Practice guidelines:
Women and children's family violence counselling and support programs

Victoria
The Place To Be

Practice Guidelines:
Women and children's family violence counselling and support programs

Safety, dignity, empowerment and human rights

Foreword from the minister

The Victorian Government is committed to reducing family violence and believes that everyone has the right to feel safe within their family and community. In 2005, the Government allocated $35 million over four years to support family violence service system reform. The reforms emphasise the importance of police, courts, support services and government working together to build a comprehensive, integrated response to reducing family violence.

Further reforms were announced in 2007, including funding for the implementation of the Family violence risk assessment and risk management framework. These reforms demonstrate that this government has a zero tolerance to family violence and supports an approach that prioritises safety for women and children and accountability of those who use violence against family members.

Family violence can have devastating impacts on everyone in the family. It is the leading cause of death, disability and illness amongst women aged 15–44 years. Family violence and abuse is particularly distressing and harmful for infants, children and adolescents. One in four children has witnessed violence against a parent and we know that family violence and child abuse occur frequently within the same families. We also know that family violence is one of the key stress factors that will affect children's emotional wellbeing, social capacity and cognitive ability.

For many Victorian women and children, counselling and support services can provide a vital and validating source of support in which to rebuild a sense of self-esteem and confidence to live a life free from family violence.

These guidelines have been developed through a process of statewide consultation with practitioners who work to support women and children affected by family violence. The guidelines represent the standards of practice we expect to be provided to women and children and will guide quality practice and continuous improvement to ensure women and children receive the best support possible to rebuild and recover from the impact of family violence.

My thanks to everyone involved in the development of these practice guidelines.

I commend them to you.

Lisa Neville
Minister for Community Services

Acknowledgements

The Department of Human Services wishes to acknowledge the contribution of colleagues from around Victoria, the Expert Advisory Group, the consultants Urbis, Women's Legal Service and regional and central department staff who provided information and feedback during the development of these guidelines.

The Expert Advisory Group consisted of:

- Wendy Bunston, Royal Children's Hospital, Program Manager, Community group program , Royal Children's Hospital Mental Health Service

- Kate Cannon, Senior Family Violence Case Worker, Berry Street Victoria

- Nancy Corbett, Trainer, Domestic Violence and Incest Resource Centre (DVIRC)

- Collette Davis, Northern Melbourne Institute of TAFE Family Violence Trainer

- Joanne Donne, (previously) Family Violence Counsellor, Connections

- Jill Faulkner, Service Manager, Eastern Access Community Health

- Karen Glennan, Program Coordinator, Children's Resource Worker

- Rachael Green, Senior Policy Advisor, Family Violence Coordination Unit, Department of Planning and Community Development

- Sue Hughes, Primary Health Counselling, Department of Human Services, Melbourne Central

- Fiona McCormack, Chief Executive Officer Domestic Violence Victoria

- Robyn McGrath, Children, Youth and Families Division, Department of Human Services

- Robyn Miller, Principal Practitioner, Child Protection and Family Services, Department of Human Services

- Diana Orlando, Executive Officer, Immigrant Women's Domestic Violence Service

- Kim Robinson, Family Violence Counsellor, Women's Health West

- Jo Sheehan, CEO, Mallee Sexual Assault and Domestic Violence Unit

- Kylie Smith, Same Sex Domestic Violence Worker, ALSO Foundation

- Rose Solomon, Executive Officer, Elizabeth Hoffman House

- Margaret Wallace, Program Manager, West Gippsland Healthcare Group

- Sarah Waters, Family Violence Services Manager, Family Life

- Angela Weller, Clinical Services Manager, Australian Childhood Foundation

- Jenny Willox, Manager, Children Youth and Families Division, Department of Human Services

- Michelle Wright, Coordinator, Counselling, Inner South Community Health Service

- Daphne Yarram, Manager, Gippsland Indigenous Healing Service

Contents

1 Introduction

1.1 Background

Women and children's family violence counselling and support services funded by the Department of Human Services aim to assist women and children who have experienced family violence or who are at risk of being unsafe in the family environment. The target group includes women who are no longer in violent relationships, those who remain in a violent relationship and those with no prior contact with police or family violence crisis services. Importantly, children are a primary target group, and services are required to include a strong focus on supporting children, with a minimum of 30 per cent of counselling and support funds allocated specifically for the provision of services for children and young people.

Women and children's family violence counselling and support services in Victoria are part of an integrated framework of response to family violence. This brings with it new responsibilities in relation to work at the practice and service management levels.

A range of other guidelines and standards has been developed in Australia to support good practice with particular client groups. The reforms to family violence responses in Victoria now require practitioners to consider the best interests, rights and needs of children, whether they are the primary or secondary client. This new approach is generating new practice, along with dilemmas and contested practice, as well as great opportunities to focus on children and, in particular, the parent-child relationship.

These guidelines have been designed as a tool for reflective practice by individual practitioners[1] (whether providing counselling or groups), and by organisations as part of their ongoing quality review and service development commitments.

To ensure the guidelines reflect the best of current practice, an extensive research and consultation process was undertaken. A combination of regional forums, specific interest workshops, and Indigenous focused sessions were held, in addition to statewide meetings of an Expert Advisory Group. Practitioners from across public, private and community settings contributed their views and expertise, and generated a great deal of ownership in the final document.

Indeed, the commitment of the 22-member Expert Advisory Group to the project is particularly noted, with generous time given to develop the document as a resource for both new and experienced practitioners.

There are two key companion documents to these guidelines:

• *Family violence risk assessment and risk management* (Department of Victorian Communities 2007)

---

[1] *The term 'practitioners' is used throughout the guidelines and is inclusive of all disciplines and roles providing group work and/or counselling. The term 'clients' is used to refer to people using counselling or group work services.*

The framework has been developed to better identify and respond to family violence. It is expected that family violence service providers will use this framework to guide risk assessment and safety planning.

The framework can be viewed at www.women.vic.gov.au

or ordered from the Family Violence Coordination Unit

e-mail: familyviolence@dpcd.vic.gov.au

- *Code of practice for specialist family violence services for women and children* (Domestic Violence Victoria 2006)

This code aims to enhance the service system's transparency, consistency and accountability and enhance the safety of women and children in Victoria. The code is designed to link with other relevant documents as part of the integrated response to family violence in Victoria. Service providers are expected to operate according to these standards. For more information about the Domestic Violence Victoria (DV Vic) Code of Practice please contact DV Vic on 9921 0828 or download from www.office-for-children.vic.gov.au/integrated-family-violence/guidelines

There are also reference documents (also available on the Department of Human Services website) and resources developed in allied sectors to guide practice and responses to people affected by family violence, and people using violence. These include:

- *Victorian Indigenous Family Violence Taskforce final report*, 2003
- *Reforming the family violence system in Victoria*, 2005
- *Men's behaviour change group work – Minimum standards and quality practice*, 2006
- *Victoria Police code of practice for the investigation of family violence*, 2004
- *Homelessness assistance service standards*, 2005
- *A strategic framework for family services*, 2007.

1.2   Scope of the guidelines

These guidelines form part of the service agreement for services funded under the Department of Human Services' Integrated Family Violence Services for Women and Children. It is intended that the guidelines will be adopted by agencies funded by the department to provide family violence counselling and support services for women and children. They are to be used alongside the *Code of practice for specialist family violence services for women and children* (DV Vic 2006) and the *Family violence risk assessment and risk management framework* (DVC 2007).

These guidelines will also be a useful resource for any practitioner responding to women and children affected by family violence, whether in a generalist or specialist service setting.

A number of assumptions have been made in developing the guidelines.
It is assumed that practitioners have, as a minimum, a relevant under-graduate qualification and that both individual practitioners and employing organisations have a commitment to reflective practice which includes formal supervision arrangements.

The guidelines do not encompass crisis responses, nor do they address in detail joint or 'couple' counselling in the context of family violence. It is recognised that generalist services in particular may be approached with requests for joint counselling, or that family violence may arise as the key issue after joint or couple counselling has commenced. As discussed in Miller (2007), joint counselling needs to be grounded in feminist concerns for justice and safety; couples counselling may lead to re-victimising of women, and risks the person using violence being provided with a platform for self-justification. Joint counselling should be based on zero tolerance for violence and commitment to safety, accountability, and equity, and requires a core distinction between the crime of violence and any notion of 'relationship issues'.

Where practitioners are considering a request for or referral to joint counselling (or family dispute resolution also known as mediation), a thorough assessment, considering the following points at a minimum, should be used to guide decision making:

- the risk to the safety of clients

- the risk that a child may suffer abuse

- the client's ability and capacity to participate on equal terms

- the emotional, psychological and physical health of the clients

- the risk to staff safety.

Information and services regarding client legal rights must also be discussed with the client. The Further Reading section (Appendix A) provides references about joint counselling and 'family dispute resolution' in the family violence context.

2 Context for practice

Family violence is a widespread, preventable social problem that occurs within the context of broader patterns of social and gender relations and affects people, mainly women and children, in the most personal and intimate areas of their lives. Counselling practice with women and children who have experienced family violence must take into consideration both the social dynamics of gendered violence and the specific, individual rights and needs of clients.

Additionally, services providing counselling to women and children who have experienced family violence operate within the framework of a multi-agency response to the issue, which has implications for practice and the orientation of services.

2.1 Definition of family violence

An agreed definition of family violence is important in directing the approach to be used by practitioners working with women and children. The common use of language and agreed paradigms are noted as critical to integrated approaches, and an agreed definition is one aspect of this.

The following definition is to be used by services, and will inform the work of practitioners in supporting women and children affected by violence. It is the definition used in the *Code of Practice for Specialist Family Violence Services for Women and Children* (DV Vic 2006):

> *Family violence is the repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s), or someone with whom they have, or have had, an intimate relationship. Violent behaviour includes not only physical assaults but an array of power and control tactics used along a continuum in concert with one another, including direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear.*

Family violence is also expected to be defined in new Victorian family violence legislation to be introduced in 2008. The Victorian Law Reform Commission in its *Review of family violence laws report* (2006) recommended that a legislative definition for family violence should be broad enough to include threats to and/or physical and sexual abuse, abusive and controlling behaviours including emotional and economic abuse.

Family violence can occur within any intimate relationship, including same sex relationships. It affects transgender people, the elderly and people with disabilities. While it can be perpetrated by any member of a family against another, it is more likely to be perpetrated by men (predominately by a woman's current or ex-partner) against women and children.

Because family violence can occur in any culture, it is important that the definition of family violence recognises and reflects the perspectives and realities of all communities within Victoria, including Indigenous communities. The Victorian Indigenous Family Violence Taskforce has defined family violence 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.*

2.2   Incidence of family violence

Research on family violence indicates that it is both a chronic, under-reported and gendered problem in which women and children are significantly over-represented. While men also report physical violence from women, population-based studies show that women are mostly victims and experience more frequent and more severe family violence than men.

The Australian component of the 2004 *International Violence Against Women Survey* (IVAWS) reported that 34 per cent of Australian women have experienced at least one form of violence from a current or former partner (Mouzos and Makkai 2004). A quarter of women (25 per cent) who identified intimate partner violence through the IVAWS had never before spoken to anyone else about the incident.

This study also found that levels of violence experienced from a former partner (36 per cent) were much higher than from a current partner (10 per cent). Women who experienced violence from former partners were also more likely to sustain injuries and feel that their lives were in danger.

Twenty-nine per cent of women who were surveyed reported that they had experienced physical and/or sexual violence before the age of 16 years. Almost one in five women reported that they had been physically abused as a child by a parent (18 per cent). Fathers were more likely than mothers to physically abuse their child (61 per cent) (IVAWS). The levels of violence experienced by women over their lifetime were higher for women who were abused as children compared to women who did not suffer childhood abuse. This pattern held, irrespective of the type of childhood abuse suffered by the women.

