

# Domestic and family violence services

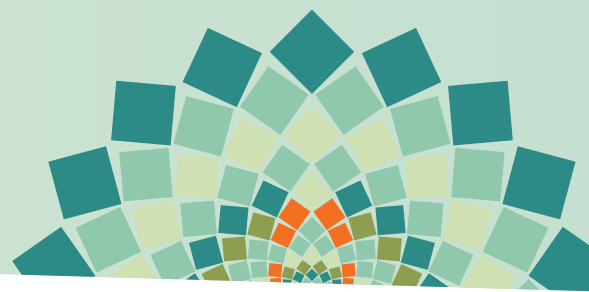
## **Practice principles, standards and guidance**



July 2020

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# Introduction

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Domestic and family violence (DFV) is a significant problem impacting many women, children, families, and communities across Australia.

People who work in the DFV sector are critical to delivering quality services to victims (including children) and perpetrators. Supporting workers to develop their skills, knowledge and capabilities is an important element of service quality and improvement.

This document sets out the principles and standards that funded DFV services are contractually required to comply with from 1 January 2021. These standards apply to people working in a broad range of DFV services including services for both victims and perpetrators as well as services targeting vulnerable population groups who are at a higher or a unique risk of DFV. The standards (and their associated principles and guidance) draw on 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.



# Background

The following is an overview of the policy context, relevant legislation and theoretical frameworks underpinning the contemporary practice for DFV services.

## Policy context

There are a number of policies and strategies in place at both the national and state level that are relevant to, and have directly informed, the development of the DFV principles, standards and guidance. The standards are aligned with broader strategies aimed at reducing domestic and family violence and complement rather than supersede other standards and frameworks including the National Outcomes Standards for Perpetrator Interventions and Queensland's Human Services Quality Framework.

### National Plan to Reduce Violence against Women and their Children 2010-2022

The *National Plan to Reduce Violence against Women and their Children 2010-2022* was endorsed by the Council of Australian Governments (COAG) and released in February 2011. The National Plan aims to connect the work being done by all Australian governments, community organisations and individuals to reduce violence. Over the 12 years, the aim is to achieve a significant and sustained reduction in violence against women and their children. Queensland continues to work with the Commonwealth and other states and territories to support national efforts to address DFV and sexual assault.

### National Outcome Standards for Perpetrator Interventions

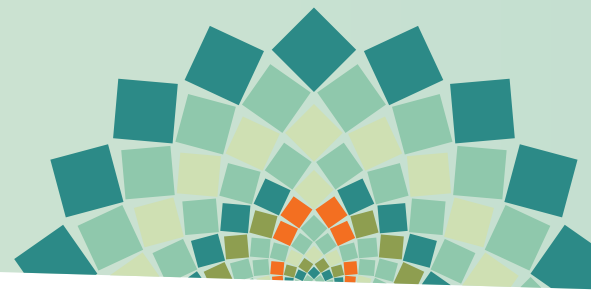
The National Plan is being delivered through four three-year action plans and the *Second Action Plan: Moving Ahead 2013-2016* affirmed the commitment by governments to establish National Outcome Standards for Perpetrator Interventions (NOSPI).

The NOSPI, developed in 2015, guides and measures the actions governments, community partners and systems take, and the outcomes they achieve, when intervening with male perpetrators of DFV and sexual violence. These standards apply to targeted perpetrator interventions (including the programs and services that interact with perpetrators; the agencies that guide the interventions and the structures that support them); services engaging with perpetrators; and services supporting women and their children's safety while the perpetrator engages with the accountability system.

The NOSPI has been designed to drive reform across perpetrator interventions, and applies to all state and territory governments.

### Queensland's Domestic and Family Violence Prevention Strategy 2016-2026

On 28 February 2015, the Premier received the report of the Special Taskforce on Domestic and Family Violence in Queensland, *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*. The report made 140 recommendations with the aim of ending DFV and ensuring those affected have access to safety and support.



In response, the Queensland Government released the *Domestic and Family Violence Prevention Strategy 2016-2026* as a partnership between the government, community and business. The Strategy outlines a shared vision and a set of principles to guide action across government and the community, including a staged 10 year implementation plan. The Strategy includes clear actions for services working together to stop the behaviour and attitudes that trivialise, excuse or perpetuate domestic and family violence. One of the foundational elements underpinning the Strategy is that Queensland should have an integrated response system that delivers the services and support that victims and perpetrators need.

### Human Services Quality Framework

The Human Services Quality Framework (HSQF) is the quality assurance framework for assessing and promoting improvement in the quality of human services in Queensland. The HSQF contains a set of Human Services Quality Standards (HSQS). These set a benchmark for the quality of service provision for organisations funded by the Department of Child Safety, Youth and Women at an organisational level. Each standard is supported by a set of performance indicators which outline what an organisation will be assessed against in order to show they meet the standard.

### Relevant legislation

#### *Domestic and Family Violence Protection Act 2012*

Queensland's *Domestic and Family Violence Protection Act 2012* states that the protection and safety of individuals who are experiencing or who fear domestic or family violence, including children, is paramount. The Act recognises that:

- living free from violence is a human right and fundamental social value
- domestic violence is a violation of human rights that is not acceptable in any community or culture and traditional or cultural practices cannot be relied upon to minimise or excuse domestic violence
- domestic violence is often an overt or subtle expression of a power imbalance, resulting in one person living in fear of another, and usually involves an ongoing pattern of abuse over a period of time
- perpetrators of domestic violence are solely responsible for their use of violence and its impacts on other people
- domestic violence is most often perpetrated by men against women with whom they are in an intimate partner relationship and their children; however, anyone can be a victim or perpetrator of domestic violence
- domestic violence is a leading cause of homelessness for women and children
- children who are exposed to domestic violence can experience serious physical, psychological and emotional harm
- behaviour that constitutes domestic violence can also constitute a criminal offence.

Recent amendments to the Act (*Domestic and Family Violence Protection and Other Legislation Amendment Bill 2016*) aim to improve responses by:

- enabling sharing of information without consent when assessing a domestic violence threat or responding to a serious domestic violence threat



- introducing a framework which enables key government and non-government entities to share information in order to better assess risk and respond to serious DFV threats
- expanding the protection that police officers can provide to victims prior to the court deciding whether to make a domestic violence order (DVO)
- requiring the court to focus on the protection needed by a victim in determining the appropriate duration of a DVO
- requiring the court to consider any existing family law parenting order and whether that order needs to be varied or suspended if it is inconsistent with the protection needed by the victim or their children
- increasing maximum penalties for breaches of police protection notices and release conditions to achieve consistency with the penalty for breaching a DVO.

### ***Child Protection Act 1999 and Child Protection Reform Amendment Act 2017***

The *Child Protection Act 1999* gives the Department of Child Safety, Youth and Women the mandate to protect children from significant harm or risk of significant harm whose parents are unable and unwilling to protect them. While ‘harm’ includes the impacts of witnessing and experiencing DFV, it should be noted that the role of child safety practitioners in relation to legal matters and DFV has moved beyond that of removal of children to also considering how children and their mother can be protected in the court system when DFV is a factor.

