



Domestic and family violence services: Practice principles, standards and guidance

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What are practice standards?

- Outline the everyday practice expectations of workers in the DFV system
- Reflects the quality of services the community can expect from organisations that provide Queensland Government funded DFV services
- Complement profession specific practice standards already in place for groups such as social workers, psychologists etc. (where applicable)



What are practice standards?

- Practice standards outline the everyday practice expectations for people working in a particular field.
- These practice standards are intended to outline the everyday practice expectations for people working in Queensland's domestic and family violence service (DFV) system. This includes staff working with victims (and their children) and perpetrators.
- The practice standards reflect the quality of services the community can expect from organisations that provide Queensland Government funded DFV services.
- It is important to understand the distinction between service standards and practice standards, although in reality there is often blurring between the two and the terms can be used interchangeably.
 - **Service standards** are standards that:
 - articulate expectations and intended outcomes across an organisation or across a whole service system
 - guide and measure the actions of the organisation and broader service system and the outcomes they are aiming to achieve – the Human Services Quality Framework is an example of a service standard.
 - **Practice standards** are standards that:
 - outline what is required for effective, professional and accountable practice on a day-to-day basis for workers operating in a particular field
 - generally provide more detail than service standards and outline how certain aspects of day-to-day practice are expected to be conducted.
- The practice standards are intended to complement profession specific practice standards already in place for groups such as social workers, psychologists etc. (where applicable).

Who do they apply to?

- All funded DFV services will be required to comply:
 - specialist DFV services including court support, women’s shelters and counselling (adult and children)
 - perpetrator intervention programs
- Services not funded under DFV funding area may choose to voluntarily comply:
 - women’s health and women’s health and wellbeing support services
 - sexual assault services

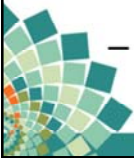


Who do they apply to?

- From 1 January 2021 all funded domestic and family violence services will be required to comply with the revised practice standards. This applies to services providing:
 - specialist DFV services including court support, women’s shelters and counselling for both adults and children
 - perpetrator intervention programs.
- Services who are not funded under the domestic and family violence funding area, but provide services to clients who have also been affected by domestic and family violence, may choose to voluntarily comply with the practice standards. This applies to services providing:
 - women’s health and women’s health and wellbeing support services
 - sexual assault services
 - service system coordination activities
 - embedded specialist DFV workers in Family and Child Connect and Intensive Family Support services and wellbeing services.
- Services may wish to voluntarily comply to improve their quality of service, be culturally appropriate, collaborative, have the skills and capabilities to work effectively with a broad range of clients, and to promote greater consistency, transparency and integration of services around client needs.

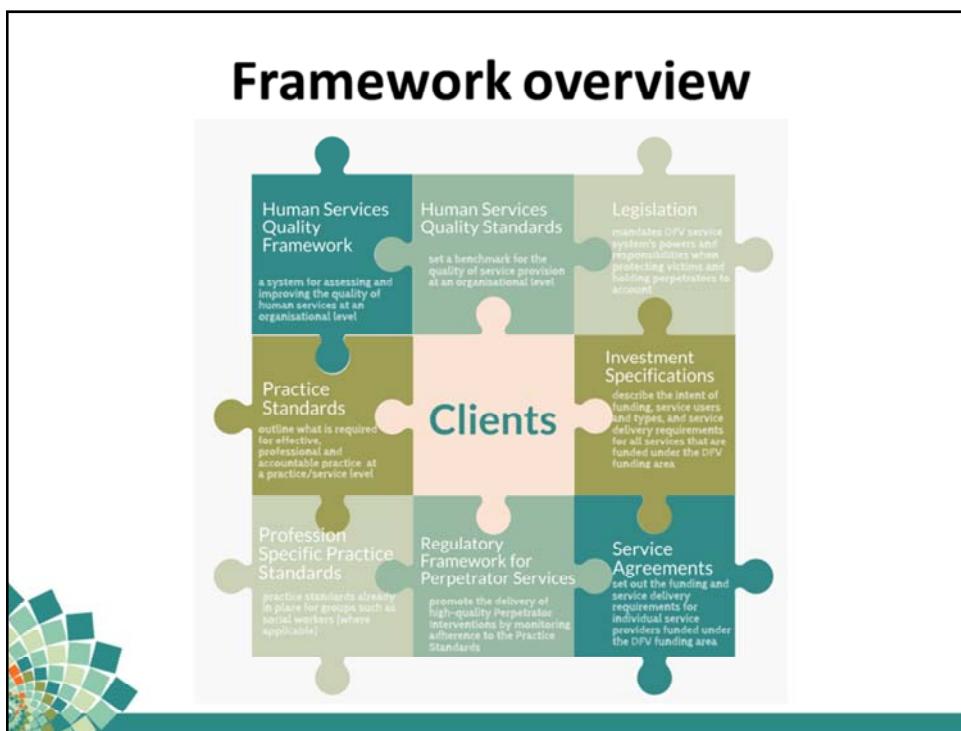
Who else can they apply to?

- Can be applied more broadly by other agencies whose core business is impacted by DFV:
 - prescribed entities delivering police and justice services
 - health (including mental health and drug and alcohol services)
 - education
 - child safety services



Who else can they apply to?

- While the practice standards have been developed to guide practice for Queensland's DFV service sector, they can also be applied more broadly by other agencies whose core business is impacted by DFV.
- This includes prescribed entities such as those delivering police and justice services, health (including mental health and drug and alcohol services), education, and child safety services.



Framework overview

- It is important to note that the practice standards make up only one component of the framework that supports service providers to provide quality support to victims and perpetrators. Each component is vital in its own right but is strengthened and supported by the other components of the framework.
- These include:
 - Human Services Quality Framework – a system for assessing and improving the quality of human services – assessment is at the organisational level, not the practice/service level which is the purpose of the practice standards
 - Human Services Quality Standards – set a benchmark for the quality of service provision for human services
 - legislation – mandates DFV service system’s powers and responsibilities when protecting victims and holding perpetrators to account
 - investment specifications – describe the intent of funding, service users and types, and service delivery requirements for all services that are funded under the DFV funding area
 - service agreements – set out the funding and service delivery requirements for individual service providers funded under the DFV funding area
 - Regulatory Framework for Perpetrator Services – currently under development, the framework will promote the delivery of high-quality perpetrator interventions by monitoring adherence to the practice standards
 - profession specific practice standards – practice standards already in place for groups such as social workers and psychologists (where applicable) – these complement the DFV practice standards.

Why were they reviewed?

- Recommendation 82 of the *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland* report
- Bring together all DFV service types under one consolidated set of standards
- Updated to reflect:
 - improved practices and procedures that have been developed by specialist DFV services
 - contemporary theoretical frameworks
 - national and state policies and strategies
 - legislation



Why were they reviewed?

- The *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland* report recommended (Recommendation 82) that government:
 - review and update the *Professional Practice Standards: Working with men who perpetrate domestic and family violence* and the accompanying principles to ensure they reflect the most recent developments and knowledge in the field and include models of practice and standards to ensure safe and appropriate practice for individual (as well as group) intervention sessions
 - establishes a clear and rigorous process for evaluating and approving initiatives and providing ongoing monitoring of compliance with the practice standards to ensure that issues of non-compliance and service system development requirements are identified.
- In acting to review the current practice standards for working with men who perpetrate domestic and family violence, the department also responded to the need to review and update the *Practice Standards for Working with Women Affected by Domestic and Family Violence* and to consider contemporary, evidence-based practice standards across the full range of funded DFV services.
- The department took this opportunity to also review the *Practice Standards for Working with Women Affected by Domestic and Family Violence*.
- A consultant was engaged to conduct a literature review of existing domestic and family violence practice standards and practice standards in general, both in Australia and internationally, and to provide insight into best practice approaches to inform the development of the practice standards.
- From this review it was recommended that one consolidated set of practice standards be implemented across the entire funded sector, replacing the two existing sets of standards.
- The practice standards have been updated to reflect:

- improved practices and procedures that have been developed over decades by specialist DFV services, women's services and other agencies involved in working with people who use and experience violence
- contemporary theoretical frameworks
- national and state policies and strategies
- legislation.

Consultation and development

- Consulted between August 2017 to August 2019
- 34 consultation sessions and over 600 participants to test the approach and content
- Consolidated and streamlined
- Gives services the flexibility and autonomy to innovate and use their expertise to deliver services



Consultation and development

- Extensive consultation was conducted between August 2017 and August 2019, with 34 consultation sessions and over 600 participants to develop and test the approach and content of the revised practice standards.
- The revised practice standards have been developed to ensure clients receive the same quality of service regardless where they live in the state.
- The revised practice standards have been consolidated and streamlined to ensure funded services have the flexibility and autonomy to innovate and use their expertise to deliver services.
- The revised practice standards capture the intent of most of the existing standards, however the wording or level or description may vary. A comparison of the existing practice standards and the revised practice standards has been developed to assist services to navigate the revised practice standards.
- The department will be consulting with perpetrator services on a small number of existing practice standards that have not been captured in the revised practice standards. More information on this process will be provided over the coming months.

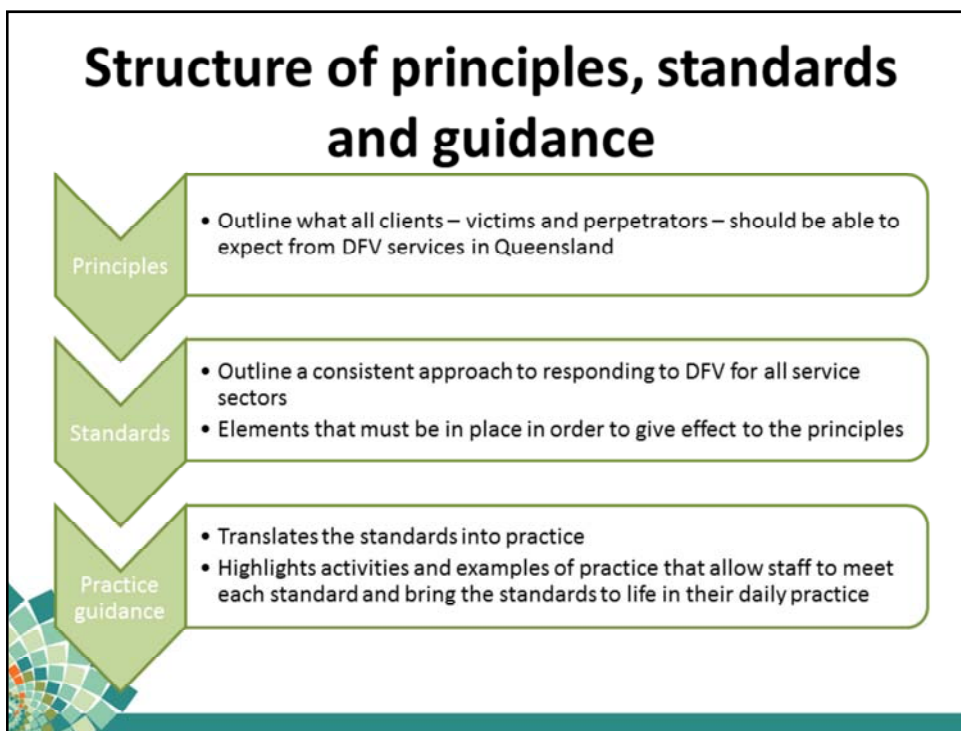
Key objectives

- Provide guidance for people working in DFV services to deliver quality responses to clients
- Support workers in the DFV sector to be culturally appropriate, collaborative and have the skills and capabilities they need
- Promote greater consistency, transparency and integration of services around client needs



Key objectives

- The key objectives of the new practice standards and guidance are to:
 - provide guidance for people working in DFV services in Queensland to deliver quality responses to their clients including victims of DFV, their families and perpetrators
 - support workers in the DFV sector to be culturally appropriate, collaborative, and to have the skills and capabilities to work effectively with a broad range of clients
 - promote greater consistency, transparency and integration of services around client needs.



