, C. et al. (2016).
82. Ibid.
83. Kezelman, C.A & Stavropoulos, P.A. (2012); Varcoe, C. et al. (2016)
84. Family Safety Victoria (2019b).
85. Varcoe, C. et al. (2016)
86. Johnstone, L. & Boyle, M. (2018), p.183.
87. Reynolds, V. (2011).

5. PRINCIPLES AND STANDARDS

The principles of the Code emerge from the foundational framework and are informed by numerous evidence-based resources and essential systems documents. Each principle is complemented by a set of standards and indicators to inform quality specialist family violence service design and delivery.

The principles and standards are not intended to provide detailed and nuanced practice advice; rather, they are meant to be used by specialist family violence services to inform service design and continuous quality improvement processes within their own specific contexts. Specialist family violence services should also consult the documents referred to in the indicators for additional guidance.

Please see the accompanying audit tool for more information about using the standards and indicators.

STANDARDS & INDICATORS

PRINCIPLES

FOUNDATIONAL FRAMEWORK
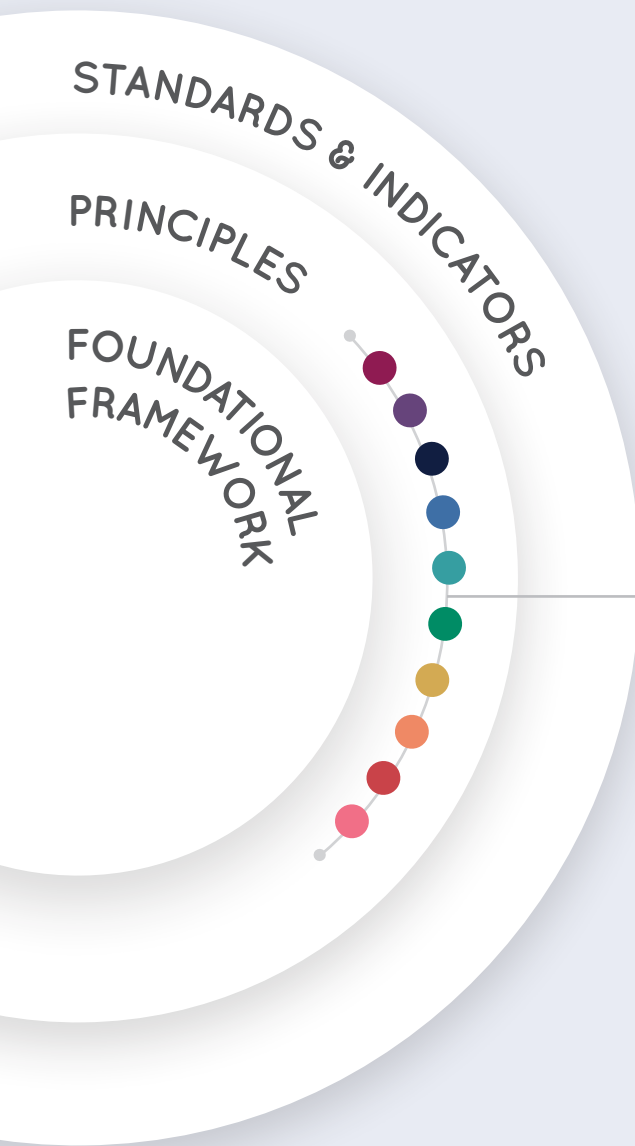
01 | RISK AND SAFETY FOCUS

02 | PERSON-CENTRED EMPOWERMENT

03 | CONFIDENTIALITY AND INFORMATION MANAGEMENT

04 | COLLABORATION AND ADVOCACY

05 | PERPETRATOR ACCOUNTABILITY

06 | CHILD-CENTRED PRACTICE

07 | ABORIGINAL SELF-DETERMINATION

08 | INCLUSION AND EQUITY

09 | CAPABLE AND SUSTAINABLE WORKFORCE

10 | QUALITY GOVERNANCE AND LEADERSHIP

PRINCIPLE 1

RISK AND SAFETY FOCUS

The safety of victim-survivors is the cornerstone principle of specialist family violence services and is prioritised at all times.

Fundamentally, safety can be understood as a state in which a person experiencing family violence is no longer facing a danger, threat or risk of harm from the perpetrator.[88] While a victim-survivor's own protective factors and strategies to resist and survive violence may contribute to a sense of safety, this is relative to the risks and tactics posed by the perpetrator; therefore, safety may not be fully realised if there are no changes in the perpetrator's behaviour or interventions to mitigate and reduce risk.[89] Additionally, safety is a multi-faceted concept that includes nuances of physical, emotional, psychological, spiritual and cultural safety that must be understood directly from the victim-survivor's perspective.

Research into family violence risk assessment has shown that victim-survivors are often the most knowledgeable source of information about their own safety, based on their experience with the perpetrator's behaviours and risks.[90] Victim-survivors are also highly practiced in safety planning and responding to and resisting (even in subtle ways) the perpetration of family violence.[91] Their knowledge, strengths, protective factors and survival strategies should form the basis of risk assessment and risk management. This is an essential part of using the 'structured professional judgement' approach under the *MARAM Framework* which accounts for victim-survivors' own assessment of risk and safety alongside the practitioner's assessment of evidence-based risk factors, information sharing processes, and intersectional analysis to ascertain any issues caused by systemic discrimination and marginalisation.[92] This is underpinned by extensive guidance provided by the *MARAM Framework* to engage with adult and child victim-survivors in a respectful, sensitive and safe way.[93]

Importantly, safety can be significantly impacted by the behaviours and actions of social responders. A 'social responder' is anyone who responds to a person experiencing violence, whether positively or negatively.[94] Negative responses that maintain or exacerbate structural barriers and intersectional oppression, do not take family violence risks seriously, or are generally dismissive, victim-blaming or collusive with the perpetrator, can perpetuate the dangerousness of family violence. These responses can directly impact victim-survivors' safety and increase distress and marginalisation.[95] Specialist family violence services, therefore, have an important role to play as social responders, not only in their risk assessment and management responsibilities, but as trauma-informed service providers that believe, empathise and advocate with victim-survivors, no matter how complex their circumstances.[96] Additionally, victim-survivors' contact with specialist family violence services is often at the point of crisis or to mitigate ongoing safety concerns. This requires that the response by specialist family violence services capably handles victim-survivors' immediate safety needs in a flexible, efficient and coordinated way.[97]

88. Domestic Violence Service Management (2018).

89. Ibid.

90. Heckert, A. & Gondolf, E.W. (2004); Toivonen, C., & Backhouse, C. (2018).

91. Wade, A. (1997). p.23.

92. Family Safety Victoria (2019a).

93. Family Safety Victoria (2019b).

94. Domestic Violence Service Management (2018).

95. Coates, L. & Wade, A. (2016); Laing, L., Humphreys, C., & Cavanagh, K. (2013), pp.48-50.

96. Family Safety Victoria (2019b).

97. Family Safety Victoria (2019e); Family Safety Victoria (2019h); Family Safety Victoria (2019i).

Standards	Indicators
1.1 The service is aligned with systemic guidance for family violence risk assessment and risk management.	**a)** The *MARAM Framework* (policy, responsibilities, tools and practice guides) is integrated throughout organisational systems and service responses. **b)** Risk assessment and risk management procedures are informed by the *MARAM Framework* model of Structured Professional Judgement. **c)** The service participates in governance structures to support embedding the *MARAM Framework* within its organisation and the broader family violence response system. **d)** Practitioners are inducted, trained and supervised to undertake ongoing risk assessment, risk management and safety planning with victim-survivors. **e)** Family violence risk is screened, triaged and responded to in a timely and efficient manner, including priority responses for crisis and escalating or serious risk. **f)** Responsibilities for operational crisis and risk management responses are fulfilled (e.g. RAMP, Crisis Response Framework, Personal Safety Initiative, etc.).
1.2 The service is responsive to victim-survivors' safety and wellbeing needs.	**a)** All family violence contexts are responded to in accordance with risk and need (e.g. intimate partner relationships, family relationship and family-like relationships). **b)** The impacts of family violence across the victim-survivors' life domains are responded to through case management support (e.g. housing, finances, justice/legal, health, employment, education, culture/community, children and family relationships). **c)** Duty of care is implemented in circumstances where police or other emergency services may be required to mitigate serious risk or other acute health and safety needs. **d)** Crisis accommodation and refuge options are provided where victim-survivors are unable to stay safely at home due to a serious level of risk posed by the perpetrator. **e)** Processes are in place to assist victim-survivors in obtaining additional security measures for their person or property. **f)** Processes are in place to support victim-survivors to access justice and legal responses to enhance protection from family violence, if desired.
1.3 The service is trauma-informed and facilitates physical, emotional and cultural safety.	**a)** The service is welcoming, approachable and appropriate for victim-survivors to make confidential disclosures and receive emotional support. **b)** The service is designed to prioritise victim-survivors physical, emotional and cultural safety (e.g. in the service environment, through engagement approaches, and case management practices.) **c)** Potential safety risks and hazards for clients and staff are regularly identified, monitored and mitigated. **d)** Misconduct, discrimination, bullying, abuse, and reportable and critical incidents are managed according to government standards and service contract requirements.

PRINCIPLE 2

PERSON-CENTRED EMPOWERMENT

Victim-survivors are supported to experience meaningful empowerment through person-centred and flexible service responses.

A victim-survivor's sense of autonomy and personal power can be negatively impacted by the perpetrator's abusive and controlling tactics. The role of specialist family violence services is to counter this by supporting victim-survivors to meaningfully experience their own empowerment and restore dignity and control over their lives without coercion or negative judgement.[98] This is not to say that specialist family violence services 'empower' victim-survivors; rather, they support conditions through which victim-survivors are able to access their own *intrinsic empowerment*. This is not a 'one-size fits all' approach, rather, supporting the experience of meaningful empowerment must be *person-centred* by ensuring that service provision is tailored and flexible, taking into account who the person is, not only as a survivor of family violence, but as an individual with their own complex background, life experiences, perspectives, identities, strengths, hopes and needs.[99]

To support a person-centred empowerment approach, it is important that victim-survivors are provided with as much information as possible about their rights and responsibilities when engaging with a specialist family violence service. This involves ensuring victim-survivors know that they will be treated with dignity and respect;

supported to exercise choices and decision-making; informed about how their information is managed; and engaged to participate in service feedback and improvement methods. Information about rights and responsibilities should be tailored and provided in ways that are appropriate to the type of specialist family violence service offered, the communication requirements of the victim-survivor, and when children and young people are involved, their age and stage of development.[100]

Another important part of specialist family violence services' responsibility to uphold a person-centred empowerment approach is to exchange information with victim-survivors about the risks, impacts, and drivers of family violence. This involves listening to victim-survivors' own understanding of their lived experience, sensitively discussing the potential harmful impacts of the perpetrator's behaviour and providing information about how individual experiences are connected to the broader gendered and intersectional drivers of family violence. This is part of specialist family violence services' anti-oppressive practice in counteracting the effects of victim-blaming and negative social responses. The term 'psycho-social education' is sometimes used

98. Bennett Cattaneo, L. & Goodman, L. A. (2014); Domestic Violence Service Management (2018).
99. Family Safety Victoria (2019a); Miller, J. (2005).
100. Family Safety Victoria (2019a).

to describe this practice, however, it should be understood as a two-way exchange, whereby the victim-survivor and the practitioner build upon each other's knowledge to support the victim-survivor's decision-making and planning.