The *Child Protection Reform Amendment Act 2017* aimed to contemporise Queensland’s child protection and family support system. It followed a 2015 review that sought to identify the role and purpose of the legislation in improving opportunities and life outcomes for children, young people and families in contact with the child protection system. The reforms included a contemporary information sharing framework which provides the legislative basis for relevant entities to coordinate services and share information to meet the safety and wellbeing needs of children. The Safe and Together principles underpinning reforms to child protection and domestic and family violence services following this legislative amendment include the following:

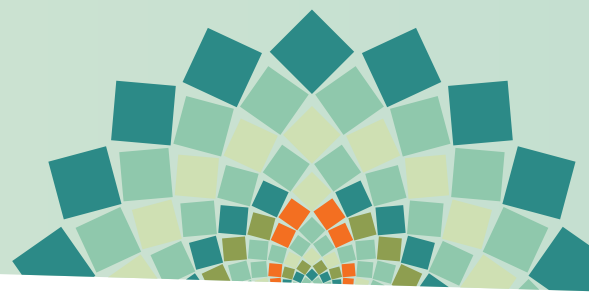
- keeping children safe with a non-offending parent and supporting the development of their relationship
- partnering with the non-offending parent as a default position
- intervening with perpetrators to reduce risk and harm to the child.

### **Information sharing**

Information Sharing Guidelines were issued under Section 5A of the *Domestic and Family Violence Act 2012* and Section 159C of *Child Protection Act 1999* to support and guide organisations and agencies within the Queensland domestic and family violence and child protection system to collect, use and share information.

The purpose of the domestic and family violence information sharing guidelines is to:

- support practitioners to share information appropriately with one another in order to assess and manage domestic and family violence risk
- improve outcomes for victims of domestic and family violence, and to better hold perpetrators to account.



The purpose of the child protection information sharing guidelines is to:

- understand their obligations when they share information under the *Child Protection Act 1999*
- outline what information can be shared, the circumstances in which it may be shared and who may share information
- define when information must be shared with Child Safety
- support the legislative framework for information sharing
- provide practical guidance about how to store and manage personal information.

The practice standards have been designed based on the assumption that all staff have an understanding of consent as it is defined in the legislation and their obligations and limitations for sharing information about clients with other organisations. Staff should understand that what is safe, practical and possible in terms of obtaining consent and sharing information will differ and depend on the circumstances of the adult and/or child victim. These circumstances and the particular purpose for which the information is being shared will need to be considered by staff before sharing information with other organisations. There may be circumstances where people may not be informed or provide consent, including when:

- it is impracticable or impossible to contact a parent or a young person and the matter requires an urgent response
- a person is unable to consent because of a mental health condition, is affected by drugs or alcohol or is non-complying with medication
- there:
  - are assaults or threats to assault others
  - are attempts or threatened suicide
  - are concerns a victim or another person could be coached or coerced.<sup>1</sup>

Under the *Domestic and Family Violence Act 2012*, a worker from a prescribed entity or specialist domestic and family violence service provider may give information to any other prescribed entity or specialist domestic and family violence service provider if they reasonably believe a person fears or is experiencing domestic violence; and giving the information may help the receiving entity assess whether there is a serious threat to the person's life, health or safety because of the domestic violence. A worker in a support service provider may only give information to a prescribed entity or specialist domestic and family violence service provider if they reasonably believe a person fears or is experiencing domestic violence; and giving the information may help the receiving entity assess whether there is a serious threat to the person's life, health or safety because of the domestic violence.<sup>2</sup>

<sup>1</sup> The State of Queensland (Department of Child Safety, Youth and Women), Information Sharing Guidelines, 2018, p. 5.

<sup>2</sup> The State of Queensland (Department of Child Safety, Youth and Women), Domestic and Family Violence Information Sharing Guidelines, 2017, p. 6.



## Relevant theoretical frameworks

The principles and standards have been informed by a range of theoretical frameworks which underpin good practice in responding to the needs of both victims and perpetrators of violence. These theoretical frameworks include, but are not limited to, those listed below:

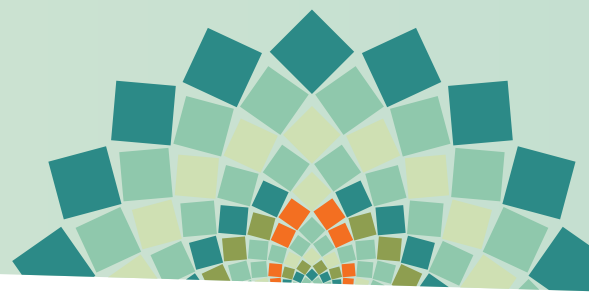
- a gendered perspective which considers DFV as both a manifestation and driver of unequal power relations between men and women and which sees reducing gender inequality as the key to addressing violence against women and children
- a social justice framework which aims to improve the safety, wellbeing and social justice outcomes for victims of violence (both adults and children)
- a human rights based framework which aims to empower victims to know and claim their rights as well as increasing the accountability of perpetrators who violate those rights
- a psychosocial perspective which considers the influence that psychological factors such as mental health conditions and drug and alcohol abuse as well as a person's social circumstances have on their wellbeing and actions
- a perspective which considers the intersectionality of DFV acknowledging that victims experience and understand violence in different ways based on social categorisations such as race, class, gender, ability and sexuality<sup>3</sup>
- an understanding of systems theory which considers the intersection of the influences of multiple interrelated systems on behaviour.

Common to all of these theoretical frameworks is the importance of a trauma-informed response for DFV victims which is critical for appropriately responding to the unique and often complex nature of trauma as a result of coercion and control tactics.

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<sup>3</sup> Lombardo, E., & Rolandsen Agustín, L. (2016). Intersectionality in European Union policymaking: the case of gender-based violence. *Politics*, 36(4), 364-373.





# Purpose

## Service standards and practice standards

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. Service standards do not prescribe operational practices or set professional practice standards. Instead, services standards are meant to guide and measure the actions of the organisation and broader service system and the outcomes they are aiming to achieve. Queensland's Human Services Quality Standards fit the definition of service standards.
- **Practice standards** outline what is required for effective, professional and accountable practice on a day to day basis for workers operating in a particular field. They are generally more detailed than service standards and outline how certain aspects of day-to-day practice are expected to be conducted. Practice standards can encompass a broad range of matters such as professional conduct, roles and responsibilities, quality, meeting client needs, referrals and inter-agency collaboration. The National Practice Standards for the Mental Health Workforce 2013 are an example of practice standards.

The standards contained in this document are considered to be practice standards in so far as they are intended to guide the everyday practice for people working in Queensland's DFV service system. They are also intended to complement profession specific practice standards already in place for groups such as social workers, nurses and psychologists (where applicable).

The standards are supported by more detailed guidance to assist in operationalising the standards at the practice level. However, it is outside the scope of the standards to describe operational matters, such as what the resourcing and time commitment should be for a particular client or what specific qualifications are required for each role within the Queensland DFV service sector. Nor do the standards spell out the legal obligations placed on practitioners performing their roles. Instead, the practice standards and guidance have been designed to provide a principles-based approach to guiding quality service delivery in this specialist field of practice and to supplement the knowledge and practice knowledge held within organisations.

## Objectives of the standards and guidance

The key objectives of the 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
- to 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
- to promote greater consistency, transparency and integration of services around client needs.