Structure of principles, standards and guidance

- The practice standards have been structured to include principles, standards and guidance.
- **Principles:**
 - The seven principles clearly outline what all clients, including victims and perpetrators, should be able to expect from DFV services in Queensland, in terms of services delivered and outcomes achieved.
 - All principles apply to victim’s services and perpetrator services.
- **Standards:**
 - The standards outline a consistent approach to responding to DFV for all service sectors.
 - These are the elements that must be in place in order to give effect to the principles.
 - There has been a considerable reduction in the amount of standards – there are now 49 standards compared to 120 standards in the previous practice standards for working with women and men combined.
- **Practice guidance:**
 - The practice guidance translates the standards into practice.
 - It highlights activities and examples of practice that allow staff to meet each standard and bring the standards to life in their daily practice.
 - These are provided for guidance only and services are not mandated to comply with these examples.
 - The practice guidance is not exhaustive and further examples of the practice expected of workers may be identified across the sector, and with expansion of the evidence base for effective responses to DFV.
 - The practice standards do not describe operational matters, such as:

- what the resourcing and time commitment should be for a particular client
 - what specific qualifications are required for each role within the Queensland DFV service sector
 - legal obligations placed on practitioners performing their roles.
- All principles and their supporting standards and guidance, are designed to be read together. Each area is related to the other and all are equally important in delivering appropriate and effective DFV services.
- The principles, practice standards and guidance are also designed to be agnostic of the service delivery model. This means that if technology such as videoconferencing, teleconferencing and mobile applications is increasingly being used to deliver services, then the principles and practice standards relating to 'good practice' still apply.

**PRINCIPLE 1: The rights, safety
and dignity of victims are
paramount**



PRINCIPLE 1: The rights, safety and dignity of victims are paramount



- **1.1 Respectful, developmentally appropriate, culturally appropriate and non-judgemental approach**
- 1.1.1 Staff recognise victims' right to self-determination and the dignity of choice

Practical examples may include, staff:

- promote:
 - self-determination – right to make decisions
 - dignity of choice – have options and information to support their choice

1.1 Respectful, developmentally appropriate, culturally appropriate and non-judgemental approach.

1.1.1 Staff recognise victims' rights to self-determination and the dignity of choice.

- Self-determination refers to a person's ability to independently make choices and manage their own life.
- This standard recognises that making decisions about life, and having those decisions respected, is an essential right of each victim. Therefore, as much as possible decisions should be made by the victim themselves.
- Dignity of choice recognises the need for clients to have options and information to support their choice. This includes the right to choose or refuse services.

Practical examples demonstrating compliance with this practice standard may include, staff:

- promote self-determination and autonomy of the victim's they work with
- obtain consent before sharing information and receive the victim's expressed, informed consent prior to engagement (where possible, unless obtaining consent may jeopardise the safety or wellbeing of a person)
- seek enough information to support risk assessment and safety planning and do not press the victim for more information than is required
- work with children as victims in their own right, where possible recognising the unique impacts and relationship between the parent and child and the emotional and psychological trauma and are able to provide a developmentally appropriate response.

The intended outcomes of this practice standard is that victims feel:

- heard when they tell staff what matters to them and what they want
- they have as much control over the planning and delivery of services as they want to
- they are supported to understand the benefits and possible harm when they make decisions
- they are an active partner in problem-solving solutions to reduce risk where possible.

- 1.1.2 Staff support, listen to, and respond to victims in a respectful, sensitive, developmentally appropriate, and non-judgemental way

Practical examples may include, staff:

- understand no two victims are the same
- take the time to listen and understand
- respond in a developmentally appropriate way taking into consideration the victim's age, maturity, education, life experience etc.



1.1.2 Staff support, listen to, and respond to victims in a respectful, sensitive, developmentally appropriate, and non-judgemental way.

Practical examples demonstrating compliance with this practice standard may include, staff:

- understand no two victims are the same – their life experience and characteristics are unique
- take the time to listen and understand each victim's personal experience and unique characteristics and respond in a developmentally appropriate way (taking into consideration the victim's age, maturity, education, life experience etc.), using a sensitive and empathetic communication style
- recognise the impacts of trauma on a victim, including their:
 - presentation – how they are dressed, how they behave, their body language (do they have difficulty sitting still), their level of organisation (are they disorganised)
 - communication – their emotional response (are they upset, angry or disoriented or demonstrate a 'flat' affect or emotional incongruence); their ability to answer difficult questions
 - narrative – their ability to retell their story (is it disjointed or are there gaps in their memory)
 - consider these impacts and recognise their own personal bias when dealing with victims with different physical and emotional responses (due to the impact of trauma) to ensure a quality response to all victims.

The intended outcomes of this practice standard is that victims feel:

- that staff understand what is important to them and they are not judged for the

decisions they have made or will make

- respected and included in the process regardless of their gender, age, cultural background, education, sexual identification etc.
- the response is designed specifically for their situation and needs.

- 1.1.3 Staff build strong rapport and developmentally and culturally appropriate relationships with adult and child victims

Practical examples may include, staff:

- invest in genuine and appropriate relationships with victims
- provide developmentally appropriate responses
- work with children as victims in their own right – recognising the trauma experienced




1.1.3 Staff build strong rapport and developmentally and culturally appropriate relationships with adult and child victims.

Practical examples demonstrating compliance with this practice standard may include:

- invest in genuine and appropriate relationships with victims using a sensitive and empathetic communication style
- recognise and respond according to the victim's age, maturity, education, life experience etc.
- work with children as victims in their own right where possible, recognising the:
 - unique impacts and relationships between parent and child
 - emotional and psychological trauma experienced by children who witness violence in the home.

The intended outcomes of this practice standard is that victims feel:

- a rapport with staff
- that staff believe them
- comfortable to share their experiences and their support needs.



- **1.2 Ensuring victim safety**
- 1.2.1 Staff prioritise the safety and wellbeing of victims

Practical examples may include, staff:

- ask the victim about their safety at each contact
- make the needs of the victim and their children the main priority when working with perpetrators
- liaise closely with other organisations to ensure an integrated and coordinated response to ensuring victim safety

1.2 Ensuring victim safety.

1.2.1 Staff prioritise the safety and wellbeing of victims.

- Safety refers to being protected from a range of threats including physical, verbal, sexual, emotional, cultural and spiritual abuse, economic control and/or social control.

Practical examples demonstrating compliance with this practice standard may include, staff:

- ask the victim about their safety at each contact
- confirm with other service providers that the victim is safe (where practical).

working with perpetrators:

- make the victim's and their children's needs and safety the main priority of the work - not the perpetrator's
- find a safe way to offer support to victims and refer them to a specialist service
- liaise closely with organisations supporting the victim to ensure that there is an integrated and coordinated response to ensuring victim safety
- advise the victim's advocate (if there is one) and the relevant prescribed entity for example the Queensland Corrective Services and/or the Queensland Police Service if a perpetrator has completed, withdrawn or is terminated from either a one-on-one or group intervention service. It is important to note this communication must be conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim
- use an inquiring yet respectful approach to account for potentially high levels of deceit, manipulation and justification (rather than the principle of believing the client's word at face value)

- engage with perpetrators in a way that does not increase the risk to adult or child victims, for example asking questions of a perpetrator that appear to be 'screening' for violence or abuse which may make the perpetrator suspicious of what a victim has disclosed.

The intended outcomes of this practice standard is that victims feel:

- that staff understand and provide support in a way that ensures their safety is paramount.

- 1.2.2 Contact with a victim only occurs when it is safe for them, which is confirmed with the victim at each contact. If a victim is in immediate danger, staff action a crisis response in consultation with all prescribed entities, specialist service providers and support service providers

Practical examples may include, staff:

- develop pre-planned strategies to communicate with the victim
- follow crisis response process and protocols



1.2.2 Contact with a victim only occurs when it is safe for them, which is confirmed with the victim at each contact. If a victim is in immediate danger, staff action a crisis response in consultation with all prescribed entities, specialist service providers and support service providers.

Practical examples demonstrating compliance with this practice standard may include, staff:

- develop pre-planned scripts with the victim which can be used if someone other than the victim answers the phone when staff are trying to contact them, for example if the perpetrator or someone colluding with the perpetrator answers the phone
- consider using a pseudonym for their organisation when trying to contact a victim
- do not leave messages if they cannot make contact with the victim, unless previously confirmed that this was safe
- consult with other relevant services including the High Risk Team Coordinator regarding the safest locations and means of contact
- follow their organisation's crisis response process and protocols in consultation with other relevant services, for example the Queensland Police Service, High Risk Team Coordinator, Principal Child Protection Practitioner etc.
- Staff working with a perpetrator who is perceived as being a threat to the safety of other people should notify the appropriate prescribed entities, for example the Queensland Police Service.

The intended outcomes of this practice standard is that victims feel:

- that they are not at any greater risk communicating with staff
- confident that there are pre-planned strategies in place if the victim becomes in immediate danger.

- 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific needs of children

Practical examples may include, staff:

- consult victims and other relevant services
- follow crisis response processes and protocols
- consider factors that increase victim vulnerabilities such as age, gender, cultural background etc.
- understand specific safety needs of children



1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific needs of children.

Practical examples demonstrating compliance with this practice standard may include, staff:

working with victims:

- consult victims and other relevant services, for example, Cultural Advisor, High Risk Team (HRT) Coordinator, Principal Child Protection Practitioner (PCPP), Specialised and Intensive Services (SIS) regarding the safest locations, people, and means of contact
- follow the crisis response processes and protocols of their organisation
- consider particular factors that increase vulnerabilities of victims, such as age, gender, disability, social isolation, cultural background, family pressures, sexuality, and financial dependence
- demonstrate an understanding of the specific safety needs of children and take these into account in safety planning for the victim and family, for example online safety rules such as not checking in to locations on social media platforms.

The intended outcomes of this practice standard is that victims feel:

- safe
- consulted and included in the safety planning process.

❖ *Note:*

- Specialised and Intensive Services (SIS) is a component of the Humanitarian Settlement Program (HSP) available to humanitarian entrants and other eligible visa holders who have complex needs.

- SIS offer clients short term needs-based support to help them access appropriate mainstream services and develop the necessary skills to manage their needs independently.
- SIS are delivered by HSP Service Providers on behalf of the Australian Government Department of Home Affairs.

- 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations

Practical examples may include, staff:

- are trained in legislative requirements regarding consent and information sharing
- understand the importance of privacy and confidentiality



1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations.