Family violence occurs at even higher rates amongst young women, Indigenous women, women with disabilities and women from culturally and linguistically diverse (CALD) backgrounds. Indigenous women are 10 times more likely to be victims of homicide and are 35 times as likely to be hospitalised due to family violence-related assaults as other Australian females (Ferrante 1996, AIHW 2006).

The Health costs of violence study found that intimate partner violence is the leading preventable contributor to death, disability and illness in Victorian women aged 15–44 (VicHealth 2004: 25). Studies indicate that pregnancy is a time of high vulnerability to family violence, with the first incident often occurring while women were pregnant (ABS 1996).

Children

Family violence also has a major impact on the health and wellbeing of children. Recent meta-analyses have shown that children exposed to domestic violence exhibit significantly more problems than children not so exposed (Edleson 2006). Children are regularly exposed to the damaging affects of family violence both as witnesses of violence against mothers and direct victims of assault and emotional abuse.

The *2005 Personal Safety Survey* indicated that 61 per cent of men and women who had experienced violence by a previous partner had children in their care during the relationship. Additionally, 49 per cent of people who reported they had experienced violence by a current partner said they had children in their care at some point during the relationship (ABS 2006: 11).

Victoria Police data indicates over 45 per cent of family violence incidents had one or more children present (VCCAV 2002: 12).

A 2001 study of 5,000 young Australians showed that one quarter of young people (aged 12–20 years) have witnessed an incident of physical violence against their mother or stepmother. This study found that witnessing family violence has emerged as the strongest predictor of perpetration of violence in young people's own intimate relationships (Indermaur 2001).

Children also experience family violence when intervening to protect their mother. 30% of children in a West Australian study were hit by their father while trying to defend their mother or stop the violence. (Blanchard, Molloy and Brown 1992)

It is estimated that in 30–60 per cent of families where family violence is a factor, child abuse is also occurring (Edleson 1999).

2.3   Impact of family violence on children and young people

Family violence has a damaging impact on large numbers of infants, children and young people.

In the 12 months to June 2003, there were 28,500 reports of family violence attended by police *(Child Protection and Family Violence: Guidance for Child Protection Practitioners 2005, Department of Human Services)*. Of these, police noted that children were present in 48 per cent of cases. This is a consistent pattern over the last ten years of data reviewed.

Family violence is a pervasive risk factor for children reported to Child Protection in Victoria. Family violence is present in more than half of all notifications made to Child Protection and, for children less than two years of age, family violence is reported in 57 per cent of cases. However, family violence is unlikely to be the only risk factor present. *(Child Protection and Family Violence: Guidance for Child Protection Practitioners 2005, Department of Human Services)*.

There is also increasing evidence that physical, sexual and emotional abuse of children is more likely to occur in a home where one adult is violent towards the other than in non-violent homes (Edleson 2006).

The effect and response to family violence is determined in part by the age, stage and gender of the child, in addition to protective factors. While this document refers to children in general, it is critical for practitioners to understand the developmental stages of infant, toddler, preschool, child, adolescent and young adult.

An infant, child or young person's experience of family violence can include being the victim of violence themselves and/or being witness to violence perpetrated against their mother. Children experience the harmful psychological impact of violence, regardless of whether they have been directly assaulted. For instance, it is impossible for a child to feel safe in an environment where they are aware that their mother may be in danger (DV Vic 2006:12). Other factors involved in family violence situations may also affect children, such as separation from a parent, having to change schools or move away from their friends, or adjusting to living in a refuge situation (Gevers 1999:16;). It is also very likely that family violence will have had a significant impact on the mother/child relationship, which can affect children's physical, emotional and intellectual development.

The trauma of family violence can have a lasting and damaging neurological impact, affecting the infant and young child's developing brain. Secure attachment, which includes the carer's capacity to respond to the infant or child, is critical to the development of complex brain functions, including the ability to interpret what they are witnessing, and to achieve affect regulation (Perry 1997, Schore 2003). Children involved in a situation of family violence are likely to experience high levels of terror and anxiety about their own and/or their mother's safety and feel shame, guilt or anger about their family situation.

Family violence may also have a severe negative impact on a child's psycho-social development. Children's development optimally occurs in a nurturing environment. When the environment is insecure and frightening for a child, the normal tasks of development may be adversely affected. For instance, children exposed to violence may experience 'regressive' symptoms such as bedwetting and delayed language development. Violence may also affect children's ability to make friends or to concentrate in school (Department of Human Services 2007). They may also exhibit withdrawing or hostile behaviour or overly compliant behaviour, both of which may be a sign of feelings of hopelessness or despair that the violence won't end (Domestic Violence Prevention Unit 1999:29).

The nature of family violence, that is, its presence over a long period of time with constant and/or recurring incidents of violence, is now known to have the potential to result in cumulative harm to children. *Cumulative harm – a conceptual overview* (Department of Human Services 2007) describes the potential impact on a child as profound and exponential, covering multiple dimensions of the child's life. Cumulative harm may be caused by an accumulation of a recurring event, for example, unrelenting low level care, or by multiple recurring events – including exposure to family violence. The main theories that assist in understanding the impacts on children are child development (including early brain development), trauma and attachment theories.

The practice implication in the family violence setting is that children whose safety, sense of stability and wellbeing has been reduced should be linked in early and linked in effectively to the universal or specialist service system if cumulative harm is to be prevented.

It is an approach supported by the *Children, Youth and Families Act 2005*, with the central principle that 'the best interests of the child must always be paramount'. It sets out the requirement that consideration must always be given to protect the child from harm, protect his or her rights, and promote his or her development, taking into account their age and stage of development.

This will require a new focus by all practitioners in the family violence field to move beyond the traditional strength of being attuned to immediate safety to consider the risks to children's safety, stability and safe development throughout the service continuum.

There will be times when the safety needs and rights of a child or children are not being served by the decisions made by their mother. Practitioners who have traditionally worked with adults will need to be alert to these tensions, familiar with the duty of care obligations which arise, and practised in exercising their duty of care. Practitioners are most likely to meet their obligations by utilising a transparent decision making process, such as that described by Burke (1999). In her hierarchy, she addresses both gender and inter-generational power by ranking the safety priorities as follows:

1. The safety and protection of children

2. The empowerment and safety of women

3. The responsibility and accountability of perpetrators of the violence.

Should there be a dilemma between the principle of child safety and that of the empowerment and safety of women, then the safety of children remains paramount due to their level of vulnerability. Similarly, if there is a conflict of interest or resourcing pressures, the safety and empowerment of women needs to be placed as a priority over potential work with men.

Ongoing risk assessment and safety planning is critical, as is timely information sharing as required by the *Children, Youth and Families Act*.

2.4   Diversity and experience of violence

While there are commonalities in the experiences of most women and children who have been subject to family violence, there is also great diversity in the lives and impact of violence on individual women and children. The social position of women and children, including cultural background, sexuality, religion or age can be intimately connected to their experience of violence. *The Code of practice for specialist family violence services for women and children* (DV Vic 2006) provides comprehensive data addressing a range of social divisions and the specific needs of women from diverse backgrounds, including Indigenous women, lesbian/bisexual women, women from CALD backgrounds, women with disabilities and older women.

Recognition of the way in which intersections of gender, 'race', class, sexuality, disability and age can contribute to women's experiences of violence have expanded and enriched early feminist analysis of family violence, which was specifically oriented around gender analysis. In Victoria, for instance, increasing understanding of the complexity of Indigenous kinship relationships promoted a shift in terminology from 'domestic violence' to 'family violence'. The term 'family violence' is more culturally relevant to Indigenous communities in which close kinship relationships extend far beyond the nuclear (domestic) family model. The term 'family violence' is intended to recognise that violence can be perpetrated by and against a range of family members, including grandparents, parents, adult children, aunts, uncles and siblings. Family can also include those who are not related by blood or marriage (Keel 2004:4, Memmott

et al. 2006:8). Multiple forms of discrimination can function to consolidate the power of the abuser and widen the range of abuse tactics that can be deployed, as well as increasing women's vulnerability to isolation and lack of access to services (Humphreys 2007). For instance, factors such as a high level of physical and financial dependence means that women with disabilities are more likely to be subjected to abuse than other women and have greater difficulty accessing services (Cardinia Casey Community Health Service 2006:1; NEDA, 2001:2). It is critical that the term 'family violence' doesn't deter practitioners from recognising the 'domestic violence' experienced by women and children with disabilities, including the possibility of abuse from carers.

Practitioners should avoid making assumptions about women or children's experience of family violence, and be sensitive to the particular cultural and social position of individuals. Services should also recognise that existing family violence information and programs may be inaccessible or inappropriate for the needs of all women. Some specific issues noted in the *Code of practice for specialist family violence services for women and children* (DV Vic 2006) in relation to identifiable subgroups of women and children are:

- Violence within **Indigenous** communities, including family violence, may be strongly related to a range of factors, including dispossession of land and culture, breakdown of traditional kinships systems, racism and vilification, entrenched poverty, drug and alcohol abuse or the loss of traditional Indigenous social roles for men. Understanding of Indigenous culture is fundamental for effective practice with Indigenous women and children.

- **Women and children with disabilities** are among the most socially and economically marginalised people in the community. This makes them more vulnerable to abuse and less able to access effective services. Even when they do seek services, women with disabilities may be confronted with negative stereotypes or prejudice.

- **Women and children from culturally and linguistically diverse backgrounds** may face a range of difficulties accessing services, including language barriers, lack of familiarity with the service structure in Australia or social isolation. Their attitudes toward family and their response to family violence may also be strongly determined by their cultural background, something which needs to be understood by counsellors.

- **Lesbian and bisexual women** are often 'unrecognised' victims/survivors of family violence. Domestic violence services may alienate lesbian women by being oriented toward heterosexual relationships and assuming all clients are heterosexual.

- **Homeless women** and children are particularly vulnerable to violence due to insecure or inadequate living arrangements. They also face a complexity of barriers to changing their situation, including poverty, unemployment and limited access to safe housing options.

- **Age** may be a significant factor that influences women's experience of violence. Older women may be more vulnerable to violence if they are physically or emotionally dependent on their abusers. Young women may also be vulnerable to violence due to lack of experience or confidence in relationships or limited opportunities to gain independence.

- **Women with substance (mis)use issues** may face the dual pressure of managing their substance use while also dealing with violence. Substance abuse may in itself be a reaction to the violence.
- **Women with mental health issues** may already face stigma, discrimination and social isolation. Violence is likely to compound existing mental health issues, and women may fear being disbelieved or blamed if they do disclose violence.
- **Women and children from rural areas** face limited access to services due to geographical isolation. It may also be difficult to disclose violence in a small community where anonymity is difficult and masculine culture is dominant.

It is important to acknowledge that women, young people and children present with a broad range of experiences and complex circumstances. Services and practitioners need to be attuned to the experience of people who are a minority within minorities, and consider these complexities in the design and provision of services.

2.5   Outcomes for women and children

Services can be provided in a range of ways. Rather than defining 'counselling' or 'group work', it is more useful to think about the outcomes practitioners are aiming to achieve in their interventions.

Outcomes for women and children expected from the counselling and support services include:

- improved safety and identification of options to protect future safety
- a decrease in the effects of trauma and improved emotional and physical health
- an improved ability to express feelings constructively
- greater understanding of resources and supports available to them
- an ability to challenge power, control and gender issues inherent in violent relationships
- a reduction in isolation and improved social networks.

Indigenous communities may include additional outcomes such as recovery and healing for the individual, the family and the community.

Additional outcomes for children and young people include:

- improved health in attachment relationship with parent/s and carers
- improved social interaction and behaviour
- improved resilience
- strengthened relationships with caring adults, other children and the community.

