**Case management program requirements**

**Service delivery requirements for specialist family violence services that support victim survivors**

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people.

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# Introduction

## About the case management program requirements

Family Safety Victoria is working to ensure victim survivors get consistent and culturally appropriate services across the specialist family violence service system. As part of this work, Family Safety Victoria has partnered with Safe and Equal[[1]](#footnote-2) to develop case management program requirements for:

* local family violence services
* family violence accommodation services.

The program requirements build on Urbis’ work with the sector to develop comprehensive case management guidance. This document covers case management support to victim survivors that responds to their safety and other support needs and is:

* consistent
* coordinated
* timely
* flexible.

This work is about ensuring victim survivors get the right service in the right place, at the right time. A range of interrelated policy goals inform these requirements. They are designed to:

* ensure consistency with the family violence reform agenda in *Ending family violence: Victoria’s plan for change*
* align service design and practice with the [*Code of practice: principles and standards for specialist family violence services for victim-survivors*](https://safeandequal.org.au/wp-content/uploads/DV-Vic-Code-of-Practice-V2-FINAL.pdf)<https://safeandequal.org.au/wp-content/uploads/DV-Vic-Code-of-Practice-V2-FINAL.pdf> (‘the Code of practice’)
* align practice with the requirements of the [Multi-Agency Risk Assessment and Management Framework](https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management) <https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management> (MARAM Framework) and Family Violence Information Sharing and Child Information Sharing Schemes
* improve coordination with perpetrator services, police and other services to hold perpetrators accountable and keep them in view and, more broadly, improve service integration and coordination
* develop and improve holistic and culturally competent responses to children and young people as victim survivors including the [*Roadmap for reform: strong families, safe children*](https://www.dffh.vic.gov.au/publications/roadmap-reform-strong-families-safe-children) <https://www.dffh.vic.gov.au/publications/roadmap-reform-strong-families-safe-children> strategy to enhance and integrate pathways for the children, youth and families’ services system
* align practice when working with Aboriginal services and communities by modelling a shared commitment to self-determination, culturally aligned and sensitive practice tailored to identified needs and practices
* align and ensure a holistic and flexible response to [diverse communities and at-risk age groups](#_Diverse_communities_and) and people of all ages
* develop flexible service delivery models to work with victim survivors who want to stay connected to family, culture and community and who stay living with, stay in a relationship with or return to the perpetrator, noting that children often cannot make this choice.

*Ending Family Violence: Victoria’s Plan for Change* <<https://www.vic.gov.au/ending-family-violence-victorias-10-year-plan-change>> demands that all family violence services are accessible, equitable and responsive to intersectional need. Services must apply an intersectionality framework to respond to the diverse needs of all Victorians. In implementing these case management program requirements, specialist and targeted services must work together. They must commit to mutual learning and sector-wide accountability.

No one service can do everything alone. Every person who accesses your service should feel safe, welcomed, respected and included.

## Implementation timeframe

This first edition of the case management program requirements offers a platform for organisational leaders to assess and begin to bring about change. This change must meet expectations for a case management response that is:

* equitable
* inclusive
* person-centred.

These program requirements became part of agencies’ funding and service agreement obligations with the Department of Families, Fairness and Housing (DFFH) from 1 July 2022.

DFFH recognises that achieving full alignment will take time. Family Safety Victoria will continue to work with Safe and Equal to gather feedback and develop a range of practical resources to support leaders to align.

## Structure of this document

### Section 1: Introduction

Gives an overview of:

* the case management program requirements
* the legal, policy and governance context
* essential system resources for specialist family violence services.

### Section 2: How to use this document

Sets out how to use this document and the 10 foundational principles of this work. It defines the agencies and services in scope.

### Section 3: Case management components and program requirements

Gives a detailed description of the three components of case management:

* responses
* functions
* domains.

### Section 4: Key service interfaces

Highlights service interfaces with key specialist agencies funded for family violence service delivery activities other than case management such as:

* the state-wide 24/7 family violence crisis service (safe steps)
* The Orange Door
* targeted family violence services.

### Section 5: Compliance framework

Outlines the Victorian government-funded activities that relate to these program requirements.

## Relationship with The Orange Door

Victoria is building a more accessible, responsive and integrated family violence service system. The new system will better link victim survivors with the support they need, when and where they need it. A key enabler of this vision is the state-wide rollout of support and safety hubs, since launched as The Orange Door. This is in line with recommendations made by the Royal Commission into Family Violence (2015).

The Orange Door operates in all 17 DFFH areas and is the primary family violence and child wellbeing intake, assessment and tirage service in Victoria. It offers a more visible, integrated contact point to access family violence services, family services and perpetrator services to adults, children and young people.

This is based on establishing early connection and coordinating access to support for victim survivors, vulnerable families and perpetrators through:

* partnership
* allocation
* referral agreements.

Support is tailored to each family member’s needs using the MARAM framework. Designed to provide short term, brief intervention to victim survivors and perpetrators, The Orange Door is a key component in establishing a robust risk profile of perpetrators which can subsequently be shared with other Risk Assessment Entities in the community.

Once Orange Door staff complete client assessments and refer victim survivors, including children, to other specialist family violence services for longer term case management intervention. The completed MARAM assessments are shared with those agencies thatThe Orange Door has referred to.

While The Orange Door is the key intake and assessment entry point for victims of family violence, clients will sometimes self-refer to other specialist family violence services in the community. In this instance the service may deem it appropriate to respond to that client to ensure they receive a timely response and do not have to repeat their story. This is referred to as the ‘No Wrong Door’ throughout this document.

The case management program requirements set out quality expectations of specialist family violence case management service delivery. They align with The Orange Door service model. Both types of services highlight the importance of linked pathways for victim survivors. They promote formal partnership agreements that reduce duplication and fragmentation of responses and manage risk and prioritise safety. The result will be that each local area will offer responses that are:

* coordinated
* local
* high-quality.

This will happen regardless of where victim survivors access the service system.

There is an expectation that local family violence services have strong referral pathways established with their local Orange Door, and to utilise the FVISS and CISS with that Orange Door. It is common for The Orange Door and the other specialist family violence services to have mutual clients that they will need to communicate and share information about to ensure effective co-ordination and collaboration.

## Relationship with crisis responses guidance

The case management program requirements include key elements of Family Safety Victoria’s *Family violence crisis responses model: roles and responsibilities in providing emergency accommodation*, firstreleased in April 2021.

This guidance ensures victim survivors who need emergency accommodation are supported through responses that are:

* consistent
* clearly communicated
* jointly managed by the services involved.

Family Safety Victoria is working with these partners to further refine this new way of working:

* Safe and Equal
* safe steps
* The Orange Door
* local family violence support services
* family violence accommodation services.

The work to define service expectations is ongoing. This first edition of the case management program requirements is a base element of this work. It links to the underpinning principles and standards set out in the Code of practice and the more detailed practice guides and tools outlined in MARAM. It sets out expectations in delivering all case management responses, whether emergency accommodation is needed or not. Equally, it is broader in scope. It does not set out roles, responsibilities and detailed interface arrangements between parts of the family violence service system in the same way as described in the crisis responses guidance and other after-hours operational guidance.

The separate after-hours, refuge eligibility and prioritisation framework and crisis responses guidance documents will be consolidated into a ‘program requirements’ pack for local family violence services and family violence accommodation services. Available online, these documents and related tools will form a single, broad ranging service manual that covers the suite of case management service responses, from crisis support to service exit.

## Legal context

The principal and distinguishing functions of specialist family violence case management are to:

* assess and manage risk
* address safety and support need’s for victim survivors.

The MARAM Framework, the Family Violence Information Sharing Scheme and changes to the *Family Violence Protection Act 2008* (Vic) enable a strong authorising environment to strengthen risk assessment and risk management practice.

Similarly, the Child Information Sharing Scheme and changes to the *Child Wellbeing and Safety Act* *2005* (Vic) have strengthened services’ ability to share information about vulnerable children, young people and families.

This legal framework supports shared agency responsibility for responsive and effective specialist family violence case management.

## Essential systems resources

These program requirements are pitched at agencies funded to deliver specialist family violence case management. They describe different initiatives and resources that are either legislated or embedded as key system enablers to provide responses to victim survivors that are:

* safe
* consistent
* high-quality.

These resources complement the program requirements. Specialist family violence services must know ‘their obligations and requirements’ under each of them. They must also understand any other resources prescribed through government contracts.

### Frameworks, initiatives, standards and schemes

##### Aboriginal and Torres Strait Islander cultural safety framework

The *Aboriginal and Torres Strait Islander cultural safety framework* helps the department and mainstream Victorian health, human and community services to create culturally safe environments, services and workplaces.

This framework is the first phase of a continuous quality improvement approach.

The framework forms part of a key commitment in the department’s *Aboriginal employment strategy 2016–2021* and in *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027*. The framework will support *Korin Korin Balit-Djak* to achieve the Victorian Government’s vision of ‘self-determining, healthy and safe Aboriginal communities’.

The cultural safety framework is for:

* every person and every mainstream organisation to take responsibility and work together to create culturally safe services and workplaces
* Aboriginal and Torres Strait Islander staff and clients, who have a right to culturally safe workplaces and services.

##### Child Safe Standards and Reportable Conduct Scheme

The Child Safe Standards are a compulsory framework that helps organisations to promote the safety of children. Organisations must have policies to prevent, respond to and report allegations of child abuse.

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

Specialist family violence services carry out their duties under these resources. They should seek guidance from the Commission for Children and Young People if needed.

##### Code of practice: principles and standards for specialist family violence services for victim-survivors

The sector’s peak body, Safe and Equal, created the *C*ode of practice for the specialist family violence service sector. It is an essential industry resource and guide to inform service design and continuous quality improvement.

The Code sets out principles and standards to guide consistent quality service for victim survivors accessing specialist family violence services in Victoria. The Code’s objectives are to:

* describe the evidence base and theoretical frameworks that inform the shared principles and standards of specialist family violence services
* support continuous quality improvement to enable consistent, inclusive, safe and accountable service design and delivery
* clarify the relationship of the Code with other essential systems resources that inform specialist family violence service response
* offer guidance on the leadership role of specialist family violence services within the family violence response system and broader social change advocacy.

##### Community services quality governance framework

The *Community services quality governance framework* outlines principles, domains, roles and responsibilities for service delivery. It sets out the shared goal of delivering safe, effective, connected and person-centred services for everybody, every time. The framework includes measures of success and indicators of poor-quality governance. It is for use across all services delivered, funded and regulated by DFFH.

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

##### Dhelk Dja: Safe Our Way – strong culture, strong peoples, strong families

The government’s 10-year family violence agreement (2018–2028) is a key Aboriginal-led Victorian agreement. It commits the signatories – Aboriginal communities, Aboriginal services and government – to work together and be accountable for ensuring Aboriginal people, families and communities are:

* stronger
* safer
* thriving
* living free from family violence.

Aboriginal and Torres Strait Islander peoples’ right to cultural safety and self-determination inform these program requirements. Specialist family violence services should be familiar with this document to guide partnership work and service coordination with Aboriginal organisations and communities.

##### Everybody Matters: Inclusion and equity statement

*Everybody Matters* sets out the Victorian Government’s long-term vision for creating a family violence system that is more:

* inclusive
* responsive
* accessible to all Victorians.

It acknowledges the diversity inherent within each of us. It recognises the need for family violence and universal services to build a better understanding of the barriers that can prohibit inclusion and access. It does this through the understanding and application of an intersectionality framework.

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

##### Family Violence and Child Information Sharing Schemes

The FVISS authorises prescribed information sharing entities to share information for a family violence assessment or family violence protection purpose. The CISS authorises prescribed information sharing entities to share information for promoting a child or group of children’s wellbeing and safety. In the context of family violence, services must follow both schemes, along with the MARAM Framework.

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

##### Family Violence Multi-Agency Risk Assessment and Management Framework

The MARAM Framework is legislated under the Family Violence Protection Act. Its aim is to increase the safety and wellbeing of Victorians by ensuring prescribed organisations can effectively:

* identify, assess and manage family violence risk
* keep perpetrators in view and accountable for their actions and behaviours.

The MARAM Framework allocates multiple responsibilities to specialist family violence services, especially for practitioners. This is part of the broader family violence response system. Specialist family violence service providers must enact the MARAM Framework and its:

* risk assessment tools
* practice guides (foundational and responsibility-based)
* organisational alignment resources.

##### Guideline: Family violence services and accommodation – complying with the Equal Opportunity Act 2010

The Victorian Equal Opportunity and Human Rights Commission provides this guideline to specialist family violence services outlining their legal obligations under the *Equal Opportunity Act 2010* (Vic). The guideline promotes inclusive and non-discriminatory service delivery. Although it informs these program requirements, specialist family violence services should use it to develop their own equal opportunity policies. Continuous improvement processes deliver inclusive and equitable services.

##### Human Services Standards

The [Human Services Standards](https://providers.dffh.vic.gov.au/human-services-standards) <https://providers.dffh.vic.gov.au/human-services-standards> are a single set of service-delivery quality standards for service providers operating in the human services sector. The standards promote:

* people’s right to empowerment, transparent and equitable access and engagement with integrated services
* wellbeing and safety
* participation in decision making
* involvement in their chosen community.

All service providers funded to provide human services must meet the standards. Compliance is generally assessed through service providers achieving accredited certification via an independent review. The standards and the review process seek to ensure people experience the same quality of service no matter what service they are accessing. It helps ensure providers have systems that promote acceptable levels of management, administration and service delivery.

Specialist family violence accommodation services including refuges and supported crisis accommodation facilities should note the specific indicators for accommodation services set out in the [Human Service Standards Evidence Guide and Aboriginal culturally informed resource tool](https://providers.dffh.vic.gov.au/human-services-standards) <https://providers.dffh.vic.gov.au/human-services-standards>. These ensure residential environments are:

* culturally safe
* physically accessible
* safe
* hygienic and clean.

Family violence accommodation providers must also align with the [Homelessness services guidelines and conditions of funding*,*](https://www.dhhs.vic.gov.au/sites/default/files/documents/201705/Homelessness-Services-Guidelines-and-Conditions-of-Funding-May-2014.pdf) <<https://www.dhhs.vic.gov.au/sites/default/files/documents/201705/Homelessness-Services-Guidelines-and-Conditions-of-Funding-May-2014.pdf>>, particularly the section on temporary crisis accommodation. These guidelines describe the services, program and practice requirements for staff and funded agencies to deliver a consistent and quality service.

##### Responding to family violence capability framework

This framework describes the knowledge and skills required to respond to all forms of family violence. It covers four workforce tiers spanning:

* specialist family violence services
* core support services and professionals
* mainstream/social support services
* universal services.

Specialist family violence practitioners are in [tier 1](#_Whole_of_family) of the framework. This is because they carry much responsibility in responding to family violence and managing serious levels of risk. Specialist family violence service providers benefit from using this resource to develop consistent approaches for recruiting, managing and supervising the specialist practitioner workforce.

### Legislation

##### Change or Suppression (Conversion) Practices Prohibition Act

The *Change or Suppression (Conversion) Practices Prohibition Act 2021* bans change or suppression practices that seek to change or suppress a person’s sexual orientation or gender identity. It offers a range of options for preventing and responding to these practices. The views of survivors of change on suppression practices have shaped these options, and will continue to. This approach reflects the first recommendation of the Sexual Orientation and Gender Identity Change Efforts Statement that ‘survivors must be equal partners defining the movement’.

The Act includes:

* a broad definition of change or suppression practices
* four new criminal offences for:
  + practices that cause injury or serious injury
  + removing someone from Victoria to subject them to a change or suppression practice
  + advertising change or suppression practices
* civil (non-criminal) options for preventing and responding to change or suppression practices.

##### Charter of Human Rights and Responsibilities

The *Charter of Human Rights and Responsibilities Act 2006* (Vic) sets out the basic rights, freedoms and responsibilities of all Victorians. It is about the relationship between government and the people it serves.

The Charter requires public authorities, such as Victorian state and local government departments and agencies, and people delivering services on behalf of government, to act consistently with the human rights in the Charter.

The Charter protects 20 fundamental human rights. This is because the Victorian Parliament recognises that, as human beings, we have basic rights. In certain circumstances, some rights may be limited. But this must be necessary and reasonable and there must be clear reasons for decisions.

##### Children, Youth and Families Act

The purpose of the *Children, Youth and Families Act 2005* (Vic) is to:

* provide for community services to support children and families
* provide for the protection of children
* make provision in relation to children who have been charged with, or who have been found guilty of, offences
* continue the Children’s Court of Victoria as a specialist court dealing with matters relating to children.

Specialist family violence services should be familiar with the Act and guiding resources. This includes the *Best interests framework for vulnerable children and youth* and the *Best interests case practice model.* These resources offer guidance on:

* the developmental needs of infants, children and young people
* children’s rights to be protected from harm
* thresholds and decision making for reporting concerns about child protection or wellbeing.

##### Disability Discrimination Act

The *Disability Discrimination Act 1992* (Cwlth) makes it unlawful to discriminate against a person because of their disability. It covers many areas of public life including:

* employment
* education
* getting or using services
* renting or buying a house or unit
* accessing public places.

Disability discrimination occurs when a person is treated less favourably, or not given the same opportunities, as others in a similar situation because of their disability.

The Act covers people who have temporary and permanent disabilities including:

* physical, intellectual, sensory, neurological, learning and psychosocial disabilities
* diseases or illnesses
* physical disfigurement
* medical conditions
* work-related injuries.

It extends to disabilities that people have had in the past and potential future disabilities. It also includes disabilities that people are assumed to have.

##### Equal Opportunity Act

The *Equal Opportunity Act 2010* (Vic) recognises that discrimination can cause social disadvantage. It notes that access to opportunities is not equitably distributed through society.

Under the Act it is unlawful to [discriminate](https://www.humanrights.vic.gov.au/for-individuals/discrimination/) against a person because of a protected personal characteristic[.](https://www.humanrights.vic.gov.au/for-individuals/discrimination/) It is also against the law to [sexually harass](https://www.humanrights.vic.gov.au/for-individuals/sexual-harrassment/) someone or to [victimise](https://www.humanrights.vic.gov.au/for-individuals/victimisation/) them for:

* speaking up about their rights
* making a complaint
* helping someone else make a complaint
* refusing to do something that would be contrary to the Equal Opportunity Act.

The Act includes a [positive](https://www.humanrights.vic.gov.au/for-organisations/positive-duty/) duty to end discrimination, sexual harassment and victimisation as far as possible. This means that, instead of simply reacting to complaints of discrimination or sexual harassment, organisations must be proactive about discrimination and take steps to prevent it from occurring.

##### Family Violence Protection Act

The purpose of the Family Violence Protection Act *2008 (*Vic) is to:

* maximise safety for children and adults who have experienced family violence
* prevent and reduce family violence to the greatest extent possible
* promote the accountability of perpetrators of family violence for their actions.

The Act aims to achieve its purpose by providing an effective and accessible system of family violence intervention orders and family violence safety notices.

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

**Racial and Religious Tolerance Act**

The *Racial and Religious Tolerance Act 2001* (Vic) acknowledges that racial and religious abuse diminishes dignity and sense of self-worth and belonging to the community.

The Act prohibits [vilification](https://www.humanrights.vic.gov.au/for-individuals/racial-and-religious-vilification/) – behaviour that incites or encourages hatred, serious contempt, revulsion or severe ridicule against another person or group of people because of their race and/or religion.

Vilification reduces the ability for people to contribute to, or fully take part in, all social, political, economic and cultural aspects of society as equals. As such, the Act tries to balance the right to freedom of expression with racial and religious tolerance by ensuring freedom of speech does not vilify.

Unlike anti-discrimination laws, the Act is not limited to conduct in specific areas of public life, such as at work, at school or in providing goods and services. It applies to any vilifying conduct that happens in public. For instance, the Act covers vilifying conduct in the street, at a community event or in the media. It is also against the law to [victimise](https://www.humanrights.vic.gov.au/for-individuals/victimisation/) someone who has made a complaint of racial or religious vilification.

## Governance

A governance group has overseen planning for these case management program requirements. This group comprises senior representatives from Family Safety Victoria and Safe and Equal. An advisory group comprising a cross-section of experienced sector representatives has also been involved.

Both groups are providing ongoing feedback and oversight in rolling out the case management program requirements.

## Terminology

The case management program requirements adopt language and terminology as set out in the [Essential systems resources](#_Essential__Systems). Find Detailed descriptions of key terms in the [glossary](#_Glossary).

All references to ‘victim survivors’ include adult victim survivors, children and young people who are also supported by specialist family violence services. They are distinct and equally affected members of a family group. Supporting children’s agency means recognising that children have a right to make choices and decisions about matters that affect them. The term ‘all family members’ signals the inclusion of children.