A person-centred empowerment approach necessitates a level of flexibility in service design that is responsive to victim-survivors' voluntary participation in specialist family violence services, as well as the complexities of seeking help for family violence.[101] In the context of intimate partner violence, for example, many victim-survivors repeatedly separate from and return to their partner over time.[102] Furthermore, to respond to community diversity and intersectional experience, person-centred empowerment requires respecting victim-survivors' choices to maintain relationships and/or manage connections with their family, culture and community.[103] This is pertinent to a range of contexts, particularly for people with disability, people from culturally and linguistically diverse backgrounds, and Aboriginal communities. For these reasons, victim-survivors should not be expected to leave their partner, family or community in order to receive a service response.

Person-centred and flexible service provision, therefore, requires an 'open door' approach, whereby victim-survivors are able to decide the intensity and duration of their engagement with the service and not experience an overly restrictive response if they change their level of involvement, cease engagement or decide to take up support again in the future. While there may be tensions with managing demand and the duty of care specialist services have to respond to the risks of family violence, a person-centred approach must be prioritised as much as possible, as this will promote autonomy and personal power and is much more likely to produce long-lasting positive outcomes for victim-survivors.

Standards	Indicators
2.1 The service provides a person-centred empowerment approach.	**a)** A Client Charter of Rights and Responsibilities is implemented and monitored for compliance and validity. **b)** Practitioners are inducted, trained and supervised to work with victim-survivors in a way that respects their autonomy, consent, and personal empowerment. **c)** Practitioners are inducted, trained and supervised to exchange information with victim-survivors about family violence risks, drivers, and impacts to support their safety, wellbeing and decision-making. **d)** Processes are in place to proactively engage victim-survivors in making decisions about all aspects of service provision to address their individual safety and support needs.
2.2 The service is flexible and tailored to victim-survivors' needs.	**a)** Flexible service design is implemented to provide easy access to specialist family violence services that account for the ongoing complexities and barriers victim-survivors face when seeking help. **b)** The duration and intensity of service provision is tailored to victim-survivors' assessed safety and support needs and reviewed regularly to ensure relevance to changing risks and circumstances. **c)** Services are tailored for victim-survivors who wish to maintain relationships and connections with the perpetrator, family, community, culture and pets/animals.

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101. See the advice provided in the *MARAM Framework* regarding engagement practices with victim-survivors (Family Safety Victoria 2019b; Family Safety Victoria 2019h).
102. Australian Institute of Health and Welfare (2019), p.13-14.
103. Department of Health and Human Services (2018b); Victorian Equal Opportunity and Human Rights Commission (2017).

PRINCIPLE 3

CONFIDENTIALITY AND INFORMATION MANAGEMENT

Victim-survivors are informed about how their confidential and personal information is managed.

Respecting victim-survivors' confidentiality is fundamental for specialist family violence services. Mishandling information can be dangerous and detrimental to victim-survivor safety and has serious implications for the integrity of the service provider. Victim-survivors need to know that they can make confidential disclosures about family violence without fear of negative repercussions that may jeopardise their safety and the safety and wellbeing of children and other family members. Concerns about privacy may be particularly acute for people who live in rural and remote areas, and those who are involved in close-knit communities, such as culturally and linguistically diverse communities, faith-based communities, Aboriginal and Torres Strait Islander communities, and LGBTIQ communities. It is important to make plans with victim-survivors in these circumstances to reduce any potential conflict of interest or unlawful breaches of confidentiality.

Seeking the victim-survivor's consent is an important part of safe and ethical handling of personal information. Consent-seeking practices should be prioritised as much as possible to support the victim-survivor's decision-making and control over their lives. This can be challenging, however, when the circumstances necessitate managing serious levels of family violence risk and responding to children's safety, protection and wellbeing needs. Service providers must refer to the *Family Violence Information Sharing Scheme*[104], the *Child Information Sharing Scheme*[105] (and other state and federal privacy laws), and the *MARAM Framework*[106] to appropriately meet their obligations for collecting, storing and sharing client information and ensure they have policies and procedures to clearly explain to victim-survivors how their information will be managed and the extent and limitations of consent. Victim-survivors must also be informed about how to access their own client records and make complaints if they have concerns about how their information is handled.

Additionally, an important part of information sharing is taking a trauma-informed approach to reduce the burden on victim-survivors to retell their stories and chase-up service responses. This involves seeking consent (as per privacy and information sharing guidelines) to securely transfer case information, including current risk assessments, safety plans and other risk management actions, to other agencies involved in coordinated responses.

104. Family Safety Victoria (2018b).
105. Department of Health and Human Services (2018a).
106. Family Safety Victoria (2019f).

Furthermore, information sharing with other services is part of addressing the risks that arise when a victim-survivor is wrongly identified (also known as 'misidentification') as the perpetrator. This form of systemic violence often occurs in policing responses where the victim-survivor has used violence as a protective response, or is accused of using violence by the perpetrator.[107] Research has shown that this is not an uncommon problem and is associated with stereotypical views about victims and perpetrators, a lack of assessment of the history and patterns of family violence, and an over-reliance on the justice system.[108] This has serious impacts and safety implications, particularly for women with presumed or actual mental health concerns, Aboriginal women, women with disability, women from refugee and migrant backgrounds, and LGBTIQ people.[109] Specialist family violence services have an important role to play in critically reflecting on the biases that perpetuate the misidentification of victim-survivors, ensuring that corrections are made within record-keeping and information-sharing processes (within the service itself and through feedback to other services and systems that hold this information), and advocating for reforms to address the perpetuation of this problem.

Standards	Indicators
3.1 The service legally and ethically handles victim-survivors' confidential and personal information.	**a)** Obligations under privacy and information sharing legislation are integrated throughout organisational systems and service responses. **b)** Victim-survivors are informed about how their personal and sensitive information is collected, stored and shared, the extent and limitations of consent (where safe, reasonable and appropriate) and how they can request access and make amendments to their personal records. **c)** Record keeping systems are securely stored and managed, with personal and sensitive information recorded in keeping with the purposes of service provision. **d)** When a victim-survivor is misidentified as a perpetrator, the service's client records are corrected and appropriate risk assessment and risk management processes are applied to rectify the exacerbation of risk. **e)** Precautions are taken to prioritise victim-survivors' confidentiality when providing services in rural/regional locations or within close-knit social/cultural communities. **f)** The use of client data for reporting, systemic advocacy or continuous improvement is de-identified and not traceable to any particular individual or family.

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107. Reeves, E. (2017); Women's Legal Service Victoria (2018).

108. No to Violence (2019).

109. Ibid.

PRINCIPLE 4

04

COLLABORATION AND ADVOCACY

Services use collaboration and advocacy within coordinated multi-agency responses to benefit victim-survivors.

Victim-survivors often find themselves in a tangled web of services and systems when they seek help for family violence. In response to this, specialist family violence services have a central role in leading coordinated responses with other agencies to promote victim-survivor safety and perpetrator accountability.

The purpose of coordinated responses is to reduce silos and minimise duplication between services in the family violence response system; provide seamless, connected and integrated support for victim-survivors; address the specific needs of infants, children and young people; provide inclusive responses for people from diverse backgrounds and age groups; and activate systems that address and monitor perpetrator behaviours and risks.[110] Coordination with other services involves different functions such as facilitated referral pathways, secondary consultations, co-case management, and multi-agency programs or co-location responses. Mobilising coordinated responses can serve the purpose of both family violence risk management and supporting the victim-survivor's broader case plan goals.

Working collaboratively in a coordinated multi-agency system requires that all professionals have a shared understanding of family violence and a commitment to work together for the benefit of adult and child victim-survivors. It also requires respecting each other's professional disciplines and specific roles and responsibilities. For example, specialist family violence

services' leadership role in coordinated responses includes leading case management with other services, as per their responsibilities under the *MARAM Framework*.[111] This is important for ensuring that victim-survivors receive dedicated support and advocacy and a primary contact for ongoing risk assessment, safety planning and tracking the outcomes of coordinated action plans with other agencies. Additionally, specialist family violence services provide secondary consultation to other services across the family violence response system to increase understanding of family violence issues, assist with assessing and managing risk, and provide advice for safety planning, referral options and coordinating responses.[112]

Coordinated responses are particularly important for supporting victim-survivors from diverse communities and age groups (see Appendix B Glossary) who face intersectional oppressions. This involves removing barriers that may be obstructing an inclusive and equitable service response and ensuring that service provision is tailored to the victim-survivors' support and safety needs (see Principle 8 Inclusion and Equity).[113] This may involve secondary consultations, referral pathways, partnership arrangements and coordinated co-case management with services that specialise in working with specific and diverse communities and age groups. Additionally, victim-survivors who experience family violence alongside other complex needs (see Appendix B Glossary) may require coordinated responses to ensure that they do

110. Breckenridge, J., Rees, S., valentine, k., & Murray, S. (2016); Humphreys, C. et al. (2000); Family Safety Victoria (2019a); Family Safety Victoria (2019f); Family Safety Victoria (2019i).

111. Family Safety Victoria (2019h); Family Safety Victoria (2019i).
112. Family Safety Victoria (2019f).
113. Family Safety Victoria (2019a); Family Safety Victoria (2019h).

not fall through systemic gaps and receive holistic, integrated support from specialist family violence services working together with agencies such as mental health services, drug and alcohol services, and services that provide disability support.[114]

Coordinated responses are also relevant for victim-survivors who are seeking 'all-of-family' case management or therapeutic responses for themselves, the perpetrator and their children. This is related to victim-survivors' rights to maintain connections to their family, culture and community (see Principle 2 Person-centred Empowerment). The controversies of such approaches are well-known, including the potential for obscuring power imbalances and perpetrator responsibility, exacerbating family violence risk, and giving false hope to victim-survivors that the perpetrator and/or family circumstances will change.[115] Part of a person-centred empowerment approach within the coordinated response, however, necessitates respecting victim-survivors' personal agency and decision-making to explore these options in a way that maintains priority over the safety and wellbeing of adult and child victim-survivors, and is vigilant with other service providers about pivoting responsibility for behaviour change to the perpetrator.[116]

Ultimately, in any type of coordinated response, victim-survivors should also be able to trust that specialist family violence services provide a distinct role in the system that is totally committed to their safety and support needs. This includes being able to undertake advocacy with victim-survivors, or on their behalf with consent, particularly with other services and systems to secure their rights and access to resources. Sometimes specialist services may be on the receiving end of such advocacy and should also be critically reflective about their role in the system and fulfilling their own duties and obligations.