Counselling, support and group work with children and young people is also likely to involve work with their caregivers to assist them to understand the process the child is going through and to address areas where the rights or needs of a child may be in conflict with those of their adult carers (Gevers 1999:33; Gevers & Goddard-Jones 2003). These outcomes may be achieved through counselling, group work, play therapy, crisis work, safety planning, provided individually and/or as part of a group work program, and preferably in parallel with work with the non-violent parent.

For women and carers, additional outcomes might include:

• self-agency in decisions affecting her own safety and the safety of any children

• understanding of resources and supports available

• improved attachment relationship with any children

• greater understanding of the impact of violence on any children.

Practitioners may also be involved in case work, either as part of an integrated support plan to an individual or a family, or as a case manager. This will depend on the practitioner's service, as well as the extent and capacity of the local service system. For this reason, the practice guidelines include reference to case work and case management roles of advocacy, referral and coordination.

3 Principles, values and frameworks for effective practice

Family violence counselling, support and group work is provided in an explicit socio-political context. A clear statement of the principles and values indicated by this context is important to inform individual practice and the policies and procedures within agencies that are required to support effective practice. This section outlines a range of principles and values that set the context for family violence practice with women and children.

3.1 Principles

The following principles informed the work of the Victorian Statewide Steering Committee to Reduce Family Violence (2005) and are endorsed by the Expert Advisory Group in the development of these practice guidelines.

- Family violence is a fundamental violation of human rights and unacceptable in any form.

- Physical or sexual violence within the family is a crime that warrants a strong and effective justice response.

- Responses to family violence must recognise and address the power imbalance and gender inequality between those using violence (predominantly men) and those experiencing violence (predominantly women and children).

- The safety of women and children who have experienced, or are experiencing family violence, is of paramount consideration in any response.[2]

- The voices of women and children who have experienced violence must be heard and represented at all levels of decision making to help assist in reform.

- Men who use violence should be held accountable and challenged to take responsibility for their actions.

- Family violence affects the entire community and occurs in all areas of society, regardless of location, socioeconomic and health status, age, culture, gender, sexual identity, ability, ethnicity, or religion. Responses to family violence must take into account the needs and experiences of people from diverse backgrounds and communities. Family violence is not acceptable in any community or culture.

- Responses to family violence can be improved through the development of a multi-faceted approach in which responses are integrated and specifically designed to enhance the safety of women and children.

- Preventing family violence is the responsibility of the whole community and requires a shared understanding that family violence is unacceptable.

---

2 *To be consistent with the Children, Youth and Families Act 2005, Section 10. if there is a dilemma between the principle of child safety and that of the empowerment and safety of women, then the safety of children remains paramount due to their level of vulnerability.*

> • The prevention of family violence requires changing community attitudes and behaviour, responding to people at risk at the earliest possible stage and improving responses to women and children who experience violence and to the men who perpetrate it.
>
> • Responses to family violence can be improved through increased recognition and greater coordination of services in responding to the independent rights and needs of the child.

Key values and principles endorsed by the Victorian Indigenous Family Violence Task Force are:

1. Safety and security for victims of violence.

2. Strong community leadership and positive role models.

3. Shared responsibilities and being supportive of each other.

4. Healthy lifestyles based on harmonious relationships and respect for self and others.

5. Cultural integrity/respect and cultural safety within Indigenous and mainstream services.

6. No more violence–in the home, in the family, in the community or in the workplace.

3.2   Values

The *Code of Practice for Specialist Family Violence Services for Women and Children* provides this set of core values relevant to a family violence response rooted in a human rights, social justice and feminist framework.

These values emerge from an understanding of feminist, human rights and social justice frameworks, and should be demonstrated in all areas of organisational policy, practice and service provision.

Rights: Family violence is a fundamental violation of human rights and unacceptable in any form.

Safety: The safety of women and children who [have or are] experiencing family violence is of paramount consideration in any response.

Children: Children need to be protected from harm; to have their rights protected; and to have their opportunities for development promoted.

Empowerment: Family violence services work with women and children to build on their strengths and enhance their capacity to make informed decisions and exercise their right to self-determination without coercion and free from judgement.

Diversity: Family violence is experienced by women and children regardless of class, ethnicity, religion, age, abilities or sexual preference. The experiences of women and children who live with family violence are distinct and unique.

Access and Equity: Services responding to women and children experiencing violence provide accessible support in a fair and equitable manner.

Collaborative Practice: Services responding to family violence are committed to improving their services through greater coordination and integration.

Responsibility: Responsibility for violence rests with the perpetrator of the violence, and eradication and prevention of family violence is the responsibility of the community as a whole.

Accountability: Perpetrators should be held accountable for their use of violence and challenged to take responsibility for their actions.

Power: Responses to family violence must recognise and address the power imbalance and gender inequality between those using violence (predominantly men) and those experiencing violence (predominantly women and children).

Justice: Physical or sexual violence within the family is a crime that warrants a strong and effective justice system response.

Advocacy: Family violence services advance the rights and interests of women and children affected by family violence on an individual and broader societal level.

3.3   An analysis to inform practice

Family violence has been described as 'both as personal problem and a social issue' (Laing 2001:2). Practitioners working with women who have experienced family violence work within the context of an interplay between the structural and social dynamics of family violence and the personal experiences of clients.

Counselling practice risks contributing to the pathologising and individualising of family violence if it primarily focuses on the psychological symptoms of abuse (anxiety, depression, post-traumatic stress, suicide attempts), the child's behaviour, or the woman's parenting style (Seeley & Plunkett 2002). The social context in which violence occurs can become lost. At its most damaging, an emphasis on the woman's individual characteristics, such as unassertiveness, emotional dependency or other factors which are seen to predispose women to engaging in relationships with violent men, can replicate the patterns of emotional abuse women have already experienced – one in which the woman is blamed for the abuse. Pejorative psychological labels (borderline personality disorder) may also appear to blame the woman and contextualise the violence as occurring because of the specific mental health issues of that client, thus ignoring the social and gendered nature of family violence and the effects of violence itself (Humphreys & Thiara 2003). Similarly, children may be diagnosed with conduct disorders or attention deficit disorder when the context of abuse is not acknowledged or the behaviour is not understood as a response to the violence and abuse in which they are living (Deacon-Wood & McIntosh 2002).

Lifting the counselling intervention to recognise the interpersonal context in which pain, stress and distress occurs for individual women and children requires recognition of the role of the perpetrator. Shifting the focus of intervention to understand the impact of violence and abuse and the insidious ways in which self-esteem, self-confidence and self-assertion can be undermined by the tactics of control and victim blaming creates a different focus for practice (Dutton 1996). Individual practice must acknowledge individual pain, but question where and under what circumstances the woman's emotional wellbeing became undermined. Children's self-esteem may need to be built in a context that acknowledges the family violence they have lived with. Mutual self-help groups and therapeutic groups have had a long history for both women and children in helping to acknowledge these contexts (Bunston & Heynatz 2006). More recently, recognition has been given to the ways in which the tactics of abuse directly and indirectly undermine the relationship between mothers and their children. Practitioners may need to actively create strategies and activities for strengthening this (and other) relationships which have been under attack (Humphreys et al 2006).

Sociological, women-centred and feminist perspectives of family violence, which acknowledge the social pattern of inequality in which violence and abuse is perpetrated, provide a social justice framework for counselling practice. Within this context, the gendered pattern of violence can be named and explored (Laing 2001) in all its complexity (see Memmott et al. 2006 for a discussion of good practice in Indigenous family violence prevention). An exploration of family violence that is situated within the broader framework of structured inequalities provides opportunities to understand the social nature of gender-based discrimination. It also supports opportunities for women and children to discuss not only the interpersonal experience of violence but other ways in which disability, poverty and other sources of inequality may have created further vulnerability to abuse.

3.4 Supporting frameworks and theories underpinning family violence practice

Practitioners in the family violence field come from a range of disciplines and professional backgrounds, using diverse methods and approaches. There is, however, broad agreement about a number of the primary theories and frameworks that are appropriate and effective in working with women and with children. These include the following and are discussed below – empowerment practice, attachment theory, grief and loss, trauma, and systemic/ecological analysis. Regardless of the practice approach taken, fundamental to the effectiveness of the counselling, group work or support is the quality of the relationship between clients and practitioners.

3.4.1 Empowerment in practice

An 'empowerment model' is generally advocated as the most appropriate orientation for counselling practice with women and children who have experienced family violence (Memmott et al. 2006:23, ODVN 2003:8; Seeley & Plunkett 2002:11, Gevers 1999:25, Domestic Violence Prevention Unit 1999:19).

The experience of disempowerment (being physically or emotionally prevented from taking action) is a fundamental aspect of physical and emotional violence; therefore rekindling a sense of empowerment may be an important part of recovery and survival for many women. The Ohio Domestic Violence Network (ODVN) defines empowerment as 'the capacity to influence the forces which affect one's life for one's own benefit' (2003:8). Although 'empowerment' as a concept tends to have a broad interpretation across the social services sector, definitions similar to this are adopted by most family/domestic violence service providers.

In practice, the principle of empowerment means:

- operating in a manner that supports women and children to experience a sense of being in charge of their lives – as being the 'expert on their own life' (Domestic Violence Prevention Unit 1999:19)

- women and children are encouraged to make choices and decisions about their lives and their autonomy and strengths are emphasised

- the practitioner provides information and education to assist women and children to understand their options and take action when they choose to. This is different to self-esteem building or counselling approaches which seek to address issues such as passivity or co-dependency in a clinical framework (Laing 2001:8).

Empowerment focuses on the clients taking a position of power in their lives with the practitioner encouraging clients to trust their own judgment and decision making.

It is important to note, however, that children's real power over their lives is limited, and that they are the most vulnerable to the decisions of others – whether it is the parent/carer using violence, or the decisions of the non-violent parent.

Being conscious of the power within the client-practitioner relationship is also important. Narrative therapy is commonly described as a respectful, non-blaming approach to counselling which centres people as the experts in their own lives. Importantly, it assumes people 'have many skills, competencies, beliefs, values, commitments and abilities that will assist them to change their relationship with problems in their lives' (Morgan 2000). A narrative approach is often cited as an approach that can increase the client's power:

- through seeing the client as expert in her own life, rather than the therapist taking an expert position

- emphasising the client's own agency or control

- adopting a position of collaboration with the client

- avoiding the use of pathologising approaches, while still recognising symptoms and being able to explore what a diagnosis may mean for the client

- being transparent in the use of questioning – why certain questions are used and how information will be used (Howard & Wirtz 1999).

The Western Australian Government Domestic Violence Prevention Unit's *Best Practice Model for the Provision of Programs for Victims of Domestic Violence* included a caveat that although client self-determination was the goal of the empowerment approach, service providers must of course maintain their legal and ethical obligation with regard to duty of care. This may at times conflict with the wishes or views of clients (Domestic Violence Prevention Unit 1999:19).

It is also important to assess a client's decisions alongside an evaluation of her safety risk, including the risk to children that may be involved (Seeley & Plunkett 2002:17). The new Family violence risk assessment and risk management framework has been designed to assist professionals' better support women and children at risk of continued family violence.

Other studies have also noted that although the goal of 'empowerment' may be to assist a woman to change and improve her circumstances, it is equally important that clients do not feel judged by their counsellors. Some studies have shown that some women felt pressured by their counsellor to make decisions for which they did not feel ready and some women were also concerned about 'letting down' their counsellor by not leaving a violent situation (Seeley & Plunkett 2002:17). There are many factors that may make it difficult for a woman experiencing abuse to leave or change her situation. This may include lack of access to finances, lack of alternative accommodation, family law issues or fear of retaliation by the abuser, no opportunity to take action, as well as ongoing positive feelings for the person using violence. It is important for counsellors to be aware of these issues and maintain their support for clients even when they make decisions that the counsellor finds illogical or frustrating (Seeley & Plunkett 2002:16).