## Approach and audience

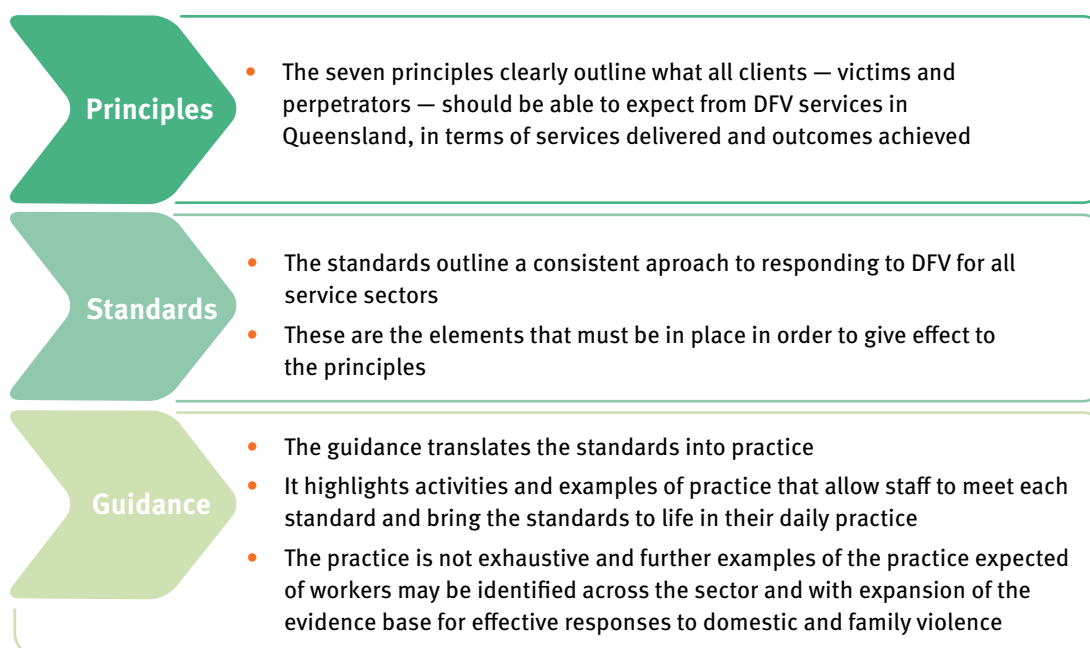
The growing trend towards an integrated family violence service system has seen a shift towards the development of ‘common’ standards and practices among service providers. One of the aims of an integrated system is to ensure clients receive consistent quality services across the full spectrum of services provided, including specialist family violence service providers, the police and the courts, as well as mainstream service providers.

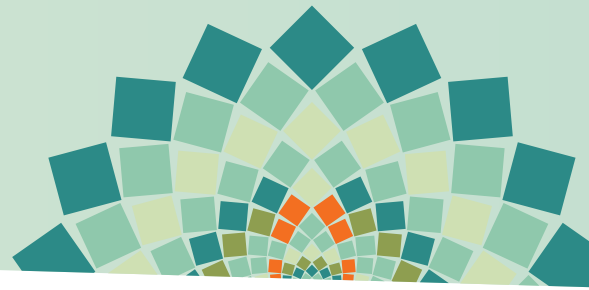
An integrated service response can help prevent people falling through the cracks and tackle multiple and complex client needs. As such, the standards and guidance have been designed to apply to the entire DFV service system in Queensland. This includes both specialist and generalist organisations working in DFV victims’ services, perpetrator interventions, and services responding to high risk and/or vulnerable cohorts. Adopting a consistent approach for managing DFV throughout the service system ensures the focus of intervention and support remains on the safety of the victims. It also ensures all professionals involved in identifying and responding to DFV are approaching their victims’ safety and needs consistently, regardless of their background or an organisation’s culture.

While the 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.

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 applicable to a broad suite of service delivery models. 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.

The principles, standards, and guidance are structured as follows:





# Summary of principles and standards

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

- 1.1 Respectful, developmentally appropriate, culturally appropriate and non-judgemental approach
- 1.2 Ensuring victim safety
- 1.3 Risk assessment, management and safety plans

## **2 Staff understand domestic and family violence**

- 2.1 Understanding of domestic and family violence
- 2.2 Understanding of gender, power, and control

## **3 Services are evidence-informed**

- 3.1 Evidence-informed practice

## **4 Perpetrators are held accountable for their actions**

- 4.1 Ensuring safety, responsibility, and accountability

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

- 5.1 Ensuring cultural safety

## **6 Services are client-centred and accessible for all**

- 6.1 Ensuring appropriate responses for all cohorts
- 6.2 Client focussed approach
- 6.3 Accessible and equitable support and assistance

## **7 Services collaborate to provide an integrated response**

- 7.1 Working with other domestic and family violence service providers
- 7.2 Working with organisations outside the service system



# 1 The rights, safety, and dignity of victims are paramount

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

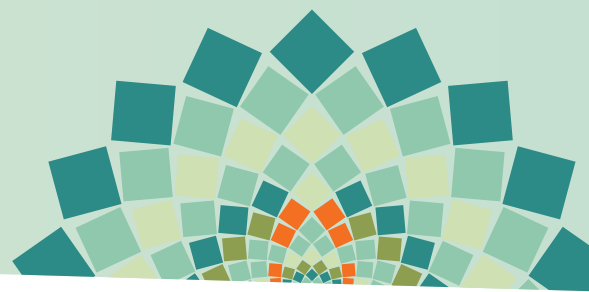
### Standards

- 1.1.1 Staff recognise victims' rights to self-determination and the dignity of choice.
- 1.1.2 Staff support, listen to, and respond to victims in a respectful, sensitive, developmentally appropriate, and non-judgmental way.
- 1.1.3 Staff build strong rapport and developmentally and culturally appropriate relationships with adult and child victims.

### Practice guidance

- i. Obtaining consent before sharing information is preferred and, where possible, staff should receive the victim's expressed, informed consent prior to engagement.
- ii. Circumstances where people may not be informed or their consent obtained to share personal information include where seeking and obtaining consent could jeopardise the safety or wellbeing of a person.<sup>4</sup>
- iii. In assessing the needs of victims, staff seek enough information to support risk assessment and safety planning and do not press the victim for more information than is required.
- iv. Staff promote the self-determination and autonomy of the victims they work with, actively seeking to enable them to make informed decisions on their own behalf and to explore and understand the implications of those decisions. This includes the right to choose or refuse services.
- v. Staff support the safety of adult and child victims by listening to their account of their experiences and concerns, and demonstrating this in their responses and actions.
- vi. Staff work with children as victims in their own right where possible, recognising the unique impacts and relationships between parent and child.
- vii. Staff recognise how children who witness violence in the home suffer emotional and psychological trauma and are able to provide a developmentally appropriate response.
- viii. Staff invest in meaningful relationships with victims using a sensitive and empathetic communication style.
- ix. Staff are aware of the obligations of public entities under the *Human Rights Act 2019*.
- x. Staff make decisions that consider and balance the human rights of all parties involved and determine whether any limiting of rights is reasonable and justified.

<sup>4</sup> The State of Queensland (Department of Child Safety, Youth and Women), Information Sharing Guidelines, 2018, p. 5.



## 1.2 Ensuring victim safety

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### Standards

- 1.2.1 Staff prioritise the safety<sup>5</sup> and wellbeing of victims.
- 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.
- 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children.
- 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations.<sup>6</sup>
- 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.<sup>7</sup>
- 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.
- 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.

