

Guide for services to enhance FDV-informed practice in the Kimberley





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Acknowledgement of Country

Stopping Family Violence (SFV) acknowledges the Traditional Owners of the lands and waters of Australia and the Torres Strait. We respect all Australian First Nations people (Aboriginal and Torres Strait Islander people)—their customs and their beliefs. We also pay our respects to Elders past, present and emerging, in particular the Whadjuk Nyoongar people, the traditional owners of the lands where our offices are located, and the traditional owners of the Kimberley nations. SFV supports the First Nations people's Uluru Statement from the Heart.

Introduction

These guidelines have been produced to support organisations that provide services which are not specifically related to Family and Domestic Violence (FDV), but where the clients are adult or children victim-survivors of FDV or are perpetrators of FDV. The guidelines are intended to:

- support Agencies to become more FDV-informed in their day to day practices;
- assist Agencies to liaise more closely and appropriately with FDV-specific organisations;
- increase awareness of FDV, the different types of FDV and the impacts of FDV; and
- overall, contribute to a reduction in FDV, an increase in safety for adult and child victim-survivors and accountability for perpetrators.

What is family and domestic violence?

Family and Domestic Violence refers to violence or threats of violence, or any of a range of behaviours undertaken by a person towards their family member, including partners and children, that coerces or controls the family member, causes harm or causes fear. The term 'family and domestic violence' is used to reflect different usage among groups of people. Domestic violence is the term traditionally used to refer to violence between intimate partners or spouses. The term family violence is used to refer to violence within the wider family structure outside of, but including, intimate partners, allowing variations in the type of family structure for different cultural groups, particularly First Nations people.

The broad term Family and Domestic Violence is used in these guidelines to incorporate all types of family relationships. The terms 'child and adult victim-survivor of FDV' and 'perpetrator of FDV' are used in this report to refer to the Agency clients who are experiencing and perpetrating FDV. At times, shorter versions of these terms are used for brevity or clarity.

Family and domestic violence can take many forms, including (but not limited to) the following:

Physical violence - includes physically violent behaviour towards a family member such as hitting, punching, strangling, biting and kicking, or threatening to do these things, or physically intimidating someone;

Sexual violence – includes unwanted sexual behaviour within a family situation (including with a spouse or partner or other family relationships) including physical sexual acts, posting photos or videos online, or forcing someone to watch or view sexual things;

Emotional /psychological abuse - where a person's actions or statements are abusive, threatening, intimidating, manipulative or degrading or are in such a manner as to intentionally cause harm, fear, upset or degradation to a family member;

Financial abuse - includes behaviours such as taking a family member's money, preventing someone using their money, not providing sufficient money for expenses and spending the family's money irresponsibly so as to prevent ability to meet financial commitments;

Social Abuse - where a person prevents a family member from interacting socially with their family, friends, colleagues or neighbours, or publicly disrespects them to cause embarrassment or shame, with the intention to isolate them from others;

Coercive Control - includes a range of behaviours that maintain the power and control of one family member over another, potentially including control over the way a person dresses or behaves, where they work and what they can do with their spare time;

Stalking - where a person causes fear or worry to a family member by following or watching them, repeatedly calling or texting them and watching or manipulating social media to monitor their movements;

Property damage - where a person deliberately or carelessly breaks or destroys property belonging to a family member;

Hurting pets or animals - deliberately harming pets or animals so as to cause fear, upset, disruption or harm to a family member;

Reproductive abuse - where a woman is pressured or forced to become pregnant, to keep a pregnancy, or not keep a pregnancy, or her unborn baby is harmed by her family member; and

Dowry Abuse - includes threats, demands or pressure relating to marriage, or marriage gifts, or visas relating to marriage by a person's partner or their family.

What should good FDV services include?

Services and supports for adult and child victim-survivors of FDV and perpetrators of FDV can take many forms, depending on the resources, facilities, availability of professional skills and the needs in your local area, as well as the type of client (i.e. victim-survivor or perpetrator). However good FDV services are based on several key principles, which underpin the service, whether aimed at adult and child victim-survivors or perpetrators of FDV.

Keeping focus and responsibility on the cause of the harm - Ensuring that responsibility and blame for the FDV is held with the perpetrator of the violence and never the victim-survivor. This means that when we are working with victim-survivors, we are never asking them to change the perpetrator's behaviour.

Collaborative partnership with the FDV victim-survivor - Making sure that any work with a victim-survivor is done in such a way that the service is allying with the victim-survivor and keeping her preferences, needs and situation central to decision-making and planning.

Strengths-based approach to working with the victim-survivor - Considering all of the day to day activities and protective behaviours undertaken by the victim-survivor to keep herself and children safe and functional through the lens of strengths, rather than her failure to protect herself and children.

Perpetrator-focused - ensuring perpetrator patterns of behaviour are captured, recorded and responded to in a way that addresses to perpetrator-driven risk as well as identify all impacts to child and family functioning due to the abuse that he is causing. Ensure that the person who is the cause of the harm is the person who needs to take responsibility for the behaviour and is held accountable for it.

Culturally safe - ensuring the unique needs of First Nations people and communities are met - acknowledging that FDV can be experienced or viewed differently in First Nations families, with different patterns of abuse. This is potentially due to a range of drivers and barriers, including (but not in any way limited to) cultural and linguistic approaches to communication and family functioning, remote or regional living situation, and the effects of extensive inter-generational trauma, racism, introduced violence due to colonisation, loss of country and oppression.