Practical examples demonstrating compliance with this practice standard may include, staff:

- are trained in and comply with legislative obligations as stated in the *Child Protection Act 1999* and the *Domestic and Family Violence Protection Act 2012*.
- Are aware of the importance of maintaining privacy and confidentiality.

The intended outcomes of this practice standard is that victims feel:

- their privacy is respected and maintained in accordance with legislative requirements.

- 1.2.5 Staff make clients aware of when information may be shared with other agencies as a duty of care, for example, through mandatory reporting of child protection concerns under the *Child Protection Act 1999* or as part of a court process

Practical examples may include, staff:

- understand consequences of not sharing information – safety takes precedence over privacy
- inform their clients that they may be reported to statutory and/or emergency services



1.2.5 Staff make clients aware of when information may be shared with other agencies as a duty of care, for example, through mandatory reporting of child protection concerns under the *Child Protection Act 1999* or as part of a court process.


Practical examples demonstrating compliance with this practice standard may include, staff:

working with victims and perpetrators understand:

- the consequences of not sharing information with other agencies when required, for example not sharing information may jeopardise the safety of a victim or people close to them. The *Domestic and Family Violence Act 2012* and the *Child Protection Act 1999* state that safety and wellbeing takes precedence over the protection of an individual's privacy
- that information can be shared and referrals can be made to prescribed entities without the consent of the victim or perpetrator according to the principles for sharing information described in the *Domestic Violence Act 2012* and *Child Protection Act 1999* - however as it is best practice, obtaining victim consent before sharing information is preferred.
- Staff working with perpetrators must:
 - inform their clients that they may be reported to statutory and/or emergency services if they are perceived as presenting a threat to the safety of other people.

The intended outcomes of this practice standard is that clients feel:

- informed about the staff member's reporting obligations
- that information will be shared in a safe and timely manner to support the victim's safety needs and hold the perpetrator to account.



- 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims

Practical examples may include, staff:

- are aware of:
 - their organisation’s protocols for keeping staff safe
 - how to contact Workplace Health and Safety Queensland
 - the Queensland Government’s Workplace Risk Management Guide and Code of Practice

1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims.

Practical examples demonstrating compliance with this practice standard may include, staff:

- are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. For example awareness of:
 - the organisation’s protocols for keeping staff safe
 - how to contact Workplace Health and Safety Queensland for advice
 - the Queensland Government’s *Workplace risk management guide: domestic and family violence* (www.qld.gov.au) and the *Code of Practice on how to manage work health and safety risks* (www.worksafe.qld.gov.au).
- In accordance with the *Code of Practice on how to manage work health and safety risks*, the risks associated with domestic and family violence can be managed by undertaking a planned and systematic process:
 - identify hazards and assess risks to determine:
 - what could harm employees
 - how likely it is that harm could occur
 - how serious the harm could be
 - control risks by determining the most effective risk control measures for any given circumstance
 - review and improve the effectiveness of control measures to ensure prevention measures are working as planned and where necessary improved.

- 1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators.

Practical examples may include, staff:

- recognise the need for self-reflection – reflect on what they did, why they did it and how they did it
- practice social and emotional wellbeing prevention strategies



1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators.

- Self-reflection occurs when the staff member reflects on what they did, why they did it and how they did it.
- Staff can also reflect on:
 - the skills and knowledge they hold and the way in which they implement this in their practice
 - their emotional responses to people, situations and events that have occurred
 - the effects, outcomes and implications of their practice.
- Working with domestic and family violence victims and perpetrators can take a toll on staff. It is important that staff assess and maintain their own safety and social and emotional wellbeing.

Practical examples demonstrating compliance with this practice standard may include, staff:

- recognise the need for continuous self-reflection
- undertake self-reflection through channels such as one-on-one or group supervision, using a reflection practice journal, informal discussions with colleagues or formal practice evaluations
- practice social and emotional wellbeing prevention strategies such as:
 - regular debriefs with managers and colleagues
 - take scheduled breaks and annual leave
 - be kind and supportive to colleagues and celebrate achievements.

- It is essential that an organisation's culture supports and encourages staff development and professional growth.

- **1.3 Risk assessment, management and safety**
- 1.3.1 Staff undertake a risk assessment and develop a risk management plan with the victim to determine safety and other needs based on the risks posed by the perpetrator. Staff undertake the risk assessment at first contact and manage and update the assessment throughout the provision of interventions



1.3 Risk assessment, management and safety

1.3.1 Staff undertake a risk assessment and develop a risk management plan with the victim to determine safety and other needs based on the risks posed by the perpetrator. Staff undertake the risk assessment at first contact and manage and update the assessment throughout the provision of interventions.

Practical examples may include, staff:

- develop safety plans collaboratively with the victim
- prioritise the victim's assessment of risk as one of the most accurate indicators of risk
- reality test safety plan with the victim
- review and update safety plans on a continuous basis
- participate in regular risk assessment training



1.3.1 Staff undertake a risk assessment and develop a risk management plan with the victim to determine safety and other needs based on the risks posed by the perpetrator. Staff undertake the risk assessment at first contact and manage and update the assessment throughout the provision of interventions.

Practical examples demonstrating compliance with this practice standard may include, staff:

- undertake the risk assessment and develop the risk management (safety) plan collaboratively with the victim - victims should be included in this process to ensure self-determination and dignity of choice
- prioritise the victim's assessment of risk as one of the most accurate indicators of risk
- reality test risk assessments and risk management (safety) plans with the victim, for example have they tried this before and if so what happened, are they likely to use a certain strategy and why or why not
- use formal, documented, evidence-based processes for risk assessment including, where available, a common risk assessment framework
- review and update risk management plans on a continuous basis and undertake case reviews as a team
- participate in regular risk assessment training to maintain currency.
- discuss, work, and collaborate with victims and relevant service providers, including generalist and specialist providers, and prescribed entities around next steps and confirm agreed action, when a risk assessment reveals a safety risk to the victim.

The intended outcomes of this practice standard is that victims feel:

- that staff understand their right to self-determination and dignity of choice
- their safety plans are continuously reviewed to meet their current and ongoing needs.

- 1.3.2 Staff are trained to recognise and identify the variety of risks that can be present for adult and child victims and maintain a contemporary knowledge of emerging risk factors

Practical examples may include, staff:

- follow their organisation's risk management process
- consider academic research and DFV Death Review and Advisory Board recommendations
- consider tools and guidance provided by Queensland Government



1.3.2 Staff are trained to recognise and identify the variety of risks that can be present for adult and child victims and maintain a contemporary knowledge of emerging risk factors.

Practical examples demonstrating compliance with this practice standard may include, staff:

- follow their organisation's risk management processes
- consider academic research and recommendations from the Domestic and Family Violence Death Review and Advisory Board
- consider the tools and guidance provided by their organisation and the Queensland Government, for example the Child Protection Guide to determine the most appropriate response to the signs and/or risk factors for child abuse and neglect that they have identified.

The intended outcomes of this practice standard is that victims feel:

- staff are qualified to understand their unique situation and provide appropriate support.

- 1.3.3 Staff are trained to recognise and identify the variety of risk factors that perpetrators may present with including attitudinal, behavioural and physical risk factors, and use this information to inform risk assessment, management and the development of safety plans for victims (for example, high risk factors include a history or strangulation, weapons use and/or suicide attempts and general risk factors include pet abuse and acceptance of violence)

1.3.3 Staff are trained to recognise and identify the variety of risk factors that perpetrators may present with including attitudinal, behavioural and physical risk factors, and use this information to inform risk assessment, management and the development of safety plans for victims (for example, high risk factors include a history or strangulation, weapons use and/or suicide attempts and general risk factors include pet abuse and acceptance of violence).

Practical examples may include, staff:

- consider both covert and overt behaviours of perpetrators when assessing and managing risk
- understand positive interactions with a perpetrator or attendance at a perpetrator intervention program does not indicate they pose less of a risk
- understand the patterns of violence over time in order to develop a safety plan



Practical examples demonstrating compliance with this practice standard may include, staff:

- consider both the covert behaviours of perpetrators, for example, financial control, social and geographical isolation, and the use of technological surveillance, as well as the overt behaviours of perpetrators, for example physical and sexual abuse when assessing and managing risk
- understand that a respectful, positive or engaged interaction with the perpetrator or their attendance at a perpetrator intervention program does not necessarily indicate that they pose less of a risk
- understand the patterns of violence that have been perpetrated over time (not just the most recent incident) in order to develop a safety plan that supports the victim in responding to potential future incidents of violence.

The intended outcomes of this practice standard is that victims feel:

- staff are qualified to understand their unique situation and provide appropriate support.

- 1.3.4 Staff working with victims develop safety plans and engage in harm reduction in partnership with both adult and child victims which suit their individual circumstances. Where the adult victim has children, wherever possible staff develop individual safety plans that explicitly address the needs of both the adult and child victims.

Practical examples may include, staff:

- understand each victim is unique
- take into consideration if the victim is planning to stay, leave or has already left



1.3.4 Staff working with victims develop safety plans and engage in harm reduction in partnership with both adult and child victims which suit their individual circumstances. Where the adult victim has children, wherever possible staff develop individual safety plans that explicitly address the needs of both the adult and child victims.

Practical examples demonstrating compliance with this practice standard may include, staff:

- understand each victim and their circumstances are unique and require personalised safety plans to meet their individual needs, such as housing, financial or emotional support
- take into consideration if the victim is planning to stay in the relationship, is thinking about leaving or has already left
- preparing a safety plan:
 - work closely with both adult and child victims regarding their needs
 - outline strategies to increase safety and security if the victim remains with the perpetrator, including specific strategies to support their safety if they live with the perpetrator
 - consider long-term safety plans that move women through the different phases (staying, leaving and has left) in a safe and supported way, encouraging the victim's right to self-determination and dignity of choice and acknowledging that the level of risk will not be eliminated immediately.

The intended outcomes of this practice standard is that victims feel:

- that staff recognise they are unique and their situation is unique and their safety plan meets their individual needs
- supported with safety strategies even if they live with the perpetrator.

- 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence

Practical examples may include, staff:

- identify proactive steps the perpetrator can take to ensure the victim's safety e.g. stay somewhere else, attend a MBCP
- understand perpetrators may inadvertently disclose information that impacts victim safety e.g. level of drinking or substance abuse etc.



1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence.

Practical examples demonstrating compliance with this practice standard may include, staff:

working with perpetrators:

- engage with the perpetrator to identify actions they can take to ensure the victim's safety, for example:
 - stay somewhere else
 - identify triggers for abuse and develop a plan to reduce/avoid triggers such as reduce/stop drinking or substance abuse
 - identify and link in to services such as alcohol and other drugs services, gambling support services, mental health services, and homelessness and housing services
 - attend a Men's Behaviour Change Program
 - regular contact and engagement with their parole officer
- understand that perpetrators may inadvertently disclose information that a victim is unaware of and which can impact on the risk assessment or risk management of victims. For example, perpetrators may disclose information such as:
 - changes in their level of drinking or substance abuse, or a change in their housing situation
 - violation of an existing order
 - other instances of violence at work or against other victims
- communicate information inadvertently disclosed by the perpetrator that affects the victim's safety to the victim, victim advocate, police or other government agencies as

required in order to maintain the victim's safety and hold the perpetrator to account.