### Practice guidance

- i. At each contact, staff ask the victim whether they are safe.
- ii. Where practical at each contact, staff confirm with other service providers the current safety status of the victim.
- iii. 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 (e.g. if the perpetrator or someone colluding with the perpetrator answers the phone). Staff could also consider using a pseudonym for their organisation when trying to contact a victim.
- iv. Staff do not leave messages, if it has not been determined that it is safe to do so, if they cannot make contact with the victim.

<sup>5</sup> Safety refers to being protected from a range of threats including physical abuse, verbal abuse, sexual abuse, emotional abuse, cultural abuse, spiritual abuse, economic control and/or social control.

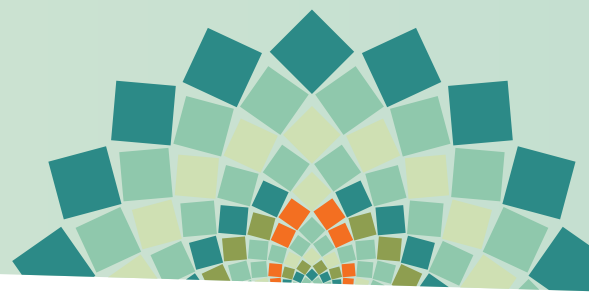
<sup>6</sup> Legislation includes the *Child Protection Act 1999* and the *Domestic and Family Violence Protection Act 2012*.

<sup>7</sup> Note that while some agencies are required to report concerns about children under the *Child Protection Act 1999*, other agencies may be required to report concerns about child safety to comply with licensing arrangements, organisational policies and/or other government policies.



- v. Staff consult victims and other relevant services including, for example, cultural advisor, High Risk Team (HRT) Coordinator and Principal Child Protection Practitioner (PCPP), Specialised and Intensive Services (SIS) regarding the safest locations, people, and means of contact. Staff follow the crisis response processes and protocols of their organisation.
- vi. In establishing safety, staff consider particular factors that increase vulnerabilities of victims, such as age, gender, disability, social isolation, cultural background, family pressures, sexuality, and financial dependence.
- vii. Staff demonstrate an understanding of the specific safety needs of children and take these into account in safety planning for the victim and family.
- viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality.
- ix. Staff 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, and 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.<sup>8</sup>
- x. Staff understand 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*.
- xi. Staff working with victims inform their clients that they may be referred to statutory and/or emergency services if their safety, or the safety of people around them, is considered to be under threat. For mandatory reporting organisations under the *Child Protection Act 1999* (for example, those organisations performing a child advocate function under the *Public Guardian Act 2014*), it is a legislative requirement for them to report any reasonable suspicion that a child is in need of protection caused by any other form of abuse or neglect.
- xii. Staff working with perpetrators 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.
- xiii. When a perpetrator of violence has been identified, or is suspected, priority is given to the victim and their children including finding a safe way to offer support and refer them to a specialist service.
- xiv. Staff do not engage with perpetrators in a way that increases the risk to adult or child victims. An example of this might be 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.
- xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety.

<sup>8</sup> Refer Part 5A Section 169B of the *Domestic and Family Violence Act 2012* and Chapter 5A, Part 1, 159B of the *Child Protection Act 1999*.



- xvi. Staff working with perpetrators, 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); and make the victim's needs and safety a main priority of the work (not the perpetrator's).
- xvii. For staff working with perpetrators, when a perpetrator is perceived as being a threat to the safety of other people, staff notify the appropriate prescribed entities, for example, the police.
- xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim's advocate, staff will contact the victim's advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim's safety. This communication is conducted in such a way that it does not increase risk to the victim, for example over the phone or face-to-face.
- xix. For staff working with perpetrators in a group setting such as a men's behavioural change program, when a perpetrator completes, withdraws or is terminated from the intervention service, staff will contact the relevant prescribed entity, for example, Queensland Corrective Services and/or the Queensland Police Service.
- xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact *Workplace Health and Safety Queensland for further advice*, awareness of the *Queensland Government's Workplace risk management guide: domestic and family violence* and the *Code of Practice on how to manage work health and safety risks*.

### 1.3 Risk assessment, management and safety plans

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#### Standards

- 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.
- 1.3.2** 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.
- 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 of strangulation, weapons use and/or suicide attempts and general risk factors include pet abuse and acceptance of violence.

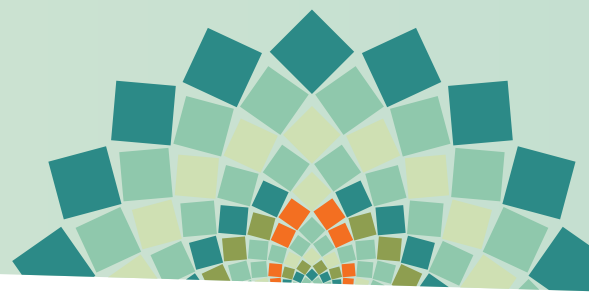


- 1.3.4** Staff working with victims, develop safety plans and engage in harm reduction in partnership with both adult and child victims which suit their individual circumstances. Where the adult victim has children, wherever possible staff develop individual safety plans that explicitly address the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

### Practice guidance

- i. Staff use formal, documented, evidence-based processes in place for risk assessment including, where available, a common risk assessment framework. Staff are trained to use these processes, and staff regularly participate in training to maintain currency.
- ii. Where risk assessment reveals a safety risk to the victim (and where safe to do so) staff 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.
- iii. Staff follow their organisation's risk management processes. These are clear, understood by all staff, and able to be actioned by staff if the risk is assessed as sufficient to instigate such a process.
- iv. In preparing a safety plan, staff work closely with both adult and child victims regarding their needs.
- v. In preparing a safety plan, staff seek to understand the specific patterns of violence that have been perpetrated in the relationship, in order to develop a unique safety plan that supports the victim in responding to potential future incidents of violence.
- vi. Staff 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.
- vii. Staff develop safety plans that 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.
- viii. Staff review and update risk management plans on a continuous basis and undertake case reviews as a team.
- ix. When assessing risk and managing risk, staff consider both the covert behaviours of perpetrators (for example, financial control and the use of technological surveillance) as well as the overt behaviours of perpetrators, (for example, physical and sexual abuse).
- x. When working with perpetrators, staff 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; violation of an existing order; and/or other instances of violence at work or against other victims.
- xi. When interacting with a perpetrator, staff understand that a respectful, positive or engaged interaction with the perpetrator does not necessarily indicate that they pose less of a risk.





## 2 Staff understand domestic and family violence

### 2.1 Understanding of domestic and family violence

#### Standards

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

#### Practice guidance

- i. Staff demonstrate an understanding of the behaviours that constitute domestic and family violence, the different types of violence<sup>9</sup> and the harm it causes.
- ii. Staff 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.
- iii. Staff can 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 LGBTIQ+ community.
- iv. Staff 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.
- v. Staff can demonstrate an understanding of how domestic and family violence is perpetrated by people from a range of cultural and socioeconomic backgrounds.
- vi. Staff 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.
- vii. Staff provide a safe and supportive environment to enable adult and child victims to disclose their experiences and provide supportive, developmentally appropriate services in response.

<sup>9</sup> The types of violence may include but are not limited to physical, verbal, sexual, emotional, cultural and/or spiritual abuse as well as economic control and social control.