# How to use this document

Pitched at service leaders and managers the case management program requirements offer the essential ‘building blocks’ for consistent case management service delivery in:

* crisis response
* brief non-crisis response
* intermediate/long-term response
* intensive response.

This document uses three components that complement each other: **responses**, **functions** and **domains**. It describes the elements of case management service delivery as:

* person-centred
* strengths-based
* flexible
* culturally safe.

All functions and domains apply to the spectrum of case management responses to family violence victim survivors, not just crisis responses. Important areas of victim survivors’ lives affected by family violence, such as their identity and culture, weave through the program requirements. This ensures every case management activity considers the effects of family violence on these areas.

Each of the functions and domains is structured with a definition, objectives and a list of program requirements for all services. ‘All family members’ are in scope for the definition of victim survivors. This includes infants, children and young people through to older people and extended family members also affected by the violence. Other requirements are included for children and young people and for family violence accommodation services that consider specific population needs and settings.

We reference relevant mandatory essential resources and tools and practice guidance and other useful resources in each section.

This document also outlines how parts of the service system work together. It integrates related documents that outline roles and responsibilities for agencies in providing emergency accommodation and after-hours services.



## Responsibilities of service leaders

Service leaders must ensure their services and teams operate in line with the case management program requirements. Specialist family violence services can use the Code of practice audit tool and MARAM alignment self-audit tool to identify gaps and trends. These will also help when making action plans for organisational change and offer improvements to achieve this. A range of supplementary documents, resources and tools are being developed to support service leaders and teams to align. The various other sources of information and guidance listed under each of the requirements will also support organisational leaders with this work.

### A note on engagement

The program requirements set out the responsibilities of specialist family violence services to adopt an intersectional approach. We acknowledge that systemic discrimination due to aspects of one’s identity affects access to opportunities. These include:

* sexual orientation and identity
* gender and gender identity
* race
* economic status
* immigration status
* national origin
* ability.

Services must have evidence-based approaches that:

* reduce access barriers
* address structural levels of oppression and marginalisation
* set up consistent, accountable processes that foster inclusion, trust and build rapport and engagement for victim survivors.

References are provided throughout the document to help inform these approaches.

Victim survivors engage with specialist family violence services voluntarily. Services focus on supporting safety and wellbeing.[[2]](#footnote-3) A victim survivor’s readiness or reluctance to share their experiences of abuse and trauma and accept support can be either a defining enabler or a challenging barrier to engagement. This is consistent with the feminist, empowerment and trauma-informed frameworks of the Code of practice and MARAM.

### Early help seeking

It is important to remember that first disclosures of family violence are most often not made to specialist family violence services. Instead, victim survivors are more likely to first confide in trusted colleagues, friends/family and [tiers 3 and 4 service](#_Whole_of_family) workers (in ‘universal’ and ‘mainstream’ services’). Tiers 3 and 4 workers include:

* doctors
* teachers
* psychologists
* mental health clinicians
* maternal child health nurses
* Aboriginal and other culturally specific service workers
* sports coaches
* faith leaders
* disability service providers.

This is even more likely for children and young people seeking help.

Specialist family violence service practitioners are highly skilled and understand the significance of early help-seeking in a victim survivor’s pathway to safety. For this reason, the case management program requirements set specific expectations for specialist family violence services across all response types. This ensures these victim survivors, who may not yet be at a point of crisis, are identified, welcomed and encouraged to engage with support. A victim survivor’s early help seeking offers a crucial opportunity for preventing an escalation of risk to a serious level of crisis. This is achieved through:

* effective screening, identification and triage
* pathways into rapid secondary consultations
* responsive referral pathways between services
* inter-agency partnerships across the four workforce tiers.

It is crucial that specialist family violence services recognise and act on this opportunity when responding to referrals (especially self-referrals).

### Principles

The principles of the case management program requirements are the same as the Code of practice principles. The principles enable specialist family violence services to deliver consistent and high-quality case management responses to victim survivors. These principles also align with specific MARAM pillars and principles as shown throughout this section. They are supported by the knowledge that family violence is unacceptable – in any form, across any community or culture. People have a right to live free from family violence.[[3]](#endnote-2)

**Principle 1:** Risk and safety focus – *The safety of victim survivors is the cornerstone principle of specialist family violence services and is prioritised at all times* (principles 1 and 3 – MARAM).

**Principle 2:** Person-centred empowerment – *Victim survivors are supported to experience meaningful empowerment through person-centred and flexible service responses* (principle 4 – MARAM).

**Principle 3:** Confidentiality and information management – *Victim survivors are informed about how their confidential and personal information is managed* (principle 2 – MARAM).

**Principle 4:** Collaboration and advocacy – *Services use collaboration and advocacy within coordinated multi-agency responses to benefit victim survivors* (principle 2 – MARAM).

**Principle 5:** Perpetrator accountability – *Perpetrators are responsible for using family violence and are held accountable and monitored through a system-wide approach* (principle 9 – MARAM).

**Principle 6:**  Child-centred practice – *Infants, children and young people are recognised as victim survivors in their own right, and their safety and wellbeing are prioritised in every stage of service provision* (principles 5, 6 and 10 – MARAM).

**Principle 7:**  Aboriginal self-determination – *Services respect and uphold the right to Aboriginal self-determination, choice and cultural safety* (principle 7 – MARAM).

**Principle 8:**  Inclusion and equity – *Victim survivors are able to easily access inclusive and equitable specialist family violence services* (principle 8 – MARAM).

**Principle 9:**  Capable and sustainable workforce – *Services promote the professional development and sustainability of the specialist family violence workforce* (pillar 4 – MARAM).

**Principle 10:**  Quality governance and leadership – *Services provide quality governance and leadership that is accountable to victim survivors and advocates for systemic and social change* (pillar 4 – MARAM).

## Scope

This document describes the program requirements for the specialist family violence services outlined below. The Victorian Government funds these services to provide case management support to victim survivors of family violence.

* **Local family violence support services** offer case management, risk assessment, safety planning, referrals, advocacy support and other specialised programs across metro, rural and regional Victoria. Local services also often work in co-located and multi-agency settings such as police stations, courts, sexual assault services, multidisciplinary centres and The Orange Door. Local family violence services working within The Orange Door are in scope for these program requirements.
* **Family violence accommodation services** offer temporary accommodation for victim survivors who cannot stay in their usual home due to a serious level of risk posed by the perpetrator. These safe and specialist alternative accommodation options include short-term crisis properties, refuges and transitional housing. The offer case management, risk assessment, safety planning, advocacy support and other specialised support programs.

Some specific interventions and programs from state-wide services are also in scope for these program requirements. These include the brief intervention and refuge operations of safe steps and some local case management programs based within certain targeted services.

These services may offer flexible, brief or continuous specialist support. They may use different modes of engagement including outreach, in-service and phone-based support. They typically operate in local area networks where risk management and case planning responses are coordinated between agencies, resources are combined, and expertise is collaborative. This document outlines how different specialist family violence services interface and collaborate in the [Key systems interfaces](#_Key_service_interfaces) section.

Through case management, agencies support victim survivors to meet their needs. They will work to address the risk and impact of perpetrators’ behaviour on their life domains. They will also holistically support areas of victim survivors’ lives beyond risk that may need to be strengthened for them to be safe, stabilise and live free from violence.

Case management occurs in a range of settings and situations across the spectrum of family violence experience such as:

* at a time of crisis including after-hours support
* when victim survivors need a brief non-crisis, intensive or intermediate to longer term response.

# Case management components and program requirements

Specialist family violence service case management includes:

* screening
* identification and triage
* risk assessment
* risk management
* safety planning
* outreach
* advocacy
* psycho-social needs assessment
* case planning
* secondary consultation
* co-case management
* coordination of services
* referrals
* exit planning and case closure.

Interventions vary in intensity and duration depending on the risks and needs of all victim survivors in the family group,[[4]](#endnote-3) but case management is:

* flexible and dynamic
* holistic
* culturally sensitive
* person-centred
* strengths-based.

The case management program requirements are structured around three core interrelated themes or components:

* responses
* functions
* domains.

These respond to victim survivors’ risk, needs and individual circumstances. They consider the settings, situations and impact of family violence on victim survivors (**Figure 1**).

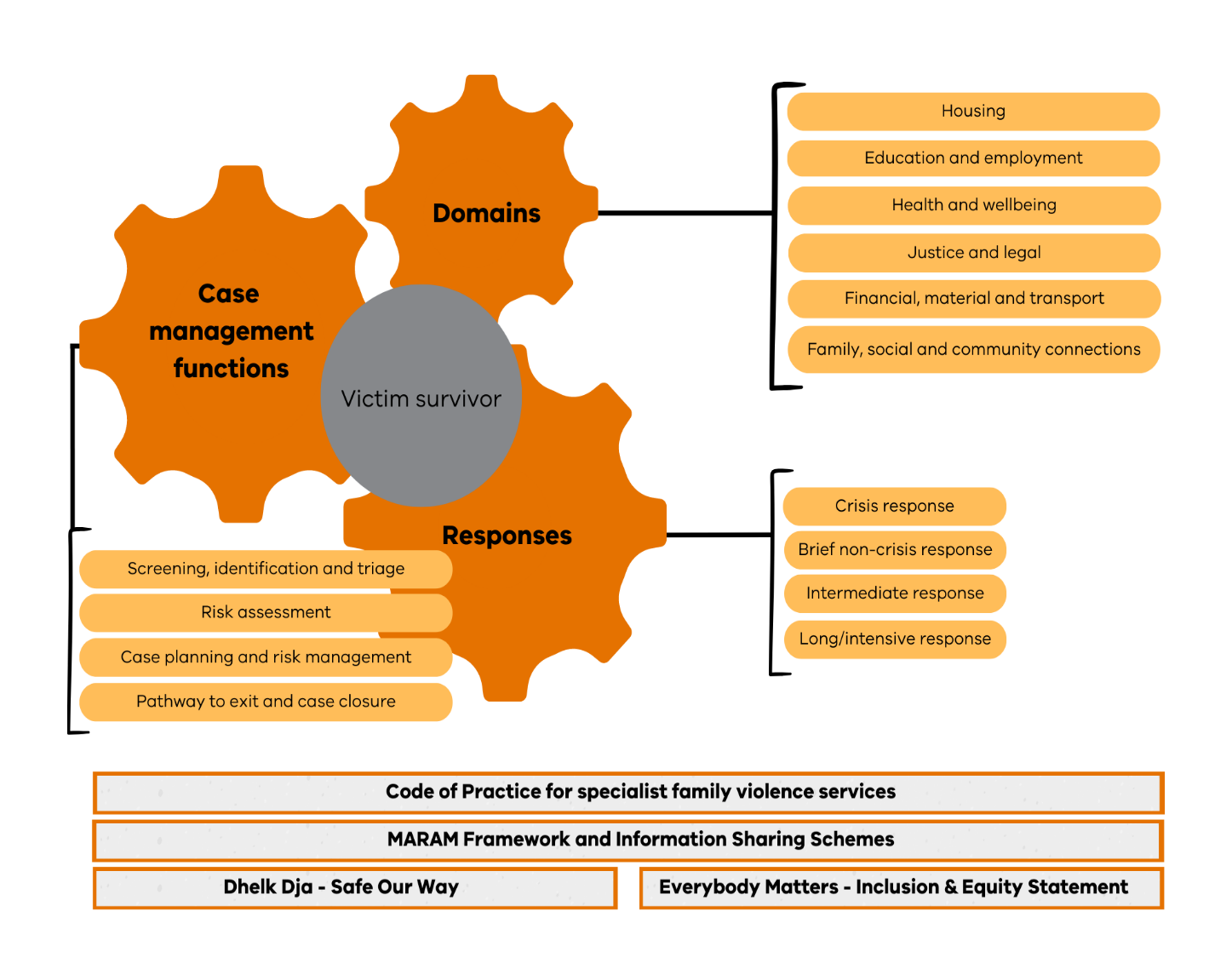
* **Responses** describe the duration and intensity of the case management that services provide. This is often influenced by:
* the perpetrator’s risk and levels of coercive control
* the complexity of services and their accessibility
* whether a service meets a victim survivor’s needs.

It considers different responses, including crisis response, as part of case management. It recognises that ‘crisis’ can occur at any time in a victim survivors’ journey, even when a victim survivor is receiving a long-term response.

Services use case management functions to respond to victim survivors from entry to exit in the service journey. **Functions** are the steps or actions case management services take to assess risk posed by the perpetrator on victim survivors. Services work with victim survivors to explore these and help meet their needs. Put simply, functions describe how services partner with victim survivors on their journey to safety and wellbeing through intake to case closure.

Functions are also not necessarily linear or cyclical. Victim survivors’ risk, needs and circumstances can change at any time. Services should apply functions in a flexible way to respond to those needs and changes in victim survivors’ lives and the shifting impacts of perpetrators’ behaviour.

**Domains** describe victim survivors’ safety and support needs across their life domains through an intersectional lens. Consider the impact of perpetrators’ violent behaviour and ongoing service or system complexities and barriers they face when seeking help. Domains become needs that should be addressed in a coordinated way. If they are not affected, they may represent protective factors and strengths that services could maximise through case management support.

Figure 1: Structure of program requirements



## Case management responses

Case management responses describe the intensity and duration of support a service provides. At any one time, a specialist family violence agency will be leading case management responses across intensity and duration continuums. This will ensure responses are holistic and suited to victim survivors’ safety and support needs.[[5]](#endnote-4)

Multiple intersecting factors influence these factors, as detailed below.

### Risk

Thisincludes whether the victim survivor is at risk, elevated risk or serious risk. It is based on their lived experience of doing safety work combined with a structured professional judgement approach according to the MARAM Framework.

### Strengths and needs

Thisincludes the impact of perpetrators’ coercive control and pattern of behaviours on victim survivors’ life domains and other required supports and needs. It also considers the victim survivors’ own resources and capacity to address these needs. Consider also the victim survivors’:

* acts of resistance
* family, social and cultural connections
* protective factors.

### Individual circumstances and complexity

This includes victim survivors’ own circumstances, strengths and other needs alongside their family violence experience such as:

* whether the victim survivor wishes to maintain relationships and connections with the perpetrator
* family, community, culture
* interrelated experiences of sexual assault, mental ill-health and alcohol and other drug (AOD) use issues
* current, past and historical trauma.

Consider the victim survivors’ levels of trust with services and preferred support style.

### Systemic barriers and intersectionality

This includes a range of external factors beyond the victim survivor’s control that affect the pace and duration of support. Examples include systemic failures to keep the perpetrator accountable, structural inequalities, oppression and systemic marginalisation experienced by victim survivors such as:

* stigmatisation and discrimination
* lack of affordable and available housing options
* prolonged legal and justice processes including migration applications
* limited or inaccessible education, work and transport.[[6]](#footnote-4)

Consider all forms of inequality rooted in oppressive constructs such as:

* sexism
* racism
* classism
* ageism
* ableism
* xenophobia
* homophobia
* other discrimination.

Analyse these to inform accessible, welcoming and anti-oppressive service delivery approaches.

| **Response** | **Duration and intensity** | **Other guidance** |
| --- | --- | --- |
| Crisis response A crisis[[7]](#endnote-5) is a disruption or breakdown in a person’s or family’s normal or usual pattern of functioning. It is where a person’s normal problem-solving resources/skills cannot resolve a crisis. In the family violence context, victim survivors generally reach out to services when the perpetrator has put their lives and those of their family members in danger (including extended family members and pets). They now need immediate support from services to respond to this threat. Children and young people often disclose family violence to a trusted person outside the family such as a teacher, health worker, neighbour or friend. This highlights the diversity of referral sources that may trigger a crisis response. In a state of crisis, victim survivors’ fear escalates and their usual way of living becomes disrupted. Support services must undertake assessments and develop appropriate responses to address family violence risk and safety needs, and reduce the risk presented by the perpetrator.  **Client group**: Victim survivors assessed to be at ‘serious risk’ and/or at a family violence crisis point from risks posed by perpetrators. This may include providing temporary emergency accommodation (including family violence accommodation services such as crisis accommodation and refuges, or motel accommodation) for victim survivors who:   * cannot stay in their usual home * are having a health crisis (for example, requiring hospital outreach, encouragement and support to see a GP, referrals to a mental health service or AOD services) * are having a justice crisis (for example, going to police station, applying for an intervention order, court support or referral to legal services). | **Duration**: Brief and/or episodic over time  **Intensity**: High  **Immediacy**: Urgent, rapid intervention to mitigate risk and harm for victim survivors  Agencies complete (as a minimum) a brief risk[[8]](#footnote-5) assessment and intermediate safety plan following MARAM guidelines and case management functions and domains program requirements | **Case management functions requirements**  **Domain requirements** |
| Brief non-crisis response A brief non-crisis response is usually required when a victim survivor or referring agency sees a particular need to support the person experiencing family violence. This is the case whether they stay in a relationship with a perpetrator *and* when the service or resources provided are not urgently needed to prevent serious injury or death. The immediacy of this response is influenced by:   * the circumstances * the level of risk and needs * the capacity of the agency to respond.   This response is often associated with [early help seeking](#_Early_help_seeking) by victim survivors after a first disclosure. It is a vital opportunity to prevent the violence rising to a serious level or a crisis.  **Client group:** Victim survivors who are ‘at risk’ of family violence and may need specific supports alongside advocacy and other actions to manage/reduce the risk presented by perpetrator. Victim survivors needing this response often show strong communication and organisational abilities and advanced service system literacy. But they may need information to help with decision making and referrals to:   * counselling * programs for children * general advice * cultural and emotional support.   Referrals for a brief non-crisis response are often prompted by trusted associates of the victim survivor who has first heard their disclosure of family violence and is encouraging them to seek help. It is possible that victim survivors will need support to address needs in specific life domains and to increase their protective factors (such as work and study). | **Duration**: Brief and/or episodic over time  **Intensity**: Low  **Immediacy**: It could be immediate but not urgent  Short-term intervention  Agencies complete (as a minimum) a brief risk assessment and intermediate safety plan following MARAM guidelines, and case management functions and domains program requirements | **Case management functions requirements**  **Domain requirements** |
| Intermediate to longer term response Intermediate to longer term responses apply to victim survivors assessed at any risk level, whether or not they stay in the relationship, who have a number of support needs that must be addressed to meet their needs while also taking action to mitigate the risk posed by perpetrators. This response is different from a brief and/or crisis response because of the time needed for the case management service to arrange other support (beyond a few weeks) that victim survivors need to enhance their safety, stability and freedom from violence.  **Client group:** Victim survivors who have multiple and complex needs and are either ‘at risk’ or ‘at elevated risk’ from perpetrators’ violence. These victim survivors may have also experienced long-term historical and cumulative family violence. They may or may not present with immediate risk yet are affected as if they do. They may ask for help to advocate with other services or navigate the service system. Often includes advocacy to address system barriers and resources, and support to address needs in several life domains. Contextual examples include:   * support with family law applications and court processes * service advocacy and liaison for children and young people who have experienced significant disruption from study and peer networks * support to secure safe housing, financial support or an independent income. | **Duration:** Medium to longer term  **Intensity:** Low to medium  **Immediacy:** It could be immediate but not urgent  Case management goals can be planned for a period  Agencies complete a comprehensive assessment and a comprehensive safety plan and case plan integrating all victim survivor’s life domains following MARAM guidelines, and case management functions and domains program requirements | **Case management functions requirements**  **Domain requirements** |
| Intensive response Intensive responses apply to victim survivors assessed at elevated or serious risk levels (including the subset of ‘serious risk’ where a victim survivor is assessed as also ‘requiring immediate protection’) and who have a number of support needs that must be prioritised to mitigate that risk. This response usually applies to family violence where victim survivors need multiple, simultaneous systemic interventions and extra or concentrated resources to meet their needs and actions taken to reduce the risk level posed by perpetrators.  Intensive responses often involve complex advocacy, coordination of multi-agency responses. They often need proactive engagement with statutory services such as Victoria Police or child protection. Victim survivors at a Risk Assessment and Management Panel (RAMP) will need intensive responses.  **Client group:** Victim survivors who have many and complex needs and/or are either at ‘elevated’ or at ‘serious risk’. They may present as:   * emotional or traumatised * disorganised or scattered in their thinking * lacking trust in services * expressing despair or hopelessness over their situation.   These victim survivors need significant emotional support and repeated, patient conversations to build the support relationship, undertake effective case management activities and help them process their complex experiences of family violence.[[9]](#footnote-6) They may have experienced long-term historical and cumulative family violence episodes that are still affecting them and their safety. They may need intensive support from services to build their confidence and systems knowledge to achieve stability and freedom from violence. | **Duration**: Medium to longer term  **Intensity:** Medium to high  **Immediacy:** It could be immediate and has elements of urgency  Case management goals can be planned for a period  Agencies complete a comprehensive assessment and a comprehensive safety plan and case plan including all victim survivor’s life domains following MARAM guidelines, and case management functions and domains program requirements | **Case management functions requirements**  **Domain requirements** |

## Case management functions

### Screening, identification and triage

##### Definition

Screening, identification and triage is a process specialist family violence services use to identify or confirm whether a person or family is at risk of family violence and needs specialist support. The process works out a service response based on each adult and child victim survivor’s risks, needs and unique circumstances. The first impression a service makes will often set the tone for how a victim survivor feels over the course of their service experience.[[10]](#footnote-7)

Screening begins when a victim survivor seeks help from or is referred to a specialist family violence service. When there is a referral from another service, this function should involve direct communication with the victim survivor wherever possible to promote trust and engagement. Note that opportunities to respond proactively to [early help-seeking](#_Early_help-seeking) are as important as requests for crisis support. But direct engagement must balance with the need to avoid asking the victim survivor to re-tell their story. Any discrepancies or gaps in previous risk assessments can be raised with the victim survivor during the screening and triage process. This is to clarify and update, rather than repeat, information already gathered.