The intended outcomes of this practice standard is that victims feel:

- that their safety needs are paramount for services working with perpetrators.

PRINCIPLE 2: Staff understand domestic and family violence



PRINCIPLE 2: Staff understand domestic and family violence

- 
- **2.1 Understanding of domestic and family violence**
 - 2.1.1 Staff have a contemporary and nuanced understanding of the drivers, dynamics, and impacts of domestic and family violence including as it relates to at-risk cohorts including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a disability and people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+)

2.1 Understanding of domestic and family violence

2.1.1 Staff have a contemporary and nuanced understanding of the drivers, dynamics, and impacts of domestic and family violence including as it relates to at-risk cohorts including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a disability and people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+).

Practical examples may include, staff:

- understand:
 - the drivers, dynamics, and impacts of DFV
 - DFV disproportionately affects women
 - at-risk cohorts – recognising similarities and differences in experience between cohorts
 - family violence may extend beyond the traditional definition of family
 - the lifelong impact on children and young people



2.1 Understanding of domestic and family violence

2.1.1 Staff have a contemporary and nuanced understanding of the drivers, dynamics, and impacts of domestic and family violence including as it relates to at-risk cohorts including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a disability and people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+).

Practical examples demonstrating compliance with this practice standard may include, staff:

- demonstrate an understanding of the behaviours that constitute domestic and family violence, the different types of violence and the harm it causes
- recognise that domestic and family violence can affect any person regardless of gender, age, socio-economic status or cultural background but that it disproportionately affects women and that men are most commonly the perpetrators of violence
- demonstrate an understanding of how domestic and family violence is experienced by various high risk cohorts including Aboriginal and Torres Strait Islander women, women with disabilities, older women, women from culturally and linguistically diverse (CALD) backgrounds and people in the lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+) community – recognising the similarities and differences in experiences and impacts of domestic and family violence between the different cohorts
- recognise that family violence in Aboriginal and Torres Strait Islander, CALD groups and the LGBTIQ community may extend beyond the traditional definition of family to extended families, kinship networks and communities
- demonstrate an understanding of how domestic and family violence is perpetrated by people from a full range of cultural and socioeconomic backgrounds, recognising the

similarities and differences in perpetration of domestic and family violence between the different cohorts

- recognise that domestic and family violence can have lifelong impacts on children and young people who witness and experience violence and significantly impact the relationships between the parent, child and community.

The intended outcomes of this practice standard is that victims feel:

- staff understand how domestic and family violence can impact them regardless of their nationality, sexual identification etc. and develop strategies that meet their specific needs.

- 2.1.2 Staff have the expertise to identify signs of domestic and family violence and the ability to respond to disclosures of both adults and children

Practical examples may include, staff:

- provide a safe and supportive environment for victims to disclose their experiences
- document the patterns of abuse and impact on the victim and family



2.1.2 Staff have the expertise to identify signs of domestic and family violence and the ability to respond to disclosures of both adults and children.

Practical examples demonstrating compliance with this practice standard may include, staff:

- demonstrate an understanding of the behaviours that constitute domestic and family violence, the different types of violence and the harm it causes
- provide a safe and supportive environment to enable adult and child victims to disclose their experiences and provide supportive, developmentally appropriate services in response
- accurately document the patterns of abuse and how this impacts upon the functioning, safety and wellbeing of the victim and family.

The intended outcomes of this practice standard is that victims feel:

- supported to share their experience with staff members
- that staff members understand and empathise with their experiences.

- 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities.

Practical examples may include, staff:

- keep their knowledge, skills and qualifications up to date and utilise:
 - training offered through organisation, external organisations such as WorkUP Qld etc.
 - theoretical frameworks and evidence-based practice research



2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities.

Practical examples demonstrating compliance with this practice standard may include, staff:

- These practice standards do not identify the specific qualifications required for each role within the Queensland DFV service sector.
- Staff are responsible for ensuring they keep their knowledge, skills and qualifications up to date to meet the needs of their role and responsibilities. Staff can utilise:
 - training offered by their organisation
 - training offered through external organisations such as WorkUP Qld
 - theoretical frameworks and evidence-based practice research and/or journals
 - one-on-one or group supervision and regular debriefs with managers and colleagues to share best practice ideas.

The intended outcomes of this practice standard is that clients feel:

- staff are qualified to understand their unique situation and provide appropriate support.

- 2.1.4 Staff understand the impact that working in domestic and family violence can have on their wellbeing, and the wellbeing of their colleagues, and how to manage vicarious trauma

Practical examples may include, staff:

- regularly access trauma-informed supervision
- practice social and emotional wellbeing prevention strategies




2.1.4 Staff understand the impact that working in domestic and family violence can have on their wellbeing, and the wellbeing of their colleagues, and how to manage vicarious trauma

- Vicarious trauma is *'the negative transformation in the helper that results (across time) from empathic engagement with trauma survivors and their traumatic material, combined with a commitment or responsibility to help them'* (Pearlman and Caringi, 2009, 202-203).
- Vicarious trauma is not a sign of weakness or your professional ability.
- Workers may experience a variety of symptoms for example: anxiety; depression; increased feelings of cynicism; taking on too great a sense of responsibility; and sleeping problems.

Practical examples demonstrating compliance with this practice standard may include, staff:

- seek out information and training in order to build their knowledge and skills to better recognise the early signs of vicarious trauma
- regularly access trauma-informed supervision provided by their organisation
- practice social and emotional wellbeing prevention strategies such as taking scheduled breaks and annual leave.



- **2.2 Understanding of gender, power and control**
- 2.2.1 Staff have a nuanced and intersectional understanding of the dynamics of gender, power, and control which informs all aspects of their practice

Practical examples may include, staff:

- understand the range of ways in which gender, power and control tactics can be used in different situations
- understand the attitudes about gender roles and behaviours influence how people view and respond to DFV

2.2 Understanding of gender, power and control.

2.2.1 Staff have a nuanced and intersectional understanding of the dynamics of gender, power, and control which informs all aspects of their practice.

Practical examples demonstrating compliance with this practice standard may include, staff:

- understand there are a range of ways in which gender, power and control tactics can be used in different situations
- recognise that domestic and family violence can affect any person regardless of their gender but that it disproportionately affects women and men are most commonly the perpetrators of violence
- understand gender based knowledge including how attitudes about gender roles and behaviours are often learnt and reinforced in the early years and influence how people view and respond to domestic and family violence
- engage in reflective practice to understand the skills, theory and knowledge they hold and the ways in which this shapes their work; their emotional responses to people, situations and events; and the effects, outcomes and implications of their practice
- understand that victims often endure a high level of anxiety as a result of taking responsibility for trying to avoid triggering the perpetrator's violent behaviour, for example keeping a tidy house or keeping children quiet
- understand that a victim may grieve the loss of a relationship with the perpetrator, even though this relationship involved violence. Staff should support the victim and not cast judgement on their grief
- understand that the tactics of power and control are frequently targeted at interfering in the relationship between children and their mothers, both directly and indirectly, and is a source of harm. For example, perpetrators may insist on the adult victim performing sexual or domestic functions before they are "allowed" to attend to a

crying infant

- recognise the different societal expectations in relation to mothers and fathers parenting and the tendency to under-recognise women's parenting efforts such as ensuring children get to school, get their homework done, and make appointments etc. while overestimating a father's efforts to get involved with their children such as dropping them at school.

The intended outcomes of this practice standard is that victims feel:

- staff are qualified to understand their unique situation and provide appropriate support.

- 2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator

Practical examples may include, staff:

- understand violence can escalate with perceived loss of power and control
- assist victims by using a strengths-based approach to increase self-determination



2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator.

Practical examples demonstrating compliance with this practice standard may include, staff:

- understand that a perpetrator is likely to escalate their use of violence and abuse where there is a perceived loss of their personal power and control including, for example during and after separation
- are aware of the ways in which power and control can be demonstrated, including minimising, denying and blaming victims or past events for their violence, which might otherwise prompt staff to sympathise with the perpetrator.

working with victims:

- assist their clients in responding to power, coercion and control tactics by exploring new problem-solving techniques and validating clients' existing strategies (based on prior risk assessment) in a strengths-based approach that encourages self-determination.

The intended outcomes of this practice standard is that victims feel:

- staff consider the patterns of perpetrator behaviour when undertaking their risk assessment and safety planning.

- 2.2.3 Staff adopt a gendered analysis of violence in their practice acknowledging that gender inequality is a predominant cause and consequence of domestic and family violence.

Practical examples may include, staff:

- understand how gender stereotypes may be used as part of coercion and control tactics
- understand that women generally carry the 'burden of care' in families




2.2.3 Staff adopt a gendered analysis of violence in their practice acknowledging that gender inequality is a predominant cause and consequence of domestic and family violence.

Practical examples demonstrating compliance with this practice standard may include, staff:

- understand:
 - how gender stereotypes may be used as part of coercion and control tactics, for example beliefs that men should make decisions and take control in relationships and that housework and childcare are women's work
 - that women generally carry the 'burden of care' in families, including significantly more hours devoted to childcare, housework and emotional labour (even when also in paid employment).

The intended outcomes of this practice standard is that victims feel:

- staff are qualified to understand their unique situation and provide appropriate support.



- 2.2.4 Staff recognise the complex ways in which children are harmed through experiencing violence, and the tactics of control and abuse of power that they experience

Practical examples may include, staff:

- Relationship between the non-offending parent and the child critical
- Relationship can be negatively impacted by the perpetrator's tactics of power and control
- Mitigate the effects through additional support

2.2.4 Staff recognise the complex ways in which children are harmed through experiencing violence, and the tactics of control and abuse of power that they experience.

Practical examples demonstrating compliance with this practice standard may include, staff:

- Staff understand:
 - children are affected by domestic and family violence, even if they are not present during a discrete incident. They may:
 - hear the violence, including verbal and emotional abuse
 - see the results of the violence, for example blood, bruises or broken furniture, or going to the doctor with a parent after the parent has been abused
 - experience the impact of limited resources or limited social opportunities
 - be used by the perpetrator to manipulate the behaviour of the adult victim
 - how the relationship between the non-offending parent and the child can be disrupted by violence and the perpetrator's attempts to control this relationship and work in an integrated way to support both parties in strengthening this relationship
 - that children's attachment relationship with their primary caregiver (usually mothers) plays a critical role in mitigating some of the effects of witnessing or experiencing domestic and family violence. In the context of domestic and family violence, mothers may often take steps to mitigate the effects of abusive fathers, for example providing additional emotional support, regulation and caregiving.


The intended outcomes of this practice standard is that victims feel:

- staff are qualified to understand their unique situation and provide appropriate support.

**PRINCIPLE 3: Services are
evidence-informed**



PRINCIPLE 3: Services are evidence-informed



- **3.1 Evidence-informed practice**
- 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice

Practical examples may include, staff:

- provide responses within appropriate theoretical frameworks relevant to DFV, including:
 - gendered analysis and feminist theory
 - trauma informed frameworks and attachment theories
 - psychosocial frameworks and systems/ecological theory

3.1 Evidence-informed practice.

3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice.