While some counselling, support and group work practices are indicative of an empowerment approach to counselling, such as those mentioned above, the concept of 'empowerment' as a principle to direct practice refers to a broad approach or orientation toward practice. Specialised therapeutic approaches would work within the context of a principle of empowerment, not be replaced by it.

3.4.2   Attachment theory

Attachment theory, in relation to therapeutic practice, rests on the assumption that humans have a basic need to form attachments to people throughout their life. If people are unable to form these attachments, for whatever reason, their longer term emotional and social wellbeing will be compromised. The capacity for attachment is shaped by early experiences with caregivers. The principles of attachment theory would suggest that if a child does not develop a safe and secure bond with their early caregiver(s) then they may find it difficult to form trusting relationships with others later in life. However, if the child has been provided with a secure base in terms of close relationships with their caregivers, they will be more capable of developing close relationships throughout their life. Further, early experiences of loss can affect

a child's emotional development. For instance, if a child is too young to cognitively comprehend the loss of a parent, or even a temporary separation from a parent through events such as divorce or long-term hospitalisation, they may experience a fear of abandonment which could influence their relationships throughout their life (McLeod 2003: 100-103).

Attachment theory can be applied to family violence counselling in several ways, primarily by providing insight into the needs of children who have been affected by family violence. Violence within the family can impact upon the relationship between a child and their mother. In a situation of family violence, where violence is being perpetrated against the mother, the mother can become a source of both comfort and fear for the child. Babies are particularly attuned to their primary caregiver and will sense their fear and traumatic stress. They will become unsettled and more demanding of an already overwhelmed parent. Insecure, anxious or disorganised attachment behaviour is an impact of the trauma response to family violence.
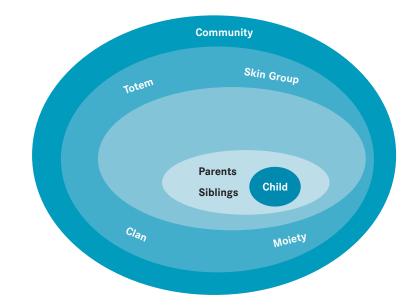
The care and comfort of an individual's significant others in the family and community is an important basis for recovery following traumatic events. Violence can isolate and degrade people, and the group is central to rebuilding a sense of belonging and affirmation. In other words, attachment has been shown to be an important part of the process of healing from traumatic events, for both adults and children (Miller 2007: 19).

Key points:

- Engaging non-offending parents, and providing mechanisms for children to begin to feel a more secure attachment to their parent, is an important part of the recovery process (Miller 2007: 20).

- Safety must be the primary consideration of women and children, the focus on stability and attachment must not override risk assessment and safety concerns (Miller 2007: 20).

- Group work can be integrated into the treatment process to reduce the sense of isolation that comes with family violence and trauma.

Working with Aboriginal Children and Families: Guide for Child Protection and Child and Family Welfare Workers, developed by the Victorian Aboriginal Childcare Agency (VACCA), describes the place of the child, and the model of parenting within Aboriginal culture. Aboriginal family structures are described as inclusive in nature, with relationships 'understood as ways of including people in the "parenting" of a child rather than specifying particular distinct and distanced roles'. Children are brought up with an awareness of the kinship structure, and often have strong relationships with aunties and uncles. Children are seen as belonging to the broader extended family and community rather than just to their parents. Child care is often shared, as are many elements of child rearing. Children are encouraged to be self-reliant, are expected and allowed to have a role in caring for younger siblings, and will commonly spend time staying or living with relatives.

It is acknowledged that the strength of Aboriginal traditional child rearing practices varies from family to family, but practitioners who bring an understanding of the traditional parenting approach to their work, as depicted below, are more likely to build rapport and develop trust with Aboriginal women and children.

Figure 1 below shows key features of a traditional Aboriginal family structure. A detailed explanation of each term is in Appendix B. While it is acknowledged that the 'strength of traditional child rearing practices varies from family to family' kinship structures are still strong.

Figure 1 Traditional Aboriginal Family Structure
Source: NSW Office of the Children's Guardian – Aboriginal material
www.kidsguardian.nsw.gov.au

3.4.3   Loss and grief

Feelings of grief and loss, which come with the end of a relationship, are particularly complicated in family violence situations. Women who have experienced family violence often grieve the loss of their relationship to the same extent that women experiencing divorce or relationship-loss for other reasons may do. However, this grief and mourning is often not acknowledged. Professionals working in family violence support services generally emphasise the positive aspects of a woman's decision to leave a violent situation, providing assistance with housing, income and so forth. This, along with the general view that women are better off leaving a violent relationship, may prevent a woman or her caregivers from recognising or acknowledging the sense of grief that accompanies the end of that relationship. Termed by Doka (2002) as 'disenfranchised grief', it is grief that does not fit into accepted cultural and moral patterns of grief (or a grief that cannot be publicly acknowledged). Furthermore, women escaping violent situations may fight against

feelings of grief, resisting the need for mourning out of pride. Feelings of anger, or desire for revenge, may also complicate the grieving process. Weisz and Scott identify a number of issues related to grief and loss that often apply to women who have experienced violence. This includes: loss of loved members of the perpetrator's family, loss of the dreams and expectations they had for their family, loss of trust in others, loss of a sense of their own capacity to judge other people (particularly a partner) and keep themselves safe (p.10–12).

Counselling for grief and loss is likely to be an important part of counselling practice for women and children who have experienced violence. As Weisz and Scott (2003, p. 10) write:

> If we consider sexual, physical and emotional abuse as a powerful reason to damage the bonds created by attachment, the consequent grief experienced by the survivor is undoubtedly a loss.

Indeed, acknowledging the grief that comes with the end of a violent relationship may be an important part of the healing process. However, it is important to acknowledge areas where stages of grieving may be unique to the particular social and cultural context of family violence.

The experience of loss, grief and trauma has ongoing relevance and impact in the Indigenous community as a result of their long history of traumatic losses, ongoing dispossession and the constant presence of death in the community. Funerals are a regular occurrence for Aboriginal people and every Aboriginal family has been touched by the Stolen Generations.

Key points:

- A framework of grief and loss therapy may be appropriate for counselling women and children who have experienced violence. However, the way in which the social and cultural context of family violence is unique to the grieving process must be understood.

3.4.4 Trauma

There is no one central approach to 'trauma therapy' and there are a variety of counselling models that inform trauma counselling practice, the most appropriate model depending on the particular needs of a client. Furthermore, people's response to traumatic events varies considerably. However, the defence strategies many people adopt to cope with trauma can cause ongoing psychological and social problems. Hyperarousal responses, such as defiance, resistance and aggression, along with anxiety, panic or increased heart rate, are common responses in children exposed to the trauma of family violence. Also common in young children and women is the

dissociative response where a child may be detached, numb and have a low heart rate. A dissociative child is often compliant, displays rhythmic self soothing or may even faint in extreme distress (Perry 2004) Research has indicated that many women who have experienced physical or sexual violence, exhibit symptoms of possible post-traumatic stress disorder (PTSD) (Stapleton et al 2007, Laing 2001: 9).

Family violence is a significant and often ongoing traumatic event for women and children and trauma-based approaches to counselling practice are appropriate for these clients. Models of trauma can provide a framework for exploring the longer-term impact of abuse 'which describes the woman's reactions as normal and understandable given the trauma to which she has been subjected' (Laing 2001: 10). Trauma models also equip the counsellor with a range of evidence-based techniques for working with women and children who have experienced family violence. However, there are factors that may differentiate family violence related trauma from other forms of trauma and may complicate the treatment process. For example, in the family violence context the emotional attachment to the perpetrator of the violence presents women - and children in particular - with a conflicting image of a person which can be difficult to reconcile.

The lives of women who experience violence are often enmeshed with the perpetrator's, through their children and/or their history and relationship together. Children are also likely to be strongly attached to the perpetrator. With other types of trauma or traumatic events, around which trauma therapy has evolved, the victim/survivor will not develop this type of connection with the perpetrator or assailant (if indeed there is one).

Women and children experiencing family violence are also at risk of subsequent violence, so there are issues of risk assessment, safety and ongoing vulnerability that need to be addressed before a treatment process for trauma can begin. Additionally, as Stapleton et al (2007: 01) point out, women who have experienced family violence or sexual assault are often likely to feel guilt and shame which isn't a common response to other types of trauma, and something not often addressed in trauma work. It is also important that the clinical individual model of trauma does not divert responsibility away from the perpetrator or from the social context in which family violence occurs. Clinical models can suggest that the 'problem' lies with the client and reinforce the message that it is she who needs to change or 'fix' herself in relation to the violence (Laing 2001: 11). A return to the foundational work of Herman (1994) reminds us that important steps in the healing process are not only individual but involve re-connecting women to social support and a wider social movement which continues to publicly acknowledge the social problem of violence against women and children. For children this will include the strengthening of their relationships with caring others and acknowledgement that they are not alone in their experience of living with violence and abuse. They need to be safe and given opportunities to integrate and make sense of their traumatic experiences (Miller 2007).

Key points:

- An appreciation of trauma theory enables counselling professionals to understand the response of women and children to violence. However the nature of family violence, as different from other sources of trauma, must be considered (Miller 2007).

- Ensuring the safety of women and children is the primary concern and healing from trauma can only begin as a level of safety becomes established.

- Reconnection to social support is a critical part of healing for women and for children.

3.4.5   Systemic/ecological analysis

Most psychological therapeutic methods have evolved in an individualistic framework – focusing on individual needs and problems. In contrast, a systemic theoretical approach to counselling places the individual within a social and/or environmental context, and draws on systems and constructivist theories rather than psychodynamic theories.

Systemic approaches to counselling practice are often used in family therapy. The basic model of systemic therapy in this context sees the emotions and behaviours of an individual as related to something going wrong at the systemic level, such as poor family communication. The emphasis of counselling practice is 'what goes on between people rather than what takes place *inside* them' (McLeod 2003: 190-191, emphasis in original).

The benefit of this approach for family violence counselling is that it places the client within a broader framework. That is, the therapeutic approach rests on the perspective that the family system as a whole needs to be addressed, not simply the individual client. In other words, therapy doesn't attempt to 'solve' the clients' 'problems' in an individualist framework. A systemic approach also recognises that children, as part of the family system, are affected by violence perpetrated against their mother and that a violent family situation affects the whole family.

A major criticism of systemic approaches to counselling practice from a family violence perspective is that they potentially shift responsibility for the violence away from the perpetrator. Violence can be positioned as occurring because of the nature and structure of the family or the dynamics within that system, placing 'blame' for violence on all members of that unit rather than the perpetrator. While a systemic approach may be useful in terms of understanding violence as something that occurs within the context of a family unit, the unequal power relationships within a family violence situation can't be ignored. Systems theory must be applied with reference to the basic safety of women and children who are experiencing violence, and in a way that ensures the counselling process does not divert responsibility for the violence from the perpetrator.

A systems perspective can also be incorporated at a service level, understanding that individuals and families affected by violence often become part of a service system. A service system that communicates and functions effectively will provide a more supportive environment for women and children affected by family violence than a fragmented and complicated system (Miller 2007: 16).

Systemic approaches are consistent with Indigenous approaches that seek to heal the whole family (including the perpetrator) and the community.

Key points:

• Individuals affected by family violence should be viewed in a holistic context. Their cultural, environmental and family background impacts on their experience of violence and capacity to recover.

Further references on the frameworks and theories discussed here are provided in the reference section following the guidelines.

4   Reform and legislative context

4.1   Reform context

These guidelines sit within the context of the family violence service system reforms. These reforms, supported by the Victorian Government and implemented by integrated service partnerships across Victoria, aim to improve the safety of women and children and improve the accountability of men who use family violence to change their behaviour.