In situations of serious family violence risk and other special circumstances (for example, pandemic, bushfire) it may not be possible for the specialist family violence service to establish direct engagement with the victim survivor. But screening to identify an appropriate service response can still occur through secondary consultation and coordinated responses[[11]](#footnote-8) with other agencies that can have direct involvement with the victim survivor.

As instructed by MARAM, if a victim survivor has multiple contacts with a service, screening must occur at each contact. This will ensure any changes in the relationship or perpetrator’s pattern of violent and coercive behaviour are noted.

##### Objectives

* Ensure all workspaces and communication channels explicitly say that the service is a safe and welcoming space for all victim survivors.[[12]](#footnote-9)
* Engage with victim survivors in a welcoming and inclusive way to help reduce anxiety and increase their willingness to engage.
* Identify the immediacy and seriousness of the risk to all victim survivors in the family group to determine how to respond or which service(s) are best to respond.[[13]](#footnote-10)
* Identify any immediate safety planning needs of all victim survivors in the family group, including a potential crisis response.
* Determine eligibility and suitability for the service to respond to the victim survivor’s risk and needs.[[14]](#footnote-11)
* Organise a referral to or contact information for another service, if required.

**Screening, identification and triage function: program requirements for all services**

| No. | Requirements | Mandatory resources, templates, tools and guidance | Other sources of information or guidance |
| --- | --- | --- | --- |
| 1 | Ensure a worker is contactable for screening and triage during funded hours of operation including processing incoming referrals. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 1: Respectful, sensitive and safe engagement  Responsibility 2: Identification of family violence risk  Responsibility 4: Intermediate risk management  Responsibility 5: Secondary consultation and referral  Responsibility 6: Contribute to information sharing  **MARAM risk assessment templates and tools:**  Appendix 1 – Observable signs of trauma that may indicate family violence  Appendix 3 – Adult screening and identification tool  Appendix 4 – Flow diagram of response options and a basic safety plan  Appendix 5 – Brief risk assessment tool  Appendix 7 – Child victim survivor assessment tool  Appendix 9: Adult safety plan template  Appendix 10: Safety plan for older children and young people  [Family Violence Information Sharing Scheme (FVISS) ministerial guidelines](https://www.vic.gov.au/sites/default/files/2019-01/Ministerial%20Guidelines%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf)  [Child Information Sharing Scheme (CISS) ministerial guidelines](https://www.vic.gov.au/sites/default/files/2019-01/Child%20Information%20Sharing%20Scheme%20Ministerial%20Guidlines%20-%20Guidance%20for%20information%20sharing%20entities.pdf)  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 1 – Risk and safety focus  Principle 2 – Person-centred empowerment  Principle 3 – Confidentiality and information management  Principle 4 – Collaboration and advocacy  Principle 6 – Child-centred practice  Principle 8 – Inclusion and equity  [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 5 – Secondary consultation and referral  Responsibility 6 – Contribute to information sharing  **MARAM risk assessment templates and tools:**  Appendix 1 – Observable signs of trauma that may indicate family violence  Appendix 5 – Brief risk assessment tool | [Everybody Matters: Inclusion and equity statement](file:///C://Users/aobr2908/Downloads/Everybody-matters-inclusion-and-equity-statement.pdf)  [Support and safety hubs client experience toolkit](https://www.vic.gov.au/sites/default/files/2019-09/Support-and-Safety-Hubs-Client-Experience-Toolkit-COMPLETE_0.PDF) |
| 2 | Review information received through facilitated referrals (for example, screening assessment or previous risk assessment). Confirm the information with each victim survivor directly where possible. |
| 3 | Operate with a ‘no wrong door’ approach. Usher the victim survivors’ pathway into the family violence service system in an inclusive and equitable way. |
| 4 | Explain the purpose of the screening, the support that the organisation offers, and eligibility criteria of the organisation in line with funding guidelines. |
| 5 | Ensure your service has the capacity to accept and progress referrals in a timely manner. Referrals come from safe steps and The Orange Door or other agencies when victim survivors have been referred to or accommodated in emergency accommodation in your local area as per contractual requirements. |
| 6 | Ensure you have a process to respond to secondary consultation requests. Follow up cases identified at serious risk that you receive risk relevant information about through information sharing. Organise secondary consultation wherever appropriate and possible to inform risk management strategies. |
| 7 | Use the brief risk assessment tool to undertake a timely and efficient assessment of risk level. Review pre-assessed risks and risk level if a referral comes from another specialist family violence service including The Orange Door or [tiers 2 and 3 services](#_Workforce_Tiers).[[15]](#footnote-12) |
| 8 | Use the relevant templates at Appendices 9 and 10 to develop a safety plan/risk management plan, selecting any fields within them which are relevant to each victim survivor’s risk and needs as identified in the Brief Risk Assessment. |  |
| 9 | Seek informed consent from victim survivors by telling them how their personal and sensitive information is collected, stored and shared, and the limitations of consent. Explain how they can request access and make changes to their personal records. |
| 10 | Ensure your service is accessible, culturally responsive and inclusive. Make sure it has processes to identify and meet the needs of diverse communities and age groups. Offer referrals to targeted services if a victim survivor prefers this (for example, asking adult victim survivors if they or their children identify as Aboriginal or Torres Strait Islander or if they identify as LGBTIQ+ and their pronouns, or as a person with a disability). Be sensitive to the fact that:   * there may be a range of reasons for Aboriginal people choosing to use a mainstream service * diverse and cultural groups’ previous service experiences may create heightened anxiety and reduce their willingness to engage with your service. |
| 11 | Ensure you use victim survivors’ preferred language and communication method. Make sure all information is easy to understand regardless of educational background, culture, language, etc. Use government-funded, accredited professional interpreters, including accredited Auslan interpreters, where victim survivors’ preferred language cannot be accommodated in the service or access to communication support professionals for people with a hearing impairment or disability. Use other inclusive and accessible communication strategies where preferred by the victim survivor. |
| 12 | Prioritise harm minimisation approaches to victim survivors presenting with AOD use issues seeking support. Note that this is a common indicator of family violence risk and consequence of trauma. Wherever possible, avoid abstinence or zero tolerance policies on AOD use in service environments. With victim survivors’ consent, organise referrals to and secondary consultations with mental health and AOD support services where these needs are identified to support safe withdrawal, specialist AOD support and rehabilitation alongside family violence case management support. |
| 13 | Coordinate responses with police, ambulance or other emergency services if the victim survivor is experiencing an immediate threat to their life, health, safety or welfare. Victim survivors’ views and consent should always be sought prior, where safe and reasonable to do so. |
| 14 | If for any reason your agency’s triage process determines victim survivors are ineligible, as a minimum, undertake a brief risk assessment, a basic safety plan and offer a facilitated referral. This may include referring to housing services or specialist children’s services.[[16]](#footnote-13) |
| 15 | Where victim survivors are referred to another service, provide the completed risk assessments and safety plans for all family members to the receiving service. Send along other information collected during the screening and triage function, with victim survivors’ informed consent. |

**Screening, identification and triage function: other requirements for children and young people**

| **No.** | Requirements | Mandatory resources, templates, tools and guidance | Other sources of information or guidance |
| --- | --- | --- | --- |
| 16 | If children and young people are victim survivors:   * Ensure practitioners are trained to recognise children as victim survivors in their own right and respond accordingly including engaging with children themselves. * Identify the children’s experience of violence using the child screening tool, whether directly or through the adult victim survivor, if the age of the child precludes direct engagement. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Appendix 7 – Child victim survivor risk assessment tool  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 3 – Confidentiality and information management  Principle 6 – Child-centred practice |  |

**Screening, identification and triage function: other requirements for family violence accommodation services**

| **No.** | Requirements | Mandatory resources, templates, tools and guidance | Other sources of information or guidance |
| --- | --- | --- | --- |
| 17 | Allocate vacancies to victim survivors at serious risk who cannot stay safely at home within agreed timeframes of receiving the referral from the state-wide 24/7 phone crisis service or other local specialist family violence services. This is in line with the *Guideline: Family violence services and accommodation – complying with the Equal Opportunity Act 2010*. This includes planning for anyone with a protected characteristic or companion animals and accommodating them within the facility whenever possible. | [Guideline: Family violence services and accommodation – complying with the Equal Opportunity Act 2010](https://www.humanrights.vic.gov.au/resources/family-violence-services-and-accommodation-guideline/) |  |
| 18 | Ensure access to your accommodation is not restricted to victim survivors based on age, income, disability, mental illness, AOD use or gender identity unless you have a documented exemption under the Equal Opportunity Act*.* |

**Screening, identification and triage flowchart**

### Risk assessment

##### Definition

Risk assessment is the process of applying structured professional judgement to work out the level of family violence risk including:

* the victim survivor’s self-assessed level of risk
* the practitioner’s assessment of evidence-based risk factors
* information sharing with other professionals to inform decision making
* intersectional analysis to work out any support needs or other issues caused by systemic discrimination and marginalisation.[[17]](#endnote-6)

Risk assessment (which includes a needs assessment) starts in the screening function. This is when family violence risks might suggest the need for a more in-depth assessment. Consider three categories of evidence-based risk factors under the MARAM Framework. These will reveal if a victim survivor is at risk, at elevated risk or at serious risk:[[18]](#footnote-14)

* specific to an adult victim survivor’s circumstance
* caused by perpetrator’s behaviour towards an adult or child victim survivor
* caused by perpetrator’s behaviour specific to children, which recognises that children experience some unique risk factors, and that their risk must be assessed separately from adult victim survivors.

Specialist family violence services are experts in assessing risk presented by the perpetrator’s pattern of behaviour and its impact on all victim survivors’ life domains. They offer case management responses (with risk management and safety planning) to mitigate the risks and maximise protective factors and strengths in a holistic way. This includes recognising victim survivors’ own strategies to resist and survive violence, including [early help seeking](#_Early_help_seeking) and their daily safety work for self-protection.

##### Objectives

* Identify immediate and ongoing risk factors with victim survivors to inform the response(s) needed and track the risk of family violence, keeping the perpetrator in view.
* Identify victim survivor’s circumstances and structural inequalities underpinned by intersectional oppressions that may create barriers or increase risk.
* Coordinate with other services to assess and reduce the risk that a perpetrator’s violent behaviour presents for victim survivors.

**Risk assessment function: program requirements for all services**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 1 | Assess the family violence risk and the victim survivor’s safety needs using the structured professional judgement approach under the MARAM Framework. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 3 – Intermediate risk assessment  Responsibility 5 – Secondary consultation and referral  Responsibility 6 – Contribute to information sharing  Responsibility 7 – Comprehensive risk assessment  **MARAM risk assessment templates and tools:**  Appendix 1 – Observable signs of trauma  Appendix 5 – Adult brief assessment tool  Appendix 6 – Adult intermediate assessment tool  Appendix 7 – Child assessment tool  Appendix 8 – Practice guidance on intermediate assessment tool  Appendix 11 – Adult comprehensive tool  Appendix 12 – Genogram  Appendix 13 – Practice guidance on comprehensive tool  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 1 – Risk and safety focus  Principle 2 – Person-centred empowerment  Principle 5 – Perpetrator accountability  Principle 8 – Inclusion and equity  [Family Violence Information Sharing Scheme (FVISS) ministerial guidelines](https://www.vic.gov.au/sites/default/files/2019-01/Ministerial%20Guidelines%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf)  [Child Information Sharing Scheme (CISS) ministerial guidelines](https://www.vic.gov.au/sites/default/files/2019-01/Child%20Information%20Sharing%20Scheme%20Ministerial%20Guidlines%20-%20Guidance%20for%20information%20sharing%20entities.pdf) | [Dhelk Dja: Safe Our Way – strong culture, strong peoples, strong families](https://www.vic.gov.au/dhelk-dja-partnership-aboriginal-communities-address-family-violence)  [Everybody Matters: Inclusion and equity statement](file:///C://Users/aobr2908/Downloads/Everybody-matters-inclusion-and-equity-statement.pdf)  [Support and safety hubs client experience toolkit](https://www.vic.gov.au/sites/default/files/2019-09/Support-and-Safety-Hubs-Client-Experience-Toolkit-COMPLETE_0.PDF) |
| 2 | Ensure victim survivors are well informed of their rights to privacy, agency and choice throughout the risk management process. This includes when and how information sharing may occur between agencies during periods of support if safety and wellbeing is affected. |
| 3 | [Lead agency](#_Lead_agency) to complete a brief risk assessment or comprehensive risk assessment, including child risk assessment according to the response requested/needed. If the duration of the contact with victim survivors increases, undertake a comprehensive risk assessment. Keep undertaking risk assessment and monitoring. |
| 4 | After conducting a risk assessment (which includes a needs assessment) and applying the MARAM model of structured professional judgement to the victim survivor’s circumstances, establish and agree with them if they need crisis, brief non-crisis, intensive or intermediate to longer term responses to manage risk and respond accordingly. |
| 5 | Tailor your service response to the victim survivor’s life circumstances that may be worsened by the perpetrator’s tactics and that create access barriers to services. Examples include AOD use, disability, experience of racism, mental ill-health, involvement in the justice system, involvement in the sex industry and LGBTIQ+ identity. The risk assessment must include diverse communities by exploring the impact of systemic oppression and continuously working to address and remove barriers to service access through individual and systemic advocacy. |
| 6 | Identify the perpetrator’s tactics and behaviours that directly and indirectly affect the risk, safety and ongoing wellbeing of victim survivors. Consider all life domains and other support needs to highlight and support protective factors and strategies used by victim survivors to resist the perpetrator’s pattern of violent behaviour against them (for example, ensuring education continues for children, setting up therapeutic supports for victim survivors, or connecting with material aid support.)[[19]](#footnote-15) |
| 7 | Undertake continuous monitoring of risk with each victim survivor in the family group and relevant coordinated services. This should include those with insight into the whereabouts and risk presentation of the perpetrator to update risk assessments, safety plans and risk management procedures. |
| 8 | Ensure you use the victim survivor’s preferred language and communication method. Make sure all information is easy to understand regardless of educational background, culture, language, etc. Use government-funded, accredited professional interpreters including accredited Auslan interpreters. Where a victim survivor’s preferred language cannot be accommodated in the service or access to communication support professionals for people with a hearing impairment or disability, use other inclusive and accessible communication strategies where preferred by the victim survivor. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 1 – Respectful, sensitive and safe engagement  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 8 – Inclusion and equity |
| 9 | Use the information sharing guidelines when seeking or providing information to assess family violence risk. Seek the consent or views of victim survivors.[[20]](#footnote-16) | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 5 – Secondary consultation and referral  Responsibility 6 – Contribute to information sharing  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 3 – Confidentiality and information management  [Family Violence Information Sharing Scheme (FVISS) ministerial guidelines](https://www.vic.gov.au/sites/default/files/2019-01/Ministerial%20Guidelines%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf)  [Child Information Sharing Scheme (CISS) ministerial guidelines](https://www.vic.gov.au/sites/default/files/2019-01/Child%20Information%20Sharing%20Scheme%20Ministerial%20Guidlines%20-%20Guidance%20for%20information%20sharing%20entities.pdf) |

**Risk assessment function: other requirements for children and young people**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 10 | If children and young people are victim survivors:   * Assess children and young people in the care of an adult victim survivor as victim survivors in their own right. Identify and track current and emerging risk to each child and young person as a result of the perpetrator’s behaviour. Complete an individual risk assessment, with information gathered either through the adult victim survivor, information sharing or directly from any child and young person. Consider the child or young person’s age and stage of development if appropriate. * Work within legal thresholds set out in the Children, Youth and Families Actto report child wellbeing, safety or protection concerns. Ensure the adult victim survivor knows about services’ reporting obligations under the Act. * Partner and coordinate with the adult victim survivor, child protection services and wellbeing specialists to assess and manage child risk. | [Children, Youth and Families Act](https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/125)  [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 3 – Intermediate risk assessment  Appendix 7 – Child victim survivor risk assessment tool  Responsibility 7 – Comprehensive assessment  Appendix 11 – Comprehensive risk assessment tool  Appendix 12 – Genograms  Appendix 13 – Risk assessment considerations across the community  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 6 – Child-centred practice | [Best interests framework for vulnerable children and youth](https://providers.dffh.vic.gov.au/sites/default/files/2017-08/the-best-interests-framework-for-vulnerable-children-and-youth.pdf) |
| 11 | If you are aware that children and young people are using violence:   * Ensure policies and processes recognise that young people using family violence are set apart from adult perpetrators. * Assess, if appropriate, the young person’s violence with the parent who is not using violence to guide referrals to appropriate services for the adolescent. It is important to consider the young person’s behaviour within their personal context including their: * age * developmental status * attachment and relational history * strengths and protective factors * care situation and individual circumstances including if they have experienced or are currently experiencing family violence, other trauma or have a disability. | [MARAM practice guide – Practice note update: Resource for working with adolescents using family violence and their families, during coronavirus (COVID-19)](https://www.vic.gov.au/maram-practice-guides-and-resources) |  |

Risk assessment flowchart

### Case planning and risk management

##### Definition

The case plancontains goals for risk management and meeting support needs under several or all the victim survivor’s life domains:

* housing
* justice and legal
* employment and education
* financial, material and transport
* health and wellbeing
* family, relationships and friends.

These use an intersectional analysis of structural oppressions that keep causing barriers for receiving support. It is a set of coordinated actions that responds to the level of risk victim survivors are experiencing. It also responds to the forms and patterns of violence used by perpetrators and to the victim survivor’s needs and circumstances in a holistic way.

Case planning and risk management can range from actions taken to respond to crisis needs (for example, emergency accommodation, material aid) to addressing longer term needs of victim survivors. This depends on the duration of service (safe housing, financial stability, court support, etc.) and can include:

* safety planning
* secondary consultation
* referrals
* coordinated responses with other services
* co-case management
* advocacy
* information sharing.

Noting that family violence risk management is a shared responsibility across the service system, specialist family violence services that support victim survivors must ‘keep perpetrators in view and accountable’. They do this through information-sharing and advocacy in partnership with and/or on behalf of victim survivors. This is a key part of their role and helps to hold services and systems that engage directly with perpetrators to the standards and responsibilities that they must fulfil.

Importantly, merely reducing identifiable family violence risk indicators does not necessarily translate into meeting individual needs or victim survivors feeling safer. Nor does it prevent violence and ongoing trauma being a theme that can thread through people’s lives long after separation from the perpetrator. MARAM’s holistic model of continuous risk assessment, needs assessment and safety planning through case management relationships with victim survivors offers a solid foundation to build on victim survivors existing strengths and skills. Beyond this, specialist family violence services can promote long-term safety, stability and freedom from violence for victim survivors. They can do this by continuously acknowledging and reinforcing the daily safety work victim survivors undertake.

In this way, case planning and risk management also support areas of the victim survivor’s life that they want to strengthen, for them to be safe, stabilise and live free from violence. It is critical to consider the experiences of systemic oppression and statutory involvement for victim survivors from Aboriginal backgrounds and diverse groups. Case planning and risk management is person-centred and strengths-based. It recognises victim survivor’s voice and agency. It tailors the response type and impacted domains. Services should partner with victim survivors in defining and progressing the case plan goals, and with other services. Beyond this, case management services must foster opportunities for victim survivors to set up a community of safety and support both within and outside the service system. This will help them to sustain healing and freedom from family violence into the future.