Practical examples demonstrating compliance with this practice standard may include, staff:

- provide responses within appropriate theoretical frameworks relevant to domestic and family violence including:
 - gendered analysis and feminist theory, acknowledging:
 - the power imbalance that underpins domestic and family violence – although domestic and family violence can affect any person regardless of their gender, it disproportionately affects women and men are most commonly the perpetrators of violence
 - how perpetrators exercise power and control over victims
 - human rights theories based on:
 - empowering victims and assisting them to develop greater personal agency (ability to affect things) in their own lives
 - assisting perpetrators to be accountable for their behaviour to those impacted by their violence and to the people and services supporting them
 - theories that address intersectionality and the experience of different groups in society:
 - acknowledging the impact of colonisation on Aboriginal and Torres Strait Islander people
 - tailoring responses to the specific needs of diverse client groups
 - trauma informed frameworks and attachment theories, applying an

understanding of:

- the impact of trauma on both the victim and the family and how that can impact the parent/child relationship
- how it impacts on the perpetrator's patterns of perpetration and their capacity to undertake change
- psychosocial frameworks:
 - understanding how violence can impact psychologically on victims and their families and the social circumstances in which violence is experienced
- systems theory:
 - recognising the importance of working across different service settings including housing and health services to create a more integrated and holistic response to client needs.

The intended outcomes of this practice standard is that victims feel:

- staff are qualified to understand their unique situation and provide appropriate support.

- 3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice

Practical examples may include, staff:

- use and generate evidence
- source information from multiple sources
- understand the evidence base is constantly evolving and share learnings
- access tools to collect and analyse data



3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice.

Practical examples demonstrating compliance with this practice standard may include, staff:

- are confident in using and generating evidence about what works for their clients and are able to draw together information from research and academic studies, practice wisdom and the experience of service users to support effective practice
- understand that the evidence base is constantly evolving and what may be considered best practice now may be superseded by new developments in the future
- continually improve their understanding of the evidence base underpinning contemporary practice and understandings of domestic and family violence
- share learnings from their practice across different service settings to bring useful insights of the client's experience across the service system
- access tools which enable them to collect and analyse data about the services that are being achieved for the clients they work with.

The intended outcomes of this practice standard is that victims feel:

- staff are qualified to understand their unique situation and provide appropriate support.

- 3.1.3 Staff access learning and development opportunities to ensure continuous professional development and to maintain currency, competency and confidence in their role in working with adult and child victims, and in working with perpetrators

Practical examples may include, staff:

- are commitment to ongoing professional development, including:
 - accessing their organisation’s professional development framework,
 - attending conferences
 - undertaking critical reflection with their team




3.1.3 Staff access learning and development opportunities to ensure continuous professional development and to maintain currency, competency and confidence in their role in working with adult and child victims, and in working with perpetrators.

Practical examples demonstrating compliance with this practice standard may include, staff:

- are committed to ongoing professional development
- aware and make use of their organisation’s professional development framework (competency based training) to meet the needs of their role and their clients
- encouraged to keep up to date with their professional development including attending conferences and networking events with colleagues across the sector
- enabled to undertake critical reflection within their team to assist in translating theory into evidence-informed practice.

The intended outcomes of this practice standard is that victims feel:

- staff are qualified to understand their unique situation and provide appropriate support.



PRINCIPLE 4: Perpetrators are held accountable for their actions

PRINCIPLE 4: Perpetrators are held accountable for their actions

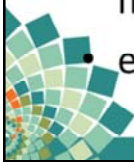
- It is important to note that this principle applies to services providing support to perpetrators as well as services providing support to victims.
- From research we know that a perpetrator is likely to move on to another victim after the breakdown of a relationship, or even maintain more than one victim.
- Therefore if we want to break the cycle of domestic and family violence, both victim and perpetrator services need to work together to hold a perpetrator to account, for the benefit of the current and potential future victims.
- Women's services are being asked to creatively think about ways they may be able to assist to hold a perpetrator to account.
- What this looks like will vary from service to service and situation to situation, taking into account the unique factors of the client, perpetrator and relationship, as well as the location of the service and what the DFV landscape around them looks like.
- Practical examples may include, calling the Police, if it is safe to do so, to report a breach of a domestic and family violence order, or building stronger relationships with local perpetrator services and prescribed entities.

- **4.1 Ensuring safety, responsibility and accountability**

- 4.1.1 Victim's, including children's, safety and freedom underpins all services for perpetrators of domestic and family violence, especially after separation

Practical examples may include, staff:

- understand the safety of victims is paramount
- refer victim or provide all risk assessment and management procedures
- engage regularly with the victim's advocate



4.1 Ensuring safety, responsibility and accountability.

4.1.1 Victim's, including children's, safety and freedom underpins all services for perpetrators of domestic and family violence, especially after separation.

Practical examples demonstrating compliance with this practice standard may include:

Organisations:

- providing perpetrator and victim services, use a separate location for each. This can be a separate office in the same building, different buildings in the same region, or service locations in different regions.

Staff working with perpetrators:

- understand the safety and freedom of the victim is paramount to the needs of the perpetrator
- refer victims to a specialist domestic and family violence service if they are not already being supported or undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program
- acknowledge that using violence in relationships is also a parenting choice that has distinct impacts on children
- engage regularly with the victim's advocate (if there is one) to ensure the victim's needs are considered when delivering interventions for perpetrators
- recognise that victims have the right to choose not to engage with providers of perpetrator interventions
- follow their organisation's protocols if children are involved to gain an understanding of the child's perspective of the perpetrator, for example staff may conduct an assessment themselves or refer to a Principal Child Protection Practitioner or other specialist service provider to conduct an assessment. The assessment includes questions about the strengths and risks of the relationship between the child/ren and

the perpetrator in order to better understand the power, coercion and control tactics being used and the patterns of perpetration.

The intended outcomes of this practice standard is that victims feel:

- their safety is paramount to the perpetrator's needs
- they are kept informed and considered when delivering interventions for the perpetrator
- they are safe when receiving services from the same organisation providing intervention support to the perpetrator.

- 4.1.2 Staff follow their organisation's processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status

Practical examples may include, staff:

- identify those affected by the violence
- identify level of risk for the victim
- identify program or service to support the perpetrator and prioritise victim safety
- engage with the victim or victim advocate



4.1.2 Staff follow their organisation's processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status.

Practical examples demonstrating compliance with this practice standard may include, staff:

Staff working with perpetrators:

- follow their organisation's processes, policy and procedures to ensure victim safety is the main priority
- ensure the initial assessment:
 - identifies those affected by the violence
 - identifies the level of risk for the victim
 - informs the identification of an appropriate program or service to support the perpetrator taking responsibility for their actions and taking steps towards positive change
 - leads to engagement with the victim or victim advocate to address their needs and keep them informed of the current situation.

The intended outcomes of this practice standard is that victims feel:

- their safety is paramount to the perpetrator's needs
- they are kept informed and considered when delivering interventions for the perpetrator.

- 4.1.3 Staff work with perpetrators to assist them to take responsibility for their actions and end their violent behaviour and coercive control

Practical examples may include, staff:

- assist and support perpetrators to take responsibility for their actions
- hold perpetrators to account in relation to their behaviour
- understand that the completion of a perpetrator intervention program does not necessarily mean victim safety is increased



4.1.3 Staff work with perpetrators to assist them to take responsibility for their actions and end their violent behaviour and coercive control.

Practical examples demonstrating compliance with this practice standard may include, staff:

Staff working with perpetrators:

- assist and support perpetrators to take responsibility for their actions and change their attitudes and beliefs that can lead to violent behaviour, including setting case goals where appropriate
- hold perpetrators to account in relation to their behaviour, this includes sharing information with the victim, victim advocate, police and other service providers as required
- establish clear boundaries in line with their roles in delivering perpetrator services. This is in recognition of the frequent invitations to collusion that exist in practice with perpetrators and the risks of unintended consequences this poses to their victims
- provide clear, accessible communication to create the setting for perpetrators to understand how their attitudes and beliefs impact on victims and how changing their behaviour will create a safer environment for victims
- provide clear, accessible communication to perpetrators about intervention program attendance requirements and the consequences of non-attendance
- understand that it is important for perpetrators to attend all intervention program sessions (not just mandatory sessions) and to complete the full program wherever the perpetrator has been referred to a specific perpetrator intervention program
- understand that the completion of a perpetrator intervention program does not necessarily mean victim safety is increased.

The intended outcomes of this practice standard is that victims feel:

- their safety is paramount to the perpetrator's needs
- the perpetrator is supported to take responsibility for their actions and end their violent behaviour.

- 4.1.4 Staff working with perpetrators in a group or one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed

Practical examples may include, staff:

- regularly engage with the victim or victim advocate
- consider the victim's needs and safety when delivering interventions for perpetrators



4.1.4 Staff working with perpetrators in a group or one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed.

Practical examples demonstrating compliance with this practice standard may include, staff:

- Staff working with perpetrators regularly engage with the victim or victim advocate to:
 - prepare the victim for participation of the perpetrator in a program, this includes providing verbal or written information about the content and approach of the program
 - ensure victim's needs and safety are considered when delivering interventions for perpetrators.

The intended outcomes of this practice standard is that victims feel:

- they are informed when the perpetrator is involved in an intervention program
- their needs and safety are paramount when delivering interventions for perpetrators.

- 4.1.5 Staff understand overall system accountability and how the interactions of staff across all points of the service system (for example, generalist services, HRTs, specialist services and prescribed entities) can better support victims and families

Practical examples may include, staff:

- work with other DFV services to provide a holistic response
- understand how their role and actions can impact on other points of the service system



4.1.5 Staff understand overall system accountability and how the interactions of staff across all points of the service system (for example, generalist services, HRTs, specialist services and prescribed entities) can better support victims and families.

Practical examples demonstrating compliance with this practice standard may include, staff:

- understand that working with other domestic and family violence services will provide a holistic response for their client and reduce the amount of times their client needs to retell their story
- understand how their role and actions can impact on other points of the service system and the service system's ability to meet the client's needs, such as providing timely and accurate information, adhering to legislative requirements and organisational policies and procedures
- maintain strong working relationships with other relevant service providers, government service providers etc. in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing.

working with perpetrators:

- liaise with the victim's case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim.


The intended outcomes of this practice standard is that clients feel:

- staff are qualified to understand their unique situation and provide appropriate support.

**PRINCIPLE 5: Services are
culturally safe for Aboriginal and
Torres Strait Islander people**



PRINCIPLE 5: Services are culturally safe for Aboriginal and Torres Strait Islander people



- **5.1 Ensuring cultural safety**
- 5.1.1 Staff have an understanding of the connection between colonisation and intergenerational trauma that impacts on Aboriginal and Torres Strait Islander peoples

Practical examples may include, staff:

- seek to understand the lived experience of Aboriginal and Torres Strait Islander people
- understand victims may be reluctant to reveal violence due to fear of child protection
- identify own cultural biases

Principle: 5.1 Ensuring cultural safety

5.1.1 Staff have an understanding of the connection between colonisation and intergenerational trauma that impacts on Aboriginal and Torres Strait Islander peoples.

- Aboriginal and Torres Strait Islander communities experienced the trauma of colonisation in many different forms, including:
 - genocide and abuse
 - forced removal of children from their kin, country and culture to institutions
 - loss of land, traditional identity, spirituality, language and cultural practices
 - discrimination and racism.
- Intergenerational trauma involves the transmission of trauma from one generation (who directly experienced or witnessed the traumatic events) to future generations. Trauma can be passed on through parenting practices, behavioural problems, violence, harmful substance use and mental health issues.