A key feature of the service system reforms is emphasis on police, courts and support services working together to build a comprehensive, integrated response to family violence.

The evidence indicates that effective system integration is an important ingredient in achieving safety for victims and accountability of perpetrators of family violence.

Alongside the family violence reforms sit significant and related reforms to the Child Protection and Family Services programs with the introduction of the *Children Youth and Families Act 2005*, which has an emphasis on the best interests of vulnerable Victorian children. These reforms are the most significant change for 20 years to the way Child Protection and Family Services support vulnerable children in Victoria.

There is an increased mandate for all family violence services, including counselling and support services, to work with Child Protection and Family Services to enhance children's best interests and safety and protect them from the harmful effects of family violence. This includes new guidelines about information sharing, family violence risk assessment, reporting to Child Protection and referrals to the newly established Child FIRST teams.

These guidelines have been developed with the knowledge that working together across the service system, whether it be sharing information with Child Protection or assisting women to apply for a family violence intervention order, will help make the lives of Victorian women and children safer and help reduce family violence in the longer term.

Key reform documentation can be found in the Further Reading section of these guidelines.

4.2   Legislative context

Practitioners are expected to understand and comply with legislation that imposes duties upon them (such as the *Information Privacy Act 2000* and the *Children, Youth and Families Act*).

In relation to other key legislation relevant to women and children who have experienced violence (such as family violence legislation and family law legislation), practitioners are not expected to be experts in this legislation but rather should be able to provide women with general information and referral to appropriate legal advice and assistance.

Information Privacy Act 2000 and the *Health Records Act 2001*.

For more information and multilingual client brochures, see
http://www.dhs.vic.gov.au/privacy/public/html/ppolicy.htm

Crimes (Family Violence) Act 1987
Anyone experiencing family violence can apply for an intervention order. Children can be included on a parents order or if over 14 can apply themselves at the Children's Court. Intervention orders are legally binding court orders made by a magistrate under the Crimes (Family Violence) Act 1987 to protect a person from family violence or stalking behaviour by another person. Police can also apply for intervention orders.

An application for an intervention order can be made at any Magistrate's Court in Victoria. Some Victorian courts (Melbourne, Sunshine, Werribee and Dandenong) have specialist family violence services and lawyers who can assist applicants. The Family Violence Courts in Ballarat and Heidelberg have specialist services for applicants and defendants. Practitioners can refer clients to Community Legal Centres and court support programs and workers.

Police are able to apply for an intervention order and under their Code of Practice must take some action upon attending a family violence incident. New police holding powers *(Crimes (Family Violence) (Holding Powers) Act 2006)* are designed to provide extra protection in family violence matters. When police apply for an intervention order, summons or warrant on behalf of a victim of family violence, they will be able to direct the alleged offender to remain at a place stated by the officer.

New Victorian laws regarding intervention orders will be introduced this year with the drafting of the new Family Violence Bill. Applications for intervention orders will still be through the Magistrate's Court.

For more information about intervention orders and court support, see
http://www.magistratescourt.vic.gov.au

For more information about police responses, see
http://www.police.vic.gov.au/content.asp?Document_ID=10441

Victims of Crime Assistance Act 1996 and Tribunal

The Victims of Crime Assistance Tribunal (VOCAT) was established under the *Victims of Crime Assistance Act 1996* and came into operation on 1 July 1997. VOCAT was set up to acknowledge and provide financial assistance to victims of violent crime committed in Victoria. For more information see http://www.vocat.vic.gov.au

Family Law Act 1975

There have been significant changes to family law. It is very important for women and children experiencing or at risk of family violence to have access to information about their legal rights and obligations as they relate to family law.

Decisions about with whom children are to live and how much time they are to spend with the other parent are made under the Family Law Act. When parents are negotiating about these issues they also need to be guided by what is in this Act.

Practitioners should note that the information provided in Appendix A deals only with arrangements for children after separation. Financial issues that arise under the Family Law Act, such as property division, spousal maintenance and child support, can have a significant impact on women leaving violent relationships. Appropriate referrals to legal advice and assistance should be made to address these issues as well as issues in relation to arrangements for children.

Appendix A provides a brief overview of these changes.

Children Youth and Families Act

The Children, Youth and Families Act (CYFA) came into effect in 2007 and provides the legislative basis for the system of services that provide support to vulnerable children and their families and, where necessary, protect children from significant harm.

The central principle is that 'the best interests of the child must always be paramount'. It sets out the requirement that consideration must always be given to protecting the child from harm, protecting their rights and development, taking into account their age and stage of development.

Some features of the CYFA that are important to know about include:

• information sharing provisions for family violence workers

• Child First intake services in Victoria

• child protection reports for unborn children

- decision making for child protection and family services focused on best interests principles and practice, identification of cumulative harm and a focus on safety, stability and healthy development.

Publications regarding all CYFA changes are available on www.dhs.vic.gov.au/everychildeverychance.

Victorian Charter of Human Rights and Responsibilities

The *Victorian Charter of Human Rights and Responsibilities* is a law that protects the human rights of all people in Victoria. The charter also requires all 'public authorities', such as the Department of Human Services and its employees, to act compatibly with human rights and to consider human rights when making decisions. This includes public servants, Victoria Police, local councils, and ministers, as well as non-government organisations performing public functions on behalf of government. Upholding the human rights of women and children affected by family violence is a priority for this service component.

For more information about the charter, see **www.justice.vic.gov.au/humanrights** or **www.humanrightscommission.vic.gov.au**

5   Implementation and use of guidelines

Adopting and implementing the guidelines is the responsibility of the service as a whole, involving the governance structure of each service formally undertaking to ensure the translation of the guidelines into practice. The process will be an internal one, where services undertake a review to assess the alignment of their current practice, policy and systems, with the practice and service level guidelines set out in this document. This will require thoughtful consideration of each guideline, aided by the reflective questions provided in each section.

The purpose of reviewing the alignment between current practice and the guidelines is to demonstrate internally and externally that the services provided are grounded in the evidence, where it exists, or in consensus-based practice where the evidence is not well established.

The review process should not become an end in itself but rather be contextualised as part of the ongoing development of the direct practice and the management practices of the service. It should also be integrated with other quality assurance and improvement processes, including the implementation of other new initiatives and requirements, for example, the *Family violence risk assessment and risk management framework* and the *Code of practice for specialist family violence services for women and children*.

Each service will determine its preferred method of undertaking the review. It may occur over several weeks or several months, depending on the size and complexity of the service and competing demands on key people's time. It may involve considering one area of practice at a time or one client group at a time. Drawing on the experience of other implementation processes, once an approach is decided, an implementation plan is critical to staying focused, garnering resources and translating the guidelines into practice.

Once implemented, the guidelines become a tool for regular reflection – in supervision, development plans, service review and in the various family violence networks and forums that support the integrated effort.

Importantly, the whole service, from the frontline staff to the practitioners and managers, has responsibility for the quality and safety of the service provided, and all should be involved in the implementation process.

6   Guidelines for the foundations of practice

6.1   Professional conduct

Professional conduct in this context captures the behaviour, language, use of resources, and practice expected of a person employed to work directly with women and children affected by family violence. Some practitioners will be guided by a range of mechanisms, including professional standards, codes of practice and codes of ethics. Professional conduct draws on all of these and reflects a consensus-based understanding, built within a workplace.

Practice guidelines

1. Practitioners contribute to building a consensus-based model of professional conduct for their service.

2. Practitioners work with colleagues to maintain and improve sub-standard practices, prioritising those that impact on clients of the service.

3. Practitioners work to build an atmosphere of trust, respect and candour while respecting colleagues' rights to hold differing views.

4. Each practitioner encourages colleagues to continually reflect and develop their practice.

5. Practitioners recognise their own position as role models to clients and engage in constructive conflict resolution.

Reflective questions for agencies and practitioners

a. How do I demonstrate and continually develop my commitment to professional conduct?

b. What mechanisms do we have in place within our team to work through contentious and complex practice issues?

c. To what extent does reflection on my professional conduct form a part of my self-reflection, supervision, and professional development planning?

d. How do we understand and model respectful gender relations?

6.2   Inclusive practice

Practitioners' use of language, application of skill and use of resources are all focused on ensuring clients experience respect, empathy and a skilled response. Founded in a rights-based approach to practice, inclusivity refers to the need for all communication – verbal, non-verbal, written - to speak to the full range of client diversity in background, culture and experience. This is a challenge to a system primarily designed and staffed by people from the dominant Australian culture, and requires a concerted effort by services over time.

Practice guidelines

1. Practitioners' language, skills and resources ensure all clients experience respect, empathy and a skilled response. This includes Indigenous people, people from diverse cultural and language backgrounds; people with disabilities, people who are in same sex relationships.

2. Practitioners can demonstrate their cultural competence to work with specific groups of women and children.

3. Counsellors acknowledge cultural and religious reality for clients.

4. Practitioners are skilled at applying family violence theory and responses to women in same-sex relationships, for example, practitioners' language does not assume the gender of the person using violence.

5. Practitioners are skilled at recognising and responding to the dual marginalisation experienced by women with complex histories and needs.

6. Practitioners are committed to hearing and respecting the priority women may place on their relationship with the perpetrator, while at the same time engaging women in safety planning.

7. Practitioners demonstrate openness and willingness to learn about a culture without placing clients in the role of cultural advisor.

8. Practitioners are able to access cultural advice in a timely way to seek clarification, test any assumptions and better inform their practice.

9. Practitioners are skilled at using interpreters in counselling practice, including Telephone Interpreter Service, face-to-face and AUSLAN sign interpreters.

10. Agencies have policies regarding the use of qualified interpreters, and under what circumstances family members (especially children) may be used to interpret.

Reflective questions for agencies and practitioners

a. Where language or cultural barriers exist between practitioner and client, how do we ensure a common understanding between clients and practitioners of the service and the work to be undertaken?

b. How do I gain new knowledge about emerging communities where women and children may have experienced high degrees of trauma prior to arriving in Australia and integrate this into my practice?

c. How do we as a service understand the cultural contexts of family relationships? How do we bring this understanding to our family violence counselling of women and children from diverse cultural groups?

d. What do I know about my region's Indigenous community?

e. How do we as a service encourage referrals from Indigenous and culturally and linguistically diverse communities?

f. How do I actively recognise and recover from cultural mistakes?

g. How does my practice encourage women and children to have control over their decisions in a culturally meaningful way?

h. What are the main and emerging population groups in our catchment? To what extent are we seeing women and children from these groups?

i. To what extent does our referral network match the cultural profile of our clients, and the profile of our broader catchment area?

6.3   Integrated effort

Women and children's services are part of the continuum of response for people affected by family violence, and are most effective when robust networks are in place that allow ease of access between services. Achieving integration requires effort at the strategic level, the service level, and by practitioners at the operational level. At the service level integrated effort will be supported by memoranda of understanding and protocols agreed between services, which set out agreements, common understandings, referral pathways and information sharing agreements. At the practitioner's level, those who are dextrous at negotiating the service system will be able to offer their clients the most comprehensive service response. When clients have complex needs this is even more critical.

Practice guidelines

1. Each practitioner is knowledgeable about the family violence system and is able to refer, link and actively liaise across the system in the interests of women and children's wellbeing and safety.

2. Practitioners are familiar with men's behaviour change programs minimum standards and actively facilitate accountability protocols.

3. As part of an integrated response, practitioners are able to provide counselling to women and children with complex issues (including those single or multiple barriers to accessing mainstream service, for example, alcohol and drug use, complex disabilities and cultural barriers).

4. All service staff understand the roles and responsibilities of other agencies in the network, including professional or discipline-based differences in use of language and priority setting, and actively promote common understanding in the interests of women and children's safety and wellbeing.