##### Objectives

* Explore the impact that the perpetrator’s life circumstances and patterns of behaviour have across all life domains for all victim survivors in the family group. Consider the perpetrator’s life circumstances that may affect the level of risk to victim survivors. These include being homelessness and having experiences of oppression. Ensure all victim survivors’ case plans and risk management plans reflect and address these risks.
* In partnership with victim survivors, define immediate and long-term sustainable goals to create, increase and maintain their safety, meet their needs, and actions required by agencies to manage perpetrator risk. Consider the structural oppression experienced by all victim survivors in the family group, their diverse needs, and their strengths.
* Develop a safety plan that lists protective factors and strategies victim survivors can use to resist a perpetrator’s pattern of violent behaviour. Ensure it addresses the identified safety needs of each victim survivor.
* Partner with victim survivors to progress the established goals in the case plan. Revise and re-calibrate the case plan through the period of support based on ongoing co-assessments of needs, strengths and risks.
* Collaborate and advocate with other services, including services that work with perpetrators, to reduce the risk they pose and change their behaviours. This includes monitoring perpetrators’ whereabouts, their technology-facilitated abuse, risk presentations and use of violence. Keep perpetrators in view and accountable for their actions and behaviours.
* Identify if other support or expertise is needed. Coordinate inter-agency service responses and resources within the specialist family violence service system and the broader service system. This support could include addressing case plan goals such as referrals and co-case management.

**Case planning and risk management function: program requirements for all services**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 1 | Have documents,[[21]](#footnote-17) policies and processes that align with the person-centred empowerment and child-centred principles of the Code of practice by recording on an ongoing basis in client record management systems:   * the efforts that adult victim survivors have taken to promote safety and wellbeing for themselves and their children * the impact of the perpetrator’s life circumstances and pattern of behaviour on victim survivor’s safety and life domains, gathering information from different sources in line with the information sharing laws.[[22]](#endnote-7)   Note that all victim survivor documentation including case plans and cultural and safety plans may be subject to Family Court subpoenas. Certain information may increase risk if shared with the perpetrator and other parties through court or justice processes. Record all information carefully and with the consent and knowledge of victim survivors. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 4 – Intermediate risk management  Responsibility 8 – Comprehensive risk management and safety planning  Responsibility 9 – Contribute to coordinated risk management  Responsibility 10 – Collaborate for ongoing risk assessment and risk management  **MARAM risk assessment templates and tools:**  Appendix 9 – Adult safety plan template  Appendix 10 – Safety plan for older children and young people  Appendix 14 – Adult comprehensive safety plan template  Appendix 15 – Ecomap diagram  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 1 – Risk and safety focus  Principle 2 – Person-centred empowerment  Principle 3 – Confidentiality and information management  Principle 4 – Collaboration and advocacy  Principle 5 – Perpetrator accountability | [Human Services Standards](https://providers.dffh.vic.gov.au/human-services-standards)  [Everybody Matters: Inclusion and equity statement](https://www.vic.gov.au/everybody-matters-inclusion-and-equity-statement)  [Intersectionality and family violence framework](https://www.vic.gov.au/victorian-family-violence-data-collection-framework/intersectionality-and-family-violence)  [Dhelk Dja: Safe Our Way – strong culture, strong peoples, strong families](https://www.vic.gov.au/dhelk-dja-partnership-aboriginal-communities-address-family-violence)  [Burra Lotjpa Dunguludja: The Victorian Aboriginal Justice Agreement](https://www.aboriginaljustice.vic.gov.au/the-agreement/the-aboriginal-justice-agreement-phase-4)  [Disability and Family Violence Crisis Response Initiative](https://www.safesteps.org.au/our-services/services-for-women-children/disability-support/)  [Support and safety hubs client experience toolkit](https://www.vic.gov.au/sites/default/files/2019-09/Support-and-Safety-Hubs-Client-Experience-Toolkit-COMPLETE_0.PDF) |
| 2 | Develop inclusive safety plans that respond to each victim survivor’s needs and circumstances. For example, there may be particular cultural and safety issues to be aware of when supporting Aboriginal people and victim survivors from culturally diverse communities including concerns around privacy, attending cultural events etc. Mental and other health needs may affect service engagement and communication and require emergency contacts/back-up support at times. Review on an agreed basis with victim survivors. Support cultural plans with Child Protection and The Orange Door (child wellbeing services are now embedded in The Orange Door) and Family Services. |
| 3 | Develop case plans with victim survivors. State goals and responsibilities to address their safety and support needs in their life domains. Strengthen victim survivors’ protective factors, depending on the type of response to be provided. If more than one service is involved, the [lead agency](#_Lead_agency) provides dedicated support to the victim survivor and coordinates action planning with clear roles and responsibilities with other services. |
| 4 | Ensure Aboriginal victim survivors have options that recognise that culture and cultural connection can be a powerful protective factor. Support them to make choices that will protect and promote their long-term physical, emotional and cultural safety. |
| 5 | Review case plans on an agreed basis with victim survivors and other services (when there is more than one service with responsibility in progressing the case plan). This will ensure victim survivors’ safety and support needs are effectively addressed. |
| 6 | Have processes to ensure victim survivors are supported to make their own decisions about all aspects of the case plan and risk management goals to address safety and support needs across their life domains with an intersectional lens. Consider the ongoing complexities and barriers they face when seeking help. |
| 7 | Assign victim survivors (individual or family) a specific case manager to ensure they have a primary contact for ongoing risk management, risk assessment and coordination of their case, whenever possible. |
| 8 | Have flexible and tailored processes to support victim survivors’ safety needs:   * when they wish to maintain relationships with the perpetrator, their family, community, culture and pets/animals, etc. * when they are from diverse groups and different age groups (people with physical, auditory, sensory, cognitive, communication, intellectual and/or learning disabilities; young people; LGBTIQ+ victim survivors, victim survivors involved in the justice system, and victim survivors with AOD and mental health intersected needs, etc.) * when they are from Aboriginal or culturally diverse communities and want to maintain or restore connections with culture, Country, family, kinship and community networks. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 9 – Contribute to coordinated risk management  Responsibility 10 – Collaborate for ongoing risk assessment and risk management  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 4 – Collaboration and advocacy |
| 9 | Have processes to support Aboriginal victim survivors’ right to choose whether they want to engage with Aboriginal-specific services or other mainstream specialist family violence services and statutory agencies. Understand and recognise their preferences for how to make the connection.[[23]](#footnote-18) | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 2 – Person-centred empowerment |
| 10 | Tailor the duration and intensity of services to victim survivors’ assessed safety and support needs. Review regularly to ensure relevance to changing risks and circumstances. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 7 – Aboriginal self-determination |
| 11 | Correct any information when an adult victim survivor is misidentified as a perpetrator. This will rectify the surge in risk. Advocate to ensure other services correct misidentification in their systems. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 2 – Person-centred empowerment |
| 12 | Coordinate responses and referral pathways with other services to address victim survivors’ safety and support needs (immediate and ongoing) regarding their personal choice, agency and decision making. One example is seeking and providing secondary consultation with other agencies or collaborative practice. | [Family Violence Information Sharing Scheme (FVISS) ministerial guidelines](https://www.vic.gov.au/sites/default/files/2019-01/Ministerial%20Guidelines%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf)  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 3 – Confidentiality and information management |
| 13 | Whenever possible, develop formal, documented partnerships, including co-case management and secondary consult relationships, with services that represent diverse populations and age groups. This will help tailor and enable inclusive and culturally safe responses and effective referral pathways and coordination. Processes that underpin these partnerships must understand and respect the victim survivor’s preference for how to connect with other services. Work in a way that prevents the onus for coordination of their own support from falling on victim survivors. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 6 – Contribute to information sharing  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 1 – Risk and safety focus  Principle 2 – Person-centred empowerment  Principle 4 – Collaboration and advocacy |
| 14 | Fulfil the responsibilities of using operational crisis and risk management responses such as:   * The Orange Door brokerage * family violence crisis brokerage * family violence Flexible Support Packages * the Personal Safety Initiative * support funding for victim survivors on temporary visas in refuge * the Disability Family Violence Crisis Response Initiative.   This includes communicating consistent, accurate messages about funding and other resources to victim survivors directly, and how often and in what circumstances they may access these. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 5 – Secondary consultation and referral  Responsibility 6 – Contribute to information sharing  Responsibility 9 – Contribute to coordinated risk management  Responsibility 10 – Collaborate for ongoing risk assessment and risk management  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 4 – Collaboration and advocacy  Principle 7 – Aboriginal self-determination  Principle 8 – Inclusion and equity |
| 15 | Consider a RAMP referral for victim survivors where other responses have failed to effectively manage and reduce risk. Always inform victim survivors and explain the implications wherever possible before taking this step. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 1 – Risk and safety focus  [Family violence crisis brokerage guidelines](https://fac.dhhs.vic.gov.au/news/updated-family-violence-crisis-brokerage-guidelines)  [Program requirements for the delivery of family violence flexible support packages](https://providers.dffh.vic.gov.au/program-requirements-delivery-family-violence-flexible-support-packages)  [Personal Safety Initiative operational guidelines](https://providers.dffh.vic.gov.au/personal-safety-initiative-operational-guidelines)  Program guidelines: *Support funding for victim survivors on temporary visas in family violence refuge* |
| 16 | Advocate on behalf of victim survivors to manage and reduce perpetrators’ risk. Keep the perpetrator in view and accountable by holding services and systems to the standards and responsibilities that they must fulfil. This includes checking with victim survivors about their confidence with advocating for themselves. Offer practical help with activities like reporting breaches or making complaints. Contribute information and data about systemic issues and barriers faced by victim survivors in the system response. | RAMP operational guidelines |
| 17 | Use the information sharing guidelines when seeking or providing information about managing family violence risk. Seek consent or the view of the victim survivor to securely transfer case information and the victim survivor’s critical preferences to other agencies. Update and review consent and information sharing responsibilities throughout the support (responses). | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 4 – Collaboration and advocacy |
| 18 | Ensure victim survivors take part in decision making to safety plan for coordinated responses and communication with services and authorities that provide direct interventions with perpetrators. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 6 – Contribute to information sharing  Responsibility 10 – Collaborate for ongoing risk assessment and risk management  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 3 – Confidentiality and information management  [Family Violence Information Sharing Scheme (FVISS) ministerial guidelines](https://www.vic.gov.au/sites/default/files/2019-01/Ministerial%20Guidelines%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf)  [Child Information Sharing Scheme (CISS) ministerial guidelines](https://www.vic.gov.au/sites/default/files/2019-01/Child%20Information%20Sharing%20Scheme%20Ministerial%20Guidlines%20-%20Guidance%20for%20information%20sharing%20entities.pdf) |

**Case planning and risk management function: other requirements for children and young people**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 19 | If children and young people are identified as victim survivors, services, based on response type, should:   * Articulate actions and goals to meet the unique risks and needs of children and young people in the family case plan, and wherever possible create a separate case plan for individual children that contemplates their life domains. Include the needs of unborn children and infants in all safety planning with the family group. * Provide independent communication mechanisms and contact numbers for children to engage directly with their practitioner if they choose. * Seek the input of children and young people, where safe, age-appropriate and reasonable, in developing their own safety plan, and share it with them. * Where appropriate, provide age and stage-appropriate and accessible information to children and young people about: * what your service does * how their information is managed * how they will take part in decisions that affect them * how to make a complaint in line with Child Safe Standards * how to ask for help. * Support victim survivors to talk about their needs and preferences. For example, offer phrases that they can use, how to reach out for help safely and ensure they know their rights. * Have a sound understanding of the impact of family violence and trauma on children and young people. Offer responses that are child-focused, developmentally appropriate and culturally safe. This includes understanding the complex relationship children often have with perpetrators and their potential wish to keep connection and repair the relationship. * Coordinate with statutory authorities and other support services to manage the risk and impact of perpetrators’ violent behaviour on children. Address the needs of children and promote their wellbeing (for example, referrals, child programs). * Support cultural planning with child protection services such as cultural programs for children in out-of-home care. If victim survivors agree, advocate for safe, supervised access visits between young people and the perpetrator, particularly if child protection initially oversaw this service and has withdrawn. * Collaborate with, plan with or refer to a range of services and supports for children and young people to protect and meet their rights and needs. These services will range from age-appropriate universal services through to family services. * Offer opportunities and referrals for adult victim survivor to restore the parent–carer–child bond and strengthen parenting capacity to support children’s ongoing safety and wellbeing. Note that specialist parenting and therapeutic services may be best placed to offer essential healing, recovery and processing of trauma. This could happen while your service arranges other practical supports that help adult victim survivors take care of children (childcare, leisure opportunities for children and young people, home help, etc.) * Have processes that promote and enhance positive diverse parenting styles including within Aboriginal and Torres Strait Islander communities and the specific cultural context of culturally diverse communities. | [MARAM practice guide](https://www.vic.gov.au/maram-practice-guides-and-resources)  **MARAM risk assessment templates and tools:**  Appendix 10 – Safety plan for older children and young people  Responsibility 8 – Comprehensive risk management  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 6 – Child-centred practice  [Child Information Sharing Scheme (CISS) ministerial guidelines](https://www.vic.gov.au/sites/default/files/2019-01/Child%20Information%20Sharing%20Scheme%20Ministerial%20Guidlines%20-%20Guidance%20for%20information%20sharing%20entities.pdf)  [Best interests framework for vulnerable children and youth](https://providers.dhhs.vic.gov.au/sites/default/files/2017-08/the-best-interests-framework-for-vulnerable-children-and-youth.pdf)  [Child Safe Standards](https://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/the-child-safe-standards/) | [Support and safety hubs client experience toolkit](https://www.vic.gov.au/orange-door-practitioner-resources)  https://kidshelpline.com.au/ |
| 20 | If children and young people are using violence:[[24]](#footnote-19)   * Partner with other victim survivors in the family to develop a safety plan for family members affected by the adolescent’s violent behaviour. Use a trauma-informed approach. This includes asking all children and young people which family members they trust and feel safe with, prioritising the safety of infants and unborn children, and coordinating safety interventions in episodes of risk. * Coordinate with the adult victim survivor and other specialist services working with children and young people to respond to adolescent family violence. Advocate for the rights and needs of the protective parent with statutory and justice services such as child protection and in family law matters. * Undertake comprehensive risk assessments and case planning with young people using violence. Discover and address risks of violence from other family members to themselves that may not have been disclosed. * Ensure safety planning for all family members considers the impact of adolescents using violence in the home, especially on other children. In partnership with specialist services, develop and coordinate consistent care and risk management plans responding to the needs and wellbeing of each family member. * If your service is working with the young person who uses violence, encourage and support them to reflect on the circumstances and impact of this behaviour where appropriate. This will encourage accountability and commitment to change. It is also important to work with other interrelated issues of concern for the young person wherever safe to do so. * Coordinate responses and referral pathways with services that specialise in working with children and young people to support them to learn skills and abilities to move away from using violence to address their specific needs. This could be with therapeutic youth services or Family Services, for example. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 6 – Child-centred practice | [Adolescents who use violence in the home](https://www.fvrim.vic.gov.au/report-family-violence-reform-implementation-monitor-1-november-2020/adolescents-who-use-violence) |

**Case planning and risk management function: other requirements for family violence accommodation services**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 21 | Be sure to follow the department’s requirements for security and safety of premises. | Human Services Standards |  |

**Case planning and risk management flowchart**

### Pathway to case closure

##### Definition

The pathway to case closure function focuses on planning the end of the case management support partnership with victim survivors. It establishes clear, consistent agency policies and procedures that:

* prepare victim survivors for the case closure process
* support them to remain safe when exiting your service
* help them continue their journey to live free from violence.

This will include:

* evaluating the outcomes of the case plan goals with all victim survivors in the family group
* referring victim survivors to other services to maintain continuity of support
* establishing a follow-up plan after exiting your service
* securing resources for victim survivors’ safety, stabilisation and freedom post-exit.

By documenting, analysing and sharing information, case closure includes promoting ongoing visibility across the service system of the perpetrator’s:

* pattern of coercive control and violent behaviour and their life circumstances
* risk presentation and violent behaviours including changes over time and at the point of case closure.

This will ensure efforts to ensure safety are current and that other services are informed at the point of case closure. Services include those responsible for directly working or intervening with the perpetrator (with whom you have collaborated through case planning, etc.).

##### Duty of care for victim survivors who exit without warning or cannot be contacted during an episode of support

At times victim survivors will opt out of support without notice and may or may not re-engage as conditions allow. This includes victim survivors at heightened and serious risk. This can leave your service with concerns for their safety and wellbeing. There can be many reasons for this including victim survivors’ own preferences. External factors include:

* duress from a perpetrator
* cycles of change or influences of addiction
* prison time or legal orders
* housing and income fluctuations
* changed family circumstances.

If possible, planning ahead with the victim survivor about their preferred service response in a period of unexpected disengagement and/or lack of contact is useful.

The following informs a service’s duty of care in this context:

* the age of a victim survivor
* any other risks to safety
* the most recently assessed level of risk.

If there are concerns for any victim survivor’s safety and, in the case of children, their wellbeing, it is important that services, wherever possible, share information with other relevant services in line with the information sharing schemes. The aim is to keep the perpetrator in view to support all victim survivors’ safety. Processes and decisions around reaching out to the person or sharing information will be decided in each agency in alignment with these program requirements and the FVISS.

If child protection services are involved with children, advice and information including the views of the child or young person must be provided to promote safety. For children, also consider services’ mandatory reporting requirements within the Children, Youth and Families Actto report child wellbeing, safety or protection concerns.

##### Objectives

* Plan the transition out of services with each victim survivor when case plan goals are achieved and specialist family violence support is no longer needed. Ensure this is discussed and agreed, and predictable.
* Enact processes to connect all victim survivors in the family group with a suite of appropriate services. This will secure support continuity where required and prepare them to close case management support period in an empowering way.
* Engage, inform and coordinate with other services in partnership with victim survivors to:
  + support them to be independent
  + sustain safety and stabilisation
  + live free from violence in the long term.
* Adopt a continuous improvement approach informed by feedback from all victim survivors in the family group, gathered post-exit using consistent and standard methods.

**Pathway to case closure function: program requirements for all services**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 1 | Check in with all victim survivors in the family group about whether they have met case plan goals. Address any issues or concerns that arise. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 4 – Collaboration and advocacy  Principle 2 – Person-centred empowerment | Agency electronic client management user manuals  [Support and safety hubs client experience toolkit](https://www.vic.gov.au/orange-door-practitioner-resources) |
| 2 | Check and finalise any outstanding individualised brokerage or other funding applications, expenditure and acquittals. This will ensure each victim survivor has received the expected benefits. |
| 3 | Ensure victim survivors feel well supported during their transition to case closure by:   * updating the risk assessment * referring them to other services wherever necessary * facilitating access to ongoing resources to ensure safety, stabilisation and freedom from violence. |
| 4 | Review case files at the time of closure. Check that any information that may increase risk to victim survivors is canvassed with them (for example, in the event of a subpoena). Make sure the victim survivor is fully informed of the contents of their file should they wish to access this or the service again in future. |
| 5 | Empower victim survivors to make the connections with other services to the extent that they wish to do this for themselves. Agree this together (for example, the victim survivor may want to do this themselves, with support, or may want the connections to be made for them). |
| 6 | If possible, include a period of crossover with other services. Follow up with all victim survivors and other services involved in the victim survivor’s case plan to ensure they know what to do if they recognise changes to risk. |
| 7 | Ensure all victim survivors understand how any new service and support connection fits with their current situation. |
| 8 | Ensure victim survivors have a digital or physical way – whichever works best for them – that they can take information with them when exiting your service (where it is safe to do so) that includes everything about their experience. This will give them agency and independence to reflect on what has been done and what comes next. |
| 9 | Ensure all victim survivors have an up-to-date safety plan before case closure and feel confident to recognise early signs of a recurrence of family violence risk. Give them tools to manage this risk by seeking support or reengaging with your service, if needed post-exit. |
| 10 | Offer diverse means that are age, language, format and culturally appropriate for victim survivors to provide feedback about their experience of your service. For example, tailor tools to ensure they are accessible and adaptable to offset any barriers with the experience of disability. |
| 11 | Acknowledge and celebrate the achievements and strengths of all victim survivors in the family group at the closing point. |
| 12 | When an adult victim survivor exits your service in an unplanned manner, attempt to:   * safely contact victim survivors * request information sharing with relevant services * take other necessary steps to promote safety of all victim survivors in the family group and perpetrator accountability before closing the case.   This could include information sharing with schools or family services about children and young people. Consider mandatory reporting requirements for child safety. |
| 13 | Consider a report to Victoria Police, child protection and RAMP to address outstanding serious risk or unknown risk. Focus on victim survivors who have disengaged from your service in an unplanned way. Keep the case open until the referral is received and considered. |

**Pathway to case closure function: other requirements for children and young people**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 14 | If children and young people are victim survivors, services should:   * Wherever possible, evaluate with children and young people if they have met their case plan goals. Consider the child or young person’s age and stage of development. * Ensure informal and formal feedback loops for children and young people tailor to their developmental stage. * Acknowledge and celebrate children and young people’s strengths. Prepare them to exit your service. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 6 – Child-centred practice |  |

**Pathway to case closure flowchart**

## Case management domains

### Housing

##### Definition

Advocating with housing providers and supporting victim survivors to secure safe, stable and affordable housing is an integral part of specialist family violence service delivery. Living in an environment that is both physically and psychologically safe is vital to ensuring victim survivors can stabilise and live free from family violence and continue to take part in all aspects of life, including:

* education
* work
* social activities.[[25]](#endnote-8)

It is important to consider first whether a ‘safe at home’ response is possible and appropriate for all family members. Do this before exploring other housing options.