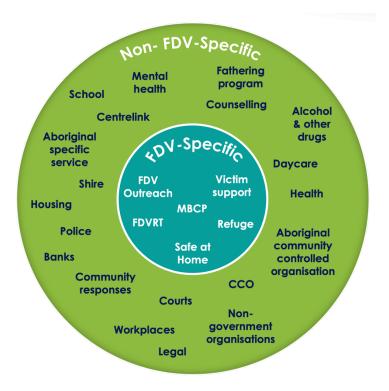
Considers the needs of adult and child victim-survivors - ensuring that any service delivery is responsive to the disruption and trauma experienced by child victim-survivors, and considers their specific physical, emotional and developmental needs.

Taking an appropriate focus on risk - Working with victim-survivors, perpetrators and other agencies to identify and respond to ongoing and evolving risks due to the perpetrator's patterns of family violence.

Ensuring the unique needs of culturally and linguistically diverse clients (CALD), people with disabilities, LGBTQI+ people and other diverse groups of people are met — acknowledging that FDV can be experienced or viewed differently for people from diverse and vulnerable groups. Acknowledging that in order to provide an appropriate and equal response might require a different way of providing services.

Why is it necessary for my Agency or Organisation to become more FDV-informed?

Your organisation may not be providing a FDV service specifically. However, because of the nature of your service, you may be providing services to clients who are also adult or child victim-survivors of FDV, or are perpetrators of FDV.



FDV-specific services - include services that are directly responsible for supporting FDV adult and child victim-survivors and/or FDV perpetrators, such as refuges, family violence victim support services, Family and Domestic Violence Response Teams (FDVRT) and Men's Behaviour Change Programs.

Non-FDV-specific services - include a range of community, health or retail services which are not specifically FDV services, but whose clients and customers may at times be experiencing FDV or perpetrating FDV. Non-FDV-specific services support FDV-specific services through referrals to and from the service.

In order to undertake their daily responsibilities, despite the abusive behaviours from perpetrators of FDV, victimsurvivors rely on their skills and strengths and experience to keep themselves and their children safe. They may be less likely to seek help and support due to negative past experiences from services that have undermined their ability to meet their responsibilities. In addition to this, it is sometimes the case that victim-survivors are held accountable, within systems, for the actions of their abusive partner. Services can also place blame on the victimsurvivor for issues that are a consequence of the perpetrator's abusive behaviours.

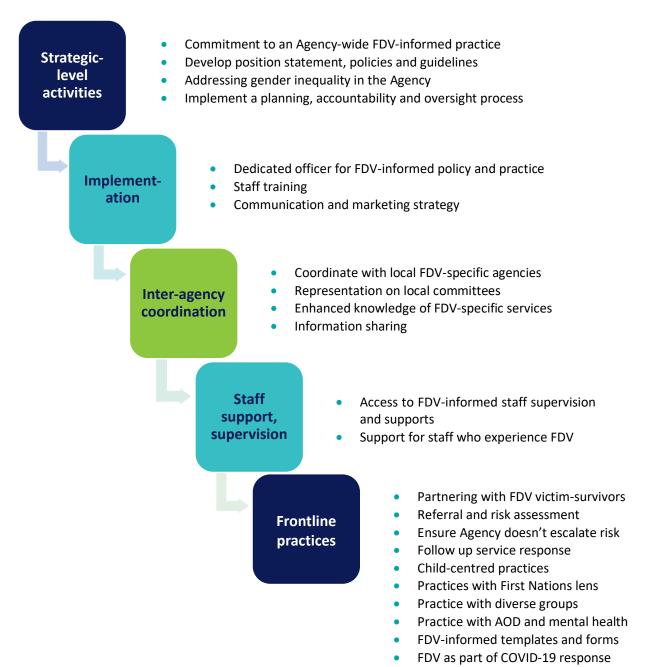
The abusive partner should always be the one held accountable for the violence and never the victimsurvivor.

When services are supportive and effective, they are more likely to be viewed by the victim-survivor as an appropriate resource that they can access now and in the future. This will lead to improved outcomes for the victim-survivor and enhance service delivery in the Agency.

It is the responsibility of everybody to ensure that their Agency plays their part in providing an appropriate service that increases the safety and wellbeing of adult and child victim-survivors and contributes to holding FDV perpetrators accountable for their behaviours.

How to use this guide

This document is intended as a guide only, and your Agency may need some support from a Peak Body, or other FDV-informed organisation or consultant to implement some of the changes needed in your organisation. Your Agency may not be ready to implement all of the guidelines immediately. However, we hope that with the support of this document, Agencies will be able to commence some of the foundational activities recommended in this guide. In implementing the guidelines, Agencies should consider their local context, usual client demographics, as well as structural issues which will impact on implementation such as the response to COVID-19.



Activities to assist your Agency to become more FDV-informed

STRATEGIC-LEVEL ACTIVITIES

1. Commitment to enhance Agency-level understanding of FDV through an appropriate Framework for FDV-informed practices

Agency commits to building an enhanced understanding of FDV and FDV dynamics, including:

- focusing on the needs of adult and child victim-survivors;
- ensuring perpetrator patterns are recorded and responded to appropriately;
- taking a collaborative focus;
- taking an appropriate focus on risk, responsibility and accountability;
- ensuring unique needs of First Nations people and communities are met;
- ensuring the unique needs of culturally and linguistically diverse clients (CALD), people with disabilities, and
 LGBTQI+ people are met.

Why is this important?