Practical examples demonstrating compliance with this practice standard may include, staff:

- seek to understand the lived experience of Aboriginal and Torres Strait Islander people
- understand that Aboriginal and Torres Strait Islander victims may be reluctant to reveal violence or abuse due to fears about their children being taken away
- identify their own cultural biases.

The intended outcomes of this practice standard is that clients feel:

- the impacts of colonisation and intergenerational trauma is considered by staff when

delivering services.

- 5.1.2 Staff have a high level of understanding of Aboriginal and Torres Strait Islander culture in all aspects of service delivery and practice

Practical examples may include, staff:

- understand Aboriginal and Torres Strait Islander DFV dynamics and impacts
- recognise early signs of lateral violence
- recognise the impact on children
- maintain and build cultural competency



5.1.2 Staff have a high level of understanding of Aboriginal and Torres Strait Islander culture in all aspects of service delivery and practice.

Practical examples demonstrating compliance with this practice standard may include, staff:

- have a knowledge of Aboriginal and or Torres Strait Islander domestic and family violence dynamics and the impact on victims, families and community. For example, staff recognise that domestic and family violence is not always caused by an intimate partner but can also include lateral violence and violence from the extended community in Aboriginal and Torres Strait Islander communities
- recognise the early signs of lateral violence so they can intervene and prevent further escalation including understanding how an individual act of violence can reverberate throughout a community due to community and kinship ties
- recognise the particular vulnerabilities of Aboriginal and Torres Strait Islander children and the severe and wide ranging impacts they can experience directly and indirectly from family violence
- maintain and build their cultural competency and ensure respectful relationships and culturally safe practice through training recognising the diverse nature of Aboriginal and Torres Strait Islander communities
- seek out ongoing refresher courses relating to cultural competency for particular communities they work in so that they are kept abreast of any changes in community protocols and structures.

The intended outcomes of this practice standard is that clients feel:

- staff have an understanding of their culture
- staff have an understanding of how DFV is experienced and perpetrated by Aboriginal

and Torres Strait Islander people.

- 5.1.3 When and where appropriate, staff actively assist with facilitating Aboriginal and Torres Strait Islander people's connection to community, country and culture

Practical examples may include, staff:

- understand the holistic perspective on social and emotional wellbeing – physical, mental, connection to family/kinship, community, culture, land and spirituality/ancestors
- understand importance of healing and cultural strengthening and culturally safe settings



5.1.3 When and where appropriate, staff actively assist with facilitating Aboriginal and Torres Strait Islander people's connection to community, country and culture.

Practical examples demonstrating compliance with this practice standard may include, staff:

- understand that social and emotional wellbeing in the context of Aboriginal and/or Torres Strait Islander communities refers to the holistic perspective on social and emotional wellbeing including physical wellbeing, mental wellbeing, connection to family/kinship, connection to community, connection to culture, connection to land and connection to spirituality/ancestors
- understand the importance of healing and cultural strengthening including connections between Aboriginal and Torres Strait Islander people and land in their practice responses, for example women's groups, arts and crafts activities and storytelling
- recognise that Aboriginal and Torres Strait Islander people may suffer from loss of personal and cultural power. For victims, this sense of loss may be compounded if they have had to leave their community or country to feel safe. For perpetrators, this may be a source of alienation and disempowerment
- recognise that Aboriginal and Torres Strait Islander clients may want to identify and address trauma and grief in culturally safe settings such as camps on traditional lands or at Aboriginal community controlled premises.

The intended outcomes of this practice standard is that clients feel:

- their connection to community, country and culture is respected and considered when staff deliver services.

- 5.1.4 Staff work respectfully with Aboriginal and Torres Strait Islander people, families, communities, and Elders, by working in partnership in the decision making process

Practical examples may include, staff:

- engage and build trust with communities, and Elders
- promote women's traditional culture and authority in the community
- involve men in spreading anti-violence measures



5.1.4 Staff work respectfully with Aboriginal and Torres Strait Islander people, families, communities, and Elders, by working in partnership in the decision making process.

Practical examples demonstrating compliance with this practice standard may include, staff:

- make sure that Aboriginal and Torres Strait Islander clients understand and are aware of their legal rights and options (excluding legal advice)
- are aware of the other service providers who may be able to support Aboriginal and Torres Strait Islander clients with legal advice including the Aboriginal and Torres Strait Islander Legal Service (ATSILS) and Queensland Indigenous Family Violence Legal Service (QIFVLS)
- are aware of the local Aboriginal and Torres Strait Islander organisations in their area and the referral pathways or communication structures for accessing services delivered by these organisations including, for example Aboriginal Community Controlled Health Services, other Aboriginal Community Controlled Organisations, and community justice organisations
- build relationships with Aboriginal community controlled organisations to enable referrals to when clients express an interest in receiving services from these organisations
- where practical, give victims a choice of Aboriginal and Torres Strait Islander or non-Aboriginal and Torres Strait Islander workers as well as interpreter services where appropriate
- build on community strengths promoting women's traditional culture and authority in the community as well as involving men in spreading anti-violence measures
- proactively work to build trust in Aboriginal and Torres Strait Islander communities, and with Elders and community members by engaging with them regularly to discuss policies and protocols for meeting the needs of victims in the community.

The intended outcomes of this practice standard is that clients feel:

- their connection to community, country and culture is respected and considered when staff deliver services.

- 5.1.5 Staff understand and take into account local protocols and kinship relationships prior to working in a community. Family is often more broadly defined within Aboriginal and Torres Strait Islander culture. Those involved in children's lives, and helping to raise them, commonly include grandparents, aunts, uncles, cousins, nieces and nephews, and members of the community who are considered to be family



5.1.5 Staff understand and take into account local protocols and kinship relationships prior to working in a community. Family is often more broadly defined within Aboriginal and Torres Strait Islander culture. Those involved in children's lives, and helping to raise them, commonly include grandparents, aunts, uncles, cousins, nieces and nephews, and members of the community who are considered to be family.

Practical examples may include, staff:

- engage with Aboriginal and Torres Strait Islander community members before working with a particular community
- prioritise the social and emotional wellbeing of clients
- consider local protocols and kinship relationships in all interactions
- take a holistic approach and seek information about the availability of services



5.1.5 Staff understand and take into account local protocols and kinship relationships prior to working in a community. Family is often more broadly defined within Aboriginal and Torres Strait Islander culture. Those involved in children's lives, and helping to raise them, commonly include grandparents, aunts, uncles, cousins, nieces and nephews, and members of the community who are considered to be family.

Practical examples demonstrating compliance with this practice standard may include, staff:

- seek out opportunities to engage with Aboriginal and/or Torres Strait Islander community members as part of cultural induction and orientation before working with a particular community
- prioritise the social and emotional wellbeing of clients by building trust, being respectful and understanding local culture, kinship ties and traditions
- consider local protocols and kinship relationships in all interactions with a client and include these in the clients' safety plan and advice
- take a holistic approach and seek information about the availability of services in each community working in close collaboration with Aboriginal and Torres Strait Islander people, families, communities and with Elders.

The intended outcomes of this practice standard is that clients feel:

- their local protocols and kinship relationships are respected and considered when staff deliver services.

PRINCIPLE 6: Services are client-centred and accessible for all



PRINCIPLE 6: Services are client-centred and accessible for all

- **6.1 Ensuring appropriate responses for all cohorts**
- 6.1.1 Staff recognise that an individual client may have specific needs or a cultural background that impacts on their experience of violence or use of violence, their expectations of service support, and what might be an appropriate service response



Principle: 6.1 Ensuring appropriate responses for all cohorts.

6.1.1 Staff recognise that an individual client may have specific needs or a cultural background that impacts on their experience of violence or use of violence, their expectations of service support, and what might be an appropriate service response.

Practical examples may include, staff:

- Tailor services to meet specific client needs
- Give victims choice of caseworker or service
- Give victims choice to have a disability advocate present
- Address diverse perpetrator circumstances, backgrounds and other complex issues
- Explore alternative ways of communicating a women's perspective of experiencing violence power and control



Practical examples demonstrating compliance with this practice standard may include, staff:

- follow their organisation's processes for collecting feedback from service users and consider this feedback as part of their self-reflection on how to best deliver appropriate responses to a diverse range of cohorts who are impacted by or who perpetrate violence.

working with victims:

- tailor services to meet specific client needs deciding in conjunction with a victim what services are most appropriate and consulting with them as to what assistance they need and are comfortable receiving
- give victims a choice of a caseworker or a service that meets their needs wherever possible. Staff recognise that some victims might engage successfully with a worker from the same community with the same cultural knowledge and language, while other victims may prefer to engage with a worker who does not belong to their community
- offer victims with a disability the option of having a disability advocate or other disability support service present when communicating with staff.

working with perpetrators:

- address perpetrators' diverse circumstances, backgrounds, and other complex issues which may require a customised response.

The intended outcomes of this practice standard is that clients feel:

- the response is designed specifically for them, taking into account their specific needs or cultural background.

- 6.1.2 Staff recognise there are a range of client cohorts and are able to appropriately respond to their diversity which may be based on age, gender, culture, heritage, language, faith, sexual identity, relationship status, disability or other relevant characteristics



6.1.2 Staff recognise there are a range of client cohorts and are able to appropriately respond to their diversity which may be based on age, gender, culture, heritage, language, faith, sexual identity, relationship status, disability or other relevant characteristics.

Practical examples may include, staff:

- communicate respectfully, taking into account cultural background, gender and age and level of ability
- inform clients of their right to an accredited interpreter
- consider unique psychological, social and physical needs to victims and perpetrators who identify as LGBTIQ+
- reflect on their personal biases



6.1.2 Staff recognise there are a range of client cohorts and are able to appropriately respond to their diversity which may be based on age, gender, culture, heritage, language, faith, sexual identity, relationship status, disability or other relevant characteristics.

Practical examples demonstrating compliance with this practice standard may include, staff:

- communicate respectfully in a manner that is easiest for the client to understand, and wherever possible use the most appropriate language and supports; taking into account cultural background, gender and age and level of ability
- inform clients of their right to an interpreter, and if the client wishes to use one, obtain the client's agreement to use the interpreter. Staff recognise that some clients may not feel safe using an interpreter from their own community
- where possible, use interpreters from an accredited service which can provide interpreters who are trained and/or experienced in dealing with domestic and family violence; matching gender and background where appropriate
- consider the unique psychological, social and physical needs of victims who identify as LGBTIQ+ in feeling safe and welcomed, for example using gender neutral communication materials to inform them about available services
- reflect on their own personal biases and how they may impact on the cultural appropriateness and quality of service delivery.

working with perpetrators:

- consider the safety of perpetrators that identify as LGBTIQ+ in any group setting. If the perpetrator would prefer to attend a specialist program for LGBTIQ+ men, staff make appropriate warm referrals (where possible).

The intended outcomes of this practice standard is that clients feel:

- the response is designed specifically for them, taking into account their unique characteristics.