Standards	Indicators
4.1 The service manages facilitated referrals and secondary consultations.	**a)** Processes are in place to manage facilitated referrals and secondary consultations in accordance with the *MARAM Framework* and privacy and information sharing legislation. **b)** Facilitated referrals are made with victim-survivors' informed consent (where safe and reasonable to do so) and proactively address any barriers that may prevent engagement. **c)** Secondary consultations are sought from other services to plan for victim-survivors' safety and support needs and to enable inclusive and culturally safe responses. **d)** Secondary consultations are provided to other agencies in a timely manner by suitably qualified and experienced specialist family violence practitioners.
4.2 The service mobilises coordinated responses to address family violence risk and case plan goals.	**a)** Coordinated responses and referral pathways with other services are identified and tailored to address victim-survivors' safety and support needs. **b)** The service takes a lead role to provide dedicated support and case coordination for victim-survivors when there is more than one service involved in a coordinated response (including in 'all of family' approaches). **c)** Coordinated action plans have clear roles and responsibilities for service providers and are documented and reviewed to ensure outcomes respond appropriately to victim-survivors' safety and support needs. **d)** Advocacy approaches are used when coordinated responses are not improving outcomes for victim-survivors or when other services and systems are not fulfilling their responsibilities.

114. Healey, L., et al. (2019).

115. Brown, J. & James, K. (2014); Healey, L., et al. (2019).

116. Ibid.

PRINCIPLE 5

PERPETRATOR ACCOUNTABILITY

Perpetrators are responsible for using family violence and are held accountable and monitored through a system-wide approach.

05

Perpetrator accountability is the process by which the perpetrator acknowledges and takes responsibility for their choices to use family violence and works to change their behaviour.[117] Promoting and advocating for consistent responses that enable perpetrator accountability requires a system-wide approach, and includes the efforts of all practitioners and services in the family violence response system, even if they are not involved in working directly with perpetrators.[118]

For specialist family violence services working with victim-survivors, their role in promoting perpetrator accountability is informed by a person-centred empowerment approach (see Principle 2 Person-centred Empowerment). This involves learning about victim-survivors' experiences with the perpetrator, including the history and nature of their relationship, assessment of the perpetrator's risk factors and patterns of behaviour, and any interventions that may or may not have had a positive impact on accountability.

Specialist family violence services learn from victim-survivors about how the perpetrator avoids accountability through tactics such as minimising or denying their use of violence, blaming the victim-survivor, attacking the victim-survivor's credibility, and using the system to position themselves as the victim. Specialist family violence services may also uncover a perpetrator's constellation of abuse in the family, including the simultaneous perpetration of

intimate partner violence, child abuse, elder abuse or abuse against other family members. Importantly, practitioners should be trained to discuss and assess the perpetrator's behaviour with the victim-survivor in a respectful and understanding way that accounts for the complexities of their relationship and personal agency to define the relationship into the future.

Through undertaking ongoing risk assessments with victim-survivors, specialist family violence services document a significant amount of information about perpetrators that informs safety planning, risk management, information sharing and coordinated responses. This may involve advocating for interventions by services that work directly with perpetrators to lift the burden of managing risk from the victim-survivor, including police, courts, corrections, child protection, perpetrator case management and behaviour change programs. On a case-by-case basis, there may be other services involved with the perpetrator that need to be a part of coordinated action planning, such as mental health services, drug and alcohol services and housing services.

Importantly, any action undertaken by specialist family violence services to promote perpetrator accountability must prioritise victim-survivor safety, consent and decision-making (in accordance with privacy and information sharing legislation) to prevent the exacerbation of risk and further harm.

117. Family Safety Victoria (2019a).
118. Family Safety Victoria (2017b); Family Safety Victoria (2019a).

Standards	Indicators
5.1 The service takes a victim-centred approach to advocate for and monitor perpetrator accountability.	**a)** Practitioners are inducted, trained and supervised to discuss family violence with victim-survivors in a way that respects their relationship, and conveys perpetrator responsibility and accountability. **b)** Information about perpetrators, including the risks and impacts of their use of family violence, is documented in client records and shared with victim-survivors and other services according to information sharing legislation. **c)** Processes are in place to proactively involve victim-survivors in decision-making and safety planning for coordinated responses that activate direct interventions with perpetrators. **d)** Where the perpetrator is engaged with a behaviour change program, victim-survivors are involved in decision-making about how the Family Safety Contact worker and other specialist practitioners should coordinate their responses and communications. **e)** Systemic failures to adequately address perpetrator responsibility and accountability are documented and analysed to inform advocacy approaches to improve the family violence response system.

PRINCIPLE 6

CHILD-CENTRED PRACTICE

Infants, children and young people are recognised as victim-survivors in their own right, and their safety and wellbeing are prioritised in every stage of service provision.

It is well-established that family violence poses numerous risks to the safety, health, wellbeing and development of infants, children and young people (see 4.1 Understanding Family Violence). Specialist family violence services must respond to this by enacting child-centred practice throughout service design and delivery.

Child-centred practice is enabled by understanding the cumulative and traumatic impacts of family violence across the developmental stages (i.e. pre-natal, infancy, childhood and adolescence), while also accounting for variations in physical, mental and cognitive abilities.[119] It also involves creating service environments and practices to engage with infants, children and young people in safe, positive and empowering ways.[120] This means promoting children's participation in decisions that affect them (when safe and reasonable to do so), supporting their right to enjoy their culture and faith, enabling service access for children with disability, and ensuring that children are able to enjoy their childhood through family support, education, friendships, and play and leisure.[121] Additionally, an anti-oppressive approach makes visible children's own personal empowerment and agency by acknowledging how they try to resist violence and maximise safety in a myriad of ways for themselves, siblings and parents/carers.[122]

An intersectional lens is also important within child-centred practice to recognise how the cumulative harms and impacts of family violence on children is a form of structural oppression against the most vulnerable members of society. For example, LGBTIQ children and young people may experience multiple forms of homophobic family violence including coercion to undergo 'conversion programs' to deny their identity, exclusion and isolation from family and friends, disrupted education and homelessness. Additionally, the *Child Safe Standards* are underpinned by principles that promote the cultural safety of Aboriginal children, the cultural safety of children from culturally and/or linguistically diverse backgrounds, and the safety of children with disability.[123]

Fundamentally, child-centred practice requires recognition that infants, children and young people are victim-survivors in their own right, meaning that they are also clients of specialist family violence services, alongside adult victim-survivors, thus requiring their own risk assessments, risk management plans and case plan goals.[124] While direct engagement with infants, children and young people is ideal for assessing and responding to their individual needs, the extent of this engagement can vary due to factors including the nature of their parents'/carers' voluntary engagement with the service, the child's age and stage of development, and the service context and setting

119. See the *Best Interests Case Practice Model* for detailed information about the stages of child development (Department of Human Services 2012).
120. Family Safety Victoria (2019b).
121. Commission for Children and Young People (2018a).
122. Richardson, C. & Bonnah, S. (2015).
123. Commission for Children and Young People (2018a).
124. See the *MARAM Framework Practice Guides* (all responsibilities) for detailed guidance for responding to family violence risks against children and young people.

(e.g. state wide telephone responses, local family violence support, family violence accommodation or therapeutic programs). Nevertheless, keeping children's rights and safety at the forefront of service provision is essential even where direct engagement is limited. This is an important part of working in a multi-dimensional way that holistically *accounts* for the individual risks, safety and support needs of each infant, child or young person *in tandem* with the work undertaken with the adult victim-survivor.[125]

Through this multi-dimensional approach, specialist family violence services partner with the adult victim-survivor to assess the risk and impact of the perpetrator's use of violence, coercion and controlling tactics on their children and their parenting role; discuss the perpetrator's responsibility for using violence as a parenting choice; acknowledge and build on the strategies they have used to manage and mitigate harm to their children; and provide support to access opportunities that restore the parent/carer-child bond. Where safe and reasonable to do so, it is important to understand and validate children's own views on the impacts of the perpetrator's behaviour and their perspectives on their relationship going forward. Working with adult victim-survivors in their parenting role also requires understanding and respecting diverse parenting styles of parents/carers from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, Rainbow families and parents/carers with disability.

There are also circumstances where a child or young person is using abusive and violent behaviours against their parents, grandparents, siblings or other family members. This is a complex area of service provision as it is often the case that children and young people using violence may be exposed to family violence as victims themselves.[126] Specialist family violence services must also use the evidence base that family violence is situated within patterned behaviours of coercive control and seek to understand if a violent incident involving a child or young person is indeed 'family violence' or potentially related to other complexities, such as developmental or disability-related issues. In all circumstances it is important to understand the challenges faced by families where a child or young person is engaging in violent behaviours and avoid naming them as 'perpetrators' and taking the same kind of advocacy and intervention approach that is applied to adults who use family violence.[127] A comprehensive risk assessment and risk management approach is required to prioritise the safety of all people who are subjected to family violence (including the child or young person themselves) and, where possible, engage with therapeutic options that specialise in working with children and young people and their family to reduce risk and harm.

Importantly, to support child-centred practice, specialist family violence services should use coordinated responses and referral pathways with services that specialise in working with children, including Child FIRST, Integrated Family Services, Child Protection, Maternal and Child Health Services, schools and child-care services, youth services, and therapeutic services for children and young people. It is essential that service providers implement their responsibilities as described in the *Child Safe Standards*, the *Reportable Conduct Scheme*, the *Child Information Sharing Scheme*, and the specific child-focused risk assessment and risk management guidance and tools provided in the *MARAM Framework*. It is also critical that specialist family violence services have clear policies and procedures for reporting child wellbeing, safety or protection concerns according to legislative thresholds described in the *Children, Youth and Families Act 2005* (Vic), with accompanying guidance provided by the *Best Interests Framework for Vulnerable Children and Youth* and the *Best Interests Case Practice Model*.

125. Campo, M. et al. (2014); Kaspiew, R. et al. (2017).
126. Campbell, E. (2018); Family Safety Victoria (2019g).
127. Family Safety Victoria (2019g).