An over-arching framework ensures that approaches are appropriate, consistent and dependable across service delivery areas and levels of management. Effective FDV-informed practice is complex and nuanced, and needs to consider all aspects of FDV, and varying approaches to risk. Utilising an existing, evidence-based framework such as the Safe and Together model, ensures that the Agency's approach considers all relevant aspects of FDV-informed service delivery.

Consider utilising an existing evidence-based framework for FDV-informed practices, such as the Safe and Together Continuum of Practice Framework, Response-Based Practice, or other FDV-informed Frameworks (with associated training and ongoing workforce development) provided by peak bodies and others. Ensure that the framework is implemented appropriately through regular assessment and evaluation.

How can you get started?

- Seek advice from a FDV-informed Consultant or relevant Peak Body to identify a FDV-informed practice framework which is appropriate for your Agency.
- Do some background research using appropriate Agency websites, such as SFV, ANROWS, White Ribbon, No to Violence, Our Watch and others (see back page of these Guidelines).
- Decide on an approach, and identify which resources can be applied to the process of becoming a more FDV-informed Agency.
- Consider whether a community or staff consultation process might assist with the development of the framework.
- Make the commitment to change at the highest level of seniority possible.

2. Develop position statement, backed up by policies and guidelines

Create an overarching position statement, with relevant policies and guidelines to assist with implementation of the position statement. Include consideration of intersections with other services and intersectionalities relating to systemic challenges faced by groups of individuals. Ensure a regular review of the position statement, policies and guidelines.

Why is this important?

FDV-informed practice should be led from the head of the organisation. Policies and practices should reflect a high level of competency in FDV-informed practice. These should include a detailed consideration of the intersections of other organisations potentially also providing services to both victim-survivors and perpetrators, including

justice services, mental health services, alcohol and other drug services, child protection services, Centrelink, and others. FDV-informed practice will also have embedded a detailed and informed consideration of intersectionalities, such that the specific needs of groups of clients are considered, including First Nations clients, people with disabilities, LGBTQI+ people, neurodiverse people, male victim-survivors and female perpetrators and older people. Practice is also influenced by the resources and services available in your service region.

How can you get started?

- Prepare a position statement outlining the commitment of your Agency to work towards improving FDV-informed practice going forward.
- Prepare a policy document that explains the statement in more detail, and outlines the high level goals for the organisation to become more FDV informed.
- Develop an implementation plan that outlines what you are planning to do, who is going to do it, what resources are required, when it will be done by, and how you will know that it has been achieved.
- Consider intersections and intersectionalities in detail as they relate to your service.

3. Addressing gender inequality within the Agency

The Agency publicly acknowledges that gender inequality is a driver of FDV and makes a commitment to actively address gender inequality within the organisation.

This is achieved through a clear position statement, and associated policies which support a culture of safety and respect in the workplace, and accountability for employees who breach a code of conduct or are engaging in abusive behaviours.

Why is this important?

It is important that the development of FDV-informed services is based on a commitment to address gender inequality as a known and acknowledged driver of family and domestic violence.

This can include a range of strategies across all layers of the Agency, but initially, and routinely expressed personally by leadership and management and in Agency communications. Employees will benefit from increased safety in the workplace, fair hiring practices, appropriate support for employees who experience violence, respectful relationships among men and women in the workforce.

- Write a statement outlining that your Agency will work towards improving gender equality going forward
- Prepare a policy document that explains the statement in more detail, and outlines the high level goals for the organisation.
- Develop an implementation plan that outlines what your Agency is planning to do, who is going to do it, what resources are required, when it will be done by, and how your Agency will know that it has been achieved.
- Ensure your Agency's Code of Conduct outlines clearly that workplace harassment is unacceptable, and details how persons who breach the Code will be held accountable.
- Regularly and publicly communicate the Agency's position on gender equality.
- Evaluate HR practices such as hiring and promotion, and ensure any gender bias is addressed.

4. Implement a planning, accountability and oversight process

Develop a planning and oversight process for your Agency, involving relevant local FDV-specific and non-FDV-specific representatives, to achieve Agency-specific FDV-informed practice objectives.

Why is this important?

Developing an Agency-based process for addressing FDV in the local area assists with creating Agency-level accountability for internal processes, linked to external outcomes. If your Agency has a dedicated project plan, with associated governance and accountability mechanisms, you are more likely to succeed in your objectives.

How can you get started?

- Develop a Project Plan and implementation strategy to support your objective of becoming an FDV-informed organisation.
- Consider the best approach to provide oversight for the project in your Agency for example, should there be a steering committee, should it report to the board, should outside agencies be involved?
- Ensure accountability mechanisms are built in. Are there objectives that should be achieved by a certain date and reported in a certain way, such as the Annual Report?
- Consider whether these accountability and oversight mechanisms can become more sustainable over time and built into the usual reporting tools, rather than being project-specific, or an 'add on'?

IMPLEMENTATION

5. Nominate a dedicated Officer responsible for FDV-informed practice in your Agency

Nominate a dedicated officer who will take responsibility for FDV policies and coordination. This can be a dedicated role or a component of a role.

Consider options to support the officer to share some of the workload involved in preparing for and facilitating collaborative meetings, to reduce the degree of reliance on the dedicated officer.

Why is this important?

Having FDV 'champions' in organisations are key to successfully implementing FDV-informed practices as they offer a point of reference within the organisation for FDV information. Although it is suggested that the Officer is senior enough to participate in relevant decision-making mechanisms, they do not need to be fully responsible for all of the outcomes, and the officer can be supported through other management or accountability processes.