- viii. Staff accurately document the patterns of abuse and how this impacts upon the functioning of the victim and family.
- ix. Staff seek out information and training in order to build their knowledge and skills to better recognise the early signs of vicarious trauma. Staff regularly access trauma-informed supervision provided by their organisation.

## 2.2 Understanding of gender, power, and control

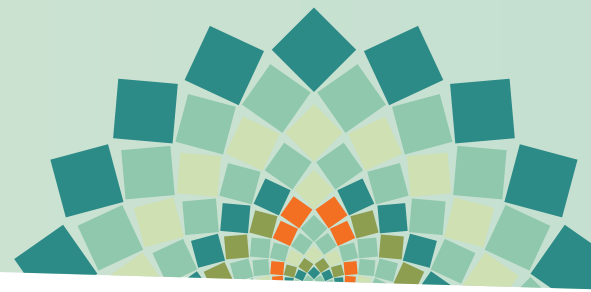
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### Standards

- 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.
- 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.
- 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.
- 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.

### Practice guidance

- i. Staff understand there are a range of ways in which gender, power and control tactics can be configured in different contexts.
- ii. Staff 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.
- iii. Staff 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.
- iv. Staff working with perpetrators are aware of the ways in which power and control can manifest including minimising, denying and blaming victims or past events for their violence, which might otherwise prompt staff to sympathise with the perpetrator.
- v. 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.



- vi. Staff 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 and self-agency.
- vii. Staff understand 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. Staff work in an integrated way to support both parties in strengthening this relationship.
- viii. 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.
- ix. Staff understand 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).
- x. Staff 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.
- xi. Staff understand that a victim may grieve the loss of a relationship with the perpetrator, even though this relationship involved violence. Staff support the victim and do not cast judgement on their grief.
- xii. Staff 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.
- xiii. Staff understand 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.
- xiv. Staff 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.



# 3 Services are evidence-informed

## 3.1 Evidence-informed practice

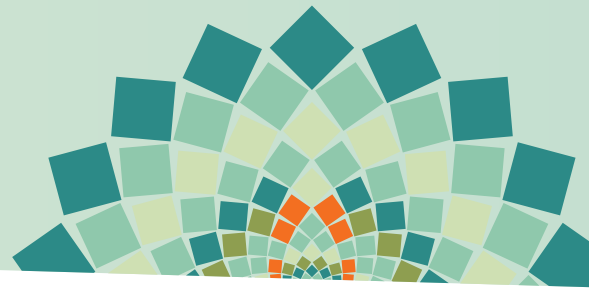
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### Standards

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

### Practice guidance

- i. Staff provide responses within appropriate theoretical frameworks relevant to domestic and family violence including:
  - a. Gendered analysis and feminist theory acknowledging the power imbalance that underpins domestic and family violence and how perpetrators exercise power and control over victims. Feminist practice and theory also offer well-developed models for practice, for example, in client engagement, collaborative risk assessment and safety planning, and strategic and structural advocacy to support safer outcomes
  - b. human rights theories based around empowering victims and assisting them to develop greater personal agency in their own lives and assisting perpetrators to be accountable for their behaviour to those impacted by their violence and to the people and services supporting them
  - c. theories that address intersectionality and the experience of different groups in society, such as anti-oppressive practice, and tailoring responses to the specific needs of diverse client groups. Intersectional practice acknowledges the interaction of people's experience of race, ability, sexual orientation or gender identity, marital status, or religious beliefs on their experience or on their the perpetration of violence, for example, acknowledging the impact of colonisation on Aboriginal and Torres Strait Islander people
  - d. trauma informed frameworks apply an understanding of the impact of trauma across the life-span both the victim and the family, and acknowledge that this influences global executive functions, such as decision-making, emotional regulation, responses to life events and figures in authority. Attachment theories highlight the critical importance of caregivers to the wellbeing of children, and acknowledge that domestic and family violence can have a direct and indirect impact on attachment relationships. Trauma informed frameworks and attachment theories also highlight the impacts on the perpetrator's patterns of perpetration and their capacity to undertake a change process towards desistance from violence



- e. psychosocial frameworks which take into account both psychological and social factors by understanding how violence can impact psychologically on victims and their families and the social circumstances in which violence is experienced
- f. systems theory recognising the importance of considering and addressing the impacts and influence of multiple, related systems on circumstances and behaviour.
- ii. 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.
- iii. Staff 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.
- iv. Staff share learnings from their practice across different service settings to bring useful insights of the client's experience across the service system.
- v. Where possible, staff access tools which enable them to collect and analyse data about the services that are being achieved for the clients they work with.
- vi. Staff in supervisory roles enable critical reflection for their team to assist in translating theory into evidence-informed practice.
- vii. Staff are aware, and make use, of their organisation's professional development framework (competency based training) to meet the needs of their role and their clients.
- viii. Staff continually improve their understanding of the evidence base underpinning contemporary practice and understandings of domestic and family violence.
- ix. Staff are encouraged to keep up to date with their professional development including attending conferences and networking events with colleagues across the sector.



# 4 Perpetrators are held accountable for their actions

## 4.1 Ensuring safety, responsibility, and accountability

### Standards

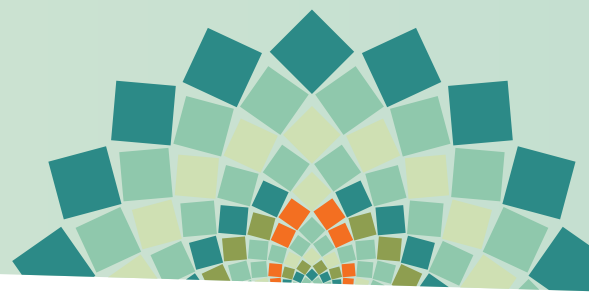
- 4.1.1** Victim's, including children's, safety and freedom<sup>10</sup> underpins all services for perpetrators of domestic and family violence, including after separation.
- 4.1.2** Staff follow their organisation's processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status.
- 4.1.3** Staff work with perpetrators to assist them to take responsibility for their actions and end their violent behaviour and coercive control.
- 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.
- 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.

### Practice guidance

- i. Staff ensure the initial assessment with the perpetrator identifies those affected by the violence and informs the identification of an appropriate program or service to support the perpetrator taking responsibility for their actions.
- ii. Staff assist perpetrators to take responsibility for their actions and use intervention practices that promote and create accountability, for example, encouraging perpetrators to be held accountable through the formal criminal justice, civil justice or child protection systems; non-mandated services such as perpetrator support services; or through being accountable to prior victims and acknowledging their own violent behaviour and the impact of violence on victims.
- iii. Where the victim is not being supported by another specialist domestic and family violence service, staff working in perpetrator services either refer the victim to a specialist domestic and family violence service or assign a victim advocate to undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program.
- iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will 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. Whenever safe, possible and practical, a victim's consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers.<sup>11</sup>

<sup>10</sup> The Queensland *Domestic and Family Violence Protection Act 2012* recognises that freedom from violence is a human right and fundamental social value.

<sup>11</sup> Refer to Section 169B, Part 5 A of the *Domestic and Family Violence Act 2012* and the State of Queensland (Department of Child Safety, Youth and Women), *Domestic and Family Violence Information Sharing Guidelines*.