Standards	Indicators
6.1 The service implements its legislative responsibilities to promote the safety and wellbeing of infants, children and young people.	**a)** Family violence risk assessment and risk management processes involving infants, children and young people are undertaken according to the *MARAM Framework* practice guidance. **b)** The *Child Safe Standards* and the *Reportable Conduct Scheme* are integrated throughout organisational systems and service responses. **c)** Collecting, storing and sharing information about infants, children and young people is aligned with the *Family Violence Information Sharing Scheme* and the *Child Information Sharing Scheme.* **d)** Reports about child wellbeing, safety or protection concerns are undertaken according to legislative thresholds within the *Children, Youth and Families Act 2005* (Vic).
6.2 The service is designed to respond to the unique rights and needs of infants, children and young people.	**a)** Child-focused practice responses are appropriate to the service context, child developmental stages, intersectional experience, and the nature of service engagement (i.e. directly with the child or young person, via the parent/carer, or in conjunction with both). **b)** Service responses account for infants, children and young people as individuals with their own risk assessment, risk management and case plan goals (even where direct engagement with the child or young person is minimal). **c)** Coordinated responses and referral pathways are implemented with services that specialise in working with children and young people, including where a child or young person is using family violence.
6.3 The service is child-friendly and promotes the participation of children and young people.	**a)** Play and leisure is catered for in the service environment with regard to children's diversity, ability and stages of development. **b)** Age appropriate and accessible information is provided to children and young people about what the service does, how their information is managed, how they will be involved in decisions that impact them, and how to ask for help. **c)** Informal and formal feedback mechanisms for children and young people are implemented and tailored to the service context, developmental stage, and type of engagement.
6.4 The service works collaboratively with adult victim-survivors in their parenting/caring role to support children's ongoing safety and wellbeing.	**a)** Consent is sought from the adult victim-survivor parents/carers to work directly with infants, children and young people, and make referrals on their behalf, where appropriate. **b)** Practitioners are inducted, trained and supervised to sensitively discuss the impacts of family violence on infants, children and young people with parents/carers and to determine the supports they require to enable ongoing safety and wellbeing needs. **c)** Practitioners are inducted, trained and supervised to respect and work collaboratively with diverse parenting styles, including with parents/carers from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, Rainbow families, and parents/carers with disability. **d)** Opportunities and referrals for parents/carers to restore parent/carer-child bonds and parenting capacity are provided. **e)** Processes are in place to support and advocate with victim-survivors involved in the family law system to promote children's rights to be safe from family violence.

PRINCIPLE 7

ABORIGINAL SELF-DETERMINATION

Services respect and uphold the right to Aboriginal self-determination, choice and cultural safety.

The right of Aboriginal people to self-determination is enshrined in multiple international and domestic human rights instruments.[128] In Victoria, *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families (the Aboriginal 10 Year Family Violence Agreement 2018-2028)* describes a definition of self-determination as "exercising true freedom, full and total control of our own safety, healing, connections to land and culture, communities, futures and lives", which requires "a systemic shift from government and the non-Aboriginal service sector, that requires the transfer of power, control, decision making and resources to Aboriginal communities and their organisations".[129]

Everything that happens in Australia happens on unceded Aboriginal land. This includes responses to the devastating impacts of family violence against Aboriginal people and communities. In particular, Aboriginal women are more likely to be hospitalised due to family violence and more likely to be murdered by a family member.[130] Aboriginal children are more likely to be over-represented in child protection systems and have children removed, compared with non-Aboriginal people in Australia.[131] Family violence is not part of Aboriginal culture and these impacts must be understood in the context of historic and ongoing impacts of colonisation, genocide, systemic violence, racism, family separation and intergenerational trauma.[132]

Aboriginal family violence services and programs provide a direct response to this context with holistic, culturally safe and trauma-informed approaches.[133] It is also the responsibility of mainstream family violence services to critically reflect on where they may be perpetuating colonising approaches and discriminatory practices and work to promote culturally safe service responses, and develop practices that are aligned with the leadership and goals of Aboriginal communities. As such, respect for Aboriginal self-determination, choice and cultural safety is an essential component of specialist family violence service provision and advocacy.

Specialist family violence service responses with respect to Aboriginal self-determination includes supporting all victim-survivors who identify as Aboriginal (including Aboriginal children of parents/carers who do not identify as Aboriginal) to exercise their choices to maintain connections to Country, culture, family and community and access either mainstream and/or Aboriginal services in a way that is safe and appropriate for them. Referral pathways and coordinated responses with Aboriginal services is a fundamental part of specialist service design and should be tailored through partnership work with Aboriginal services.

128. Universal Declaration of Human Rights (1948); Declaration on the Rights of Indigenous Peoples (2007); International Covenant on Civil and Political Rights (1966); International Covenant on Social, Economic and Cultural Rights (1966); Charter of Human Rights and Responsibilities Act 2006 (Vic); Department of Health and Human Services (2018b).

129. Family Safety Victoria (2018b), p.20.

130. Australian Institute of Health and Welfare (2019).

131. Ibid.

132. Department of Health and Human Services (2018b).

133. Blagg, H. et al. (2018); Department of Health and Human Services (2018b); Olsen, A. & Lovett, R. (2016); Warawarni-Guma Statement (2018).

Standards	Indicators
7.1 The service demonstrates respect for Aboriginal people and culture.	**a)** The self-determination rights of Aboriginal and Torres Strait Islander peoples is acknowledged and made visible in the service environment, communication materials and public engagements. **b)** Supporting the goals of *Dhelk Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families (the Aboriginal 10 Year Family Violence Agreement 2018-2028)* is incorporated into service design and strategic planning. **c)** Capability to provide culturally safe services for Aboriginal people is regularly reviewed and addressed, using guidance provided by Aboriginal organisations and resources. **d)** Professional development includes cultural safety training provided by Aboriginal organisations that addresses the intersection between family violence and the historic and ongoing impacts of colonisation on Aboriginal families and communities.
7.2 The service is responsive to family violence against Aboriginal and Torres Strait Islander peoples.	**a)** The Aboriginal definition of family violence is used alongside the mainstream/legal definition in policies, practice guidance and other relevant material. **b)** Family violence risk assessment and risk management processes involving Aboriginal and Torres Strait Islander people is undertaken according to the *MARAM Framework* practice guidance. **c)** Processes are in place to ensure that all victim-survivors are asked if they, and/or their children, identify as Aboriginal or Torres Strait Islander and referral options are provided for either mainstream or Aboriginal organisations. **d)** Services respond to Aboriginal victim-survivors' rights to maintain or restore connections with culture, Country, family, kinship and community networks. **e)** Partnerships with Aboriginal organisations are developed to inform service design and enable effective referral pathways and coordinated responses for Aboriginal and Torres Strait Islander peoples.

PRINCIPLE 8

INCLUSION AND EQUITY

Victim-survivors are able to easily access inclusive and equitable specialist family violence services.

Specialist family violence services have legal and ethical responsibilities to provide inclusive and equitable services for victim-survivors and understand their obligations under state and federal anti-discrimination legislation.[134] This is not only necessary from a human rights perspective, but also to address the significant and disproportionate impacts of family violence across population groups and lived experience of intersecting forms of marginalisation, discrimination and oppression.[135]

Inclusive and equitable services are welcoming, approachable and culturally safe for people from a range of backgrounds and proactively prevent discrimination through equal opportunity policies, reflective practice and continuous quality improvement methods.[136] In accordance with the *Equal Opportunity Act 2010* (Vic), inclusive and equitable service provision must include consideration of the following protected characteristics: sex, gender identity, race, religious belief or activity, age, disability, sexual orientation, lawful sexual activity, and personal association with someone who has a protected characteristic.[137] Importantly, under the Act 'disability' includes "all physical, intellectual or psychological illnesses or injuries, and their manifestations or symptoms".[138] Services providers should understand that excluding victim-survivors from receiving a specialist family violence service response on the

basis of 'complex need' (see Appendix B Glossary) contributes to experiences of discrimination and could significantly undermine victim-survivors' safety.

The Victorian Equal Opportunity and Human Rights Commission provides guidelines specifically for specialist family violence services to meet their obligations and prevent discrimination against marginalised groups.[139] This involves implementing, communicating and monitoring an Equal Opportunity Policy that clearly outlines service eligibility criteria and client rights to non-discriminatory and inclusive services.[140] These guidelines also highlight specific resources specialist family violence services can use to enable their capability in providing inclusive and equitable services, including Rainbow Tick Accreditation, Disability Action Plans and Reconciliation Action Plans.[141] Additionally, the *Cultural Responsiveness Framework*, although targeted at health services, provides useful guidance for responding appropriately to people from culturally and linguistically diverse backgrounds.[142]

Any service that wishes to limit eligibility criteria and employment practices for a protected personal characteristic must undertake due diligence to provide justifiable evidence for such limitation(s) and determine if they satisfy the criteria for either a special measure, exception or exemption under

134. Age Discrimination Act 2004 (Cth); Australian Human Rights Commission Act 1986 (Cth); Charter of Human Rights and Responsibilities Act 2006 (Vic); Disability Discrimination Act 1992 (Cth); Equal Opportunity Act 2010 (Vic); Fair Work Act 2009 (Cth); Racial Discrimination Act 1975 (Cth); Sex Discrimination Act 1984 (Cth).
135. Family Safety Victoria (2018a).
136. Family Safety Victoria (2018a); Victorian Equal Opportunity and Human Rights Commission (2017).

137. Ibid.
138. Victorian Equal Opportunity and Human Rights Commission (2017), p.12.
139. Victorian Equal Opportunity and Human Rights Commission (2017).
140. Ibid., p.20.
141. Where resources support the opportunity to develop such plans.
142. Department of Health (2009).

the *Equal Opportunity Act 2010* (Vic). However, just because such provisions are available under the Act does not mean that service providers have to use them. As per the guidance from the Victorian Equal Opportunity and Human Rights Commission, specialist family violence services and accommodation providers are "encouraged to take a human rights approach which seeks to balance the rights of those currently receiving, and those seeking to receive, support".[143] Further to this, the Commission advises that victim-survivor safety must always come first, regardless of their personal characteristics (including sexual orientation or gender identity), and if services are going to use lawful limitations in their eligibility criteria, they should have referral pathways with other organisations that can meet victim-survivors' needs.[144] This is an essential part of specialist family violence services' role in an inclusive and equitable coordinated family violence response system.

To further prevent discrimination beyond specific 'personal characteristics', it is important that specialist family violence services use an intersectional feminist lens to proactively consider how their service design, eligibility criteria and practice approaches respond to the 'diverse communities and at risk age groups' (see Appendix B Glossary) identified in the evidence base as experiencing disproportionate impacts of family violence. This includes younger women, children, older people, people with disability, people from culturally and linguistically diverse backgrounds, LGBTIQ people, people in rural and remote communities, people with mental health issues and/or substance misuse problems, people from socio-economically disadvantaged areas, Aboriginal and Torres Strait Islander peoples, women in the sex work industry and women who have been criminalised (see 4.1 Understanding Family Violence). Where services are providing responses to men who experience family violence, this should also be considered in light of the patriarchal construction of masculinities, gender power hierarchies and the family relationship context in which the violence takes place (e.g. intimate partner relationships, family relationships or family-like relationships).

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143. Victorian Equal Opportunity and Human Rights Commission (2017), p.14.
144. Ibid., p.22.