- Nominate or recruit a person in your organisation who will be responsible for FDV policies and coordination.
- Ensure the staff members' JDF appropriately reflects the nature of the role.
- Consider whether the person is sufficiently senior to participate in relevant decision-making mechanisms.
- Ensure the staff member is adequately supported in their role, to avoid burnout, and over-reliance on one staff member to achieve all objectives.

6. Provide Training

Provide training to staff across all parts of the Agency, relevant to their position. This should include training in staff support by supervisors and managers.

Why is this important?

Staff training is critical to ensure your Agency is aware of the types of FDV and the impacts of FDV and gender drivers of FDV and gender biases that exist. Staff need to be trained how to recognise FDV, how to engage appropriately with FDV victim-survivors and perpetrators and how to respond effectively in the Agency.

How can you get started?

- Undertake a training needs analysis (either internally or externally).
- Consider whether your Agency would best suit an internal or external approach to training, or a combination of the two.
- Clarify the most appropriate FDV framework for your Agency.
- Identify key staff to undertake specialist training that enables them to train staff internally on the model, or alternatively key staff to undergo initial training with an external provider.
- Engage a relevant training organisation to undertake training.
- Encourage the newly trained staff to provide feedback on how to successfully implement the training into the wider staff, and day-to-day operations.
- Set a goal for when all staff should be fully trained, according to their job type.
- Ensure agency practices are set up to support staff to implement their training.

7. Communication and marketing strategy

Prepare a communication and market strategy to ensure that the Agency's commitment and plan to change is communicated effectively and appropriately, and at the right time to staff, clients and the community.

Why is this important?

Making a commitment to change will impact on staff, clients and the community in various ways. For some staff, this commitment may raise questions among those who do not understand FDV, or alternatively provide resolution to long-held concerns. Likewise, for some staff, additional training requirements may be welcome, or represent an additional load. For clients and the wider community, it is important to communicate the intent to change, and any changes to practices in a way that reassures vulnerable people that they can receive a safe service at your Agency. Communication and marketing may take place in a staged manner, and utilise a range of communication media, with different messages for diverse audiences.

- Seek internal or external advice on developing a marketing and communication strategy for your commitment to change.
- Consider whether a community or staff consultation process might assist with the development of the community and marketing strategy.
- Consider the various messages which need to be communicated to different audiences, and the timing of the release of various information.
- Consider whether a series of statements and particular definitions should be used across all communication, to ensure consistency of messaging.
- Consider whether some messages need to be adjusted to suit certain audiences.
- Consider which platforms are most appropriate for which messages.
- Ensure the messaging includes commitment from senior staff.

INTER-AGENCY COORDINATION

8. Coordinate with local FDV-Specific services

Make an arrangement or agreement with local FDV-specific agencies to work together with your Agency to enhance the FDV response in each agency. Develop a mechanism to ensure effective and regular collaboration occurs.

Why is this important?

Effective multi-agency collaboration between FDV-specific and non-specific FDV services acknowledges the breadth of services required to support both adult and child victim-survivors of FDV and FDV perpetrators. Benefits from collaboration for all agencies can include:

- improved FDV-informed practices for non-specific services;
- improved referrals between FDV-specific and non-FDV-specific services;
- increased accountability mechanisms for perpetrators, leading to decreased risk; and
- improved supports to adult and child victim-survivors, leading to increased safety, reduced trauma and improved outcomes.

How can you get started?

- Identify the relevant FDV-specific services in your local area, including refuges, victim support services, Men's Behaviour Change Programs, Courts.
- Contact them to request information about referral pathways, intake processes, and suitability requirements.
- Identify a key officer who can be a point of contact for each organisation.
- Work collaboratively with each organisation to identify areas of service compatibility and client overlap to establish appropriate referral and coordination mechanisms.

9. Ensure Agency representation on relevant FDV committees

Investigate opportunities for appropriate representatives from your Agency to attend local inter-agency meetings or committees related to FDV. Ensure your nominated staff member is well supported to do this, and has opportunities to debrief and seek support if required. Ensure your staff member is senior enough to provide appropriate input and participate in group decision-making.

Why is this important?

Local inter-agency committees provide a local context for the implementation of FDV-informed service delivery frameworks. Each local area has distinct referral pathways depending on the availability and capacity of individual services relative to demand.

Participation in these committees will enable non-specific FDV Agencies to gain crucial local context, note appropriate referral pathways and identify ways that the Agency can assist in individual cases, participate in local processes and adjust their own services accordingly.

Some local committees will have highly specialist functions and it may be that your Agency does not ultimately play a strong role in the committee. If that is the case, consider whether another committee or process may be better suited. Alternatively, this can represent a learning and development opportunity for staff to rotate through, if appropriate.

How can you get started?

- Find out which committees are currently in place in each town or location that you provide services.
- Request information about the purpose and function of these committees.
- Consider whether your Agency would benefit from participating, or whether the committee might benefit from participation by your Agency.
- Nominate a particular staff member to attend, or rotate where appropriate.

10. Enhanced knowledge of FDV-specific services

Commit to enhancing Agency knowledge of local FDV-specific services, including refuges, victim supports and Men's Behaviour Change Programs.

This includes an understanding of justice, child protection, family court and other legal processes which impact on services to adult and child victim-survivors and perpetrators.

Why is this important?