- 6.1.3 Staff recognise the complexity of how violence is experienced and perpetrated and the importance of context in assessing the responsibility for perpetration and identifying appropriate supports and services for the victim or perpetrator

Practical examples may include, staff:

- Conduct in-depth assessment, especially when mutual violence has been raised
 - Look at the differences in type, intent and impact of violence and power/status within the relationship




6.1.3 Staff recognise the complexity of how violence is experienced and perpetrated and the importance of context in assessing the responsibility for perpetration and identifying appropriate supports and services for the victim or perpetrator.

Practical examples demonstrating compliance with this practice standard may include, staff:

- recognise that every victim, perpetrator and relationship is different and that an in-depth assessment needs to be conducted, especially in circumstances where mutual violence has been raised.
- look at the context for assessing the responsibility for perpetration. If staff are unable to identify the primary aggressor they need to:
 - investigate what violence was perpetrated by both parties, and the intent and context of that violence, including establishing patterns of behaviour over time, the presence of tactics of coercive control, and the level of fear
 - determine if there is a variance in their power/status within the relationship:
 - who is earning the money
 - who is spending the money
 - who makes the decisions
 - is there differences in their age, race, culture etc. that could be used against them.
- consider all of these factors need when assessing the responsibility for perpetration and identifying appropriate supports and services for the victim or perpetrator.

The intended outcomes of this practice standard is that clients feel:

- staff conduct an in-depth assessment to determine responsibility for perpetration.



- **6.2 Client focused approach**
- 6.2.1 Staff provide services that are tailored to client needs taking into account a client's individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors

Practical examples may include, staff:

- see things from the victim's point of view and validate their experience
 - minimise the need for victims to retell their story

6.2 Client focused approach.

6.2.1 Staff provide services that are tailored to client needs taking into account a client's individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors.

Practical examples demonstrating compliance with this practice standard may include, staff:

working with victims:

- understand no two victims, their experiences or support needs are the same
- see things from the victim's point of view, validate the experience of the victim and never place pressure or blame on them
- follow systems and processes that minimise the need for victims to retell their story
- inform clients about their organisation's feedback and complaints processes so that clients have an opportunity to provide input into how services and programs are designed to support victims and promote engagement and behavioural change for perpetrators

working with perpetrators:

- tailor responses to meet the individual risk levels and patterns of coercive control by perpetrators.

The intended outcomes of this practice standard is that clients feel:

- the response is designed specifically for them, taking into account their unique characteristics.

- 6.2.2 Staff look for what the client can do (rather than what they cannot do) with the resources available to them focussing on their aspirations, goals, and successes and exploring their hopes for the future

Practical examples may include, staff:

- actively involve victims in decision-making
- empower victims – identify goals and strategies, resources and skills
- support perpetrators to take responsibility for their behaviour and identify their capacity to be non-violent



6.2.2 Staff look for what the client can do (rather than what they cannot do) with the resources available to them focussing on their aspirations, goals, and successes and exploring their hopes for the future.

Practical examples demonstrating compliance with this practice standard may include, staff:

working with victims:

- work with victims and children to actively involve them in deciding the best way to address their needs
- work with victims to empower their independence including identifying meaningful personal goals and developing strategies to meet these goals, for example referring to appropriate service providers to help victims create financial independence
- acknowledge all the ways the adult victim has maintained family and child functioning and wellbeing in an abusive family situation
- work collaboratively with the client and the family where appropriate to help them recognise the resources and skills they have available to deal with situations
- interact with victims in a way that builds self-esteem, self-efficacy, and reinforces a positive sense of self-worth
- treat children as individuals and acknowledge the strength they bring to the family in a developmentally appropriate way
- recognise community strengths and resilience when working with Aboriginal and Torres Strait Islander people.

working with perpetrators:

- support them in taking responsibility for their behaviour and identifying their capacity to be non-violent, for example encouraging the perpetrator to identify what a desirable future looks like and what would need to change.

The intended outcomes of this practice standard is that clients feel:

- empowered to set goals and explore their hopes for the future
- involved in the decision making process.

- 6.2.3 Staff give attention to the relationship between children and the non-offending parent and the opportunities to build on existing strengths in the relationship

Practical examples may include, staff:

- understand how the parent/child relationship can be impacted by DFV
- support the non-offending parent to recognise their parenting strengths and ensure they have the tools and resources needed to help their child recover from the violence



6.2.3 Staff give attention to the relationship between children and the non-offending parent and the opportunities to build on existing strengths in the relationship.

Practical examples demonstrating compliance with this practice standard may include, staff:

- understand children are affected by domestic and family violence, even if they are not present during a discrete incident. They may:
 - hear the violence, including verbal and emotional abuse
 - see the results of the violence, for example blood, bruises or broken furniture, going to the doctor with a parent after the parent has been abused
 - Experience the impact of limited economic resources or limited social opportunities
 - be used by the perpetrator to manipulate the behaviour of the adult victim.
- understand domestic and family violence can negatively impact on the relationship between the non-offending parent and the child through:
 - emotional abuse from the perpetrator to control the relationship:
 - Undermining the parental authority of the non-offending parent by making children call the non-offending parent names or disobey them
 - preventing the non-offending parent from spending quality time with the children
 - saying nasty things about the non-offending parent to the children to turn them against them
 - mental health issues caused by domestic and family violence making it harder for the non-offending parent to deal with the challenges of parenting such as:
 - feeding children, getting them to school, helping them with their homework

- providing the love and support they need
 - being engaged in their activities and interests
- physical injuries – can affect the parents ability to care for the child’s day to day needs such as cooking or bathing the child
- understand a child impacted by domestic and family violence may also struggle to form meaningful relationships and may avoid closeness or push people away. They may also attach to peers or adults who may be unsafe for them to try to develop an alternative secure base if home feels insecure.
- understand the non-offending parent plays a critical role in mitigating some of the effects of witnessing or experiencing domestic and family violence. The non-offending parent may often take steps to mitigate the effects of the offending parent, for example providing additional emotional support, regulation and caregiving.
- understand that it is critical to nurture and build on the existing strengths in the relationship between the child and non-offending parent. This can be through the parent:
 - reassuring the child they are loved and cuddling them often
 - reassuring the child that none of the violent incidents were their fault
 - reassuring the child they are safe
 - encouraging the child to talk about their feelings
 - seeking professional help such as counselling for all family members
- reassure the adult victim that they are not to blame for the effects of violence on their children and acknowledge that they play an important role in helping their child to heal and recover
- ensure the parent has the tools and resources needed to support their child to recover from the violence.

The intended outcomes of this practice standard is that victims feel:

- their relationship with their child is respected and nurtured by staff members.

- **6.3 Accessible and equitable support and assistance**
- 6.3.1 Staff ensure services are welcoming and accessible to a diverse range of client groups so that anyone can access the service regardless of their race, religion, language or cultural background



6.3 Accessible and equitable support and assistance.

6.3.1 Staff ensure services are welcoming and accessible to a diverse range of client groups so that anyone can access the service regardless of their race, religion, language or cultural background.

Practical examples may include, staff:

- are mindful of the need to provide equitable access such as: use of interpreters, disability access points and range of communication tools
- ensure services made accessible for the entire time they are needed
- ensure group environments are accessible for perpetrators from a range of backgrounds
- match staff to clients with similar backgrounds



6.3.1 Staff ensure services are welcoming and accessible to a diverse range of client groups so that anyone can access the service regardless of their race, religion, language or cultural background.

Practical examples demonstrating compliance with this practice standard may include, staff:

- are mindful of the need to provide equitable access by providing supports such as: using interpreters to communicate with clients; providing disability access points; offering casework and support over the phone or via Skype for clients in rural or remote areas (if safe phone/internet access is available and reliable); and undertaking outreach work where feasible and safe to do so
- support the delivery of their organisation's place-based solutions, particularly where services have been adapted to meet the unique social and cultural needs of their client group
- consider the range of communication tools such as smartphone applications, PowerPoint, photos, brochures etc. that can be tailored to the needs of the client
- have an awareness of and sensitivity to people with disabilities and have the ability to identify people's difficulties in seeing, hearing, walking, remembering, self-care, or communication
- develop relationships with community members providing referrals, to the extent that it can be established to arrange for the transfer of victims out of abusive situations
- work with the client around the timing of their exit from the service to ensure they are comfortable doing so (services should be made accessible for the entire time they are needed by the client)
- are matched where possible with similar backgrounds to potential client groups.

Staff working with perpetrators:

- ensure that group work environments are accessible for perpetrators from a range of socioeconomic and cultural backgrounds by being supportive of: change; modelling respectful, safe communication; emotional regulation; and collaboration
- ensure perpetrators enter into an agreement about standards of acceptable behaviour for group participation so that all participants have equitable access to the benefits of the program and support from facilitators.

The intended outcomes of this practice standard is that clients feel:

- welcomed to access services regardless of their race, religion, cultural background etc.

- 6.3.2 Staff ensure their assessment of eligibility for service access is at all times based on an anti-discriminatory, non-prejudicial, and consistent judgement of a person's individual needs and experiences

Practical examples may include, staff:

- follow intake processes to ensure timely response
- recognise personal bias and the potential impact on service quality



6.3.2 Staff ensure their assessment of eligibility for service access is at all times based on an anti-discriminatory, non-prejudicial, and consistent judgement of a person's individual needs and experiences.

Practical examples demonstrating compliance with this practice standard may include, staff:

- ensure assessment of eligibility for service access is fair and equitable and services access is not denied based on gender, age, cultural background etc.
- adhere to their organisation's intake processes to ensure victims receive a timely response in line with the client's level of need
- recognise their personal bias and the potential impact on service quality.


The intended outcomes of this practice standard is that clients feel:

- their assessment of eligibility to access services will be fair and equitable.

**PRINCIPLE 7: Services
collaborate to provide an
integrated response**



PRINCIPLE 7: Services collaborate to provide an integrated response



- **7.1 Working with other specialist domestic and family violence service providers**
- 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients

Practical examples may include, staff:

- share accurate information with relevant agencies to streamline services and prevent clients from retelling their story
- build relationships with other service providers to manage risk, hold perpetrators to account and create efficient referral pathways

Principle: 7.1 Working with other specialist domestic and family violence service providers.

7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients.

Practical examples demonstrating compliance with this practice standard may include, staff:

working with victims:

- share accurate and appropriate information with relevant agencies providing support to clients to streamline services and prevent clients from having to tell their story multiple times
 - Noting, whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared without consent with prescribed entities and specialist domestic and family violence service providers.

working with perpetrators:

- establish and maintain strong working relationships with other relevant service providers, for example specialist domestic and family violence services, government service providers, other support services etc., in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing.

The intended outcomes of this practice standard is that clients feel:

- they are receiving a holistic response.

- 7.1.2 Staff ensure that clients who cannot be directly supported by their organisation are referred to an appropriate service

Practical examples may include, staff:

- develop and maintain local networks
- share resources between organisations (if mutually beneficial)
- follow up contact with the receiving agency



7.1.2 Staff ensure that clients who cannot be directly supported by their organisation are referred to an appropriate service.

Practical examples demonstrating compliance with this practice standard may include, staff:

- develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice
- follow up contact with the receiving agency and the client to determine if the service has been taken up and is progressing, in alignment with the information sharing framework in the legislation.

The intended outcomes of this practice standard is that clients feel:

- their support needs acknowledged and they are assisted to receive support from another service if required.