Standards	Indicators
8.1 The service meets its obligations to prevent discrimination and promote equal opportunity.	**a)** Responsibilities to prevent discrimination and enable inclusive and equitable service provision and employment practices are implemented according to state and federal equal opportunity and human rights legislation. **b)** An Equal Opportunity Policy is implemented and monitored according to the *'Guideline: Family violence services and accommodation'* (Victorian Equal Opportunity and Human Rights Commission). **c)** If the service limits eligibility criteria or employment for any protected personal characteristic, due diligence and evidentiary requirements are met for either a special measure, exception or exemption under the *Equal Opportunity Act 2010* (Vic). **d)** Service access information and eligibility criteria, including any lawful limitations, are clearly communicated to victim-survivors and the general public via its website and service information materials (e.g. brochures, posters, etc.). **e)** People seeking support for family violence, even if they are ineligible for the particular service, are provided with a minimum response, including a brief risk assessment, safety planning information, and a facilitated referral offer to a relevant agency. **f)** Referral pathways are proactively established with appropriate agencies able to provide responses to persons that are ineligible for the service due to lawful limitations.
8.2 The service proactively integrates inclusion and equity into service design and delivery.	**a)** The service environment is welcoming and approachable for victim-survivors from a range of diverse communities and age groups. **b)** Strategies are implemented to proactively recruit, retain and support staff, managers and board members who reflect the diversity of the community they serve. **c)** Family violence risk assessment and risk management processes involving people from diverse communities and age groups are undertaken according to the *MARAM Framework* practice guidance. **d)** Victim-survivors experiencing interrelated family violence, mental health issues, alcohol and drug issues, temporary residency status, disability and other 'complex needs' are provided with inclusive and equitable services. **e)** The social model of disability approach is used to proactively address accessibility requirements and implement flexible responses for people with disability, including provisions for the use of mobility aids, communication devices and assistance animals. **f)** Partnerships with services that represent diverse communities and age groups are implemented to inform service design and enable coordinated responses. **g)** Professional development includes training and/or resources by organisations with expertise in enhancing inclusion, equity and cultural safety. **h)** Capability to provide inclusive and equitable services is regularly reviewed and addressed using guidance provided by organisations and resources that represent diverse communities and age groups.
8.3 The service implements strategies to enable inclusive and accessible communication.	**a)** Flexible communication options (e.g. written, verbal, email, text, online chat) are provided in accordance with standards required to meet the needs of people with disability, non-English speakers, and people with literacy challenges. **b)** People from non-English speaking backgrounds are provided with accredited professional interpreters and offered options (where feasible and available) to engage interpreters over the phone or in person. **c)** People with disability are provided with accredited Auslan interpreters or access to communication support professionals to support informed decision-making and to communicate their needs. **d)** Concerns about breaches of confidentiality and misconduct by interpreters and communication support professionals are documented and reported to the organisation providing the service and/or the appropriate oversight authority.

PRINCIPLE 9

09

CAPABLE AND SUSTAINABLE WORKFORCE

Services promote the professional development and sustainability of the specialist family violence workforce.

The specialist family violence workforce is the bedrock of the sector, made up of committed and dedicated professionals whose important role deserves recognition, sustainability and support.

There are diverse roles and responsibilities in this workforce. These can generally be summarised to include direct service practitioners, service leaders, and specialist family violence policy and practice professionals working on local and state wide levels. The capabilities of the specialist family violence workforce are described as Tier 1 in the *Responding to Family Violence Capability Framework*, which should be used in tandem with the Code to guide the development of this workforce.[145]

The physical safety, security and health and wellbeing of the specialist family violence workforce is essential for enabling sustainability. Service leaders must be proactive in preventing and minimising the adverse effects of working in the context of violence and social injustice through implementing trauma-informed health and wellbeing strategies, regular supervision, reflective practice, informal debriefing, and fostering a workplace culture of hope, resilience, activism and raising ideas to progress change. These processes should also include specialist practitioners employed in non-family violence specialist environments, as these roles can be isolating and may be situated in organisations that use conflicting frameworks and practices that exacerbate stress and feelings of ethical compromise.[146]

Additionally, services should have in place policies and procedures to support practitioner safety in everyday practice, documenting and debriefing reportable and critical incidents, and addressing concerns about misconduct, bullying and service quality. Practitioner safety must also be managed with creative approaches that enable specialist family violence practitioners to conduct outreach and flexible service provision with victim-survivors in the community, particularly when they require face-to-face crisis responses and additional support to overcome access and engagement barriers.

Specialist practitioners should be provided with consistent and regular supervision by suitably qualified senior leaders and managers, along with support to engage collectively in reflective practice that uses a trauma and violence-informed approach tailored to the context of responding to violence and oppression. Additionally, practitioners' everyday work with victim-survivors must continue to inform specialist family violence praxis (see 4. Foundational Framework) through opportunities to engage in systemic advocacy, reforms and social change campaigning.

Furthermore, given the high prevalence of family violence across the community, it is inevitable that the workforce includes people with their own past or current lived experiences of family violence. Enabling sustainability, therefore, requires dedicated workplace policies that recognise this reality and include confidential support strategies and family violence leave provisions.

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145. Family Safety Victoria (2017b).
146. For example, specialist family violence practitioners located in Tier 2 or 3 services, such as child protection, courts or health care services, as per the *Responding to Family Violence Capability Framework* (FSV 2017b).

Standards	Indicators
9.1 The service is committed to developing the professional capabilities of the specialist family violence workforce.	**a)** The *Code of Practice* is used to guide the induction and professional development of executives, managers, staff and board members. **b)** The *Responding to Family Violence Capability Framework* is used to create clearly defined and consistent position descriptions and develop career pathways and professional development strategies. **c)** The *Responding to Family Violence Capability Framework* is used to assess whether practitioners have the requisite Tier 1 knowledge and skills prior to working directly with victim-survivors. **d)** Regular and equitable supervision is provided for all practitioners by appropriately qualified senior staff to monitor progress and outcomes of case work, review risk assessments and risk management plans, and undertake reflective practice. **e)** Regular group reflection is provided for all practitioners by appropriately qualified professionals to collectively evaluate and strengthen specialist family violence praxis. **f)** Managers and executives are supported to engage in supervision and leadership development opportunities. **g)** Regular performance appraisal and professional development planning are provided for all staff and managers.
9.2 The service is committed to supporting staff health and wellbeing.	**a)** Workplace health and wellbeing strategies are implemented to recognise the impacts of responding to family violence and working within the context of structural oppression and social injustice. **b)** A culture of mutual respect, teamwork and recognition of individual and collective achievements is fostered across the service. **c)** Practitioners are supported to participate in opportunities that connect their everyday work to broader social change campaigns. **d)** A Family Violence Leave Policy and confidential support strategies are implemented for staff who experience family violence. **e)** Access to an external Employee Assistance Program and debriefing processes for reportable and critical incidents are provided.

PRINCIPLE 10

QUALITY GOVERNANCE AND LEADERSHIP

Services provide quality governance and leadership that is accountable to victim-survivors and advocates for systemic and social change.

The *Community Services Quality Governance Framework* describes 'quality governance' as "the integrated systems, processes, leadership and culture that are at the core of safe, effective, connected, person-centred community services and underpinned by continuous improvement".[147]

For specialist family violence services, quality governance is essential for implementing the Code into continuous quality improvement processes, maintaining the integrity of a dedicated specialist family violence response, and supporting service leaders, practitioners and victim-survivors to contribute to systemic reform and social change. This is enabled by the oversight of a board and management team that is committed to effective operational activities, strategic planning, organisational risk management, compliance with government standards and regulations, and service review and improvement.[148]

Quality governance supports specialist family violence services to use their unique vantage point and expertise for strategic leadership within the family violence response system and in the broader community to raise awareness and prevent family violence. Specialist family violence services provide strategic leadership by:

• providing evidence-based expertise about family violence issues, dynamics and risks;

• advocating for improvements that benefit the rights, safety and interests of victim-survivors and promote perpetrator engagement, accountability and monitoring;

• leading capacity-building initiatives in multi-agency and non-family violence specialist environments;

• building referral pathways and coordinated responses that enable inclusive responses with an intersectional feminist lens; and

• contributing to new systemic initiatives, policies, legislation and research that enables more effective responses to family violence across the state and nationally.

The governance processes and leadership role of specialist family violence services must be accountable to victim-survivors. This is part of the ongoing development of specialist family violence praxis, which must always be informed by victim-survivors' own voice, lived experiences, knowledge and expertise. Services should have systematic procedures for collecting and analysing feedback from victim-survivors, including from children and young people, where possible. Additionally, government standards and frameworks increasingly expect that service providers facilitate client participation at the governance, continuous quality improvement and strategic planning levels.[149] While there can be challenges due to the crises and risks involved in specialist family violence service provision, the sector is fundamentally built upon the self-advocacy of victim-survivors, and this should continue to be part of developing quality services and engaging in broader systemic and social change advocacy.

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147. Department of Health and Human Services (2018d), p.11.
148. Ibid., p.16.
149. Department of Health and Human Services (2019); Department of Health and Human Services (2018c); Department of Health and Human Services (2018d).

Standards	Indicators
10.1 Governance structures ensure a specialist family violence response for victim-survivors.	a) A commitment to the *Code of Practice* is implemented throughout the service's organisational systems (e.g. governance, values, strategic planning, policies, workforce development). b) The service design is informed by an evidence-based understanding of family violence, gendered analysis, intersectional feminist framework and person-centred approaches. c) The service is committed to maintaining the distinct role of specialist family violence services and practitioners as dedicated advocates working for the rights and interests of victim-survivors of family violence.
10.2 The service demonstrates accountability to victim-survivors of family violence.	a) The lived experience of those who are impacted by family violence (victim-survivors, friends and family, and community) is acknowledged and made visible in communication materials and at public speaking engagements. b) Victim-survivors are informed about how to make complaints to the service and to the Department of Health and Human Services and how their complaint will be reviewed and resolved. c) Victim-survivors are proactively supported to meaningfully contribute to service governance through mechanisms such as strategic planning, continuous quality improvement activities, service review, and participation in boards/committees. d) Victim-survivors are proactively supported to participate in social change campaigns, advisory groups and ethical research opportunities.
10.3 The service is committed to a vision of high-quality services.	a) Compliance with quality governance and accreditation standards is demonstrated according to government requirements and independent review outcomes are linked to continuous improvement actions. b) Organisational risk management systems are implemented to identify, mitigate and review potential risks to quality and sustainable service provision. c) The service is committed to building the family violence evidence base through quality data collection and contributing to relevant and ethical research initiatives, where possible. d) Client profile data is analysed to identify trends and barriers across diverse community and age group populations to inform service quality and systemic improvements. e) The service has a culture of raising ideas and uses systematic processes to collect and analyse feedback from clients, workforce, and partners to inform service quality, coordinated responses, and systemic improvements.
10.4 The service provides leadership and advocacy for systemic and social change.	a) The service participates in regional partnerships, peak body networks and advisory committees (as required) to inform improvements to the specialist family violence response system. b) The service engages with credible evidence and expertise to advocate for systemic, policy and legislative changes that benefit the safety of victim-survivors and address perpetrator accountability. c) The service contributes to coalitions, campaigns and media opportunities to advocate for victim-survivor rights and perpetrator accountability. d) The service contributes to family violence prevention and early intervention strategies by promoting understanding of the family violence evidence base and the gendered and intersectional drivers of family violence.