Many non-specific FDV services are not aware of how the key FDV-specific services operate, and the responsibilities of the officers working in those agencies. Enhanced knowledge of local services increases the effectiveness of service delivery staff in responding to FDV as part of their work role, and also as community members.

How can you get started?

- Invite other services to provide short training and information sessions.
- Organise for key staff to undertake tours of other services.
- Provide professional development opportunities for staff which encourage sharing of service information between Agencies.

11. Information sharing

Where appropriate and available, commit to actively participate in information sharing that relates to coordinated risk assessment and analysis. Contribute information to higher level planning processes. Create relevant policies, guidelines and governance frameworks, and seek legal advice, if necessary, to underpin the data sharing process.

Consideration should be given to identifying and addressing barriers to information sharing, risk analysis and to coordinated risk management resulting from constraints in policies or information sharing legislation.

Why is this important?

Sharing of individual risk-related information with relevant agencies can be critical in ensuring the safety and wellbeing of adult and child victim-survivors. Further, effective referrals between agencies relies on appropriate sharing of client information.

This can result in more effective referral pathways with reduced impost on the victim-survivor, increased safety and improved accountability for perpetrators.

Broader systemic and local service delivery and planning mechanisms can also be assisted through the sharing of individual risk-related information.

Even simply counting the number of your clients who are also victim-survivors of FDV can contribute to local and statewide planning undertaken by Government Departments, local services and Peak Bodies.

How can you get started?

- Seek advice to determine whether you may hold information which might be relevant to other organisations, and in which situations.
- Check service agreements and legislation to determine any limitations to data sharing.
- Where necessary, exchange letters or memoranda of understanding to outline clear processes and limitations of data exchange.
- Set up appropriate protocols for data exchange.
- Train staff in the guidelines, mechanisms and context of data sharing.

STAFF SUPPORT AND MANAGEMENT

12. Access to FDV-informed staff supervision

Ensure front-line staff have access to regular supervision as appropriate and opportunities to debrief. This could include several or all of a range of supports, including: peer supervision; manager supervision; external supervision; and Employee Assistance Program as required.

Enable access to an external supervisor, consultant or agency partner who can provide external input to assist in complex or novel situations of risk.

Why is this important?

Staff require FDV-specific supervision in addition to their day-to-day management and supervision structures. This may take the form of an additional supervision component, or clinical supervision as an extension to existing management. Overall, the Agency, its staff and clients will benefit from strategies to promote a culture of collective responsibility where all participants contribute proactively to risk assessment, perpetrator accountability, victim-survivor safety. This should include and promote collective care practices amongst frontline staff to support the sustainability of the work and to prevent burnout.

It is important to ensure that there are sufficient Agency-wide and team-based opportunities for reflective practice for frontline workers who are working with clients who are victim-survivors of FDV or perpetrators of FDV. Ideally, organisations should provide opportunities for staff members to discuss their work, practice frameworks, individual case risk and overall approach to risk. Reflective practices enable staff an opportunity to discuss their work, critically examine practice and risk assessment frameworks and reflect on individual cases.

- Consider whether any of the following may be beneficial to staff: dedicated clinical supervision (internal or external); peer supervision; manager supervision; external supervision; and Employee Assistance Program as required.
- Consider whether existing staff supervision mechanisms be adjusted to incorporate elements of reflective practice.
- Consider whether your Agency can incorporate additional dedicated reflective practice opportunities for staff
- Consider whether collective care practices can be included in day to day processes to support staff.

13. Support for staff who are victim-survivors FDV

Ensure there is a clear policy that outlines existing supports for staff who are victim-survivors of FDV, as well as a commitment to include additional supports as part of the implementation of the wider framework.

Why is this important?

Existing Australian and Western Australian employment laws and regulations, as well as industry standards and good practices include a range of supports for victim-survivors of FDV in their workplace as standard. However, many of these supports are not known to staff, or are not included in a suite of FDV-related staff supports as they are generic, or are usually applied in other circumstances. It is important for organisations to take time to ensure that all existing supports that could potentially apply to victim-survivors of FDV are listed in a dedicated place which is easily accessible to staff. Management training should include understanding of these supports and situations where they may be appropriately and helpfully applied.

How can you get started?

- Compile a list of existing staff supports which are currently in place which may be appropriate to apply when a staff member is a victim-survivor of FDV.
- Ensure these are available in an accessible location.
- Consider whether additional supports could be provided by the organisation, and make a plan to include these.
- Consider whether managers and supervisors need training to ensure they are aware of the existing supports available to victim-survivors of FDV, as well as their responsibilities as managers.

FRONTLINE PRACTICES

14. Appropriate partnering with FDV victim-survivors

Ensure current and referred-to services work with the victim-survivor in ways that are informed by the principles of strengths-based practice and increase perpetrator accountability.

Why is this important?

Victim-survivors face challenges meeting daily responsibilities while at the same time working to keep themselves and their children safe. They rely on their skills and strengths and experience to achieve this. Most will have had negative experiences in the past, making them less likely to seek help and support. Poor Agency practices can undermine the work that victim-survivors are doing to meet their responsibilities.

For example, services can have an inappropriate focus on the victim-survivor's substance abuse or mental health issues, or their ability to get children to school on time, when these issues are a consequence of the FDV they are experiencing. When services are mindful of these issues, the victim-survivor is not held responsible for things which are in fact a direct consequence of the abuse from her partner. The abusive partner should be the one held accountable for the violence and not the victim-survivor.

Where assessments and services are supportive and effective, then services will be viewed by the victim-survivor as an appropriate resource that they can access, leading to improved outcomes.