The location and security of a person’s housing is the basis for connecting with family, community, culture and support services. Assess the extra needs of victim survivors related to their family violence risk level, specific personal identities and backgrounds. Advocate for these with homelessness and housing services in balance with available housing options. The experience for victim survivors of ‘a safe home’ is an affordable, comfortable place that produces a feeling of belonging and a sense of place to:

* rebuild their life
* care for their family
* plan for their future.

All this is integral to ongoing stability and freedom from violence.[[26]](#endnote-9)

When working with victim survivors to address their short and long-term housing needs, services should have systems knowledge that enables them to access the full range of housing options and resources available. Specialist family violence services should build partnerships with local housing and homelessness services to organise housing for victim survivors. This includes exploring options with each victim survivor to either:

* stay in their home when it is safe to do so
* be placed in emergency accommodation
* look at transitional and other temporary housing arrangements
* explore long-term affordable housing.

Local family violence support services and family violence accommodation services accept and coordinate referrals from safe steps, local funded after-hours family violence providers and The Orange Door for crisis responses including accommodation. Other program requirements exist for providers of family violence accommodation services.

Objectives

* Support victim survivors to live safely in appropriate housing. Support them to remain safely in their own home where safe to do so. Undertake advocacy for individual cases and at the local and systemic levels to address blockages in unsafe housing.
* Support victim survivors who want to stay safely in their own area, wherever possible. Connect them with culturally safe housing options to avoid disruption for all family members (children’s schooling, work, etc.).
* Advocate and coordinate for victim survivors who cannot stay safely at home. Reduce the number of relocations between crisis accommodation and long-term housing.
* Work together to manage victim survivors’ risk during transition between accommodation options. This is particularly important in crisis situations of serious risk of family violence. Prioritise family violence accommodation services over motels wherever possible.
* Support victim survivors to exit emergency accommodation into safe, secure and appropriate housing options to the fullest extent possible. Eviction from refuge and/or crisis accommodation and referral back to safe steps is a last resort.

**Housing domain: program requirements for all services**

| **Requirements: case management services** | | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 1 | Ensure all direct service staff have a thorough and up-to-date understanding of the housing and homelessness services system including:   * housing options such as crisis, refuge, transitional, rooming houses and programs such as head-leasing and the private rental assistance program * housing options that cater to Aboriginal communities and diverse groups such as LGBTIQ+ housing services, older people, people with a disability and youth-specific housing programs * brokerage and other funding that allows access to accommodation. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 8 – Comprehensive risk management  **MARAM risk assessment templates and tools:**  Appendix 8 – Intermediate risk assessment and practice guidance for adult and child victim survivors  Appendix 9 – Making a safety plan  Appendix 10 – Safety plan for older children / young people  Appendix 13 – Risk assessment practice considerations across the community  Appendix 14 – Comprehensive safety plan  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 4 – Collaboration and advocacy  Principle 6 – Child-centred practice  [Family Violence Information Sharing Scheme (FVISS) ministerial guidelines](https://www.vic.gov.au/sites/default/files/2019-01/Ministerial%20Guidelines%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf)  [Homelessness services guidelines and conditions of funding](https://www.vic.gov.au/new-guidelines-funded-homelessness-service-providers-related-covid-19)  [Guideline: Family violence services and accommodation-Complying with the Equal Opportunity Act 2010](https://www.humanrights.vic.gov.au/resources/family-violence-services-and-accommodation-guideline/)  [Personal Safety Initiative operational guidelines](https://providers.dhhs.vic.gov.au/personal-safety-initiative-operational-guidelines)  [Program requirements for the delivery of family violence Flexible Support Packages](https://providers.dhhs.vic.gov.au/program-requirements-delivery-family-violence-flexible-support-packages) | [The Orange Door interim integrated practice framework](file:///C://Users/aobr2908/Downloads/Support-and-Safety-Hubs-Interim-Integrated-Practice-Framework.pdf)  [Private rental assistance program guidelines](https://fac.dhhs.vic.gov.au/sites/default/files/2019-11/PRAP%20Guidelines%20revised%202019.pdf)  [Victorian Housing Register guide](https://www.housing.vic.gov.au/victorian-housing-register)  Housing for the Aged Action Group – ‘[Housing Options’](https://www.oldertenants.org.au/i-need-help/housing-options) guidance and resources |
| 2 | Assess victim survivors’ current housing situation including tenancy and property type, residency arrangements for all family members and pets including current risks and needs for all parties. |
| 3 | Explore with victim survivors whether a ‘safe at home’ response is suitable. Ensure basic safety measures are undertaken using the family violence crisis brokerage and/or The Orange Door brokerage where necessary. The Personal Safety Initiative can offer basic security measures alongside more advanced responses. Consider the needs of all family members in this decision. |
| 4 | When a victim survivor needs temporary alternative accommodation, secure emergency accommodation for them in their area, where safe and reasonable and culturally appropriate. This will minimise further impact on other life domains (employment and education, health and wellbeing of all family members, etc.). When it is unsafe for the victim survivor to stay in their geographic area, coordinate an out-of-area placement with safe steps. Prioritise family violence supported accommodation over motels.[[27]](#footnote-20) |
| 5 | Coordinate emergency accommodation out-of-area placement with safe steps if a victim survivor cannot stay in their local area for safety reasons. |
| 6 | When necessary, support and organise the temporary relocation of pets to safe care. |
| 7 | Pave the way for victim survivors’ into long-term, suitable, stable housing in partnership with housing services. These include cultural, age and disability-specific housing support services. |
| 8 | For Aboriginal victim survivors, explore any options and funding available through Aboriginal housing services for culturally safe, specific options in partnership with victim survivors. |  |  |

**Housing domain: other requirements for children and young people**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 9 | Provide safe infant, child and young people–friendly facilities and spaces. Ensure they feel welcome, safe and supported to take part in activities and programs suitable for their age and developmental stage. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 6 – Child-centred practice |  |

**Housing domain: other requirements for family violence accommodation services**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 10 | Use the Family Violence Accommodation Register to provide and maintain an accurate and up-to-date description of your service including:   * bed/household capacity * disability accessibility * eligibility requirements or restrictions. | [Guideline: Family violence services and accommodation – complying with the Equal Opportunity Act 2010](https://www.humanrights.vic.gov.au/resources/family-violence-services-and-accommodation-guideline/)  [Family violence after-hours crisis responses operational guidelines](mailto:https://providers.dhhs.vic.gov.au/family-violence-after-hours-crisis-responses-operational-guidelines-word) |  |
| 11 | Where your service accepts a referral and the victim survivor begins their stay, inform safe steps and other relevant services (with informed consent) within 48 hours that the victim survivor is staying at your accommodation. |
| 12 | Coordinate with safe steps to secure alternative accommodation if a referred victim survivor finds that your facility is not suitable. [[28]](#footnote-21),[[29]](#footnote-22) |
| 13 | Ensure processes are welcoming and include a full orientation for all victim survivors in the family group to the accommodation service. This includes invitations to take part in everyday decision making and choices about personal routines and use of common areas and resources. |
| 14 | Ensure victim survivors are actively engaged to inform facility rules and routines. Support staff to apply rules consistently and fairly. To prevent homelessness, evicting residents for rule breaches is always a last resort. |
| 15 | Ensure processes minimise multiple relocations of victim survivors through the service system by having flexible stay duration arrangements in place. Tailor these to individual needs and safety requirements. |
| 16 | Keep a vacancy for victim survivors that must leave the family violence accommodation service to receive treatment for any health-related crisis (for example, a mental health crisis episode) wherever possible. |
| 17 | In the event of the refuge placement breaking down before a planned exit date due to a safety breach or other risk issue, notify safe steps. Wherever possible, support the victim survivor to secure suitable, safe alternative accommodation. |



### Health and wellbeing

##### Definition

Supporting victim survivors to address their physical and mental health needs as well as access to health services is an essential part of service delivery. A perpetrator’s pattern of coercive control and violent behaviour can have an immediate and lasting impact on the physical and mental health of all victim survivors in the family group. Perpetrators can also use their identities of privilege to enact violence over victim survivors who do not share these privileges (for example, victim survivors without permanent residency).[[30]](#footnote-23) [[31]](#endnote-10)

Research has shown that family violence is the leading risk factor contributing to death, disability and illness in Victorian women aged 15 to 44. It can lead to lasting brain injury.[[32]](#footnote-24) [[33]](#endnote-11) Sexual violence is a tactic of family violence that has serious and long-lasting traumatic effects. It relates to increased severity of post-traumatic stress disorder.[[34]](#endnote-12)

Adult victim survivors very often experience isolation and trauma due to the perpetrator’s violence. This can contribute to mental health issues, undermining of emotional and psychological wellbeing, and AOD use. Children and young people also experience trauma. Their development and wellbeing become compromised because of a perpetrator’s behaviour.

A perpetrator’s violent behaviour can worsen pre-existing physical and mental health conditions in all family members. Victim survivors with disability or complex health needs can experience added impacts to their health and wellbeing due to service access barriers and the complexity of keeping their support network in place if they need to leave their homes.[[35]](#footnote-25) [[36]](#endnote-13) Children with a disability, for instance, if forced to leave, can lose all the supports set up in their local area. Some victim survivors can experience access barriers to health services due to their temporary visa status. They may be denied work rights and be ineligible for Commonwealth welfare benefits including income support payments and Medicare.

Local family violence services and family violence accommodation services should help victim survivors to:

* identify the impact of the perpetrator’s violence on their own physical and mental wellbeing
* assess their needs and strengths in these areas
* advocate on their behalf
* develop a case plan goals that align to their unique risk and circumstances with an intersectional lens.

##### Objectives

* Assess the impacts of perpetrators’ coercive, controlling and violent behaviour on all victim survivors in the family group. Consider victim survivors’ physical and mental wellbeing and whether the violence has caused or worsened any issues in these areas. Are they likely to interfere with victim survivors’ stabilisation and ability to live free from violence? Also consider the impact on physical and mental wellbeing of systemic barriers experienced by victim survivors (for example, Family Court processes).
* Provide support to attend to any needs identified in this domain. For example, support victim survivors to access generalist health services and specialist services such as Aboriginal, disability, AOD, mental health or children’s counselling services, among others.
* Create service environments that are accessible, inclusive, trauma-informed, age-appropriate and culturally safe to promote victim survivor’s stabilisation and wellbeing.
* Foster social, family and cultural connections to support victim survivors’ wellbeing, especially for those from Aboriginal backgrounds and diverse communities.
* Collaborate and advocate with other services from the family violence sector or other sectors to address the physical, mental health and disability needs of all victim survivors in the family group.

**Health and wellbeing domain: program requirements for all services**

| **Requirements: case management services** | | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 1 | Regularly explore the health and wellbeing status of all victim survivors in the family group receiving support. This includes their developmental, physical, mental, sexual and reproductive health, AOD use, disability needs and any possible physical injuries including possible acquired brain injuries. These assessments must take place on a routine basis, integrating this into regular case planning conversations and in collaboration with other services where appropriate. Ensure this assessment explores and documents:   * identified instances of where the perpetrator’s violence may have affected the person’s health and wellbeing * how any underlying health conditions may have been used against them or exacerbated by the violence * when their efforts to access treatment were interfered with. | [MARAM practice guide](https://www.vic.gov.au/maram-practice-guides-and-resources)  **MARAM risk assessment templates and tools:**  Appendix 1 – Observable signs of trauma that may indicate family violence | [Social model of disability](https://www.afdo.org.au/social-model-of-disability/)  [Facts on violence against women with disabilities](https://www.wdv.org.au/wp-content/uploads/2021/03/Facts-of-VAWWD.pdf) |
| 2 | Ensure policies and processes tailor a response to victim survivors who experience more than one form of oppression. Recognise that tailoring a response to one intersectional identity or attribute may privilege another. This includes tailoring service responses to respond to victim survivors with intersecting complex needs to family violence such as:   * those who have a disability * those with mental health needs * those with substance abuse issues * other health needs based on principles of inclusion and equity and in line with the law. | [MARAM practice guide](https://www.vic.gov.au/maram-practice-guides-and-resources)  **MARAM risk assessment templates and tools:**  Appendix 13 – Risk assessment practice considerations across the community  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 8 – Inclusion and equity  [Disability Discrimination Act](https://www.legislation.gov.au/Details/C2016C00763) | [Our Right to Safety and Respect](https://www.wdv.org.au/our-work/our-work-with-organisations/safeguards-project/)  [How do I support clients with diverse needs?](https://www.thelookout.org.au/how-do-i-support-clients-diverse-needs)  [Summary practice guide – Working at the intersections of domestic and family violence, parental substance misuse and/or mental health issues.](https://violenceagainstwomenandchildren.com/wp-content/uploads/2020/10/STACY-Summary-Practice-Guide_Working-with-Complexity.pdf) |
| 3 | Ensure all direct service staff have a thorough and up-to-date understanding of the health and disability services system and pathways to access essential services including:   * awareness of and training in wellbeing, mental health, AOD, acquired brain injury, developmental delay, and disability and trauma practice frameworks * knowledge of the processes and pathways in their local area for victim survivors to receive mental health support, AOD treatment and support, brain injury assessments, counselling, dental, sexual assault support services, reproductive and maternal and child health support, Child FIRST, and the NDIS, among others if needed * brokerage and other funding that enables access to these services or specific support if needed internally or externally. | [MARAM practice guide](https://www.vic.gov.au/maram-practice-guides-and-resources)  **MARAM risk assessment templates and tools:**  Appendix 1 – Observable signs of trauma that may indicate family violence  [Program requirements for the delivery of family violence flexible support packages](https://providers.dffh.vic.gov.au/program-requirements-delivery-family-violence-flexible-support-packages) | [How do I support clients with diverse needs?](https://www.thelookout.org.au/how-do-i-support-clients-diverse-needs)  [Dhelk Dja: Safe Our Way – strong culture, strong peoples, strong families](https://www.vic.gov.au/dhelk-dja-partnership-aboriginal-communities-address-family-violence)  [Disability Family Violence Crisis Response Initiative](https://www.safesteps.org.au/our-services/services-for-women-children/disability-support/)  [National Disability Insurance Scheme (NDIS)](https://www.ndis.gov.au/)  [Supporting victim survivors with disability](https://www.thelookout.org.au/family-violence-workers/disability)   * [Safety planning and risk management that considers disability](https://www.thelookout.org.au/family-violence-workers/disability/safety-planning) * [Navigating the NDIS – a tool for family violence & sexual assault practitioners](https://www.thelookout.org.au/family-violence-workers/disability/what-is-ndis) * [NDIS and family violence risk and safety considerations](https://www.thelookout.org.au/family-violence-workers/disability/ndis-safety-considerations) * [Supporting victim survivors who are not linked into the NDIS](https://www.thelookout.org.au/family-violence-workers/disability/ndis-safety-considerations/supporting-victim-survivors-without-NDIS-plan) * [Addressing service level barriers and discrimination to support victim survivors with disability](https://www.thelookout.org.au/family-violence-workers/disability/addressing-service-level-barriers) * [Adopting a disability and NDIS lens- person-centred risk assessment tool](https://www.thelookout.org.au/family-violence-workers/disability/risk-assessment)   [Victorian Centres Against Sexual Assault: Standards of Practice](https://casa.org.au/assets/Documents/victorian-casa-standards-of-practice-manual.pdf) (CASA Forum)  [Blue Knot Foundation](https://www.blueknot.org.au/) |
| 4 | Understand the importance of family, culture, Country and community to support Aboriginal health, culture and identity wellbeing in your service response. Display visual indicators that your service is inclusive of victim survivors’ culture (for example, the Aboriginal flag). | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 7 – Aboriginal self-determination | [Dhelk Dja: Safe Our Way – strong culture, strong peoples, strong families](https://www.vic.gov.au/dhelk-dja-partnership-aboriginal-communities-address-family-violence) |
| 5 | Support victim survivors with tools to self-advocate. Or advocate in partnership with victim survivors with compromised physical health, complex emotional and psychological responses, AOD, sexual assault, child and family services, and other statutory services such as child protection to access and address any identified barriers. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 4 – Collaboration and advocacy  [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 9 – Contribute to coordinated risk management  Responsibility 10 – Collaborate for ongoing risk assessment and risk management | [How do I support clients with diverse needs?](https://www.thelookout.org.au/how-do-i-support-clients-diverse-needs) |
| 6 | Ensure processes, referral pathways and partnerships are in place for all victim survivors in the family group to access generalist and clinical specialist services including:   * counselling * mental health support * disability services * NDIS support * sexual and reproductive health * AOD services * child, family and youth services.   Support victim survivors to access secondary consultation. | [How do I support clients with diverse needs?](https://www.thelookout.org.au/how-do-i-support-clients-diverse-needs)  [Supporting victim survivors with disability](https://www.thelookout.org.au/family-violence-workers/disability) |
| 7 | Ensure processes and referral pathways are in place with Aboriginal, multicultural and ethno-specific services. This will support victim survivors from Aboriginal and culturally diverse backgrounds if they wish. |  | [Dhelk Dja: Safe Our Way – strong culture, strong peoples, strong families](https://www.vic.gov.au/dhelk-dja-partnership-aboriginal-communities-address-family-violence)  [Sharing Strength – a toolkit to engage CALD communities experiencing DFV](https://www.accesscommunity.org.au/sharing_strength_toolkit) |
| 8 | Ensure a process to activate emergency services for when:   * victim survivors need an urgent clinical assessment * victim survivors reach a crisis point in their health, mental wellbeing or AOD use * the safety of victim survivors or other people’s safety is compromised.   Wherever possible, discuss and agree this with victim survivors upfront. |  |  |
| 9 | Ensure your service environment has visual information available about the impact of family violence and trauma on mental wellbeing and AOD use. Ensure your service environment displays information about disability services, LGBTIQ+ services and child and family services. Check there is information about health and wellbeing support included in your service’s welcome/information pack. |  |  |
| 10 | Support victim survivors to access local community groups, recreational, sports and cultural services for all members of the family group to build social connections and enhance their freedom and independence if they are interested in doing so. |  |  |

**Health and wellbeing domain: other requirements for children and young people**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 11 | Ensure the health and developmental needs of children and young people are supported and encouraged to address their specific safety, stabilisation and recovery needs to live free from violence. This could include referrals to paediatricians, maternal child health services, youth services and specific therapeutic supports for children and young people. |  |  |
| 12 | Ensure children have opportunities to restore leisure, creative and recreational activities including independent play. |  |  |

### Family, social and community connections

##### Definition

Adult victim survivors’ relationships with children, families, friends and communities tend to be precluded, disrupted and damaged by perpetrators’ patterns of coercive controlling behaviour. Perpetrators very often isolate all victim survivors in the family group from supportive family, cultural and community connections. They do this to maintain power and control over them and prevent them from seeking support. Also, when isolation is present in victim survivors’ lives, the likelihood of violence increases because victim survivors are more vulnerable to depending on and being controlled by perpetrators.[[37]](#endnote-14) This could be due to circumstances such as:

* language barriers
* restricted access to technology
* disability
* lack of family and social relationships
* experiences of systemic oppression.

When there are children and young people in the family, it is common to see perpetrators engaging in behaviours that damage the relationship between adults, children and young people who are victim survivors. These can include tactics to undermine capacity and confidence in parenting and undermining the child–parent relationship. This includes manipulating the child’s perception of the adult victim. This can have long-term impacts on the psychological, developmental and emotional wellbeing of the children. It indicates the perpetrator’s willingness to involve children in their abuse.[[38]](#endnote-15)

In this domain, local family violence services and family violence accommodation services work in partnership with all victim survivors in the family group to build, re-build and strengthen their connections with family, friends and community. Included in this is creating opportunities for victim survivors to take part in decision making and getting involved in their chosen community. (Note that communities can be either socially, culturally or geographically based.) It is important to remember that building and strengthening these relationships helps create a net of support and protection for victim survivors. Strong relational connections are central in promoting life prospects, stabilisation and freedom from violence.[[39]](#endnote-16)

##### Objectives

* Identify the tactics used by perpetrators to isolate and damage family, social and community relationships with all victim survivors in the family group. This will inform the victim survivor’s safety and case planning and keep perpetrators in view across the service system.
* Identify the extent of support that may exist in the family, social, broader kinship and community structures surrounding victim survivors. Partner with them to strengthen and build those connections.[[40]](#endnote-17)
* Create opportunities to strengthen the bond between the adult victim survivor and child. Resource the adult victim survivor to attune and respond to their child/children’s needs (build parenting capacity).[[41]](#endnote-18)
* Establish partnerships and collaboration with community/culturally, cultural and faith-based organisations, child and family networks or groups. This will enable opportunities for victim survivors to build social and community connections.