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APPENDIX A

7. DEVELOPMENT OF THE CODE

HISTORY OF THE CODE

Domestic Violence Victoria established the first edition of the *Code of Practice for Specialist Family Violence Services for Women and Children* in 2006. It established guidance to inform the design and delivery of specialist family violence services under a unified feminist, human rights and social justice framework. It provided a key resource for the broader family violence response system in Victoria and, being one of the first guidelines of its kind, served as a model for other states in Australia as well as internationally.

In 2015 the Victorian Government held the *Royal Commission into Family Violence* to identify and make recommendations to prevent and respond to family violence. The Royal Commission produced a multi-volume report with 227 recommendations, including a recommendation to revise relevant policy frameworks and services standards (Recommendation 40). While this recommendation did not speak to the Code directly, the board of Domestic Violence Victoria decided to initiate a project to redevelop the Code, as it was more than a decade old and required changes to reflect the evolution of the specialist family violence service sector

and systemic and legislative reforms occurring both before and after the Royal Commission. Furthermore, Domestic Violence Victoria's submission to the Royal Commission advocated for stronger quality assurance standards to support the development, regulation and accreditation of specialist family violence services.

Domestic Violence Victoria's project to redevelop the Code took place from September 2018 to February 2020. It was led by a Project Manager in the Practice Development Unit and governed by a multi-agency Project Advisory Group. The project used a logic framework approach, participatory consultation methodologies, and included a number of activities to inform the development of the Code. These included literature reviews, the development of drafts for iterative testing and feedback, and focus groups across Victoria with specialist family violence service leaders and practitioners, government and sector partners, and advisory groups with victim-survivors and community service clients. Additionally, Quality Innovation Performance Consulting was procured to assist with assessing the quality of the standards and indicators in the Code and to provide advice on the development of the audit tool.

CHANGES IN THE SECOND EDITION

The redevelopment project resulted in the second edition of the Code, which articulates principles and standards to guide consistent quality service provision for victim-survivors accessing specialist family violence services. The second edition differs from the previous version by expanding the articulation of an intersectional feminist framework, describing the key concepts under each principle, and establishing a format of standards and measurable indicators to support specialist family violence service design and continuous quality improvement.

The second edition is also informed by changes to legislation and policy frameworks, and systemic reforms, occurring both before and after the *Royal Commission into Family Violence,* including:

• increasing recognition of the cultural and self-determination rights of Aboriginal and Torres Strait Islander peoples;

• changes in legislation and government frameworks to promote inclusion, equal opportunity and human rights;

• greater focus on the rights, safety and wellbeing of infants, children and young people;

• systemic changes to address and monitor perpetrator accountability;

• legislation to embed new information sharing and family violence risk assessment and risk management practice;

• industry plans to develop family violence knowledge and skill capabilities;

• organisational change resources such as the *Child Safe Standards, Rainbow Tick Standards, Disability Action Plans* and *Reconciliation Action Plans*; and

• the establishment of multi-agency responses such as The Orange Door, Multidisciplinary Centres (for sexual assault and family violence), and Risk Assessment and Management Panels (RAMP).

Furthermore, while many service providers focus their efforts on addressing the significant and overwhelming prevalence of men's violence against women and children within the family, there are now a range of services that provide support to victim-survivors who identify as men, Aboriginal services providing culturally-specific and holistic healing responses, and targeted services for people with disability, from multicultural backgrounds, and LGBTIQ communities. As such, the title of the Code has also been amended in the second edition to acknowledge the expansion of service provision to victim-survivors across a range of 'diverse communities and at-risk age groups' as described in the *MARAM Framework*.[150]

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150. Family Safety Victoria (2018c).

PROJECT ADVISORY GROUP

The Project Advisory Group included representation from the following organisations:

• Berry Street Northern Family & Domestic Violence Service

• CASA Forum – Victorian Centres Against Sexual Assault

• Centre for Non-Violence

• Domestic Violence Resource Centre Victoria

• Domestic Violence Victoria

• w/Respect (Drummond Street Services)

• EDVOS

• Elizabeth Morgan House Aboriginal Women's Service

• Family Safety Victoria

• inTouch Multicultural Centre Against Family Violence

• Mallee Sexual Assault Unit – Mallee Domestic Violence Service

• No to Violence

• Royal Melbourne Institute of Technology (Gendered Violence and Abuse Research Alliance)

• Safe Steps Family Violence Response Centre

• Salvation Army Crossroads

• Seniors Rights Victoria

• WAYSS

• WISHIN

• Women with Disabilities Victoria.

CONSULTATION PARTICIPANTS

Scoping and targeted consultations were held through a range of processes during the project. In summary, consultation participants included:

• Domestic Violence Victoria member networks:
  o Specialist Family Violence Services Leadership Group
  o Refuge Roundtable
  o RAMP Coordinators
  o Personal Safety Initiative Coordinators
  o Specialist Family Violence Advisor Capacity Building Program (Mental Health and Alcohol and Drug Services).

• Advisors with lived experience of family violence and/or engagement in community services:
  o Victim-Survivors' Advisory Council (Family Safety Victoria)
  o Experts by Experience Group (Women with Disabilities Victoria)
  o Inspire Group (inTouch Multicultural Centre against Family Violence).

• Project Advisory Group members (see above).

• Specialist family violence service leaders and practitioners in state wide, metro and regional focus groups.

• Aboriginal family violence support services including Elizabeth Morgan House Aboriginal Women's Service, Orana Gunya (VACCA), Mallee District Aboriginal Services, Winda-Mara Aboriginal Corporation, and Gunditjmara Aboriginal Cooperative.

• Family Safety Victoria and the Department of Health and Human Services.

APPENDIX B

8. GLOSSARY

Aboriginal definition of family violence

The Victorian Indigenous Family Violence Task Force defined family violence against Aboriginal people as "an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities … [i]t extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide".[151] This definition acknowledges the spiritual and cultural perpetration of family violence by non-Aboriginal people against Aboriginal partners, children, young people and extended family members, abuse of Elders, and lateral violence within Aboriginal communities.

Aboriginal self-determination

Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families (the Aboriginal 10 Year Family Violence Agreement 2018-2028) describes self-determination as "exercising true freedom, full and total control of our own safety, healing, connections to land and culture, communities, futures and lives", which requires "a systemic shift from government and the non-Aboriginal service sector, that requires the transfer of power, control, decision making and resources to Aboriginal communities and their organisations".[152]

Accessibility

Accessibility is a broad umbrella term to describe all aspects that influence a person's ability to function within an environment or participate in an activity.[153]

Under the *Disability Discrimination Act 1992* (Cth), businesses and service providers must make reasonable adjustments to increase accessibility so that people with disability can obtain goods, use services and facilities, access public premises, and use communication devices, interpreters, mobility aids, equipment and assistance animals.[154]

151. Department of Health and Human Services (2018b), p. 7.
152. Ibid., p.20.
153. Iwarsson, S. & Ståhl, A. (2003).
154. Australian Human Rights Commission (2016).

Adolescent (who uses) family violence	An adolescent who uses coercive and controlling behaviours and violence against family members and intimate partners. Adolescents who use family violence are often also victims of family violence and appropriate risk management strategies and therapeutic responses should be explored.[155]
Advocacy	Individual advocacy refers to acting in the interest of someone else to promote their rights and entitlements. In specialist family violence services, this means supporting victim-survivors with their own self-advocacy or representing their interests to other services and systems with their consent.
	Systemic advocacy refers to using evidence-based knowledge about family violence issues, trends and gaps to promote policy, legislative and operational changes to improve responses to family violence.
	Social change advocacy refers to using evidence-based knowledge to promote public awareness and understanding of family violence, and contribute to prevention, early intervention and social change.
Age and stage of development	Refers to the unique age and developmental stages for infants, children, adolescents and young people. Development is influenced by a range of factors, including culture, faith, gender identity, sexuality, and disability, biology and life experiences. While it is important to understand developmental milestones, variations are to be expected and considered for each child's unique experiences and circumstances.[156]
Autonomy	The power of a person to act freely and intentionally without being controlled or forced in any way.
Bodily integrity	The right of each human being to self-determination and protection of their own body.
Case management	Case management includes a range of practices including screening and intake, risk assessment, risk management, safety planning, crisis responses, outreach, advocacy, psycho-social needs assessment, goal setting, coordination of services, referrals, exit planning and case closure. Case management is holistic, culturally sensitive, person-centred and strengths-based. Interventions may vary in intensity and duration depending on the risks and needs of adult and child victim-survivors.

155. Family Safety Victoria (2019a).
156. Department of Human Services (2012).

Cisgender	A person whose gender identity aligns with the sex they were assigned at birth – someone who does not identify as trans or gender diverse.[157]
CISS	Child Information Sharing Scheme established under Part 6A of the *Child Wellbeing and Safety Act 2005* (Vic).
Client	Adult and child victim-survivors are sometimes referred to as 'clients' of specialist family violence services.
Co-location	Refers to different types of services being located together in the same physical space to increase access to support and enable coordinated responses.
Collusion	Refers to ways that an individual, agency or system might reinforce, excuse, minimise or deny a perpetrator's violence towards family members and/or the extent or impact of that violence.[158]
Communication device	An electronic device that helps people with little or no speech to communicate, which are usually recommended by a speech pathologist and are a part of augmentative and alternative communication strategies.[159]
Community of practice	An online or in-person opportunity for professionals to develop their capabilities, share knowledge and skills, reduce isolation and identify systemic barriers to achieving positive outcomes for victim-survivors.
Complex need	Victim-survivors with complex needs and interrelated concerns such as mental health issues, alcohol and/or drug use issues, disability, criminalised backgrounds (including experiences of incarceration), housing and economic insecurity, child protection concerns, and temporary residency status.
Confidentiality	According to the FVISS, confidential information includes health information, personal information, sensitive information and unique identifiers.[160] Respecting confidentiality means carefully managing how someone's personal information is collected, stored and shared, to prevent unlawful breaches of privacy and, in the case of family violence, prevent the escalation of risk and harm.

157. Department of Premier and Cabinet (2016).
158. Family Safety Victoria (2019a).
159. 'Communication Device' (n.d).
160. Family Safety Victoria (2018b), p.13.