How can you get started?

- Consider the potential consequences of where an inappropriate service response by your Agency could have negative consequences for adult and child victim-survivors, or may increase power and control by perpetrators.
- Learn about strengths-based practices in supporting victim-survivors of FDV and ensure that training, policies and procedures incorporate these service elements.
- Learn about collaborative practices in supporting victim-survivors of FDV and ensure that training, policies and procedures incorporate these service elements.

15. Appropriate referral and risk assessment guidelines

The Agency to develop guidance, training and resources to organisations referring IN to your Agency, and OUT from your Agency. Work with partner organisations to develop appropriate referral mechanisms and ensure that data collection needs are met for both organisations, and ensures appropriate approach to risk assessment.

Enhance the Agency's capability to undertake advanced and collaborative perpetrator-focused risk assessment and response in situations of crisis due to significant perpetrator dangerousness and victim-survivor risk. Include reporting mechanisms.

Why is this important?

Where your staff become aware that clients or customers are experiencing or perpetrating family violence, it is important to have appropriate referral mechanisms in place to facilitate the client receiving appropriate supports, where required.

There will be instances where clients or customers may be at extreme risk of harm from a perpetrator, and passive referral to other services is not appropriate. In these instances, active engagement with other services such as the local Police and refuge are necessary. Staff need to be informed about how to identify these cases, and the most appropriate course of action in these circumstances.

Reporting of exceptional cases to an appropriate governing committee or Agency officer or division helps provide accountability for the actions of the Agency in dealing with high-risk cases. The Agency should undertake regular reporting of individual high-risk cases and ongoing activities to internal governance mechanisms, in addition to performance against Agency objectives.

Appropriate debrief procedures for staff provides an opportunity to identify whether staff have been adversely affected by vicarious trauma, whether follow-ups are needed for clients, and whether procedures need to change into the future.

- Find out which local organisations can support victim-survivors.
- Discuss best referral pathways in and out of each organisation.
- Include referral information in relevant operational manuals, or guidelines, or in a intranet location.
- Ensure that any referral guidelines also outline appropriate actions in cases of extreme risk.
- Train staff in the relevant procedures.

16. Consider whether Agency actions can escalate risk.

Separate to risk assessment and referral guidelines, your Agency's policies, guidelines, training and supervision should be assessed to consider whether the work of the Agency and wider service system can inadvertently escalate risk. Strategies should be developed to address any issues that are identified.

Why is this important?

In some instances, day to day Agency practices, in tandem with the wider service system can inadvertently escalate risk. These policies and practices can cause actual harm to adult and child victim-survivors, or alternatively, can make it more difficult for them to access the support and services that they need. This can happen in various ways, including sharing of addresses with perpetrators, requiring unnecessary verification of victim-survivor statements by perpetrators, and others. When agencies are not able to intervene, or are unwilling to intervene, this can lead to severe harms.

How can you get started?

- Carefully consider where day to day Agency practices may increase risk for victim-survivors, or reduce accountability of perpetrators.
- Engage an FDV-informed external consultant to assess service areas where risk may be increased through Agency actions.

17. Follow up and ensure adequate service response by your Agency

In partnership with a dedicated FDV-specific service, conduct appropriate follow-up contact with victimsurvivors to determine whether your service response was appropriate, and your service worked with her sensitively and effectively.

Why is this important?

Whether your Agency provides services frequently or occasionally to victim-survivors and/or perpetrators of FDV, it is important to undertake appropriate follow-ups to ensure that your Agency's response was adequate. This enables the Agency to ensure that individual cases received the most effective and appropriate service and encourages the victim-survivor to receive further services. This practice also provides an opportunity for consideration of the effectiveness of individual cases, facilitates ongoing recordkeeping and provides data useful for later service-level evaluation, or for ongoing or occasional service review.

- Identify whether certain services within your Agency might benefit from an additional follow-up to their service.
- Prepare a relevant guideline for workers to use to facilitate follow up, including information on the number of contact attempts likely necessary to achieve a follow-up.
- Where clients are located in remote communities, ensure that an alternative approach is available to achieve a follow up.
- Support staff to do the follow ups, potentially making phone calls or visits in pairs.
- Ensure initial data collection and recordkeeping is sufficient to enable a follow up.

18. Child-centred practices

Ensure the Agency works with the child victim-survivor in ways that are child-centred and informed by the principles of strengths-based practice in the non-offending parent and perpetrator accountability.

Why is this important?

Traditionally, FDV practices have been focused on the adult victim-survivor with her children receiving services as a component of her service. This is based on the false assumption that a child who did not directly experience abuse would not experience harm or trauma.

It is now widely acknowledged that children are significantly affected by FDV in the home in a range of ways, even after the parents have separated.

Agencies need to ensure that any service delivery is responsive to the disruption and trauma experienced by child victim-survivors, and considers their specific physical, emotional and developmental needs (if appropriate). Consideration needs to be made as to whether services and supports may potentially lead to unnecessary child removals, or allow perpetrators to exert control over their partners or ex-partners and their children.

One way to address this issue is to go through the process of becoming a Child Safe Organisation through the Commissioner for Children and Young People (CCYP). The CCYP encourages WA organisations to consider child safety and provides resources to assist organisations and their staff to keep the safety of children and young people central to their day-to-day practices.