**Family, social and community connections domain: program requirements for all services**

| **Requirements: case management services** | | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 1 | Assess and document the tactics perpetrators use to prevent, disrupt and damage the relationships between all victim survivors in the family group. This could include other family members, friends, and community (neighbours, teachers, cultural communities and groups, LGBTIQ+ community, etc.). | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 7 – Comprehensive risk assessment  **MARAM risk assessment templates and tools:**  Appendix 11 – Comprehensive risk assessment tool  Appendix 12 – Genograms  Appendix 13 – Risk assessment practice considerations across the community  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 5 – Perpetrator accountability |  |
| 2 | Assess and document which family, friends and other social networks or relationships victim survivors have that are safe and act or can act as a resilience factor or protective net. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 8 – Comprehensive risk management and safety planning  **MARAM risk assessment templates and tools:**  Appendix 15 – Ecomap diagram  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 2 – Person-centred empowerment |  |
| 3 | Ensure processes that consider the needs and preferences of all victim survivors in the family group in preserving the family, friends and community relationships. Create opportunities for them to foster these connections. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 2 – Person-centred empowerment  Principle 8 – Inclusion and equity | [Our right to safety and respect](https://www.wdv.org.au/our-work/our-work-with-organisations/safeguards-project/) |
| 4 | Establish means to support victim survivors from Aboriginal backgrounds to maintain or restore connections with culture, Country, family, kindship and community networks. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 7 – Aboriginal self-determination | [Dhelk Dja: Safe Our Way – strong culture, strong peoples, strong families](https://www.vic.gov.au/dhelk-dja-partnership-aboriginal-communities-address-family-violence) |
| 5 | Ensure your service has partnerships and referral pathways in the local area for victim survivors to access services and programs in the community. This includes with schools, childcare, social groups, sports, religious, arts and recreational and cultural activities. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 5 – Secondary consultation and referral, including for comprehensive family violence assessment and management response  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 4 – Collaboration and advocacy | [How do I support clients with diverse needs?](https://www.thelookout.org.au/how-do-i-support-clients-diverse-needs)  [Centre for Culture, Ethnicity and Health](https://www.ceh.org.au/resource-hub/) |

**Family, social and community connections domain: other requirements for children and young people**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 6 | Advocate for family reunification on behalf of all victim survivors in the family group for continued parenting/caring arrangements for children when there is risk of or statutory child removal or temporary separation/placement with extended family because of perpetrator violence. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 1 – Risk and safety focus  Principle 4 – Collaboration and advocacy |  |
| 7 | If children are victim survivors:   * Offer opportunities for children to reconnect, engage and build relationships that feel safe and responsive and play a positive role in their lives (teacher, extended family, friends, extracurricular activity).[[42]](#endnote-19) * Have processes to explore with children (or with the adult victim survivor/caregiver on behalf of the children) the relationship and attachment they may have with the parent who is perpetrating the violence. Be sensitive of this connection at every stage of case management. * Assess with the adult victim survivor, other services and the child if age-appropriate, the impact of any ongoing contact with the parent who perpetuate violence to develop a safety plan and other protective measures. | [MARAM practice guide](https://www.vic.gov.au/maram-practice-guides-and-resources)  **MARAM risk assessment templates and tools:**  Appendix 14 – Comprehensive safety plan  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 6 – Child-centred practice |  |

### Employment and education

##### Definition

Perpetrators’ violent behaviour has a negative impact on victim survivors’ access to work and study.[[43]](#endnote-20) Some victim survivors may be stopped from getting a job or studying as a way for perpetrators to keep financial and social control over them. This may become another barrier for them to enter or re-enter the workforce or study if they leave the perpetrator. Some adult victim survivors who are in paid jobs have reported that the violence has affected their ability to work because of physical injury or restraint. Sometimes perpetrators refuse to take care of children. They might stalk and harass to the point where the person cannot concentrate and perform well. This, in turn, robs victim survivors of economic stability, independence and freedom. Similar patterns of behaviour occur when adult victim survivors are enrolled in study. This may lead to them abandoning their studies or work, which makes them more isolated and financially dependent on the perpetrator.

Adult victim survivors may also need to disengage from work and study when they decide to leave the perpetrator and enter a family violence accommodation service for safety reasons, often in a different area. This disadvantages them further. Children’s education may be disrupted. They may lose important relationships in their lives such as friends and teachers.

It is important to highlight that some groups face particular obstacles to independence in this domain. This includes victim survivors from diverse communities and age groups. In particular, the challenges for victim survivors on temporary visas are unique and pervasive. Working rights, recognition of professional qualifications and skills and access to education hold a strong link to visa status. Temporary migrant parents on working visas may be ineligible for subsidised childcare. This makes the care of young children unaffordable and can lock them out of the labour force.[[44]](#endnote-21)

Wherever possible, local family violence services and family violence accommodation services should support all victim survivors in the family group to access, gain and save/retain work and study. This includes adult victim survivors that work in the same workplace as the perpetrator. This may be a family business or a big organisation. There is strong evidence that work and study can contribute to economic independence. It can also build victim survivors’ confidence, empowering them to leave or not return to a violent relationship.[[45]](#endnote-22) These are key protective factors towards stabilisation and freedom from violence. For children, education is not only a basic human right, it is a way to support them to build confidence and social connections.

##### Objectives

* Assess the impacts of perpetrators’ violent behaviour on victim survivors’ work and study.
* Provide age-appropriate support to victim survivors to safely keep their jobs and studies through advocacy and flexible service delivery.
* Support victim survivors to re-establish a pathway to paid work and/or study according to their age and stage of development.
* Develop strategies to keep children engaged with education and build partnerships with local childcare, schools and other educational settings to guarantee access to study.
* Work with the education and jobs sector and services to create work and study pathways for all victim survivors in the family group.

**Employment and education domain: program requirements for all services**

| **Requirements: case management services** | | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 1 | For all victim survivors in the family group ensure the risk assessment includes how the perpetrator’s violent behaviour has affected work and study access and retention. Do this with an intersectional lens. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 7 – Comprehensive risk assessment  **MARAM risk assessment templates and tools:**  Appendix 11 – Comprehensive risk assessment tool  Appendix 12 – Genograms  Appendix 13 – Risk assessment practice considerations across the community  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 1 – Risk and safety focus  Principle 8 – Inclusion and equity | [Dhelk Dja: Safe Our Way – strong culture, strong peoples, strong families](https://www.vic.gov.au/dhelk-dja-partnership-aboriginal-communities-address-family-violence) |
| 2 | Tailor service responses to support victim survivors who want to keep their job and/or studies. That way, they can continue linking with paid work including when their job is attached to a family business and/or study in a safe way. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 2 – Person-centred empowerment |  |
| 3 | Help all victim survivors in the family group to self-advocate. Advocate on their behalf if required to keep their jobs or studies by partnering and collaborating with job and education providers. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 4 – Collaboration and advocacy |  |
| 4 | Partner with all victim survivors in the family group to plan their safety around school, higher education or jobs. Work with education providers and employers, including accessing family violence leave where it is available. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 1 – Risk and safety focus  Principle 4 – Collaboration and advocacy |  |
| 5 | Assess individual work, study or training goals with victim survivors and connect them with opportunities via referral. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 2 – Person-centred empowerment |  |
| 6 | Ensure all direct service staff have a thorough and up-to-date understanding of work rights for temporary visa holders and the education, training and job services in their local area. This includes pathways to access and refer victim survivors of all ages and abilities. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 9 – Contribute to coordinated risk management  Responsibility 10 – Collaborate for ongoing risk assessment and risk management  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 4 – Collaboration and advocacy |  |
| 7 | Create opportunities to enhance victim survivors’ work and education life skills directly or via referral, if they want to. This could include literacy and numeracy, English classes, computer skills or volunteering. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 2 – Person-centred empowerment |  |

**Employment and education domain: other requirements for children and young people**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 8 | * When study has been disrupted, support children to stay connected to study and engage with learning. For example, they could stay in contact with schools or teachers online or face to face. Do this in a safe manner and in partnership with the adult victim survivor. * Ensure children enrol in schools or childcare as soon as possible when they have to relocate due to family violence. * Enhance the adult victim survivor’s parenting skills to support their children’s schooling. Get them to partner with education providers to enhance their safety and children’s wellbeing (for example, teachers, student wellbeing coordinator). | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 6 – Child-centred practice |  |

### Financial, material and transport

##### Definition

Up to 99 per cent of victim survivors seeking support from specialist family violence services have experienced economic abuse.[[46]](#endnote-23) Perpetrators of family violence often use financial control in their patterns of abuse. This can leave victim survivors without the means to live on their own or meet their daily needs. Furthermore, income variables may be the most powerful predictors of the ‘stay or leave’ decision. Post-separation financial hardship is a common driver for adult victim survivors to return to violent partners.[[47]](#endnote-24) In turn, an adult victim survivor may also be the primary earner in the family or work in the family business. This adds pressure to stay in the relationship to support the perpetrator and other family members. Perpetrators often restrict or withdraw financial support to the household. This can compromise children’s wellbeing and material needs.

Some victim survivors are more likely to face added financial challenges in navigating practical support systems and accessing the things they need. This includes:

* people who have moved to an unfamiliar area
* people from diverse cultural and language backgrounds
* young people
* older people
* people with mobility and communication barriers.

Almost all victim survivors need financial and practical support to achieve or restore financial security and independence. They need help to manage their safety and wellbeing after family violence. Conversely, access to personal funds and essential supplies is a significant protective factor.

Victim survivors on temporary visas have significant and added support needs in this domain because they are ineligible for most Commonwealth-funded welfare support, government grants and subsidies such as:

* Centrelink income support payments
* rent assistance
* legal aid
* Medicare subsidies
* pharmaceutical benefits
* childcare subsidies
* educational supplements.

They may also be ineligible for a work permit needed to work legally and to secure an independent income. They might be restricted in where they can live and work based on their particular visa stream under federal migration policy. Temporary migrants also face specific forms of economic abuse including financial dependency on the perpetrator under migration sponsorship arrangements or dowry abuse.[[48]](#endnote-25)

Victim survivors could need support in any or all the following categories in times of financial hardship.

**Material aid** is a category of support in which practical, tangible supplies, funding and other resources are provided directly to help people address immediate basic needs. Support is based on a victim survivor’s needs assessment. It is typically aimed at alleviating a short-term crisis. It is more effectively provided by partnering and coordinating across services (material aid services, food bank programs, family services, [family violence crisis brokerage](#_Family_Violence_Crisis) and [The Orange Door brokerage](#_The__Orange), [Flexible Support Packages](#_Family_Violence_Flexible), administrator agencies, homelessness services, etc.) For family violence accommodation services this could mean providing essential clothing, food, toiletries, nappies and so on.

**Financial assistance** describes direct financial resources provided flexibly to victim survivors without any income, restricted access to benefits because of their visa status or with extremely limited means as a ‘safety net’. This category includes individualised brokerage such as:

* [Flexible Support Packages](#_Family_Violence_Flexible)
* [family violence crisis brokerage](#_Family_Violence_Crisis)
* [The Orange Door brokerage](#_The__Orange)
* [support funding for victim survivors on temporary visas in refuge](#_Support__funding).

Securing income support from Centrelink including Family Tax Benefit, child support entitlements, debt assistance and financial advice/counselling also sits here.

**Transport assistance** refers to the role of specialist family violence services to ensure victim survivors have the means, knowledge and ability to travel safely to and between locations. Services should assess transport needs for each person in the family and to offer support with travel through providing information and resources that align with the level of risk.

Specialist family violence services should support victim survivors to address any or all the above practical needs. This forms part of risk management and case planning. Responding to times of crisis as well as planning for future needs in these areas and facilitating flexible responses when circumstances change is also crucial.

##### Objectives

* Assess, document and address the impacts of perpetrators’ violent behaviour and economic abuse on victim survivors’ financial wellbeing via specific case plan goals. This includes supporting victim survivors directly or via referral to suitable services to uphold their financial rights and access financial assistance and advice.
* Hold detailed knowledge of the range of material aid and financial supports available to victim survivors of all ages in the local area including:
  + eligibility criteria
  + funding limits
  + access and referral pathways including resources for holders of temporary migration visas.
* Respond to the material needs of all victim survivors in the family group directly, via referral or by informing them about local material and financial aid options. Ensure they have choices and exercise control over personal financial decisions within the boundaries of relevant funding guidelines. Specialist family violence services support victim survivors to protect and secure their personal possessions and to access the material, financial and transport resources they need to live safely at every stage of case management.
* Collaborate with other local services to offer practical resources. Pool funds and essential items that meet the material, financial and transport needs of victim survivors.

**Financial, material and transport domain: program requirements for all services**

| **Requirements: case management services** | | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 1 | Ensure all direct staff understand how to assess the economic abuse and impact of perpetrator’s coercive control and violent behaviour on victim survivors’ financial, material and transport means, needs, debts and deficits. This includes an awareness of specific barriers related to having no income due to temporary visa status. | [MARAM practice guide](https://www.vic.gov.au/maram-practice-guides-and-resources)  **MARAM risk assessment templates and tools:**  Appendix 8 – Intermediate risk assessment and practice guidance for adult and child victim survivors  Appendix 9 – Making a safety plan  Appendix 13 – Risk assessment practice considerations across the community  Appendix 14 – Comprehensive safety plan  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Section 4.1 – Prevalence, impacts and barriers (pp. 17–20)  Section 4.3 – Supporting frameworks – social justice (p. 25) | [Restoring Financial Safety: Legal responses to economic abuse](https://apo.org.au/node/303790)  [moneysmart.gov.au](https://moneysmart.gov.au/) |
| 2 | Ensure all direct service staff have comprehensive knowledge of internal agency-managed and local resources to address financial, material and transport needs of victim survivors available in their local area. This includes:   * eligibility criteria * referral pathways and secondary consultation sources * application processes * approval timeframes * budget or asset limits (amounts and frequencies) * financial acquittals and client record-keeping processes. |
| 3 | Ensure each victim survivor gets a basic financial status assessment and financial literacy support as part of case management service delivery.[[49]](#footnote-26) This involves:   * documenting specific information about people’s income and assets * the material needs of them and their dependents * access to and control over their own financial resources to pay for the things they need. |
| 4 | Ensure victim survivors are supported to manage their own financial resources and address any financial needs. This includes:   * addressing any debts and shortfalls in income through advocacy and systems navigation * connecting people with timely and accurate information about their financial rights and obligations * referring to financial counselling and legal services to address the impacts of financial abuse and associated support needs * supporting temporary visa holders to access migration information and advice and assistance to work towards securing economic participation goals. |
| 5 | Where funding is allocated to specialist family violence services to manage internally and provide directly to victim survivors, ensure this funding is given out equitably, accountably and in line with funding and privacy guidelines. This includes:   * complying with financial accountability measures for effective governance * tracking expenditure to ensure resources are available for the whole funding period * clearly documented policies about the agency’s administration of any material aid or brokerage for all service users and relevant stakeholders, including eligibility criteria, access processes and any limits or restrictions. | [[Program requirements for the delivery of family violence flexible support packages](https://providers.dffh.vic.gov.au/program-requirements-delivery-family-violence-flexible-support-packages)](https://providers.dffh.vic.gov.au/program-requirements-delivery-family-violence-flexible-support-packages)  [Family violence after-hours crisis responses operational guidelines](mailto:https://providers.dhhs.vic.gov.au/family-violence-after-hours-crisis-responses-operational-guidelines-word)  Family violence crisis brokerage guidelines  Program guidelines: Support funding for victim survivors on temporary visas in family violence refuge | [RentAssist Bond Loan](https://www.housing.vic.gov.au/rentassist-bond-loan)  [Victims of Crime Assistance Tribunal](https://www.vocat.vic.gov.au/)  [The Orange Door brokerage](https://www.vic.gov.au/orange-door-service-model/brokerage)  [safe steps Disability Family Violence Crisis Response Initiative](https://www.safesteps.org.au/our-services/services-for-women-children/disability-support/) |
| 6 | Complete funding applications on behalf of all victim survivors in the family group. Ensure these are spent in line with relevant guidelines and interagency protocol, when victim survivors need extra individualised funding (in excess of resources the agency can directly provide). |
| 7 | Advocate with other services and secure access to material aid and transport resources for victim survivors where their risk and needs assessment identifies the need for extra material aid (over what resources the agency can provide). This includes:   * educating victim survivors about available resources and access pathways, including options for temporary visa holders * coordinating different types of assistance with local services to create a tailored package of support * making referrals as required to partner services and ensuring any necessary items are provided * supporting victim survivors to be ‘travel-ready’ through community education. |
| 8 | Ensure all planning and delivery of material, financial and transport assistance offered to victim survivors is mindful of age, cultural and faith-based preferences. |  |  |
| 9 | Have processes to provide material/financial resources to all victim survivors in the family group in an empowering way and within the relevant funding guidelines. This includes allowing them to manage the resources and select goods to provide to their family members wherever possible (select toys for their children, decide what food to buy, etc.). |  |  |
| 10 | Support and advocate for victim survivors to recuperate, protect and secure their personal possessions in coordination with police, housing providers and other relevant agencies, wherever possible and safe. |  |  |

**Financial, material and transport domain: other requirements for children and young people**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 11 | Sometimes children and young people need separate, extra material, financial or transport resources. The agency should address this in partnership with their accompanying parent or guardian and in line with other relevant law. Wherever possible, any goods or funding provided to children and young people should be given by their parent or guardian and not by a staff member. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 3 – Intermediate risk assessment  Responsibility 7 – Comprehensive assessment  **MARAM risk assessment templates and tools:**  Appendix 7 – Child victim survivor risk assessment tool  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 6 – Child-centred practice  [Children, Youth and Families Act](https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/121) | [Best interests framework for vulnerable children and youth](https://providers.dhhs.vic.gov.au/sites/default/files/2017-08/the-best-interests-framework-for-vulnerable-children-and-youth.pdf) |

### Justice and legal

##### Definition

Justice and legal responses play a vital role in holding perpetrators of family violence to account. Adult victim survivors separating from violent partners, in particular, report lengthy engagement with the legal system including civil cases involving:

* intervention orders
* criminal cases
* family law matters involving parenting arrangements
* joint assets, businesses and property settlements
* wills
* victims of crime compensation
* bankruptcy.[[50]](#endnote-26)

Perpetrators often use legal and statutory processes and the justice system to threaten, punish, disadvantage, isolate and further harm adult victim survivors. They exploit systemic bias and service gaps and control engagement through police and court processes.[[51]](#footnote-27) [[52]](#endnote-27) This manipulation is even more pronounced when police misidentify victim survivors as the primary aggressor and children are targeted in legal matters. Other common abuses involve perpetrators using visa and immigration systems against temporary visa holders. Statutory interventions such as child protection are other tools of violence.[[53]](#endnote-28)

The consequences for victim survivors involved in police, justice and legal processes where they are not well supported can be devastating. Starting with their first call for help to Triple Zero (000), victim survivors can experience:

* minimisation or dismissal of their risk by police
* misidentification of themselves as the primary aggressor
* poor evidence gathering at the scene
* limited resources to hold perpetrators to account.

Without the protections afforded by professional legal advice and support to prepare for and attend court, adult and child victim survivors risk:

* placing them in residential or access settings with their abusers
* separation from their siblings or adult victim survivor
* loss of custody and access to their children
* disruption to family, community and kinship relationships
* exclusion from parenting plans, financial and other hardship through protracted family law processes
* visa cancellation and deportation
* criminal convictions and custodial sentences.

Fear of children being removed from their care through statutory and justice interventions that do not take their family violence risk into account can be a significant barrier for adult victim survivors. This is particularly so for victim survivors with traumatic experiences of legal and statutory services such as Aboriginal people and people from diverse communities or at-risk age groups. When coordinated effectively, legal and justice system interventions can:

* prevent further incidents of harm
* keep perpetrators in view and accountable
* help support victim survivors to access their rights under the law.

Taking the necessary legal steps in family violence scenarios is often time-critical and requires services to have established efficient pathways to legal advice.