- v. For organisations providing perpetrator and victim services, staff 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.
- vi. Staff recognise that victims have the right to choose not to engage with providers of perpetrator interventions.
- vii. Staff working with perpetrators communicate with the victim (if known) regarding participation of the perpetrator in a program. This includes providing verbal or written information about the content and approach of the program.
- viii. Where children are involved, staff follow their organisation's protocols on gaining an understanding of the child's perspective of the perpetrator, for example, the 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.
- ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim's advocate to ensure the victim's needs are considered when delivering interventions for perpetrators.
- x. Staff assist and support perpetrators to take responsibility for their actions and change their attitudes and beliefs that can lead to violent behaviour.
- xi. Staff hold perpetrators to account in relation to their behaviour.
- xii. Staff working with perpetrators 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.
- xiii. Staff working with perpetrators 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.
- xiv. Staff delivering perpetrator interventions provide clear, accessible communication to perpetrators about attendance requirements and the consequences of non-attendance.
- xv. Staff delivering perpetrator interventions understand that it is important for perpetrators to attend all sessions (not just mandatory sessions) and to complete the full program wherever the perpetrator has been referred to a specific perpetrator intervention program.



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

## 5.1 Ensuring cultural safety

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### Standards

- 5.1.1 Staff have an understanding of the connection between colonisation and intergenerational trauma that impacts on Aboriginal and Torres Strait Islander peoples.
- 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.
- 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.
- 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.<sup>12</sup>
- 5.1.5 Staff understand and take into account local protocols and kinship relationships prior to working in a community.

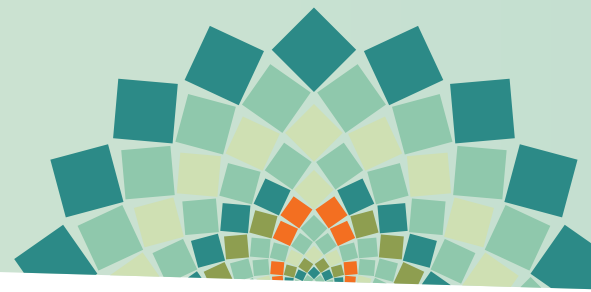
### Practice guidance

- i. 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.
- ii. When dealing with lateral violence, staff can recognise the early signs 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.
- iii. Staff recognise their own cultural biases and seek to understand the lived experience of Aboriginal and Torres Strait Islander people in dealing with domestic and family violence.
- iv. Staff 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. Staff also seek out ongoing refresher courses relating to cultural competency for a particular community so that they are kept abreast of any changes in community protocols and structures.

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<sup>12</sup> 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.

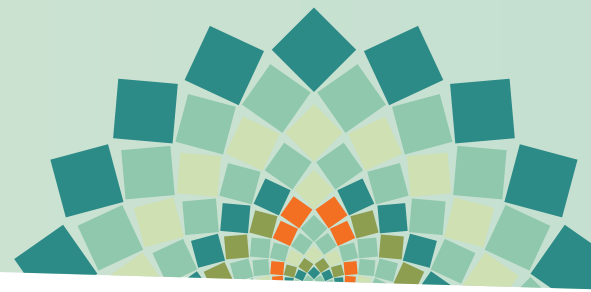




- v. Staff seek out opportunities to engage with Aboriginal and/or Torres Strait Islander community members as part of cultural induction and orientation before working with a particular community.
- vi. Staff prioritise the social and emotional wellbeing of clients by building trust, being respectful and understanding local culture, kinship ties and traditions.
- vii. 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.
- viii. Staff recognise that Aboriginal and Torres Strait Islander victims may be reluctant to reveal violence or abuse due to fears about their children being taken away.
- ix. Staff 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.
- x. Staff work with Aboriginal and Torres Strait Islander people to safely maintain the care of their children to avoid child removal and out of home care placements.
- xi. Staff make sure that Aboriginal and Torres Strait Islander clients understand and are aware of their legal rights and options (excluding legal advice).
- xii. Staff 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).
- xiii. Staff 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.
- xiv. Staff 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.
- xv. Staff 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.
- xvi. Staff 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.



- xvii. Staff build relationships with Aboriginal community controlled organisations to enable referrals to when clients express an interest in receiving services from these organisations.
- xviii. Where practical, staff 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.
- xix. Staff consider local protocols and kinship relationships in all interactions with a client and include these in the client's safety plan and advice. Staff 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.
- xx. Staff build on community strengths promoting women's traditional culture and authority in the community as well as involving men in spreading anti-violence measures.
- xxi. Staff 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.
- xxii. Staff recognise the distinct cultural rights of Aboriginal and Torres Strait Islanders that are included in Section 28 of the *Human Rights Act 2019*.



## 6 Services are client-centred and accessible for all

### 6.1 Ensuring appropriate responses for all cohorts

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#### Standards

- 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.
- 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.
- 6.1.3** 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.

#### Practice guidance

- i. 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.
- ii. Staff reflect on their own personal biases and how they may impact on the cultural appropriateness and quality of service delivery.
- iii. Staff 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.
- iv. 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.
- v. For victim services, staff give the 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.
- vi. For victims with a disability, staff offer victims the option of having a disability advocate or other disability support service present when communicating with staff.
- vii. Staff address client's diverse circumstances, backgrounds, and other complex issues which may require a customised response.



- viii. For staff working with victims who identify as LGBTIQ+ staff must consider the unique psychological, social and physical needs of the person in feeling safe and welcomed (e.g. using gender neutral communication materials to inform them about available services).
- ix. For staff working with perpetrators, where a perpetrator identifies as gay, bisexual, transgender, gender diverse, intersex, or queer, staff must consider the safety of that person in any group setting. If the perpetrator would prefer to attend a specialist program for gay, bisexual, transgender, gender diverse, intersex, or queer men, staff make appropriate warm referrals (where possible).
- x. Staff 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.
- xi. Staff 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.
- xii. For staff working with perpetrators, where it may not be culturally appropriate for a woman to be present in person, staff explore alternative ways of communicating a woman's perspective of experiencing violence, power and control.

## 6.2 Client focused approach

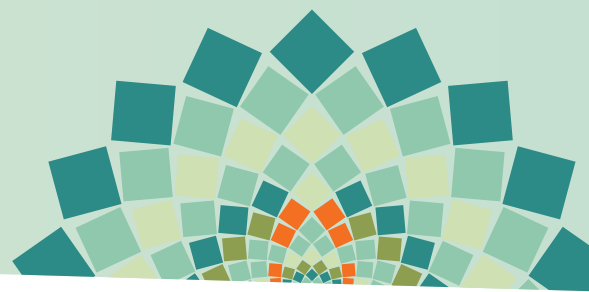
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### Standards

- 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
- 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.
- 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.

### Practice guidance

- i. Staff see things from the victim's point of view, validate the experience of the victim and never place pressure or blame on them.
- ii. Staff work with victims and children to actively involve them in deciding the best way to address their needs.
- iii. Staff follow systems and processes that minimise the need for victims to retell their story.



- iv. For staff working with perpetrators, staff tailor responses to meet the individual risk levels of, and patterns of coercive control by, perpetrators.
- v. Staff 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.
- vi. Staff work with victims to empower their independence including identifying meaningful personal goals and developing strategies to meet these goals.
- vii. Staff interact with victims in a way that builds self-esteem, self-efficacy, and reinforces a positive sense of self-worth.
- viii. Staff working with perpetrators support them in taking responsibility for their behaviour and identifying their capacity to be non-violent (e.g. encouraging the perpetrator to identify what a desirable future looks like and what would need to change).
- ix. Staff treat children as individuals and acknowledge the strength they bring to the family in developmentally appropriate ways.
- x. Staff recognise community strengths and resilience when working with Aboriginal and Torres Strait Islander people.
- xi. Staff 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.