The CCYP has developed a range of online resources designed to support organisations to develop child safe strategies in alignment with the ten National Principles for Child Safe Organisations. These online resources include detailed guidelines, a self-assessment and review tool for organisations, and educational information targeted at specific groups of people.

How can you get started?

- Consider whether your service appropriately accommodates the needs of child victim-survivors.
- Consider whether your Agency's service directly interrupts the actions of the non-offending parent to maintain consistency for her children and ensure their safety.
- Consider whether your Agency's service could inadvertently lead to unnecessary child removals.
- Consider whether your Agency's service could inadvertently lead to increased control of the perpetrator over the adult and child victim-survivor.
- Ensure that child victim-survivors are included in data collection and recordkeeping processes.
- Consider going through the process of becoming a Child Safe organisation through the CCYP.

19. Practices with the First Nations lens

Ensure current and referred-to services to work with First Nations victim-survivors of FDV and perpetrators of FDV in ways that are culturally safe and informed by local guidance and national evidence-based practice.

Why is this important?

FDV can be experienced or viewed differently in many First Nations families, often with different types and patterns of abuse. Family violence is experienced at a disproportionately high frequency and severity by First Nations women, due to a range of factors. It is acknowledged that Australian First Nations peoples have experienced extensive inter-generational trauma, racism, introduced violence, oppression and loss of culture, language and country over time due to colonisation. This has impacted some individuals, families and communities more than others, resulting in a disproportionately high number of First Nations people living in poverty and in

contact with the justice system. While using violence remains a personal choice, these known drivers contribute to higher rates of family violence in First Nations communities. Family violence is not a part of First Nations culture.

In addition, victim-survivors of FDV and perpetrators of FDV who are First Nations Australians face significant barriers to accessing services, making them less likely to seek help in the first instance, and even less likely on subsequent occasions. Barriers might include people not understanding Aboriginal cultural ways, communication difficulties due to some people using English as a second language, people with different accents or differing levels of literacy, or a lack of services in a remote regional location. First Nations Australians may also face cultural barriers to accessing services, such as fear of retaliation from within the community, or difficulty attending appointments at set times due to differing priorities, a need to undertake cultural business, or other situations.

Agencies need to ensure that any service delivery is responsive to the needs of their clients who are First Nations Australians, especially when those clients are also adult or child victim-survivors or perpetrators of FDV.

How can you get started?

- Consider whether your service appropriately accommodates the needs of First Nations victimsurvivors.
- Consider whether your service appropriately keeps the perpetrator accountable in a way which is culturally safe, and low risk for the victim-survivor.
- Consider whether your Agency's service could inadvertently lead to increased control of the perpetrator over the adult and child victim-survivor.
- Collaborate to ensure that where First Nations victim-survivors are included in data collection and recordkeeping processes, that this is strengths-based, consultative, and appropriate.
- Consider whether your Agency's staff would benefit from additional cultural training, or specific FDV training with a First Nations lens.

20. Practices with intersectionalities

Ensure current and referred-to services to work with the victim-survivors of FDV and perpetrators of FDV victim-survivor in ways that address the unique needs of culturally and linguistically diverse groups, people with disabilities, LGBTQI+ people and other unique or potentially disadvantaged groups.

Why is this important?

FDV can be experienced or viewed differently for people from diverse and vulnerable groups. It is acknowledged that people from CALD backgrounds, people with disabilities, LGBTQI+ people are disproportionately affected by FDV. They also face significant barriers to reporting FDV and seeking appropriate support if they are a victim-survivor or perpetrator of FDV.

Service delivery should aim to provide an appropriate and equal response for all clients, which might require a different way of providing services for certain groups of people.

- Consider whether your service appropriately accommodates the needs of adult and child victimsurvivors who are from a culturally and linguistically diverse background, are a person with disabilities, are LGBTQI+, are neurodiverse, or belong to another unique or potentially disadvantaged group.
- Collaborate to ensure that where adult and child FDV victim-survivors who are from diverse groups
 are included in data collection and recordkeeping processes, that this is strengths-based, consultative,
 and appropriate.

21. Practices with clients with FDV and alcohol and other drug, or mental health issues

Ensure your Agency's services can appropriately respond to clients who are adult or child victim-survivors or perpetrators of FDV and have additional needs such as alcohol and other drugs or mental health needs and who may be intersecting with other services relating to these needs.

Why is this important?

When adult and child victim-survivors or perpetrators of FDV have additional service needs due to mental health or alcohol or other drugs, this can impact their experience with a service. This can mean that FDV goes unrecognised or unreported, or the service is not appropriate, or only the most pressing issue is addressed. To respond effectively to all issues, a more complex or specialist service response may be required, including more specialist staff, multiple service referrals, or additional time taken.

How can you get started?

- Consider what your service may need to adjust to recognise and appropriately accommodate the needs of adult and child victim-survivors or perpetrators of FDV who have multiple service needs.
- Consider whether referral pathways are adequate for these situations.
- Consider whether staff need to be further trained to recognise and respond to clients who have multiple service needs, in addition to the core Agency service and FDV.

22. Develop FDV-informed templates and forms

Ensure your Agency develops service-specific templates and forms that support staff to appropriately assess risk and respond appropriately to victim-survivors and perpetrators.

Why is this important?

Where staff can access relevant forms, templates and checklists suitable for assessing risk, or reporting FDV, then processes can become more streamlined, victim-survivors safety and wellbeing may increase, and perpetrators are more likely to be held accountable. These procedures need to be clear and concise and documentation should assist with providing accountability for perpetrators of FDV, documenting not over-burden victim-survivors of FDV

How can you get started?