##### Objectives

* Assess the legal and statutory impacts of perpetrators’ violent behaviour on all victim survivors in the family group’s:

safety

freedom

family cohesion

independence

financial stability

residency status

reputation.

* Establish pathways to legal advice for adults and young people who are victim survivors. Refer and connect them with services, information and advice relevant to their individual situation and needs. As a first priority, support victim survivors to rapidly access justice interventions that aim to restrict perpetrators’ violent behaviours and prevent recurrence.
* Ensure victim survivors have decision-making authority in the legal and justice services and processes they choose to pursue. Make sure they understand the limitations of this authority. Offer skilled support to explore and understand available options and support available. Encourage them to pursue legal and justice accountability measures for the perpetrator while respecting their right to withdraw from these processes.
* In line with legal requirements, advocate for systemic responses wherever a victim survivor’s safety is at risk. Engage relevant parts of the justice system to share risk-relevant information and to track perpetrator’s whereabouts, patterns of abuse, compliance with or breaches of any orders. Advocate strongly for any criminal matters to be dealt with in line with relevant laws.[[54]](#endnote-29)
* Advocate for victim survivor safety and perpetrator accountability under the protections of relevant laws using the legal and justice system.[[55]](#endnote-30) This includes complying with legal obligations under MARAM, FVISS and CISS in sharing information for a family violence assessment or protection purpose, as set out in the Family Violence Protection Act.[[56]](#footnote-28) Work with and within these systems. Help identify victim survivors’ legal needs and refer them to appropriate services.

**Justice and legal domain: program requirements for all services**

| **Requirements: case management services** | | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 1 | Ensure all direct service staff have a broad and up-to-date understanding of the legal, statutory and justice systems. Make sure they have the skills to assess for risk of systems-based abuses and advocate within these systems. This includes family court dealings or police profiling when the victim survivor has been criminalised.  This includes knowledge of state and federal court and tribunal orders and processes commonly involved in family violence contexts. It also includes local services and resources available to victim survivors to address legal and justice needs and goals. Examples of knowledge areas include:   * in-court support services and legal aid * intervention orders * the jurisdictions of various courts * victims of crime resources * Child Protection and Child wellbeing pathways * Aboriginal, young people’s, older people’s, disability, LGBTIQ+ and culturally diverse services. | [**MARAM practice guide**](https://www.vic.gov.au/maram-practice-guides-and-resources)**:**  Responsibility 3 – Intermediate risk assessment  Responsibility 4 – Intermediate risk management  Responsibility 7 – Comprehensive assessment  Responsibility 8 – Comprehensive risk management and safety planning  **MARAM risk assessment templates and tools:**  Appendix 6 – Adult intermediate risk assessment tool  Appendix 7 – Child victim survivor risk assessment tool  Appendix 8 – Intermediate risk assessment and practice guidance for adult and child victim survivors  Appendix 9 – Making a safety plan  Appendix 11 – Comprehensive risk assessment tool  Appendix 13 – Risk assessment practice considerations across the community  Appendix 14 – Comprehensive safety plan  Appendix 15 – Ecomap diagram  [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 1 – Risk and safety focus  Principle 6 – Child-centred practice  [Family violence after-hours crisis responses operational guidelines](https://providers.dhhs.vic.gov.au/family-violence-after-hours-crisis-responses-operational-guidelines-word)  [Sexual Assault Crisis Line](https://www.sacl.com.au/) | [Women’s Legal Service Victoria (general legal information)](https://www.womenslegal.org.au/useful-information.html)  [Child protection (general information)](https://providers.dhhs.vic.gov.au/child-protection)  [Child protection (order descriptions)](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/court/protection-order-descriptions)  [Magistrates Court of Victoria (general information)](https://www.mcv.vic.gov.au/)  [Victorian Civil and Administrative Tribunal (general information)](https://www.vcat.vic.gov.au/)  [Family violence intervention orders (information)](https://www.mcv.vic.gov.au/family-matters/family-violence-intervention-orders-fvio)  [Children’s Court of Victoria (general information)](https://childrenscourt.vic.gov.au/) [Victims of crime (general information)](https://www.vocat.vic.gov.au/) [Family Court (information about family violence matters)](http://www.familycourt.gov.au/wps/wcm/connect/fcoaweb/family-law-matters/family-violence/)  [Police responses to family violence (general information)](https://www.police.vic.gov.au/family-violence)  [RAMP operational guidelines](https://www.thelookout.org.au/sites/default/files/RAMP-Operational-Guidelines.pdf)  [Dhelk Dja: Safe Our Way – strong culture, strong peoples, strong families](https://www.vic.gov.au/dhelk-dja-partnership-aboriginal-communities-address-family-violence) |
| 2 | Assess and regularly review the legal, statutory and justice risks and impact of the perpetrator’s violent behaviour on all victim survivors in the family group. This includes discussing, exploring and carefully documenting:   * legal needs and legal help that can improve safety and security including intervention orders, parole conditions and options * immigration issues, clarifying the immigration status of all family members and any added risks this may pose * issues in family law * any known legal or justice actions instigated by or involving the perpetrator and their impact on all family members including misidentification of victim survivors as primary aggressors, assigning specific follow-up actions in the case plan to address risk. |
| 3 | Support victim survivors to access police and justice responses that hold family violence perpetrators accountable and in view. This includes gathering evidence of violence and documenting and sharing risk-relevant information with other agencies. For example, direct service staff should have the skills and knowledge to:   * guide victim survivors to report breaches of conditions listed on an intervention order immediately to police * advocate for safe shared custody arrangements and advocate for systems to hold perpetrators accountable for breaching child contact agreements * inform corrections services when a perpetrator has breached their community-based order. |
| 4 | Enact processes to consider tailored safety planning to support victim survivors to attend court hearings both in person and online. Online court appearances should only occur when the victim survivor is able to do so in a separate location to the perpetrator, and on devices that are safe and free from malware. |
| 5 | Coordinate support for victim survivors to get early and ongoing legal advice and court support to:   * secure vital documentation * secure financial and other assets * protect property * promote family reunification * seek migration advice and support (if they are temporary migrants undergoing relationship separation). |
| 6 | Undertake necessary legal advocacy measures to protect victim survivors’ safety including:   * identifying and correcting instances where agency paperwork uses mutualising language[[57]](#endnote-31) about family violence and/or misidentifies a victim survivor as the primary aggressor * referring victim survivors to local and specialised legal services * explaining legal letters and other documents in plain English and using language interpreters when required * helping to gather and prepare documents for court * accompanying victim survivors to court.[[58]](#endnote-32),[[59]](#endnote-33) |  |  |
| 7 | Ensure documents about justice and legal matters are:   * relevant to risk assessment and risk management * agreed with victim survivors * not collected and stored by your service without informed consent. |  |  |
| 8 | Ensure victim survivors who want to withdraw from or decline legal and justice responses and processes are not deemed ineligible for certain programs or excluded from services. For example, victim survivors should not be denied a service if they do not wish to pursue an intervention order or do not want to engage with police because of their criminalised history or negative experiences. | [**Code of practice**](http://dvvic.org.au/wp-content/uploads/2021/06/DV-Vic-Code-of-Practice-V2-FINAL.pdf)**:**  Principle 8 –- Inclusion and equity |  |

**Justice and legal domain: other requirements for children and young people**

| **No.** | **Requirements** | **Mandatory resources, templates, tools and guidance** | **Other sources of information or guidance** |
| --- | --- | --- | --- |
| 9 | Ensure flexible approaches to justice are available for victim survivors. This includes restorative justice processes, if they choose and it is safe to do so. |  |  |

# Key service interfaces

The family violence response system is made up of different services that must coordinate with each other to minimise systemic gaps. They address victim survivors’ risk and ensure perpetrators are kept in view[[60]](#footnote-29)through referrals, co-case management, secondary consultations, case coordination and other actions.

This section sets out how each part of the specialist family violence service system should function and fit together in delivering services to victim survivors. Crisis roles and responsibilities in providing emergency accommodation, and the roles and responsibilities in providing after-hours support, are set out in the following documents. These should be considered essential companion reading:

* [*Family violence crisis responses – roles and responsibilities after hours*](https://providers.dffh.vic.gov.au/family-violence-after-hours-crisis-responses-operational-guidelines-word)  (October 2022)
* *Family violence crisis responses: roles and responsibilities in providing emergency accommodation* (October 2022)
* [*amily violence crisis brokerage*](https://www.vic.gov.au/funds-to-support-victims-of-family-violence) *guidelines* <https://fac.dffh.vic.gov.au/news/updated-family-violence-crisis-brokerage-guidelines > (May 2021).



## Interfacing services

Victim survivors enter the specialist family violence services system when they need direct help or a referral. The following agencies and venues have a responsibility in assessing and managing family violence risk. They must promote the safety of victim survivors, their stabilisation, freedom and independence after violence. At the same time, they must support efforts to keep perpetrators in view and accountable in a coordinated way. All services described here should share information including the risk assessment and safety plan with local family violence services and other referral agencies as necessary. This should always happen in line with information sharing guidelines.

### Statewide 24/7 family violence crisis service (safe steps)

Safe steps offers a statewide 24-hour crisis response to victim survivors of family violence in Victoria. This includes:

* a 24/7 crisis telephone and webchat service offering immediate response, initial assessment, referrals, information, emotional support and safety planning
* a crisis response to victim survivors and statewide system support by identifying suitable accommodation options for victim survivors needing emergency housing
* an after-hours statewide service including receiving referrals, undertaking assessments and triage, activating local face-to-face crisis responses, providing phone-based support, placing victim survivors in emergency accommodation and providing material aid
* family violence accommodation services to victim survivors as per these case management program requirements.

### Local family violence support services

Local family violence support services run across metro, rural and regional parts of Victoria. Practitioners from local services also often work in co-located and multi-agency settings such as:

* police stations and courts
* sexual assault services
* multidisciplinary centres
* child protection services
* mental health and AOD support services
* The Orange Door.

The support they offer includes:

* case management support to victim survivors in all responses as per these program requirements in their local area and during the times their funding covers
* after-hours support to victim survivors if their funding covers this.

### Family violence accommodation services

Family violence accommodation services are part of the local family violence service system. This includes:

* temporary supported accommodation for victim survivors who cannot stay in their usual home due to a serious level of risk posed by the perpetrator
* case management support to victim survivors in all responses in their family violence accommodation service (crisis and refuge) as per these case management program requirements.

### Sexual assault support services

Sexual assault support services offer support to people of all ages who have experienced sexual assault including in family violence. Services consist of:

* counselling and support
* information, advocacy and referral
* specialist assessments
* crisis care
* secondary consultation.

Centres Against Sexual Assault, multidisciplinary centres and community service organisations deliver these. Depending on the type of organisation and contractual funding arrangement, their main tasks include:

* co-case management support to victim survivors with specialist family violence services
* secondary consultation to specialist family violence services.

### Targeted family violence services

Targeted services[[61]](#endnote-34) are specialist family violence services or programs that offer support for victim survivors from specific communities such as:

* refugee or migrant communities
* ethno-specific groups
* LGBTIQ+ communities
* older people
* people with disability.

Depending on the type of organisation and contractual funding arrangement, their scope can be either statewide or local. These services can provide:

* statewide secondary consultation and co-case management for victim survivors from diverse groups
* case management in all the responses to victim survivors in specific local areas as per these program requirements and other tailored programs for their client group (such as migration legal advice).

### Family Safety Contact

Family Safety Contact is a specialist family violence response where practitioners support current or former partners or other family members of a perpetrator involved in a specialist perpetrator intervention service. They organise regular contact with victim survivors to assess, manage and review changes in risk while the perpetrator is in the program. They offer referrals and other support resources as required. The victim survivor may connect with a specialist family violence service when engaged with Family Safety Contact. Or they may request to continue engagement with the local specialist family violence service only. In this situation, the Family Safety Contact worker may:

* work with the specialist family violence service (as per the victim survivor’s wishes), including to divide responsibilities across services and coordinate responses and communication
* share information (as per information sharing guidelines) gathered from the specialist perpetrator intervention to support ongoing risk management of victim survivors.

### Aboriginal family violence services

Aboriginal family violence services are in Aboriginal community-controlled organisations. They are also found in programs in community health services and local family violence services. Depending on the type of organisation and funding contracts, these services offer case management and other tailored programs for Aboriginal families affected by family violence. While Aboriginal services that provide specialist family violence support and/or accommodation services may want to align their services with these program requirements, discussions with ACCOs are ongoing to confirm preferred arrangements for Aboriginal services.

## Entry points into specialist family violence services and referral pathways

All the above services, among others including police and other emergency and support services, can be entry points into specialist family violence services for victim survivors. As part of their overarching responsibilities, all:

* offer information and advice to victim survivors
* conduct screening, identification and triage
* conduct risk assessments and risk management (including safety planning)
* accept referrals
* offer secondary consultation to [tiers 2 and 3 services](#_Whole_of_family).

Depending on the type of organisation and contractual funding arrangement, their service delivery focuses on supporting victim survivors when they are in crisis or need a brief non-crisis response or any of the other responses. Referrals can occur between services, or victim survivors can self-refer.

# Compliance framework

A range of organisations deliver specialist family violence case management services on behalf of the Victorian Government. This happens under a funding and service agreement with the Department of Families, Fairness and Housing. To meet the terms of their funding and service agreement, agencies must ensure they follow:

* Their individual agency [funding and service agreement](https://fac.dhhs.vic.gov.au/service-agreement-requirements) with the department, which outlines the key obligations, objectives, rights and responsibilities of both the organisation delivering services and the department. This includes meeting clearly defined responsibilities and accountabilities of the department and funded service providers. They specify governance, financial management and service delivery requirements as well as funding amounts.
* The [*Service agreement requirements*](https://fac.dhhs.vic.gov.au/service-agreement-requirements) document, which is a streamlined contract document introduced late in 2019 (applies from 1 January 2020). This document supports (and should be read with) the individual agency service agreement by outlining the departmental responsibilities, policies and obligations that all funded organisations must follow. (This includes financial accountability requirements and a range of broader policies such as fire risk management.) It also provides key budget information necessary for an organisation to understand its funding.
* Applicable [activity descriptions](https://providers.dffh.vic.gov.au/families-fairness-housing-health-activity-search), which contain detailed information for each department-funded activity. These activity descriptions include a range of elements such as:
  + service objective
  + description of the service
  + client group
  + other obligations (registration and accreditation requirements, various program requirements and policy guidelines, and the Code of practice) as well as the obligations listed in the service agreement
  + performance measures
  + data collection.



## Funded activities in scope for these program requirements

Consistent with the above, agencies delivering services under any of the following activity descriptions must follow these program requirements to meet the terms of their service agreement:

| **Activity name** | **Activity number** | **Relevant sub-activity** | **Notes** |
| --- | --- | --- | --- |
| *Funding for local family violence support services* | | | |
| Client Support Family Violence | 38028 | Tailored support including crisis support, case management and after-hours responses provided by a Specialist Family Violence Practitioner. |  |
| Client Support Family Violence – HA | 94875 | Case management | Includes funding for some cohort specific statewide providers |
| After-hours support | Relates to local after-hours responses |
| Aboriginal Family Violence – HA | 94876 | Aboriginal case management | Enables culturally safe and appropriate family violence services to be delivered to victim survivors of family violence who identify as Aboriginal and/or Torres Strait Islander (Aboriginal) |
| NPAH Family Violence Stage 2: Intensive Case management | 94671 | N/A | Primarily relates to funding for intensive family violence case management |
| NPAH Family Violence Initiatives | 94657 | N/A | This activity contains funding for a mix of service types and target groups, including some case management funding |
| *Funding for family violence accommodation services* | | | |
| Supported Accommodation Family Violence | 94872 | Family violence refuges | Relates to refuge and crisis accommodation responses |