5. Each service understands its place, participates in, and contributes to, a sustainable network of services focused on women and children's safety wellbeing.

6. Memoranda of understanding are in place with key partners in the service system, setting out obligations, responsibilities and the processes to be followed in relation to shared clients, access to resources and information sharing.

Reflective questions for agencies and practitioners

a. How have my agency's partnerships and agreements supported my work with women and children?

b. To what extent does my role contribute to the consistent and linked response that is the aim of the integrated system?

c. How do we evaluate the effectiveness of our networks? What measures do we use?

d. How effectively do I link in with Indigenous service networks to the benefit of clients?

e. How does this service support the effort to build networks that match the needs of clients?

6.4　Systemic advocacy

Advocacy at the systemic level aims to redress barriers, disadvantage or discrimination experienced by women or children. It is underpinned by the right of all to live free of violence, and it recognises that the systems and bureaucracies in place to deliver justice, economic support and other support are not always responsive to the needs of people at particular times, or with particular experiences.

Practice guidelines

1. Agencies support practitioners to undertake systemic advocacy, bringing to the attention of key points within the system any issues and barriers reported by clients or observed by practitioners.

2. Practitioners participate actively in relevant networks and forums to ensure systemic issues and solutions are identified.

3. Practitioners actively seek to represent the experiences of their clients in seeking policy and legislative reform.

4. Agencies actively seek positive working relationships within and across networks to ensure a forum for resolving barriers for clients and addressing policy and practice issues that may hinder an integrated response..

Reflective questions for agencies and practitioners

a. What are the mechanisms in our service for formal review to identify any barriers encountered by our clients?

b. How well do we use data collection and evaluation findings as evidence to support advocacy efforts?

c. Who are our key partners in advocating with and for people affected by violence? What is the basis of our partnership?

d. How do we resource advocacy efforts in our workloads and recognise the results of these efforts?

e. How do we reflect and prioritise systemic advocacy in our planning agendas?

6.5 Understanding and applying legislation and policy

The legal context for family violence practice is increasingly complex, with recent changes in both state and federal legislation. The practitioner plays a critical role in the timely provision of information and referral to women and children through the support/counselling/group work period. The practitioner is also subject to legal requirements as well as requirements to adhere to Victorian Government policy. Practitioners and agencies share responsibility for ensuring legislative and policy requirements are met.

Practice guidelines

1. Practitioners actively seek out up-to-date information about the laws and policies relating to their work and are personally committed to abiding by these.

2. Practitioners understand their duty of care obligations to women and to children, and are proactive in recognising and responding to duty of care issues that arise.

3. Services promote compliance with legal and ethical obligations of practitioners by resourcing staff with information, promoting discussion and ensuring legislation and government policy are reflected in organisational policy and practice.

4. Practitioners are able to articulate and provide relevant information and referrals to women and children about their legal options.

Reflective questions for agencies and practitioners

a. How are we contributing to a stronger justice response to family violence?

b. How does our service resource staff to remain abreast of changes in legislation, policy and procedural issues?

c. What quality assurance mechanisms are in place to ensure women and children are being referred appropriately and in a timely way?

d. How do we balance the legal interests of different family members, for example when the interests of women and their children may not be aligned?

7 Guidelines for phases of direct practice

7.1 First point of contact

The first point of contact is the beginning of the engagement phase and includes elements of assessment – particularly safety – as well as the provision of timely information about the service or other service options, in a welcoming and inclusive manner. The initial contact made with the service, either directly by the client or by a referring individual or organisation, may be via telephone, face-to-face or electronic communication.

Key message: Make it welcoming and make it easy

'It was such a relief to take the first step.'

Practice guidelines

1. On entering the service, the physical environment and the atmosphere make a clear statement of welcome to the range of age groups and cultures of people likely to attend the service.

2. Staff involved in the first point of contact are able to prioritise safety and action a crisis response if requested/required.

3. The response to a woman or child at their first point of contact includes timely information provision, with a focus on safety.

4. When taking referral information over the telephone or seeking more information about a referral, practitioners/staff ensure privacy is maintained, such as in reception areas.

5. Workers are aware of the risks to safety that may arise for children/women speaking over the telephone.

6. The full range of available options is offered. This could include other children's services, specialist mental health, drug and alcohol, or men's services.

7. When asking for information from an Indigenous person use appropriate language, ensure it is welcoming and show interest in the person, their family and where they have come from.

8. Information collected at the first point of contact includes a history of orders including family law, child protection and family violence intervention orders.

Reflective questions

a. How is safety included in all first contact interactions?

b. Following the first point of contact, do we know how to make safe contact with this client?

c. How is the safety of children prioritised at this early phase?

d. How is privacy maintained in our reception area?

e. How is potentially identifying information protected, for example, in data entry, to maintain client privacy?

f. What training and support is provided to reception staff to ensure the best possible response at the first point of contact?

g. How do people of diverse ages experience first contact with my service? What advice have we sought about this?

h. How do we know how women or children with a range of disabilities experience entry to our service?

i. To what extent is our information provided in a range of formats matched to clients' developmental stage, language and literacy? How do we know our information is useful to clients?

j. How confident and skilled are our frontline staff in asking people about Aboriginality?

k. How do we ensure Aboriginal clients know the reason for asking a question about Aboriginality and how the information is used?

l. What is our written procedure in the event of a violent incident and to what extent is it understood by frontline staff?

7.2　Engagement

Engagement refers to the development of rapport and trust between the practitioner and the client. It is paced to enable clients to become familiar with the service and gain a better understanding of the role of the service as well as their rights as a client of the service. Pacing is led by the client and may take numerous contacts before formal assessment can begin.

Risk and safety assessment for women and any children will form a part of this phase and may also include addressing practical issues that are priorities for clients. Activity and approaches in this phase will be tailored to the needs of each client and will be informed by the client's culture, their expressed preferences, their developmental stage, history of service use and so on. At the conclusion of the engagement phase, clients should know their rights as well as the expectations of the service (for example, limits to confidentiality, appointment cancellation), and be on the way to building a trust-based relationship with the practitioner.

Key message: Building trust means showing that you know each woman and each child is unique

'I went away feeling we were going to get help.'

'Speaking to her made me realise we were not alone. Finally I began to see the reality of what was happening.'

Practice guidelines

1. Practitioners understand the importance of establishing trust and pace the process to maximise the development of rapport.

2. Engagement is culturally respectful with methods tailored to the needs of the individual, for example, the cultural norms of the client may lead to an advocate attending and speaking on their behalf; it may involve the practitioner meeting with a client's family members who are supporting her help-seeking.

3. Clients are provided with explanations of their rights as clients of the service, appropriate to their age and intellectual capability.

4. Clients are provided with age and language appropriate information about service complaints procedures.

Reflective questions

a. How do I decide the most effective method of beginning work with each client?

b. How does our service demonstrate respect for culturally-based preferences in this early phase of work?

c. Do our service policies work against client-led pacing of the engagement phase?

d. How do I check that women and children have understood what we have offered and all the options available to them?

e. How do I show trust and use language that is focused on hearing and listening to the client's story?

f. Are there aspects of our model we consider non-negotiable, for example, number of sessions of counselling? How do these support or hinder offering a service that is paced to suit the client?

g. What do we know about the help-seeking patterns amongst different groups we work with, and the differences in help-seeking at different points in recovery?

h. While drawing on what we know about the general experiences of women and children, how do we ensure we are not stereotyping in our responses?

7.3   Assessment

Practitioners are required to use the Family violence risk assessment and risk management framework. Thorough assessment is critical to client safety and will ensure the client can express their needs and preferences, which will make evident whether the service can adequately and appropriately meet these needs. A good assessment will also inform the approach the practitioner may take in working with each client. It must include the presenting needs and the safety needs of any children. The assessment of safety and need begins at the first point of contact, is focused on in assessment, and revisited through the course of the work. Practitioner's may use a variety of methods for assessment, ranging from unstructured interviews to clinical assessment tools. Critically, practitioners need to ensure the cultural validity of any assessment tools and only use these appropriately. No matter what approach the practitioner takes, how questions are asked and how the conversation is entered into will directly affect the willingness and comfort of the woman or child in sharing their information.

Key messages:

Assess and analyse risk, safety, options and choices that are appropriate to age, developmental stage, gender and culture

A child's' subjective experience is central to assessment and analysis – put them at the centre of your assessment.

A woman's lived experience needs validation, careful listening and explanation of your role and the assessment process.

Adult voice: 'They told me why they asked all these questions about my children – I realised then they knew what they were doing.'

Child voice: 'There was a toy box in the room and we played in a sandpit.'

Practice guidelines

1. Practitioners use the Family violence risk assessment and risk management framework.

2. Risk assessment and safety planning for women and children, limits of confidentiality and information sharing requirements under the CYFA are explained to clients.

3. Assessment of children is informed by up-to-date theoretical and practice knowledge about how developmental stages, gender and culture can affect the impact and recovery from family violence.

4. Assessment takes a holistic view of the client – their cultural, environmental and family background – as a means of understanding the possible impact of violence and their recovery from it.

5. The assessment process is explained to each woman and child, along with age and culturally appropriate written information.

6. Assessment includes questions about the strengths and vulnerabilities of the relationship between child/ren and their mother and father.

7. Practitioners avoid any undue influence of parents/carers and other adults in their assessment of children, basing their assessment on knowledge and understanding gained about the individual child.

8. Assessment includes questions about previous or current family law, Children's Court orders and/or intervention orders.

9. Assessment includes a focus on the individual's strengths as well as resilience factors in a client's broader family or social context.

10. Practitioners use their knowledge of the symptoms of trauma to ensure comprehensive assessment of need.

11. Assessment includes identifying legal, financial and other practical requirements, providing information and connecting women and children to services.

12. Based on any concerns identified, practitioners actively discuss with women and children what other assessments might be useful, for example, a comprehensive physical and psychological assessment of children.

13. Proactive referrals are made for any needs identified that are beyond the scope of the service/practitioner.

14. Clients are given a choice of referral options (where these are available) to culturally specific or mainstream services, and are offered support in taking up the referral.

15. Group work assessment includes current safety status, recognising safety is variable particularly in the post separation period.

16. Assessment for group work includes consideration of the risk of re-traumatisation for participants through sharing their own experience or listening to the experience of others.

17. Assessment results in a written plan reflecting the goals that have been developed and including referrals to be made and the actions planned.

Reflective questions

a. How do I remain up-to-date about emerging issues and practice approaches?

b. How and when is safety reviewed as part of working with women and with children?

c. What form of safety planning do we recommend within our service?

d. How do I make sure I am referring appropriately to Indigenous services?

e. When seeking information from my clients how do I tailor my method to their strengths, for example, drawing, play?

f. How does my assessment of children promote their rights to protection from harm, to stability?

g. How do I understand my duty of care to women and to children? How do I explain this to women and to children as part of the engagement/assessment phase?

h. What referral pathways do I have to specialist assessment for children and for women?

i. What are our service protocols for seeking and disclosing information from other agencies as part of the assessment phase?

j. What is our mechanism for remaining up-to-date with current legal and family law information?

7.4   Counselling, case work and advocacy

Work with women and children can involve a range of therapeutic approaches and methods. In this section guidelines are provided for counselling women and children – whether individually or together, and for group work with women and with children. It is important to note that counselling is not a necessary precursor to group work; either or both may be useful to women and to children, and should be agreed with the client as a purposeful intervention based on assessed need and preferences.

Key message: Safety, validation and the parent child relationship

'We're not alone in this – and that helps.'

'I was a bit scared at first and I didn't want to talk – but the lady gave me a puppet to play with and then it was easier than I thought.'