## 6.3 Accessible and equitable support and assistance

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### Standards

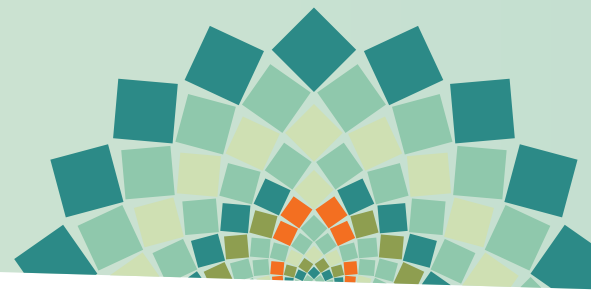
- 6.3.1** Staff ensure services are welcoming and accessible to a diverse range of client groups so that anyone can access the service regardless of their race, religion, language or cultural background.
- 6.3.2** Staff ensure their assessment of eligibility for service access is at all times based on an anti-discriminatory, non-prejudicial, and consistent judgement of a person's individual needs and experiences.

### Practice guidance

- i. 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.
- ii. Staff 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.



- iii. Supervisory staff endeavour to match staff with similar backgrounds to potential client groups.
- iv. Staff consider the range of communication tools such as smartphone applications, PowerPoint, photos, brochures etc. that can be tailored to the needs of the client.
- v. Staff 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.
- vi. Staff ensure victims receive a timely response in line with the client's level of need.
- vii. Staff 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.
- viii. Services are made accessible for the entire time they are needed by the client. Staff work with the client around the timing of their exit from the service to ensure they are comfortable doing so.
- ix. For staff working with perpetrators, they 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.
- x. For staff working with perpetrators, they 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.



# 7 Services collaborate to provide an integrated response

## 7.1 Working with other specialist domestic and family violence service providers

### Standards

- 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients.
- 7.1.2 Staff ensure that clients who cannot be directly supported by their organisation are referred to an appropriate service.
- 7.1.3 Staff have a comprehensive understanding of their organisation's offerings, limitations, and referral pathways to other services to address client needs.

### Practice guidance

- i. Staff 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. Whenever safe, possible and practical, a victim's consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers.<sup>13</sup>
- ii. 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.
- iii. Staff 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.<sup>14</sup>
- iv. Staff 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.
- v. Staff 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.

<sup>13</sup> Refer to Section 169B, Part 5 A of the *Domestic and Family Violence Act 2012* and the State of Queensland (Department of Child Safety, Youth and Women), *Domestic and Family Violence Information Sharing Guidelines*, 2017.

<sup>14</sup> Refer to Section 169B, Part 5 A of the *Domestic and Family Violence Act 2012* and the *Child Protection Act 1999* and associated guides such as the *Information Sharing Guidelines* for advice on information sharing between agencies.



## 7.2 Working with organisations outside the service system

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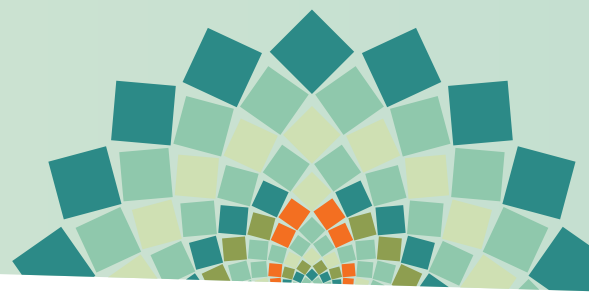
### Standards

- 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, and medical and mental health services, disability services, housing services, child protection and Centrelink).
- 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.

### Practice guidance

- i. 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.
- ii. Staff 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.
- iii. For staff working with victims, staff assist clients 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.
- iv. For staff working with perpetrators who request support to understand or clarify advice provided by organisations outside the service system, staff refer clients 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.
- v. Where appropriate, staff 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.
- vi. Where appropriate, staff dealing with perpetrators, work with staff from other organisations such as the police to better educate perpetrators about the legal and community impact of their actions and increase accountability to those impacted by their violence and to the people and services supporting them.
- vii. Where appropriate, staff either 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.
- viii. Staff working with victims or perpetrators in the court setting are aware of the Queensland Department of Justice and Attorney-General Domestic Violence Protocols.





# Glossary

## Term

## Definition

### Accountability

The concept of system accountability refers to all services and staff in the domestic and family violence sector taking responsibility for improving outcomes for victims and holding perpetrators accountable.

The concept of perpetrator accountability is broad and includes:

- keeping women and children safe
- understanding and responding to the needs and experiences of the victim and their views about the outcomes they want to achieve
- ensuring legal and police responses are adequate and include penalties for breach of orders
- a focus on encouraging the perpetrator to understand and take responsibility for their actions
- a focus on avoiding collusion with perpetrator attitudes and behaviours.

### Client

All people (including adult and child victims, and perpetrators) who receive a service in response to domestic and family violence.

### Client-centred approach

This involves building interventions around the needs of the individual. Staff operate from a position of listening and believing, and drawing on the strengths and resources of the client.

This also extends to perpetrator interventions. In this context, a genuine understanding of, and a strong relationship with perpetrators, can help to facilitate greater engagement.<sup>15</sup>

It should be noted that while a client-centred approach is an important part of contemporary practice, it cannot be adopted at the expense of victim safety or perpetrator accountability.

### Confidentiality

Any information acquired by an entity performing functions under the *Child Protection Act 1999* must be kept confidential. Provisions in the *Child Protection Act 1999* outline specific confidentiality requirements.<sup>16</sup> For example, it is an offence for a person receiving information to use or disclose the information or give anyone access to a document except where the law allows it.

### Developmentally appropriate

Developmentally appropriate is a concept which involves staff basing their practices and decisions on theories of child development (where the client is a child), individually identified strengths and needs, the client's cultural background and the context defined by the client's community, family or kinship structures.

### Domestic and family violence

As defined by the *Domestic and Family Violence Protection Act 2012*, domestic violence means behaviour by a person towards another person in a relevant relationship that: (a) is physically or sexually abusive; or (b) is emotionally or psychologically abusive; or (c) is economically abusive; or (d) is threatening; or (e) is coercive; or (f) in any other way controls or dominates and causes fear.

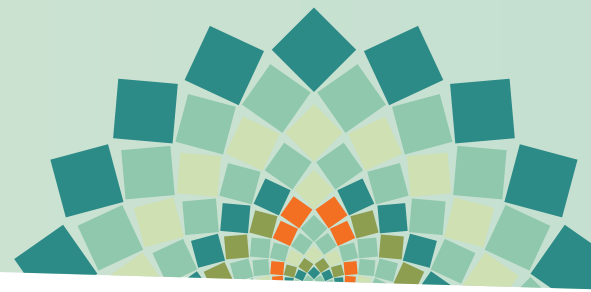
<sup>15</sup> Weaver, L. (2008). Facilitating Change in Men Who Are Violent towards Women: Considering the ethics and efficacy of a person-centered approach, *Person Centered and Experiential Psychotherapies*, 7: 3, 173-184.