# Glossary

| Term | Definition |
| --- | --- |
| Acts of resistance to family violence | Any act by an adult victim survivor (mental or physical) to reduce, prevent, expose or stop family violence and to keep themselves, their child/children and other family members safe. Examples of resistance may include:   * not doing what the perpetrator wants * standing up against * trying to stop or prevent violence, disrespect or oppression.   Acts of resistance also include:   * imagining a better life * using strategies to appear passive or accepting the violence to prevent more severe abuse or prevent others being the target of the violence (for example, children, siblings or pets) * seeking support.   Acts of resistance cannot be measured by lack of presence of violence because the violence is not the responsibility of victim survivors. |
| Adult victim survivor | Victim survivors over the age of 18 years including non-violent parents or caregivers and adults without children in their care. Adults with children in their care are also referred to in practice literature as ‘protective parents’. |
| Advocacy | Individual advocacy refers to acting in the interests of someone else to promote their rights and entitlements. In specialist family violence services, this means supporting victim survivors with their own self-advocacy or representing their interests to other services and systems with their consent.  Systemic advocacy refers to using evidence-based knowledge about family violence issues, trends and gaps to promote policy, legal and operational changes to improve responses to family violence.  Advocacy approaches are used when coordinated responses are not improving outcomes for victim survivors or when other services and systems are not fulfilling their responsibilities. |
| Agencies and organisations | All entities including government departments and organisations, funded agencies, community service organisations and individual professionals. |
| Case plan | Sets out the steps agreed between each victim survivor and the lead agency supporting them. These need to occur to address their needs for safety and wellbeing. Case planning is a shared, negotiated and documented process that involves a cycle of:   * assessment * goal setting/planning * implementation of agreed actions * timeframes * review of progress and outcomes for each victim survivor in the family group.[[62]](#footnote-30)   It provides the structure for the case management relationship and records the roles and responsibilities of all participants in addressing the person’s protection and wellbeing needs during the period of case management support.  The case plan identifies:   * the goals for each victim survivor in the family group * the actions that need to be undertaken * timeframes * the people or services responsible for undertaking them.   It must include all goals and actions from the person’s safety plan and risk management plan in a holistic way. It should draw on the relevant MARAM victim survivor practice guides and tools. Case planning must also include aspects that address the developmental needs of children and young people. These help them to access specific services, gain skills and achieve a sense of stability and wellbeing. |
| Children and young people | Here ‘children’ refers to people under the age of 18 years who have experienced family violence, including infants and unborn children. Where both children and young people are separately referenced, as per the MARAM Framework, ‘children’ refers to people aged between 0 and 11 and ‘young people’ refers to those aged 12 to 25.54 |
| Cultural safety | Culturally safe practice is to work with each victim survivor with care and insight for their culture while being mindful of one’s own. A culturally safe environment is one where people feel safe and where there is no challenge or need for the denial of their identity and service providers take responsibility for understanding the importance of culture, Country and community to support Aboriginal and other diverse communities.  For Aboriginal people, ‘culture is about family networks, Elders and ancestors. It is about relationships, languages, dance, ceremony, and heritage. Culture is about spiritual connection to our lands and waters. It is the way we pass on stories and knowledge to our babies and children; it is how we greet each other and look for connection. It is about all the parts that bind us together.’[[63]](#endnote-35) |
| [Disability and Family Violence Crisis Response Initiative](https://www.safesteps.org.au/our-services/services-for-women-children/disability-support/) | A safe steps initiative that helps women and children with disability experiencing a family violence crisis to rapidly develop an individual plan and access the specialist disability goods, services and supports they need to stay safe. This includes coordination of, and funding for, personal support workers and carers, mobility aids, accessible transport options and more. Service providers and professionals can contact safe steps’ specialist family violence disability liaison officers for secondary consultations and information. Victim survivors can also access this support directly by contacting safe steps. |
| Diverse communities and at-risk agegroups | As per the MARAM Framework, this includes the following groups:   * diverse cultural, linguistic and faith communities (including people with temporary residency status) * people with disability * people experiencing mental health issues * LGBTIQ+ people * women in or exiting prison or forensic institutions * people in the sex industry * people living in regional, remote and rural communities * male victims * older people * young people (12 to 25 years of age).[[64]](#endnote-36) |
| Emergency accommodation | All emergency accommodation facilities run or procured by specialist family violence services to accommodate victim survivors temporarily and safely in crisis. These include family violence crisis accommodation facilities, refuges and motels. |
| Family group | May comprise any number of adults, children and young people, including two adults not in an intimate partner relationship or a single person. |
| Family violence | The *Family Violence Protection Act 2008* (s. 5) defines family violence as:   1. Behaviour by a person towards a family member of that person if that behaviour:    1. is physically or sexually abusive; or    2. is emotionally or psychologically abusive; or    3. is economically abusive; or    4. is threatening; or    5. is coercive; or    6. in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or 2. Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to above. |
| Family violence – Aboriginal | *Dhelk Dja: Safe Our Way – strong culture, strong peoples, strong families* and the Victorian Indigenous Family Violence Task Force defines family violence against Aboriginal people as:  ‘… an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.’  This definition acknowledges the spiritual and cultural perpetration of family violence by non-Aboriginal people against Aboriginal partners, children, young people and extended family members, abuse of Elders, and lateral violence within Aboriginal communities. |
| Family Violence Accommodation Register | A web-based tool managed by safe steps that tracks the capacity and use of family violence refuge and crisis accommodation in Victoria. It functions as a real-time online register for safe steps and other family violence accommodation services to efficiently locate appropriate family violence accommodation options for victim survivors at high risk. |
| Family violence crisis brokerage | (Previously called Housing Establishment Funds.) Supports specialist family violence services to respond to family violence and potential increasing demand. It can be used to address costs associated with crisis responses such as accommodation, transport and material aid as well as smaller incidental costs associated with specialist family violence support. |
| Family Violence Flexible Support Packages | [These](https://providers.dffh.vic.gov.au/program-requirements-delivery-family-violence-flexible-support-packages) aim to deliver personalised and holistic responses to help adult and child victim survivors experiencing family violence to transition from crisis and to set up long-term sustainable arrangements. Such arrangements aim to improve their safety, wellbeing and independence in recovery from family violence. Individualised packages offer flexible brokerage to victim survivors based on their case management/support plan. |
| Lead agency | The primary specialist family violence support provider that communicates directly with the victim survivor(s). It delivers, coordinates and documents specialist family violence responses, usually for all victim survivors in the family group. They hold key MARAM responsibilities including:   * undertaking the brief or comprehensive risk assessment and coordinating updates with other support agencies involved * leading coordinated risk monitoring, risk management responses and collaborative action planning * managing and documenting consent agreements and co-case management arrangements between agencies involved in each victim survivor’s case * updating other support agencies involved with risk relevant information in line with information sharing guidelines.[[65]](#footnote-31) |
| Perpetrator – keeping them in view | The process of proactively increasing the knowledge, visibility and awareness of the perpetrator’s pattern of coercive control and violent behaviour and their circumstances, including changes over time. It includes documenting, analysing and sharing information among professionals across the service system. |
| Perpetrator accountability | A combination of actions and approaches through which responsibility for using violence is placed solely with the perpetrator. Victim survivors must not be blamed, held responsible or placed at fault (directly or as part of structural responses) for a perpetrator’s choice to use violence.  It sits with all professionals, organisations and systems through their collective, consistent response to advocate and promote perpetrators’ capacity to take responsibility for their actions and impacts. This is through information sharing and formal sanctions and consequences or informal service response mechanisms. It ensures service responses do not collude with the perpetrator or undermine the safety and needs of victim survivors. |
| [Personal Safety Initiative](https://providers.dffh.vic.gov.au/personal-safety-initiative-operational-guidelines) | A non-crisis response that provides eligible victim survivors with safety and security audits and access to property modifications and personal safety technology (for example, personal safety devices) that meet minimum technology standards. |
| Recovery | A broad descriptor for attaining or reattaining safety, resilience and stability following a person’s experience of family violence. Often used in place of or alongside ‘stabilisation’ (MARAM) and ‘healing’ (Dhelk Dja), particularly in Aboriginal cultural contexts. The term does not imply that victim survivors of family violence are psychologically unwell or unstable. Rather, it acknowledges the harm caused by the violence exerted by the perpetrator. Recovery from family violence is an individual journey enabled by:   * the perpetrator’s violence stopping * practical needs being resolved * therapeutic, social and cultural support to heal from fear and trauma. |
| Safety planning | One part of risk management. It typically involves a plan developed by a professional in partnership with the victim survivor, following the structure set out in the MARAM safety planning tools to:   * help them manage their own safety in the short to medium term * build on what the victim survivor is already doing and what works for their circumstances * resist control * manage the impacts of the perpetrator’s behaviour * other actions aimed at keeping themselves safe.   Safety planning includes supporting victim survivors to strengthen key ‘protective factors’ that promote safety, stabilisation, recovery and freedom from violence including:   * intervention orders * housing stability and safety * health responses * support networks * financial resources * responding to wellbeing and needs.   Safety planning often requires a collaborative approach and information sharing with services working with:   * adult victim survivors * children and young people who are victim survivors, to be considered:   + within an adult victim survivor’s safety plan, with responses to each child’s risk and needs   + older children who may also have their own safety plan with their input, where safe, appropriate and reasonable. This primarily focuses on supporting them to identify with whom and where they feel safe, whom they can talk to and what actions they can take (such as calling police)   + other family members and/or carers (who are not using violence). |
| Specialist family violence services | All Victorian Government–funded agencies that offer support services to victim survivors of family violence. |
| Stabilisation | Resolving tangible, practical needs that are impacted or disrupted by family violence. Victim survivors are supported by specialist family violence services to restore their personal control over the material and practical things they need such as housing, finances, jobs and study. Linked to ‘recovery’ and living free from family violence, stabilisation follows strengthened autonomy and independence. In time this leads to resilience, empowerment and dignity (Code of practice, Principle 2). |
| Support funding for victim survivors on temporary visas in refuge | This flexible, cohort-targeted brokerage recognises that women on temporary visas are often ineligible for Centrelink welfare benefits and cannot usually get a job due to the conditions of their temporary visa. The funding aims to:   * enable victim survivors on temporary visas to access funds for everyday expenses to help with re-establishing their lives * support accommodation providers to meet agency costs that create a barrier for women on temporary visas and their children entering refuge * help women to stabilise and live free from violence, improve their safety and address their migration and/or residency status issues. |
| The Orange Door brokerage | Provides service users with quick and flexible funding packages that promote engagement with hard-to-reach women, children and families. It funds crisis response activities as part of delivering targeted interventions. Accessible to staff working in The Orange Door, this brokerage aims to offer immediate practical support to:   * help people rapidly stabilise and/or divert them from entering the service system where safe and appropriate * address goals linked to risk assessment and case planning undertaken in The Orange Door.   The Orange Door brokerage is also available to perpetrators when the purpose is to reduce the risk to victim survivors. |
| Victim survivors | People of any age who are experiencing, or who have experienced, family violence.  Family Safety Victoria recognises the gendered nature of family violence. This is consistent with the Royal Commission into Family Violence, which noted that ‘the significant majority of perpetrators are men, and the significant majority of victim survivors are women and their children’. Women and women with children are the primary recipients of crisis support.  However, in recognition of the diverse experiences of family violence experienced by Aboriginal people, people from culturally diverse backgrounds, people with disabilities, people from the LGBTIQ+ community and older people experiencing elder abuse, victim survivors is the exclusive term used throughout this document. |
| Workforce tiers | Developed by DVRCV, the *Family violence capability framework* sets out the four tiers of workforces that share responsibility for responding to victim survivors or perpetrators of family violence and sexual assault. The [*MARAM foundation knowledge guide*](https://www.vic.gov.au/maram-practice-guides-foundation-knowledge-guide) <https://www.vic.gov.au/maram-practice-guides-foundation-knowledge-guide> prescribes specific responsibilities to each workforce tier. These program requirements relate exclusively to the tier 1 workforce.  **Tier 1: Specialist family violence and sexual assault practitioners**  Specialist roles primarily focussed on and directly involved with increasing the safety of victim survivors or addressing risks posed by perpetrators. Activities include risk assessment, primary prevention, safety planning and risk management. Tier 1 includes family violence case managers in any professional setting, crisis support services or therapeutic interventions.  **Tier 2: Workers in core support services and intervention agencies**  Roles associated with family violence risk but not solely focused on it. Work intensively with people in crisis including high-risk cohorts who experience or perpetrate family violence. Tier 2 includes mandated agencies (Victoria Police, legal agencies and court services, Corrections Victoria and child protection) and other services such as Child FIRST, homelessness support and counselling services.  **Tier 3: Workers in mainstream services and non-family violence specific agencies**  Roles that support victim survivors of family violence without this being their primary focus. Based in sectors that respond to family violence impacts and that can incorporate screening, risk assessment and risk management activities into their work. Tier 3 includes:   * healthcare workers (GPs, maternal and child health nurses, hospitals) * therapeutic services (psychiatrists, psychologists, social workers, family therapists) * services that respond to the support needs of particular cohorts (support services for housing, disability, LGBTIQ+, mental health, alcohol and other drugs, aged care, Aboriginal and culturally diverse people) * agencies that support financial security, such as Centrelink.   **Tier 4: Workers in universal services and organisations**  Roles that interact with and respond to the universal needs of people, potentially placing them in regular and extended contact with victim survivors or perpetrators of violence. Tier 4 includes roles in organisations like schools, childcare centres, sports and recreation centres and faith-based institutions, which are well placed to screen for and identify family violence. |

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# Endnotes

1. Safe and Equal was formerly DV Vic and DVRCV. [↑](#footnote-ref-2)
2. Reluctance or refusal to ‘work with’ a service provider is usually rooted in structural factors such as traumatic historical experiences of stigmatisation, discrimination, criminalisation or exclusion. Culturally well-informed fears or patterns of statutory involvement with the family, particularly when children are victim survivors, are another valid concern. [↑](#footnote-ref-3)
3. State Government Victoria (2019), *Multi-Agency Risk Assessment and Management Framework* (MARAM Framework), Principle 1 – MARAM. [↑](#endnote-ref-2)
4. Domestic Violence Victoria (2020), *Code of practice: principles and standards for specialist family violence services for victim-survivors*, 2nd Edition, p. 73. [↑](#endnote-ref-3)
5. Ibid., p. 43. [↑](#endnote-ref-4)
6. People from ‘diverse communities and at-risk age groups’ are among the groups that more often experience systemic marginalisation. [↑](#footnote-ref-4)
7. Washington State Department of Social and Health Services (2020), Crisis intervention webpage. [↑](#endnote-ref-5)
8. MARAM states that a brief assessment will be used when:

   there is less time to engage with a person

   it is not safe to seek further detail about the family violence beyond high-risk factors

   it immediately follows an incident

   it is during a crisis intervention.

   A brief assessment can be used to later inform a full intermediate assessment, or comprehensive assessment by a specialist family violence practitioner. [↑](#footnote-ref-5)
9. Reluctance or refusal to ‘work with’ a service provider is usually rooted in structural factors such as traumatic historical experiences of stigmatisation, discrimination, criminalisation or exclusion. Culturally well-informed fears or patterns of statutory involvement with the family, particularly when children are victim survivors, are another valid concern. [↑](#footnote-ref-6)
10. Victim survivors value and trust practitioners who they feel are being ‘honest’, ‘real’ and ‘authentic’, and offer ‘empathy not sympathy’. [↑](#footnote-ref-7)
11. This can look in practice like co-case management, the formation of a care team with other agencies and services among other arrangements. [↑](#footnote-ref-8)
12. Pay extra attention to displaying posters, signs and symbols that are welcoming for diverse groups such as language identification posters and welcome messages in key languages, Aboriginal and Torres Strait islander flags, rainbow stickers and hearing-loop signage. [↑](#footnote-ref-9)
13. A family group may comprise any number of adults, children and young people, including two adults not in an intimate partner relationship, or a single person. [↑](#footnote-ref-10)
14. A previous service experience might lead to victim survivors approaching a mainstream service with low levels of faith and trust. [↑](#footnote-ref-11)
15. See the glossary for definitions of workforce tiers. [↑](#footnote-ref-12)
16. Service responses are determined by the level of assessed family violence risk and the preferences and needs of victim survivors. Where an agency has lawful special measures, exceptions or exemptions (in line with the Equal Opportunity Act), a minimum response for risk assessment, safety planning and referral to an appropriate service is required. For example, following a brief risk assessment and providing safety planning information, the victim survivor is referred to an LGBTIQ+ service, Aboriginal service or ethno-specific service depending on their circumstances and preferences. [↑](#footnote-ref-13)
17. Family Safety Victoria (2019), *MARAM Practice Guide*, p. 11. [↑](#endnote-ref-6)
18. There is a subset of ‘serious risk’ where a victim survivor is assessed as also ‘requiring immediate protection’. [↑](#footnote-ref-14)
19. This includes reviewing actions that another service might be trying with the perpetrator to increase their accountability but that in effect increases risk. [↑](#footnote-ref-15)
20. Relevant information about victim survivors can only be shared with their consent, except when there is a serious threat, or the information is relevant to assessing or managing risk to a child victim survivor. Although consent is not required in these circumstances, services should take all reasonable steps to capture the views of the adult or child victim survivor. Take those views into account where it is appropriate, safe and reasonable to do so. [↑](#footnote-ref-16)
21. Documentation refers to case notes, case plans, referrals, reports, etc. [↑](#footnote-ref-17)
22. Humphreys C, Kertesz M, Parolini A, Isobe J, Heward-Belle S, Tsantefski M, et al. (2020), *Safe & Together Addressing ComplexitY for Children (STACY for Children)* (Research report, 22/20). ANROWS, Sydney. [↑](#endnote-ref-7)
23. Aboriginal people are disproportionately represented in interactions with, and more negatively affected by their contact with: statutory services including police, the justice system and courts; child protection and out-of-home care. While Aboriginal women are a relatively small cohort within Victoria’s prison system, this cohort has consistently been the fastest growing with a high number of repeat offenders. A complex relationship exists between family violence, child removal, criminal offending and ongoing engagement with the justice system. [↑](#footnote-ref-18)
24. MARAM defines an adolescent who uses family violence as a young person who chooses to use coercive controlling techniques and violence against family members, including intimate partners. Adolescents who use family violence often coexist as victims of family violence. Therapeutic responses should be explored. [↑](#footnote-ref-19)
25. State of Victoria, *Royal Commission into Family Violence: Summary and recommendations*, Parl Paper No 132 (2014–16), Vol II, p. 108. [↑](#endnote-ref-8)
26. Ibid., p. 74 [↑](#endnote-ref-9)
27. If your service operates only during business hours, engage the local after-hours service to ensure continuity of support after hours. [↑](#footnote-ref-20)
28. ‘Not suitable’ refers to situations where the referral is accepted, a victim survivor arrives at the refuge but for personal reasons such as safety, cultural or access concerns, decides not to stay. [↑](#footnote-ref-21)
29. If your service operates only during business hours, you must engage the local after-hours service to ensure continuity of support after hours. [↑](#footnote-ref-22)
30. Fundamental to understanding family violence in all its forms and behaviours is the concept of ‘coercive control’, whereby the myriad tactics of violence used by the perpetrator are most often patterned, repeated and integrated into everyday life to control, manipulate and dominate the victim survivor, rather than an isolated incident. [↑](#footnote-ref-23)
31. Domestic Violence Victoria op. cit., p. 22. [↑](#endnote-ref-10)
32. A study carried out in Victorian hospitals over 10 years found that 40 per cent of victims of family violence sustained a brain injury. [↑](#footnote-ref-24)
33. Gabbe B, Ayton D, Pritchard EK, Tsindos T, O’Brien P, King M, et al. (2018), *The prevalence of acquired brain injury among victims and perpetrators of family violence*. Brain Injury Australia.  [↑](#endnote-ref-11)
34. Australia’s National Research Organisation for Women’s Safety. (2019), *Intimate partner sexual violence: Research synthesis* (2nd Ed.; ANROWS Insights, 08/2019). ANROWS, Sydney. [↑](#endnote-ref-12)
35. The social model views ‘disability’ as the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers. It carries the implication that the physical, attitudinal, communication and social environment must change to enable people living with impairments to take part in society on an equal basis. [↑](#footnote-ref-25)
36. ‘Social model of disability’ (n.d.). in *People with Disability Australia*. [↑](#endnote-ref-13)
37. Family Safety Victoria op. cit., p. 25. [↑](#endnote-ref-14)
38. Ibid. p. 27. [↑](#endnote-ref-15)
39. Australian Childhood Foundation (2013). *Safe and Secure: a trauma informed practice framework for understanding and responding to children and young people affected by family violence.* Eastern Metropolitan Region Family Violence Partnership, Ringwood. pp. 31 and 37. [↑](#endnote-ref-16)
40. Ibid., pp. 32 and 37. [↑](#endnote-ref-17)
41. Ibid., p. 20. [↑](#endnote-ref-18)
42. Ibid., p. 27. [↑](#endnote-ref-19)
43. Australian Government, Australian Law Reform Commission (2011), *Family violence and employment, family violence and Commonwealth laws – improving legal frameworks* (ALRC Report 117). [↑](#endnote-ref-20)
44. Segrave M (2017), *Temporary migration and family violence: an analysis of victimisation, vulnerability and support.* School of Social Sciences, Monash University, Melbourne. Retrieved from [↑](#endnote-ref-21)
45. Braaf R, Meyering IB (2011), *Seeking security: promoting women’s economic wellbeing following domestic violence.* Australian Domestic and Family Violence Clearinghouse. Consulted on April 27, 2020. [↑](#endnote-ref-22)
46. Kutin J, Russell R, Reid M (2017), ‘Economic abuse between intimate partners in Australia: prevalence, health status, disability and financial stress’, *Australian and New Zealand Journal of Public Health* 41(3)[online], p. 1. [↑](#endnote-ref-23)
47. State of Victoria, *Royal Commission into Family Violence: summary and recommendations*, Parl. Paper No. 132 (2014–16), Vol. IV, pp. 94–95. [↑](#endnote-ref-24)
48. Segrave M (2017). *Temporary migration and family violence: an analysis of victimisation, vulnerability and support.* School of Social Sciences, Monash University, Melbourne. [↑](#endnote-ref-25)
49. Direct service staff within the specialist family violence service would ideally provide this basic assessment using agency-prescribed tools. (Examples will be developed while rolling out these program requirements.) [↑](#footnote-ref-26)
50. Braaf R, Barrett Meyering I (2011), *Seeking security: promoting women’s economic wellbeing following domestic violence*. Australian Domestic & Family Violence Clearinghouse. The University of New South Wales, Sydney, p. 8. [↑](#endnote-ref-26)
51. Changes to the Family Law Actin 2006 emphasised the need for shared care responsibilities, promoting equal time spent with each parent, often overriding safety concerns for child victim survivors of family violence. These reforms have affected women’s financial settlements for child support, assets and property; women in one study reported losing out in financial settlements based on equal shared parenting determinations by the Family Court, and then having ex-partners fail to meet their parenting obligations. [↑](#footnote-ref-27)
52. Ibid., pp. 8–9. [↑](#endnote-ref-27)
53. Domestic Violence Victoria op. cit., pp. 27 and 31. [↑](#endnote-ref-28)
54. Ibid., p. 81. [↑](#endnote-ref-29)
55. Ibid., p. 11. [↑](#endnote-ref-30)
56. Changes to the Family Violence Protection Actand Child Wellbeing and Safety Act in 2018:

    * define and establish family violence as a crime with consequences for perpetrators
    * prescribe specialist family violence organisations and others (described as information sharing and/or risk assessment entities) to align their relevant policies, procedures and practice with MARAM, FVISS and CISS, thereby (a) establishing a common framework across the services system for risk assessment and risk management and (b) outlining specific obligations related to information sharing for a family violence assessment or protection purpose
    * set out enforcement and holding powers of Victoria Police, define the jurisdiction of courts and legal proceedings, and describe family violence-specific orders through the Magistrate’s Court and Children’s Court of Victoria.

    [↑](#footnote-ref-28)
57. Using terms or language that implicate victims as having caused or contributed to the violence “mutualises” acts of, and responsibility for, the violence. It hides the fact that acts of violence are the sole responsibility of the perpetrator and covers up the unilateral and deliberate nature of the violence. [↑](#endnote-ref-31)
58. Braaf R, Barrett Meyering I (2011), *Seeking security: promoting women’s economic wellbeing following domestic violence*, pp. 8–9. [↑](#endnote-ref-32)
59. Women’s Legal Service Victoria (2018), *Policy Paper 1 – “Officer she’s psychotic and I need protection”: Police misidentification of the ‘primary aggressor’ in family violence incidents in Victoria. M*elbourne, Vic: WLSV & Monash University). [↑](#endnote-ref-33)
60. [↑](#footnote-ref-29)
61. Domestic Violence Victoria op. cit., p. 19. [↑](#endnote-ref-34)
62. Case plans are usually documented using agency-prescribed templates and must be securely stored on client information databases or in other filing systems in line with legal and policy frameworks. [↑](#footnote-ref-30)
63. Cultural Safety for Aboriginal Children. https://ccyp.vic.gov.au/assets/resources/tipsheet-cultural-safety-aboriginal-children.pdf. [↑](#endnote-ref-35)
64. Family Safety Victoria op. cit., *MARAM practice guides: foundation knowledge guide.*  [↑](#endnote-ref-36)
65. For more detailed practice guidance on the expectations of specialist family violence services serving as a lead agency for risk management coordination see [MARAM victim survivor practice guides](https://www.vic.gov.au/maram-practice-guides-and-resources) *Responsibility 9: Contribute to coordinated risk management*. [↑](#footnote-ref-31)