7.4.1   Counselling

Counselling is focused on supporting women and children to move beyond their experience of family violence. One-on-one counselling is often defined as a developmental process in which the counsellor encourages and assists the client to:

- determine their own issues and goals

- decrease the effects of trauma

- gain self-agency in decisions affecting safety and their future plans.

Typically, individual counselling is conducted over an extended period of time and/or involves a set number of sessions as determined by the counsellor, client or service. In some cases, individual counselling may only involve one session. In the context of family violence, the counsellor will also consider the needs of the client's children within the counselling process and counselling may form part of a range of interventions to support the client and her children.

'Joint counselling' for couples in the family violence context is a highly specialised area of practice which is, to some extent, still contested in terms of its impact on safety, accountability and efficacy where family violence is present and, as such, is outside the scope of the integrated family violence counselling service model (see discussion in section 1.2 Scope of the guidelines).

Last month I went to counselling with my mum. She organised it. The counsellor was nice, she asked me to tell mum how I felt about everything. I asked mum why she didn't leave my step-dad earlier? She got upset and said she wanted to leave him but was worried about what he would do if she did. It was good because we got to hear how each other feels. (Bursting the Bubble, Stories from Young People DVIRC http://www.burstingthebubble.com/)

Practice guidelines

1. Practitioners recognise the importance of a proactive approach in family violence counselling and undertake to:

    −   proactively name the violence

    −   use the definition of family violence included in these guidelines

    −   locate the responsibility with the person using violence

    −   provide information and referral assistance to address the full range of issues arising for women and for children as part of a comprehensive response.

2. Counselling is informed by mutually constructed goals led and informed by clients' needs and includes ongoing attendance to safety.

3. Practitioners are skilled at recognising and responding to the attachment children may feel toward the person using violence.

4. Where concerns for the safety of children or young people arise through the counselling process, these are documented, discussed and actioned to privilege children and young people's safety, in line with counsellors' duty of care obligations.

5. Practitioners are knowledgeable and skilled in key practice theories, including empowerment practice; attachment theory including Indigenous parenting approaches; trauma; loss and grief; and the use of systemic or ecological understandings of the client in their context.

6. Where there are children as primary or secondary clients, practitioners attend to the strength of the mother-child relationship and offer specific support and/or referral to support the recovery of this relationship.

7. Practitioners focus on building a stable and consistent relationship with women and with children, with an understanding of the importance of the alliance between practitioner and clients.

8. Practitioners are aware of the range of responses to violence within the family violence dynamic and pace counselling to promote safety and avoid re-traumatising.

9. Practitioners are clinically skilled or have access to clinicians to assess and respond to symptoms such as depression and anxiety.

10. Practitioners build into the work with women and with children the development of social skills to promote confidence and competence where there is a need to re-establish and maintain effective interpersonal relationships.

11. Tracking of progress toward client goals is monitored, using the client's own perspective, observations by the practitioner and, for children, takes into account the views of the parent/carers.

12. Practitioners use planned closure of counselling with women and with children, promoting independence from the service, celebrating accomplishments and promoting connection to ongoing supports.

Reflective questions

a. How do I understand and seek consent in counselling children? How does our service understand and manage consent with children?

b. What mechanisms are in place to prompt the setting and review of goals? How is the client involved in these stages?

c. How do I pace counselling to promote safety and not re traumatise?

d. How do I ensure the limits to confidentiality are clearly understood by women and by children of different ages?

e. How does knowledge of the impact of family violence on child/parent attachment and the likely negative impact on the child's development inform my work with children and their mothers?

f.   How does my knowledge about developmental ages and stages guide my counselling with children?

g.   Who can I seek consultation from in regard to the needs of children across different ages and stages?

h.   How do I effectively use my understanding of the symptoms of trauma in working with women and with children?

i.   How do I speak with women about the potential cumulative harm of family violence on the physical, behavioural, psychological and social development of children?

j.   What protocol do we have in place to ensure child safety concerns are dealt with appropriately?

k.   How do I understand and manage the complexities within my duty of care obligations?

7.4.2   Case work and advocacy

Case work is a critical component of the response to family violence. While it is anticipated that counselling and group work would not be part of the crisis response, the nature of family violence and the resulting upheaval means there will be instances when practitioners will be the best placed people to support their client with the practical assistance generally associated with case work. Where practitioners may be the case manager for a particular client, they are more likely to be part of a case management plan, coordinated elsewhere in the service or by an external service. Case management is intended to assist the client to better negotiate multiple services, while enhancing outcomes by adopting a planned and collaborative approach to meeting client needs. A case manager coordinates access to each of these services from a centralised position, while working collaboratively with other professionals who are involved with the client.

Advocacy is about advancing the rights of women and children affected by family violence, and may be part of a case work response or provided on a time-to-time basis. Advocacy may involve working with, and on behalf of, individual women and children to ensure their needs are appropriately and adequately met by services or systems. On other occasions when a client is confronted with a barrier to service or support or information to which they are entitled, the practitioner may be best placed to advocate alongside or on their behalf. Advocacy in the family violence context requires specialised knowledge of the service system; an understanding of how to consider and resolve tensions that may arise when the rights of children and their mothers differ; a commitment to empowerment practice; and professional relationships and contacts to negotiate access or address other concerns of clients.

Key message: **Children's needs and rights come first**

Adult voice: 'They worked with me on what they said they would, and together we helped my kids.'

Child voice: 'It was important the worker stayed in touch – they're nice and they help you and they talk to you – that's what they're here for.'

Practice guidelines

1. Practitioners assist women and children to identify their needs and rights, and advocate for these rights.

2. Practitioners skilfully apply their specialist knowledge of the service system to assist clients to navigate and access information and services required.

3. Practitioners understand their greater duty of care to children than to adults and are informed by this hierarchy in understanding and advocating with and for children.

4. Where there are barriers to self-advocacy, practitioners advocate in the interests of their client/s, keeping in mind their duty of care obligations.

5. Practitioners identify systemic issues experienced by women and by children and refer these through their service to be addressed at the appropriate level.

6. Where counselling forms part of a broader service to a client, practitioners participate in the case management arrangements required to support their client, whether the case management is provided internally or by an external service.

7. Agencies have in place policies and practices to guide practitioners in relation to their role and obligations as part of a case management framework.

8. Agencies have in place procedures to guide practitioners in working with Victoria Police and in response to child protection concerns.

9. Practitioners maintain client notes for each client, including separate notes when working with parents and children.

10. Service record keeping systems, including access, comply with the requirements of the Privacy Act as a minimum.

Reflective questions

a. How does our service ensure that our team is kept up-to-date about changes in key service systems including the courts, police, Centrelink?

b. How does our service prioritise advocacy?

c. How do we pass on the experience of our clients into the policy agenda at a regional and state level?

d. How do we ensure the barriers encountered by children and other vulnerable groups in accessing services feeds into systemic advocacy?

e. How do we work in with case management plans coordinated through external agencies?

f. How do our procedures and policies support collaboration?

g. How do we resource participation in the relevant networks and demonstrate the worth of networking?

h. How do we participate in reviews, evaluations and other relevant projects to ensure the voices of our clients feed into policy and review processes?

i. What mechanisms do we have in place to ensure our record keeping complies with state and national legislation?

j. What key partnerships are in place and operating well in the interests of women and children? What are the priority areas for new partnerships, knowledge and advice?

7.4.3   Group work

Groups can help reduce the sense of isolation that often comes with the experience of family violence, and provide women and children with positive, affirmative feedback from others as well as a chance to reconnect with others. Groups should be a space in which participants feel safe, where their experience is validated. A range of therapeutic methods and approaches is used in group work and groups for women and for children can take many forms, including:

• Networking and information groups – open, ongoing, supportive and resource orientated groups to provide opportunities for women and children to meet others who have had similar experiences of family violence in a supportive environment. They focus on empowerment, social support and safety.

• Support/educational – closed and time limited groups to address the impact of the violence and provide an educational component on its causes, complexity and consequences with a focus on victim safety.

• Therapeutic groups – closed, more directed to specific therapeutic goals, provide opportunities for women and for children to support each other through the therapeutic process.

The micro skills described here apply to group work practice, as does the proactive approach to naming and defining family violence and locating responsibility with the person using violence.

Key message: Safety, ownership and rebuilding connection

Adult voice: 'Spending time with other women, talking about ourselves, and also our kids – it was the best and the hardest thing to do.'

Child voice: 'This is mainly an activity place – you come here to have a good time.'

Practice guidelines

1. Group work is offered to women and to children in response to the assessed need and preference of clients.

2. Prerequisites for facilitators of family violence groups, in addition to the theory and framework outlined above, include:

    –   understanding and skills of group work as a practice method

    –   understanding and skills in the role of facilitator

    –   understanding of the risks of re-traumatisation

    –   understanding of importance of strengths-based methods, including approaches that attend to stories of women and children's resilience

    –   skill in showing respect through body language, listening and understanding to engage with people from cultures other than their own

    –   clearly defined roles with an established framework for co-facilitation.

3. Children's groups include:

    –   pre-group assessment sessions with child only and the child with their mother

    –   a range and balance of age appropriate activities that engage on a number of levels – talking, activity, reflection, sharing, listening

    –   mothers as active participants in supporting their children's recovery and rebuilding the mother-child relationship

    –   a minimum of two facilitators with a preference for three to ensure responsiveness to individual needs that may arise

    –   an age appropriate, soundproof space that allows ease of entry and exit

    –   complementary sessions for parents, siblings and or individual sessions.

4. Depending on the objective of the group, groups with children may include a focus on:

    – responsibility for the violence lying with the perpetrator

    – feelings about the violence and their parents/carers, including potential for confusion about and loyalty to perpetrator

    – problem solving, negotiating and social skills

    – focus on feelings about themselves

    – exploring assumptions about gender roles

    – strengthening of their personal support network.

5. The type of group (open, closed, ongoing, time limited) is explored in terms of both need and the resources available.

6. Practitioners ensure that commonly agreed good practice approaches are in place, including group composition in terms of similarity of age/stage/cultural background/experience of violence.

7. Participants are actively engaged in establishing boundaries regarding confidentiality, safety and setting ground rules for the group.

8. Planning for groups with women from small communities include consideration of the particular challenges in this context in terms of confidentiality; gender roles within a particular community; lack of alternate supports.

9. Groups are adequately resourced to ensure the purpose, focus, content and process of each session is documented and reviewed.

10. Participants are actively engaged in evaluating the group – process, content, outcomes (immediate and on follow up basis).

Reflective questions

a. How do I articulate my theoretical understanding of group work? How does this apply to the group I am running?

b. How do I establish guidelines with women and with children that attend to individual and group safety and confidentiality?

c. How do we optimise our referral pathways across service networks to promote our groups and engage suitable numbers of participants?

d. How do we ensure workers across the referral system understand the benefits of groups and are equipped to promote group work to clients?

e. How do I balance needs of individuals and needs of the group?

f. How am I using the dynamic of the group to achieve group aims?

g. How do I understand and incorporate cultural communication, for example, avoidance and diversion, into my group work practice?

h. What measures am I using to evaluate whether the group is meeting its objectives?

i. What aspects of the program/approach are contributing most/least to this?

j. How are we managing/helping women and children to manage safe disclosure?

k. How are we resourcing effective debriefing and supervision?

l. How is the client's voice heard in the evaluation?

m. How does our process for setting group norms build women's ownership of group?

n. How do I effectively contain situations that arise in the group, for example, redirect dominant discussion/individual?

o. How do we balance the pressure/tension between getting adequate numbers to run a group, and screening/referring of participants who aren't ready or suitable?

p. What range of developmentally appropriate group work can we provide?

q. To what extent are we collaborating through our service network to offer clients a choice of options?

r. What additional advice, support and expertise could we be bringing in to support our work?

s. What qualifications and skills do we have in house to build our group work program, for example, infant/toddler and mother/carer groups?