<sup>16</sup> *Child Protection Act 1999 (Qld) s.187.*



<b>Empowerment</b>	<p>This is an iterative process, in which a person who lacks power sets a personally meaningful goal toward increasing their power, takes action, and makes progress toward that goal. In doing so, they draw on their evolving self-efficacy, knowledge, skills, and community resources and supports.</p> <p>Empowerment models of practice are survivor-centred and based on victim priorities.<sup>17</sup></p>
<b>High Risk Team</b>	<p>The High Risk Teams consist of funded core members from identified agencies with a role in keeping domestic and family violence victims safe and holding perpetrators to account — including police, health, corrections, housing and domestic and family violence services — collaborating to provide integrated, culturally appropriate safety responses to victims and their children who are at imminent high risk of serious harm or lethality.</p>
<b>Informed consent</b>	<p>For consent to be informed, clients must be given accurate, up to date information in a manner they can understand. The information will cover the nature of the decision and/or service, how it is relevant to the client’s goals, and any alternatives. Benefits and potential risks or consequences are fully explored.</p>
<b>Intervention</b>	<p>The response provided by services.</p>
<b>LGBTIQ+</b>	<p>Throughout the practice standards, the terms sexual orientation, gender diversity, gender identity, and LGBTIQ+ are used interchangeably to refer to the wide range of diverse sexual orientations, gender identities, and intersex variations that exist among the Queensland community. The acronym LGBTIQ+ stands for lesbian, gay, bisexual, transgender, intersex and queer/ questioning, and the + represents other identities not captured in the letters of the acronym.</p>
<b>Lateral violence</b>	<p>Lateral violence, also known as horizontal violence or intra-racial conflict, is a product of a mix of historical, cultural and social dynamics that can result in coercive behaviours such as gossiping, bullying, shaming, social exclusion or physical violence.</p> <p>Lateral violence is not just an individual’s behaviour. It often occurs when a number of people work together to attack or undermine another individual or group. It can also be a sustained attack on individuals, families or groups.</p>
<b>Non-judgemental approach</b>	<p>Ensuring that workers treat clients with respect is essential. Workers are required to establish a trusting, empowering and supportive relationship with clients and ensure all communications and engagements are undertaken with sensitivity, care, and dignity.</p>
<b>Organisation</b>	<p>An agency providing a service in response to domestic and family violence.</p>
<b>Perpetrator</b>	<p>Person who uses domestic and family violence. The term is used as it is consistent with the principle of placing responsibility for violence with those who use violence. While domestic and family violence is primarily perpetrated by men against women, we acknowledge that perpetrators can be any gender.</p>
<b>Practice guidance</b>	<p>Practice guidance is provided for each practice standard to describe in more detail what is expected of workers in their everyday practice. It provides examples for workers about how they can deliver quality services to their clients.</p> <p>The examples provided in the practice guidance are not meant to be exhaustive. New and emerging examples of good practice will be identified in future as the evidence base for effective responses to domestic and family violence expands.</p>
<b>Practice standards</b>	<p>Practice standards outline what is required for effective, professional and accountable practice, generally for a specific profession (such as social workers and psychiatrists) or for a specific workforce (such as mental health workers and child protection caseworkers).</p>
<b>Prescribed entities</b>	<p>A “prescribed entity” is the chief executive, commissioner, or principal (as appropriate) of certain agencies with specified responsibilities in areas such as corrective services, justice, education, public health services, housing, child protection, and welfare (defined in Part 5A (div 1 s169C) of the <i>Domestic and Family Violence Act 2012</i>). The <i>Domestic and Family Violence Act 2012</i> also identifies that any other agency may be prescribed by regulation.<sup>18</sup></p>

17 Cattaneo, L. B., & Goodman, L. A. (2015). What is empowerment anyway? A model for domestic violence practice, research, and evaluation. *Psychology of Violence*, 5(1), 84.



<b>Principal Child Protection Practitioner</b>	Principal Child Protection Practitioners are employed by Child Safety Services to assist Family and Child Connect and Intensive Family Support services to make decisions about families who may require intervention by Child Safety Services.
<b>Service</b>	The program, intervention, or activity provided by an organisation.
<b>Specialised and Intensive Services</b>	Specialised and Intensive Services is a component of the Australian Government’s Humanitarian Support Program that offers short-term support (generally up to six months) to assist clients to access appropriate mainstream services and develop the necessary skills to manage their complex needs independently. SIS support victims who have been identified as a refugee or persons with special humanitarian needs who have multiple complex needs (e.g. disability, mental health issues, homelessness or housing instability, a history of domestic or family violence, child and youth welfare concerns, social isolation, financial hardship or legal issues).
<b>Specialist service</b>	<p>In the context of the Domestic and Family Violence Act 2012, a specialist service provider is a non-government entity funded by the State or Commonwealth to persons who fear or experience domestic violence or commit domestic violence.</p> <p>In the context of the <i>Child Protection Act 1999</i>, a specialist provider is a non-government entity funded by the State or Commonwealth to provide services to a relevant child or the family of the relevant child. A relevant child is a child in need of protection or a child who may become a child in need of protection if preventative support is not given to the child or child’s family. Examples of a specialist service provider under the <i>Child Protection Act 1999</i> include Family and Child Connect Service, Intensive Family Support or Assessment Service Connect. Note that these services are considered as ‘other services’ under the <i>Domestic and Family Violence Act 2012</i>.</p>
<b>Staff</b>	Those employed by an organisation to provide a service to clients who have used or experienced domestic and family violence.
<b>Support service provider</b>	A support service provider is a non-government entity, other than a specialist domestic and family violence service provider, that provides assistance or support services to persons who may include persons who fear or experience domestic violence or who commit domestic violence (pt 5A div 1 s169C(1) of the <i>Domestic and Family Violence Act 2012</i> ). This includes a range of services for people who fear or experience domestic violence or who commit domestic violence. Examples may include, but are not limited to: counselling, disability, private health services (including private hospitals and general practitioners), housing, legal services (including solicitors and barristers), and sexual assault service providers.
<b>Victim</b>	<p>A person who has experienced domestic and family violence. This term is inclusive of all ages, including children, young people, and older people. While DFV is primarily perpetrated by men against women, we recognise that victims can be any gender.</p> <p>We recognise that not every person who has experienced or is experiencing domestic and family violence identifies with this term. Domestic and family violence is only one part of a victim’s life and it does not define who they are.</p>
<b>Victim advocate</b>	<p>The victim advocate role involves building a relationship with the victim and other key stakeholders to respond to the needs of the victim. Advocacy may involve, but is not limited to, the following:</p> <ul style="list-style-type: none"><li>• liaising with government agencies so that the victim can access or apply for services, for example, housing and accommodation services</li><li>• communicating with schools and employers on the victim’s behalf</li><li>• liaising with prescribed entities to ensure the safety of the victim.</li></ul>

18 The State of Queensland (Department of Child Safety, Youth and Women), Domestic and Family Violence Information Sharing Guidelines, 2017, p.10. This definition does not provide an exhaustive list of the prescribed entities in Queensland. A more comprehensive list of prescribed entities is provided in the Domestic and family violence information sharing guidelines. Note that the definition of prescribed entities is different under the Child Protection and Domestic and Family Violence legislation. For example, specialist providers are included as a prescribed entity under the *Child Protection Act 1999* under the *Domestic and Family Violence Protection Act 2012*, prescribed entities do not include ‘specialist service providers’.