Consent	Permission for something to happen, or agreement to do something, after being provided all relevant information. Consent is based on a person's capacity to understand, retain, use or weigh and communicate their decision, views and needs in some way. According to the FVISS, consent may be express or implied.[161]
Continuous quality improvement	Rigorous measurement of performance and progress that is benchmarked and used to manage risk and drive improvement in the quality of services and client experience.[162]
Coordinated response	A process that involves multiple professionals and services to assess and manage family violence risks and holistic case plan goals for adult and child victim-survivors. Coordinated responses also involve mobilising interventions to address perpetrator accountability and mitigate further harm.
Cultural rights	The *Charter of Human Rights and Responsibilities Act 2006* (Vic) states that "[a]ll persons with a particular cultural, religious, racial or linguistic background must not be denied the right, in community with other persons of that background, to enjoy his or her culture, to declare and practise his or her religion and to use his or her language".[163]
Cultural safety	To practice in a culturally safe way means to carry out practice in collaboration with the client, with care and insight for their culture, while being mindful of one's own. A culturally safe environment is one where people feel safe and where there is no challenge or need for the denial of their identity.[164]
Culturally and linguistically diverse	Refers to the range of different cultural and language groups represented in the population. Cultural and linguistic diversity may arise from a range of circumstances, including place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home.[165]
Dignity	The concept of dignity expresses the idea that all people have the right to be valued and respected, and to be treated ethically. Affronts to dignity, such as violence, require just redress.[166]

161. Ibid.
162. Department of Health and Human Services (2018d), p.13.
163. Charter of Human Rights and Responsibilities Act 2006 (Vic), s.19.
164. Family Safety Victoria (2019a); Williams, R. (1999)
165. Department of Health (2009).
166. Domestic Violence Service Management (2018).

Discrimination	Discrimination can be direct, indirect or systemic.[167]
	Direct discrimination happens when someone is treated unfavourably because of a personal characteristic protected by the law. Direct discrimination often happens because people make unfair assumptions about what people with certain personal characteristics can and cannot do – or about what kinds of services people with particular characteristics should or shouldn't access.
	Indirect discrimination occurs when an unreasonable requirement, condition or practice is imposed that disadvantages a person or group because of a personal characteristic. Indirect discrimination happens when a policy, practice or behaviour seems to treat all people the same way, but it actually unfairly disadvantages someone with a protected personal characteristic.
	Systemic discrimination occurs if an organisation or group of organisations have entrenched discriminatory policies and practices that directly or indirectly unfairly disadvantage a person or group because of a personal characteristic.
Diverse communities and at-risk age groups	As per the *MARAM Framework*, this includes the following groups: diverse cultural, linguistic and faith communities (including people with temporary residency status); people with disability; people experiencing mental health issues; LGBTIQ people; women in or exiting prison or forensic institutions; people who work in the sex industry; people living in regional, remote and rural communities; male victims; older people and young people (12-25 years of age).[168]
Early intervention	Refers to identification and support for individuals and families experiencing family violence with the aim of stopping early signs of violence escalating, preventing a recurrence of violence or reducing longer-term harm.[169]
Elder abuse	Any harm or mistreatment of an older person that is committed by someone with whom the older person has a relationship of trust. In the context of family violence, this may be elder abuse by any person who is a family member (such as their partner or adult children) or carer. Elder abuse may take any of the forms defined under 'family violence'.[170]
Equity	Equity is a human rights and social justice concept whereby all people across society are able to fairly participate, prosper and reach their full potential, regardless of their background or identities.

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167. Victorian Equal Opportunity and Human Rights Commission (2017).
168. Family Safety Victoria (2019a).
169. Cameron, P. (2016).
170. Family Safety Victoria (2019a).

Family violence

Any behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling that causes a person to live in fear for their safety or wellbeing or that of another person. In relation to children, family violence is also defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviour. This definition includes violence within a broader family context, such as extended families, kinship networks and communities.[171]

See also 'Aboriginal definition of family violence'.

Family violence system

Government departments, statutory agencies and community services working across the spectrum of prevention, early intervention and response to family violence. Specialist family violence services are primarily situated at the response-end of the system, although many services are also involved in leading or contributing to prevention and early intervention programs.

Feedback process

A system for handling feedback from consumers, staff and/or stakeholders effectively, and using this information to resolve complaints, evaluate the quality of service and programs, and inform decision-making about future service delivery.

FVISS

Family Violence Information Sharing Scheme established under Part 5A of the *Family Violence Protection Act 2008* (Vic).

Gender-based oppression

Gender-based oppression is defined as oppression associated with binary and rigid gender norms, gender inequality and power hierarchies that are reinforced by patriarchal social constructs. It reflects the unequal distribution power, resources and opportunities across society with particular impacts on women, transgender and gender diverse people.

Gender identity

Gender identity has a specific meaning under state and Commonwealth equal opportunity and anti-discrimination legislation; however, the term broadly describes a person's deeply felt sense of being a man or a woman, both, neither, or in between. For example, an individual who has no gender identity or a gender identity that is neutral may refer to themselves as 'agender' or 'gender free'. Some people's gender identity may vary according to where they are and who they are with.[172]

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171. Family Violence Protection Act 2008 (Vic) s.5.
172. GLHV@ARCSHS, La Trobe University (2016).

Heteronormative	The belief that everyone is, or should be, heterosexual and cisgender and that other sexualities or gender identities are unhealthy, unnatural and a threat to society. Heteronormativity is associated with heterosexism, a social system built on heteronormative beliefs, values and practices in which non-heteronormative sexualities and gender identities and people with intersex variations are subject to systemic discrimination and abuse.[173]
Inclusion	Refers to processes that enable involvement and empowerment of all people, where their inherent worth and dignity is recognised, and barriers and inequalities are continuously reviewed and addressed.
Infants, children and young people	'Infant' is typically applied to children under 12 months old but can range up to three years old. 'Child' refers to a person under the age of 18, but also includes the developmental stage of adolescence, which is typically applied to the ages between 12 and 18 years old. A 'young person' includes adolescents and young adults, typically up to the age of 25.
Intersectionality (Intersectional Feminism)	A theory developed to examine how multiple forms of power, privilege and oppression overlap, or *intersect*, in people's lives in mutually reinforcing ways to produce power hierarchies, structural inequalities and systemic marginalisation.[174]
Intimate partner violence	Intimate partner violence (IPV) is one of the most common forms of family violence. On a global scale, people who identify as women have the highest prevalence of IPV; however, it can occur across all social backgrounds and intimate relationships that may or may not be sexual in nature, including brief and casual dating relationships, longer term relationships, de facto partnerships, engagements, and marriages under secular and religious traditions.[175]
LGBTIQ	Lesbian, Gay, Bisexual, Trans and Gender Diverse, Intersex and Queer/Questioning.[176] Lesbian: a woman who is romantically and/or sexually attracted to other women. Gay: a person is romantically and/or sexually attracted to people of the same sex and/or gender as themselves. This term is often used to describe men who are attracted to other men, but some women and gender diverse people may describe themselves as gay.

173. Ibid.
174. African American Policy Forum (n.d.); Chen, J. (2017); Crenshaw, K. (1989); 'Intersectionality' (n.d).
175. Australian Institute of Health and Welfare (2019).
176. Department of Premier and Cabinet (2016).

Bisexual: a person who is romantically and/or sexually attracted to people of their own gender and other genders.

Transgender and Gender Diverse: Transgender refers to a person whose gender does not exclusively align with the one they were assigned at birth. Gender diverse refers to a range of genders expressed in different ways. There are many terms used by gender diverse people to describe themselves, such as gender non-conforming or gender non-binary.

Intersex: a person born with atypical natural variations to physical or biological sex characteristics such as variations in chromosomes, hormones or anatomy. Intersex traits are a natural part of human bodily diversity. Not all people with intersex variations use the term intersex and intersex people have diverse genders and sexualities.

Queer: umbrella term for diverse genders or sexualities. Some people use queer to describe their own gender and/or sexuality if other terms do not fit.

Questioning: Rather than being locked into a certainty, some people are still exploring or questioning their gender or sexual orientation. People may not wish to have one of the other labels applied to them yet, for a variety of reasons, but may still wish to be clear, for example, that they are non-binary or non-heterosexual.

MARAM Framework	The Family Violence Multi-Agency Risk Assessment and Management Framework.
Misidentification	Where a victim of family violence is named or categorised as a perpetrator (or respondent in criminal proceedings) for their use of self-defence or violent resistance, or as a form of defence of another family member, or where they are identified based on a misinterpretation of their presentation due to the impact of violence, mental health issues, influence of alcohol or other drugs, cognitive impairment, aggression towards police or initiation of police contact.[177]
Oppression	Oppression designates the disadvantage, marginalisation and injustice some groups of people experience as part of their everyday lives. It involves the devaluation of people's attributes and contributions to society on the grounds of who they are as members of a group socially constructed as inferior.[178]

177. Family Safety Victoria (2019a).
178. Dominelli, L. (2010), p.160.

Parent/carer	Has the meaning described in the *Family Violence Protection Act 2008* (Vic), being a person who has responsibility for the long-term welfare of the child and has, in relation to the child, all the parental powers, rights and duties that are vested by law or custom in the guardianship of a child, and a person with whom the child normally or regularly resides.
	For the purposes of the Code, the term is used to describe the parent/carer who is not the perpetrator of family violence and is often a victim-survivor themselves. This term is inclusive of heterosexual and same-sex relationships, Rainbow families, adoptive and fostering families, and recognises broader family and kinship caregiving relationships.
Parent/carer-child bond	The parent/carer-child bond is the attachment relationship between an infant, child or young person and their primary caregiver. This relationship is identified as a key protective factor for infants, children and young people experiencing family violence.[179]
Patriarchy	Patriarchy describes a complex, multi-layered socially and politically constructed system whereby male dominance, male privilege, misogyny, heteronormativity and gender power hierarchies are normalised and create numerous inequalities.[180]
	Patriarchy impacts negatively on people from all genders and establishes power hierarchies that are most disadvantageous for people who are marginalised by gender-based oppression, including people who identify as women, and transgender and gender diverse people.
	An intersectional feminist view of patriarchy reveals its relationship with oppressive structures such as racism, homophobia, transphobia, capitalism and classism, and colonisation.[181]
Perpetrator	The person who uses family violence.
	In some cases, there may be multiple perpetrators (and multiple victim-survivors) in the family. This term signifies the importance of placing responsibility with the person(s) who chooses to use violent, abusive and controlling behaviours to intimidate, harm and cause fear in another person.
	It is important to acknowledge that this term may not be preferred by some people and communities. Other expressions such as 'person using (or choosing to use) family violence' might be preferred instead, depending on context. Additionally, some victim-survivors may not relate to this term or find it alienating, and it is not a term that should be used in cases where an adolescent or young person is using violence against parents/carers or other family members.