- 7.1.3 Staff have a comprehensive understanding of their organisation's offerings, limitations, and referral pathways to other services to address client needs

Practical examples may include, staff:

- understand what their organisation offers and does not offer
- understand referral pathways
- attend capacity building sessions, training programs and access available information



7.1.3 Staff have a comprehensive understanding of their organisation's offerings, limitations, and referral pathways to other services to address client needs.

Practical examples demonstrating compliance with this practice standard may include, staff:

- understand their organisation's offering of services, limitations and referral pathways to ensure the client receives the most appropriate service in a timely manner, either from their organisation or another organisation
- attend capacity building sessions, training programs, and access available information from their organisation regarding how to respond to client diversity in order to provide effective and appropriate services.

The intended outcomes of this practice standard is that clients feel:

- staff are qualified to provide an appropriate response.

- **7.2 Working with organisations outside the service system**
- 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, medical and mental health services, disability services, housing services, child protection and Centrelink)



7.2 Working with organisations outside the service system.

7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, medical and mental health services, disability services, housing services, child protection and Centrelink).

Practical examples may include, staff:

- participate in local and regional inter-agency forums and networks
- identify and refer clients to other services such as alcohol and drugs services
- assist clients to understand the conditions and requirements of Domestic Violence Orders
- assist victims in their discussions and interactions with legal services, government and non-government agencies



7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, medical and mental health services, disability services, housing services, child protection and Centrelink).

Practical examples demonstrating compliance with this practice standard may include, staff:

- participate in local and regional inter-agency forums and networks to support information sharing, best practice when working with clients with specific needs, service coordination, and seamless service delivery
- build and maintain links with other agencies that can support the wellbeing and continued development of children if the service is unable to provide this support while working with the parent
- identify and refer clients to other services they may require including alcohol and other drugs services, gambling support services and/or homelessness and housing support services
 - for perpetrator services, these referrals should be done in a way that addresses any belief that problems such as substance abuse or gambling minimise the importance or accountability of the perpetrator's behaviour
- are aware of the Queensland Department of Justice and Attorney-General's Domestic Violence Protocols
- assist clients to understand the conditions and requirements of Domestic Violence Orders, as well as other Court orders and requirements, or provide referrals to other service providers who can deliver this advice

working with victims:

- assist victims in their discussions and interactions with legal services, government and non-government agencies, as well as other professionals, including (if required) liaising and advocating on their behalf to achieve goals that the victim has identified

working with perpetrators:

- assist perpetrators who request support to understand or clarify advice provided by organisations outside the service system by referring perpetrators on to appropriate service providers who can assist in this capacity, for example legal services, the Queensland Police Service, the Department of Justice and Attorney-General or other government and non-government agencies.

The intended outcomes of this practice standard is that clients feel:

- they are receiving a holistic response.

- 7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections

Practical examples may include, staff:

- identify and refer clients to alcohol and other drugs services, gambling support services and/or homelessness and housing support services



7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections.

Practical examples demonstrating compliance with this practice standard may include, staff:

- understand that families experiencing domestic and family violence (both the victim and the perpetrator) may also be experiencing mental health issues, substance abuse and homelessness. These factors need to be addressed as part of a holistic response for the victim and/or the perpetrator
- identify and refer clients to other services they may require including alcohol and other drugs services, gambling support services and/or homelessness and housing support services
 - for perpetrator services, these referrals should be done in a way that addresses any belief that problems such as substance abuse or gambling minimise the importance or accountability of the perpetrator's behaviour.

The intended outcomes of this practice standard is that clients feel:

- they are receiving a holistic response.

Workforce capability building

- WorkUP Queensland offers support and training to Qld's specialist sexual violence, women's health and domestic and family violence services
- To ensure all service providers and their staff successfully meet the practice standards requirements, WorkUP Queensland will be offering a range of workforce capability building initiatives aligned with the practice standards



Workforce capability building

- To ensure services have the skills required to implement the revised practice standards, WorkUP Queensland will be working with the sector over the next six months to provide a range of workforce capability building initiatives.
- WorkUP Queensland is funded by the department and founded by The Healing Foundation in partnership with Australia's National Research Organisation for Women's Safety (ANROWS).
- WorkUP Queensland offers support and training to develop the capability and capacity of Queensland's sexual violence, women's health and domestic and family violence sector workforce.
- Professional development includes practice studios, knowledge circles and online webinars covering a range of topics.
- Organisations will be asked to reflect on their day-to-day practices and how they align to the practice standards and identify areas for improvement. WorkUP Queensland will then develop initiatives to best meet these identified areas for improvement.
- More information will be provided by WorkUP Queensland on this process over the coming months.
- You can register for professional development directly with WorkUP Queensland by visiting their website: www.workup.org.au.

Monitoring compliance

- Revised practice standards come into effect 1 January 2021
- Contract managers will continue to monitor compliance through contract management processes
- The self-assessment checklist may be used to assist with compliance monitoring discussions



Monitoring compliance

- The revised practice standards come into effect on 1 January 2021.
- Contract managers will continue to monitor compliance through contract management processes.
- The self-assessment checklist may also be used to assist is compliance monitoring discussions.

Regulatory Framework

- NNNE recommendation – ongoing monitoring of compliance with the practice standards for perpetrator services
- Regulatory Framework planning commenced
- Will be embedded in the Human Services Quality Framework (HSQF)
- Will include compliance criteria and evidence requirements for organisations to prove their compliance
- Considering inclusion of all DFV services

Regulatory Framework

- The *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland* report recommended (Recommendation 82) that government:
 - establishes a clear and rigorous process for evaluating and approving initiatives and providing ongoing monitoring of compliance with the practice standards to ensure that issues of non-compliance and service system development requirements are identified.
 - The department has commenced developing a Regulatory Framework for Perpetrator Services to meet this recommendation.
 - The department will be consulting with the sector regarding the contents and structure of the framework.
 - The Regulatory Framework will be embedded in the existing Human Services Quality Framework (HSQF).
 - The HSQF applies to all organisations funded by the Department of Child Safety, Youth and Women (DCSYW), inclusive of DFV services.
 - The HSQF is a system for assessing and improving the quality of human services.
 - The HSQF incorporates a set of quality standards which cover core elements of human service delivery, an assessment process to measure the performance of service providers at an organisation level against the HSQF standards, and a continuous improvement framework.
- From 1 January 2022 organisations funded to provide perpetrator intervention programs will be required to show their compliance with the DFV practice standards by meeting compliance criteria and evidence requirements, in addition to their current HSQF compliance requirements.
- To ensure services have sufficient time to comply with the new Regulatory Framework, the framework will be published in July 2021 to allow a six month transition period.

- The department is currently considering the inclusion of all domestic and family violence services who are required to comply with the practice standards in the Regulatory Framework. This will strengthen alignment with the practice standards and improve consistency across the sector.
- The department will be consulting with the sector regarding this consideration.

Implementation schedule

- July 2020 – practice standards published
- July – December 2020 – Get ready activities
- January 2021 – practice standards come into effect

* *Contractual changes will be required to reflect the revised practice standards. Regional contract management staff will be in touch over the coming months with more advice about this process*



Implementation schedule

- The revised practice standards will come into effect from 1 January 2021.
- Between now and December 2020, the department will work with services to ensure a smooth transition to the revised practice standards.
- We will continue to engage and communicate with the services through a variety of methods, including emails, newsletter and website updates and webinars, as well as directly through your regional contract managers.
- Contractual changes will be required to reflect the revised practice standards. Regional contract managers will be in touch over the coming months to discuss this process.

What do you need to do?

- Read and understand the new practice standards
- Review our resources
- Complete the self-assessment checklist to identify areas of compliance and areas for improvement
- Communicate with staff
- Provide and encourage staff to undertake professional development
- Review and update policies and procedures
- Implement continuous monitoring and improvement processes



What do you need to do?

- To ensure compliance with the new practice standards services should:
 - read and understand the new practice standards
 - review our resources on our dedicated service provider webpage, including:
 - posters to display in your foyers, staff rooms and offices highlighting the new principals and practice standards
 - comparison tables mapping the existing practice standards to the revised practice standards
 - complete the get ready checklist
 - complete the self-assessment checklist to identify areas of compliance and areas for improvement
 - communicate with staff regarding the implementation of the revised practice standards and any changes required to practice to comply with the new practice standards
 - provide and encourage staff to undertake professional development if needed
 - review organisational policies and procedures and update as needed
 - implement continuous monitoring and improvement processes.

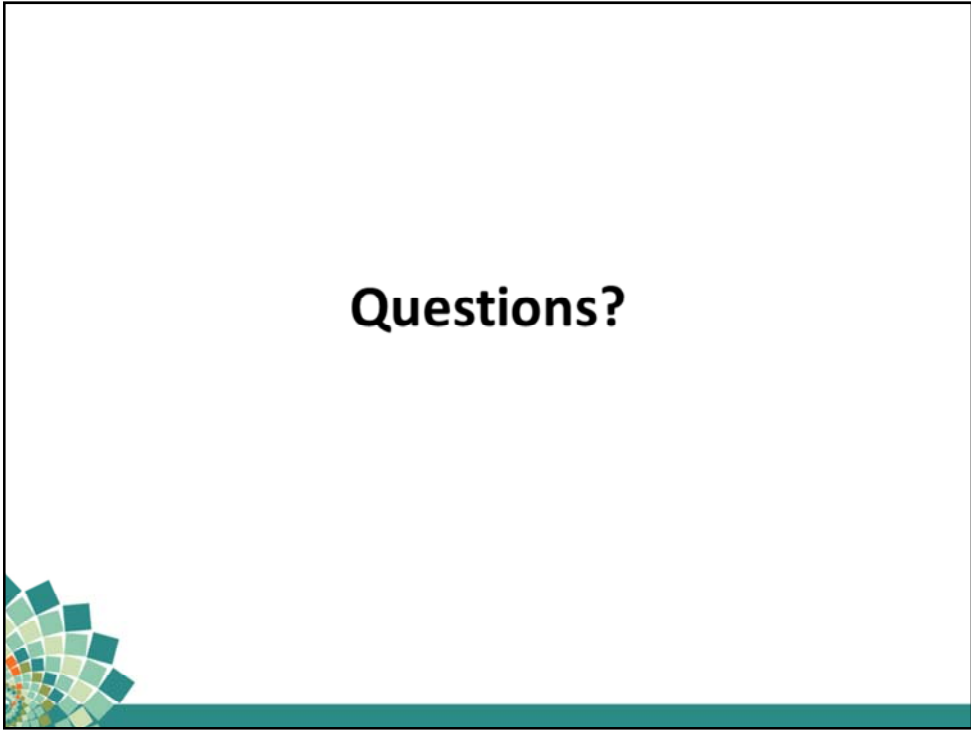
For more information

- **Visit:** Our dedicated service provider webpage <https://www.csyw.qld.gov.au/violence-prevention/service-providers>
- **Contact:** Your regional contract manager
- **Email:** DFVServiceSystemReform@csyw.qld.gov.au



For more information

- Visit: our dedicated service provider webpage: <https://www.csyw.qld.gov.au/violence-prevention/service-providers>
- Contact: Your regional contract manager
- Email: The DFV Service System Reform Team at DFVServiceSystemReform@csyw.qld.gov.au



Questions?