- Consider whether client intake forms can be adapted to include information on whether a client is an FDV victim-survivor/has experienced or perpetrated FDV.
- Consider whether a risk assessment process can be appropriately and confidentially included in the intake process, or at some other point of the Agency's relationship with the client or customer.
- Train staff in the use of any forms, and in the importance of accurate data collection.
- Update data recording mechanisms to ensure the additional data collection is included in the Agency's data collections.

23. Considers the impact of FDV in their broader COVID-19 service delivery

When preparing plans for service delivery in the context of COVID-19 such as lockdowns, quarantines, service restrictions, movement restrictions, vaccine requirements, check-ins and other, the Agency should consider the impact of FDV.

Why is this important?

It is acknowledged that the response to COVID-19 can impact on family functioning, including increasing the likelihood and nature of perpetrators using violence in the home in some instances. It is important to ensure that

when preparing an Agency response to COVID-19, including the response to and use of restrictions, lockdowns, quarantines, service restrictions, movement restrictions, vaccine requirements, check-ins and other, that the potential for increasing FDV, and the service response to FDV is considered. Specialist FDV services rely on non-specialist services to provide accountability for perpetrators and safety for adult and child victim-survivors. For example, when children experiencing FDV attend school or daycare, they receive some respite from violence and safety and wellbeing due to others considering their welfare. Where there are issues and concerns, these are reported or responded to, which creates accountability for FDV perpetrators. In the case of children not attending school due to lockdown, these supports and accountability mechanisms are no longer in place.

- Consider whether any aspect of the Agency's service response may potentially increase the likelihood
 of FDV in the home, may prevent help-seeking by adult or child victim-survivors or perpetrators or
 reduce the overall accountability of the perpetrator.
- Consider including a response to FDV as a dedicated element within all COVID-19-related Agency planning.

Other help and supports

There are many organisations in Australia which undertake valuable work which could contribute to your practice. We recommend that you read widely and seek advice where possible, to ensure that you are approaching your practice in an informed and considered way.

Stopping Family Violence (SFV)

https://sfv.org.au

SFV is the peak body, non-for profit organisation in Western Australia developed in order to support all sectors and services involved in responding to perpetrators of family and domestic violence. SFV works in partnership with other organisations (such as women's and children's services and perpetrator intervention programs) to put an end to family and domestic violence and create a better future for women and children experiencing family and domestic violence.

Centre for Women's Safety and Wellbeing (CWSW)

https://cwsw.org.au

CWSW is an independent, representative peak body for women's specialist family and domestic violence, community based women's health and sexual assault services in Western Australia, and is underpinned by the recognition of the importance of gender equality to reduce violence against women and their children and promote their health and wellbeing.

No to Violence

https://ntv.org.au

No to Violence is the largest peak body in Australia for organisations and individuals who work with men to end family violence. It does this through advocacy, research, training, sector development and the Men's Referral Service.

ANROWS - Australia's National Research Organisation for Women's Safety

https://www.anrows.org.au

ANROWS is an independent, not-for-profit research organisation established to produce evidence to support the reduction of violence against women and children. It is one of the only national organisations across the world tasked with building, translating and disseminating the evidence base to inform policy and practice on women's and children's safety.

White Ribbon

https://www.whiteribbon.org.au

The White Ribbon campaign is a global movement of men and boys working to end male violence against women and girls, promote gender equality and create new opportunities for men to build positive, healthy and respectful relationships.

Our Watch

https://www.ourwatch.org.au

Our Watch is a national leader in the primary prevention of violence against women and their children in Australia. It provides policy advice, support and input to governments, develops communication and social marketing campaigns, supports the development of primary prevention workforce and produces free research-based tools and resources to help embed gender equality and prevent violence.

Safe and Together

https://safeandtogetherinstitute.com

The Safe & Together Institute provides expertise in child welfare family and domestic violence training. The model is an internationally recognised suite of tools and interventions designed to help child practitioners and other workforces who come into contact with families experiencing FDV to become family and domestic violence-informed and to help improve competencies and cross-system collaboration.

Commissioner for Children and Young People WA (CCYP)

https://www.ccyp.wa.gov.au/our-work/child-safe-organisations-wa/

The CCYP encourages WA organisations to consider child safe and provides resources to assist organisations and their staff to keep the safety of children and young people central to their day-to-day practices.

Commissioner for Victims of Crime

https://www.wa.gov.au/organisation/department-of-justice/commissioner-victims-of-crime

The Office of the Commissioner for Victims of Crime promotes and safeguards the interests of victims of crime in the Western Australian justice system.

Acknowledgements

SFV acknowledges the significant impact that family, domestic and sexual violence has on the safety and wellbeing of adults, children and young people. We recognise the courage, hope and determination of victim-survivors to live fulfilling lives free from violence.

This resource was developed as part of the Family and Domestic Violence in the Kimberley and COVID-19 project. SFV gratefully acknowledges the support of Lotterywest who provided the funding for the development of these guidelines as part of this project.

SFV is sincerely grateful for the partnership with No to Violence on the stakeholder consultations for the project. The wisdom and advice relating to the intersection of First Nations culture and FDV provided by Kyalie Moore from No to Violence was integral to this and other resources for the project.

SFV sincerely thanks the organisations involved in the Family and Domestic Violence in the Kimberley and COVID-19 project, who provided invaluable information regarding the needs of non-FDV-specific services, and their challenges in providing a FDV-informed service to their clients.