179. Kaspiew, R., et al. (2017).

180. Lerner, G. (1986).

181. Combahee River Collective (1977); hooks, b. (1984).

Perpetrator accountability	The process by which the perpetrator themselves acknowledges and takes responsibility for their choices to use family violence and works to change their behaviour. It sits with all practitioners, organisations and systems through their collective, consistent response to promote perpetrators' capacity to take responsibility for their actions and impacts, through formal or informal services response mechanisms.[182]
Praxis	Praxis is the application of experience to theory, reflection and action.[183] Specialist family violence praxis combines: • working directly with victim-survivors of family violence and learning from their lived experiences; • applying intersectional feminist analysis to critically reflect on how family violence is situated within gendered and structural oppressions; • engaging with and contributing to the evidence base about family violence through research and evaluation; and • undertaking individual and systemic advocacy to promote victim-survivor rights and safety, address perpetrator accountability, prevent family violence and progress social change.
Prevention	Sometimes referred to as 'primary prevention'. Refers to actions designed to stop family violence before it starts by addressing the underlying drivers of violence at individual, community, social and systemic levels.
Professional development	Formal and informal learning aimed at maintaining and developing the skills and knowledge relevant to a specific profession or discipline. Specialist family violence practitioners have their own professional development needs that are specific to their discipline and should be informed by the Code and the *Responding to Family Violence Capability Framework.*
Protective factors	Factors present in a victim-survivor's circumstances that may assist to lessen or mitigate the risks of family violence and promote stabilisation and recovery.[184] Protective factors are unique to individual circumstance and may include systemic and legal interventions to restrict the perpetrator's behaviours, as well as environmental, practical and strengths-based factors such as safe housing, supportive social networks, access to financial resources, and connection to services. The 'protectiveness' of any protective factor is only useful to the degree a perpetrator is willing or unwilling to undermine or ignore that factor. Importantly, some protective factors are values-based judgements that reflect social advantage. Whether or not any kind of protective factor is present is not representative of a deficit on the part of the victim-survivor and should be understood through intersectional analysis.

182. Family Safety Victoria (2019a).
183. Fook, J. (1993), p.15.
184. Ibid.

Quality governance	The integrated systems, processes, leadership and culture that are at the core of safe, effective, connected, person-centred community services, underpinned by continuous improvement.[185]
Rainbow families	Parents, carers and prospective parents who identify as lesbian, gay, bisexual, transgender, gender diverse or intersex including their children.[186]
RAMP	Risk Assessment and Management Panel.
Referral	A self-referral is when a person voluntarily contacts a service seeking assistance or information. A facilitated referral is a referral made to a service by another party, usually a practitioner in another service, on behalf of the person requiring assistance. Facilitated referrals can help to address barriers to accessing and engaging with services where the person has experienced systemic or social barriers. Facilitated referrals should be made with the person's consent (in accordance with privacy and information sharing laws), and may involve securely transferring client information (including assessments, safety plans and case plan information), supporting the person to call the other service, or setting up an appointment directly with the other service. When a facilitated referral is made, best practice involves following up to ensure it was picked up and progressed.
Reflective practice	A dynamic process of continuous analysis, reflection and action to examine the values, assumptions and biases that impact on inclusive and socially just service provision.[187]
Response	Refers to the interventions and activities used to address existing family violence through the efforts of a range of coordinated services including specialist family violence services, perpetrator intervention services, police, courts and child protection.

185. Department of Health and Human Services (2018d), p.11.
186. 'Rainbow Families' (n.d).
187. Laing, L., Humphreys, C. & Cavanagh, K. (2013), pp.10-12; Rupra, A. (2010); Mattsson, T. (2014).

Risk assessment	The process of applying the model of Structured Professional Judgement (SPJ), as per the *MARAM Framework*, to determine the level of family violence risk.[188] SPJ is informed by:

- the victim-survivor's self-assessed level of risk;
- evidence-based risk factors (using the relevant assessment tool);
- information sharing with other professionals as appropriate, to inform decision-making; and
- intersectional analysis to ascertain any issues caused by discrimination and marginalisation.

Risk factors	Evidence-based factors comprising of the perpetrator's family violence behaviours towards adult and child victim-survivors, and the victim-survivor's own circumstances that are associated with the likelihood of family violence occurring or the severity of the risk of family violence.[189]
Risk management	Actions and interventions that are implemented appropriate to the level of assessed risk (see 'risk assessment') to reduce the likelihood and consequence of family violence.[190]
Safety	A state where a person experiencing family violence is no longer facing a danger, threat or risk of harm from the perpetrator.[191] Safety is a multi-faceted concept that includes nuances and intersections of physical, emotional, psychological, spiritual and cultural safety that must be understood directly from the victim-survivor's perspective. Safety can also be impeded by service providers' poor social responses to family violence and discriminatory barriers.
Safety planning	A plan developed by the victim-survivor, typically with the support of a specialist family violence practitioner (or other professional), to help manage their own safety in the short to medium term, while other risk management actions and interventions are being organised. Safety plans should use a strengths-based approach and identify protective factors that build on what the victim-survivor is already doing and what works for their circumstances.[192]

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188. Family Safety Victoria (2019a).
189. Ibid.
190. Ibid.

191. Domestic Violence Service Management (2018).
192. Family Safety Victoria (2019a).

Secondary consultation	A process whereby a practitioner either seeks advice or provides advice to another service/practitioner for a range of reasons including: • assessing and analysing family violence risk; • developing a risk management plan; • determining information about a perpetrator; • understanding the needs and circumstances for people from diverse communities and age groups; • providing responses to address the specific safety and wellbeing needs of infants, children and young people; and • determining if a referral is appropriate. Secondary consultation to seek guidance on possible next steps can occur without any identifying information being provided about the victim-survivor. Specialist family violence services have secondary consultation responsibilities under the *MARAM Framework*.
Serious risk	Evidence-based risk factors associated with the increased likelihood of the victim-survivor being killed or nearly killed, as per the *MARAM Framework*.[193]
Service design	The activity of planning, organising and implementing the structures, functions, policies and practices necessary to deliver optimal specialist family violence services.
Specialist Family Violence Service	Funded services and programs that work directly with victim-survivors of family violence, providing dedicated resources and advocacy to promote their rights and respond to their safety and support needs.
Specialist Family Violence Practitioner	A person employed by a specialist family violence service in a dedicated role to work directly with victim-survivors.

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193. Ibid.

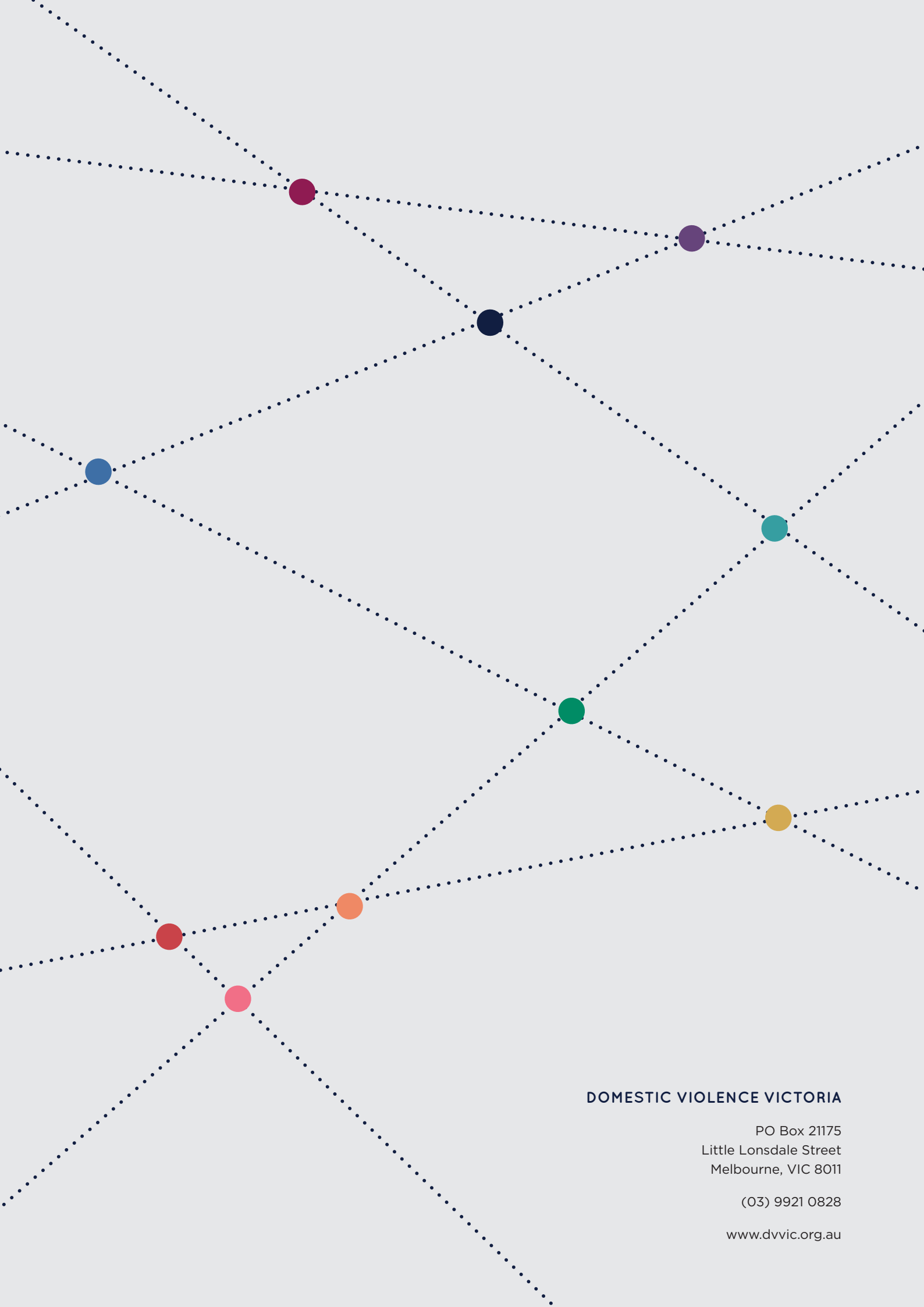|	
Social model of disability	The social model views 'disability' as the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers. It therefore carries the implication that the physical, attitudinal, communication and social environment must change to enable people living with impairments to participate in society on an equal basis.[194]
	The *Disability Discrimination Act 1992* (Cth) reinforces the social model and notes that 'disabilities' are constructed in a range of different ways: temporary or permanent; physical, intellectual, sensory, neurological, learning or psychosocial disability; a disease or illness; physical disfigurement; or medical condition or work-related injury.[195]
Vicarious trauma	The cumulative effects of exposure to information about traumatic events and experiences, potentially leading to distress, dissatisfaction, hopelessness and serious mental and physical health problems.[196]
Victim-blaming	Refers to devaluing, holding responsible and/or negatively judging a person who has experienced harm that was committed against them, such as family violence, sexual assault, or other forms of abuse, coercion or criminal acts. It can be intentional or unintentional and includes negative social responses from family, friends, community members, professionals, media and other social institutions.[197]
Victim-survivor	The person, including adults, infants, children and young people, who has experienced family violence. This term acknowledges that the person subjected to family violence is both a victim of a crime and a human rights violation, and they are also a survivor with respect to their autonomy, strength and resilience.
	The term must not be used to wholly define a person. Experiencing family violence is a part of someone's life amongst many other experiences. Some people may prefer the term 'person experiencing (or has experienced) family violence'. Some people may prefer other terms or may not prefer any particular label or term at all.

194. 'Social model of disability' (n.d.)
195. Australian Human Rights Commission (2016).

196. Morrison, Z. (2007).
197. Canadian Resource Centre for Victims of Crime (2009).