8 Guidelines for organisational support of practice

8.1 Policies to support practice

Service policies are internal statements that frame the work of staff within that service. Service policies are designed to ensure the service complies with its legal obligations and standards of operational practice in relation to clients, health and safety, equal opportunity and so forth, as well as guiding the ethical and professional practice of service staff

Service guidelines

1. Agencies consider all policy and procedure from the perspective of children's needs and interests.

2. Agencies have reviewed policies in light of the reform to the family violence system, the Family Law Act 1975, and the Children, Youth and Families Act 2005, including:

   – intake systems and procedures

   – assessment, including the use of the Family violence risk assessment and risk management framework

   – confidentiality policy, including its limits and the sharing of information about children

   – record keeping, including purpose, standard, correction, storage, access

   – child protection obligations

   – formal links to men's behaviour change programs.

3. Agencies comply with safe recruitment processes for anyone who works with children, including the Working with Children Check.

4. Agencies have in place an explicit statement of compliance with these practice guidelines, and include it in recruitment and other relevant activity.

5. Agencies ensure the safety of staff and clients in the event of a violent incident at the service through consideration of the physical environment, security protocols and critical incident management.

Reflective questions

a. To what extent do our policies need to be reviewed to reflect the new way of working?

b. How do we make sure all our staff, from first point of contact through to practitioners, understand the new practices?

c. What's our plan for reviewing our policies and procedures? What resources do we need to allocate?

d. Using the 'best interests of the child' measure, how child-focused is our operational, practice and management policy?

8.2   Supervision

Professional or clinical supervision is a formal, structured process of support for practitioners. Supervision assists staff to explore aspects of their professional practice and develop their knowledge and skills. It also provides an opportunity for staff to debrief and is an important aspect of self-care for staff, particularly in areas of practice concerned with trauma. Supervision also contributes to effective clinical governance to ensure accountability and adherence to service policy. Professional supervision may involve individual or group sessions, and the approach may be informed by a variety of theoretical perspectives.

Service guidelines

1. Services recognise the place of supervision in the quality of the service offered to clients.

2. Services ensure the availability of suitably qualified practitioners to provide secondary consultation regarding complex practice issues – from within the service or through agreement with another service.

3. Supervision is used as a forum to promote and maintain practitioner self-care and emotional health and wellbeing.

4. Time is allocated within workloads and forums are provided for practitioners to engage in critical self-reflection on their practice methods and effectiveness of methods.

5. Supervision actively promotes a practitioner's awareness of their own perspectives and potential for bias, and potential for this to impact on their practice.

Reflective questions

a. To what extent is secondary consultation part of our service and practice culture? Does this need to change to improve our practice?

b. To what extent is supervision linked to our accountability for our practice, as well as development?

c. How do we provide the supervision and mentoring that is required by culturally specific workers?

8.3 Professional development

Professional development is an ongoing process by which staff develop skills and knowledge to enhance their professional practice. Professional development may involve coaching, observation, formal studies, accredited short courses or professional supervision.

Service guidelines

1. Entitlement to ongoing professional development is formalised in service policy.

2. Generalist agencies invest resources for training that is specific to family violence practice.

3. Professional development regarding family violence practice is targeted to all relevant people in the service, from first point of contact through to managers.

4. Practitioners have a professional development plan that includes areas for development and timeframes for ongoing review and revision.

5. Where possible, culturally specific training is made available to staff to ensure cultural competence continues to develop.

6. Practitioners have the opportunity to access cross-disciplinary training.

Reflective questions

a. How are we using our professional development to better understand and integrate with the family violence reform agenda in Victoria?

b. How do we link performance review (including client feedback) to ongoing professional development planning?

8.4 Research and evaluation

Research and evaluation is a structured process of acquiring information with a view to improving service delivery and/or client outcomes. There is a variety of methods that can be used to evaluate a service or undertake research. The most appropriate method will depend on the nature of the research and the needs of the service. Ethical considerations will always form part of good research and evaluation methods.

Service guidelines

1. Methods are selected for the 'good fit' with empowerment practice.

2. Services have in place policies to govern all aspects of research and evaluation, including ethics approval requirements, client privacy and protection, and use of records.

3. Methods ensure the voice of children and of women using the service is a key feature of the evidence base.

4. Practitioners are supported (through time provision and mentoring) to contribute to the ongoing development of the evidence base in effective ways of working with women and children, for example, writing of articles, conference papers, undertaking advisor roles to external projects.

5. Services use relevant clearinghouses as a resource to their practice and to inform practice research and evaluation.

6. The true cost of time and other resources is factored into allocations for evaluation.

7. Agencies establish mechanisms for consumer feedback and input to continual improvement.

Reflective questions

a. To what extent do we actively seek evaluative feedback from peer agencies as part of our internal evaluation effort?

b. How do we contribute to the evidence base for family violence practice? How are we linking in with regional, state or national research priorities?

c. What areas of practice are we developing that could be independently evaluated?

d. What are our links and networks into academic and research networks that could draw resources to our evaluation efforts?

8.5   Subcontracting arrangements

A subcontract is an arrangement between a service and an independent practitioner that assigns some responsibility for service delivery to that practitioner in exchange for a fee. As the subcontractor is not an employee of the service, it is important that issues relating to professional standards and legal requirements are negotiated as part of the subcontracting arrangement.

Service guidelines

1. Agencies have in place written agreements with subcontracted counsellors binding them to these practice guidelines.

2. Subcontracted counsellors have in place or are provided with access to secondary consultation and counselling.

3. Agencies have in place mechanisms to ensure subcontracted counsellors are operating in line with the integrated approach to family violence counselling.

Reflective questions

a. What is our understanding of subcontracted counsellors in the integrated family violence model, for example, in terms of key legal and policy requirements such as Child First, Working with Children Check?

b. What is the service expectation of information sharing about a client referred for counselling?

c. What are the legal obligations on subcontracted counsellors in regards to child protection practices?

Appendix A Family Law Act 1975

Legal principles re decisions about children

The best interests of children

In making decisions or reaching agreements about children, the 'best interests of children' are the paramount consideration. There is a list of criteria to help decide what is in the child's best interests. The two primary considerations are the benefit to the child of having a 'meaningful relationship' with both parents and the need to protect children from harm from being exposed to family violence. Other considerations include the child's views and whether parents have fulfilled their parenting responsibilities (including by spending time with their children).

Presumption of equal shared parental responsibility

There is generally a presumption that parents are to have 'equal shared parental responsibility' for their children. This is **not** a presumption of equal time or shared care and the presumption of equal shared parental responsibility does not apply if there are 'reasonable grounds' to believe there has been violence or abuse. An order for equal shared parental responsibility means that parents must try to make **joint** decisions in relation to major long-term issues like schooling and health care.

Where an order for equal shared parental responsibility is made, courts are required to **consider** the appropriateness of equal time or substantially shared time arrangements, but such arrangements may only be ordered if they are practical and in the best interests of the child.

Family dispute resolution (mediation)

What is family dispute resolution?

Family dispute resolution (FDR) is the new term in the Family Law Act for mediation. FDR is a process in which an independent family dispute resolution practitioner (FDR practitioner) helps people to resolve their disputes. The FDR practitioner does not make decisions about disputes but rather facilitates the parents reaching agreement between themselves. All FDR is child-focused as it attempts to encourage parents to focus on and reach agreements that are in the best interests of the child. 'Child inclusive' FDR is available in some locations, where specially trained FDR practitioners have been engaged. This process involves the FDR practitioner speaking with the child and bringing the child's views into the FDR process.

Compulsory family dispute resolution except where violence or abuse

If parents want to make a court application about where children are to live and with whom they are to spend time, they are generally required to obtain a certificate from a **registered** FDR practitioner saying that they have attended for FDR and to file that certificate at the same time as their court application. However, this requirement does not apply where there are reasonable grounds to believe that there has been violence or abuse. There are other exceptions that may also be relevant, including that the application is urgent.

Women still need to get information

Where women seek to rely on the exception regarding violence or abuse, they are still required to obtain information regarding the services that are available to them in these circumstances (unless there is an immediate risk of abuse or violence). This information can be obtained from the Family Relationships Advice line on 1800 050 321.

Attending family dispute resolution where there has been violence

If clients decide to attend FDR in situations where there has been violence or abuse, practitioners should familiarise themselves with resources available to assist women in these circumstances[3] and, where appropriate, use these resources to assist women in preparing for mediation. In particular, counsellors should:

- Be aware that the FDR practitioner may still issue a certificate stating that they do not believe FDR to be appropriate in the circumstances. This certificate will not state the reason for that belief, which may well be the presence of family violence. If such a certificate is given, a client can issue a court application, if they need to do so, without showing to the court that there are reasonable grounds to believe there has been violence or abuse.

- Encourage women to obtain legal advice prior to attending FDR and prior to signing any agreement arising from the FDR.

Recording agreements about children

Consent orders

In order for a written agreement about children to be legally enforceable, an application needs to be made to a court for the agreement to be turned into a 'consent order'.

Parenting plans

However, any written agreement in relation to children that is signed and dated and is not made under coercion is a 'parenting plan' under the Family Law Act.

Parenting plans are not directly enforceable but they have important legal consequences, including that they will generally:

- override prior court orders
- be taken into account in the future if courts are later asked to make decisions about the children.

3   *Preparing for Mediation: Tips for Women who have experienced domestic violence, DVIRC, 2006:*
     http://www.dvirc.org.au/HelpHub/MediationTipsFINAL.doc
     Mediation on Children's Issues in Family Law, Women's Legal Service Queensland, 2007:
     http://www.wlsq.org.au/documents/publicat/cle/mediation%20booklet%20A4.pdf

Services to assist separating families

A range of early intervention and post separation services is provided to separating families or families at risk of separation under the Commonwealth's Family Relationship Services Program.

These include:

• adolescent mediation and family therapy

• children's contact services.

Some of these services may be beneficial to women, children and young people going through family law proceedings. See: www.facsia.gov.au/frsp

Appendix B Aboriginal family structures

This information has been sourced from *Working with Aboriginal children and families: a guide for child protection and child and family welfare workers*, Victorian Aboriginal Child Care Agency, 2006.

Below is text that explains in more detail the diagram reference from the booklet.

Family structures are critical in developing the sense of identity for all children. Aboriginal family structures are primarily embracing and inclusive in nature. Relationships with Aboriginal families are understood as ways of including people in the parenting of a child rather that specifying particular distinct or distanced roles.

Language group

Each language group, sometimes referred to as a nation or tribal group, shares common laws, traditions, political and economic arrangements and spiritual dreaming stories. There may be several distinct communities within each language group.

Skin group

There are a number of skin groups within language groups, and all Aboriginal people are born with a skin name. Skin groups govern social behaviors and interaction, determining those with whom individuals can and cannot talk to, marry and trade with, as well as identifying their natural enemies.

Totem

For Aboriginal people the 'totem' is a non-human species or phenomenon that stands for or represents the group. The totem links people or groups through their physical and kin relatedness. Totem relationships are embedded in a view of the world in which connection is the foundation of all life. In some areas totems represent individuals and groups in broader social contexts. Group representation is often achieved symbolically – the image of the totem represents the person or group to others.

Moiety

As well as skin groups, all people belong to one of two basic divisions, or moieties. Children belong to the same moiety as their father; their mother belongs to the other moiety. Everything – Spirit Beings, plant and animal species, clan groups, areas of land and water – belong to these moieties. Within each moiety people belong to smaller groups called clans.

Children

Children have a set place in the family and community with all the responsibilities of law and culture. As an example, children often participate as equals in undertaking family obligations and are expected to participate in family commitments such as attending funerals.

It is common amongst Aboriginal families for children and young people to:

- Sleep at a relative's home or move between homes of family members. The Aboriginal approach to child rearing means this occurs with parental knowledge and the child's safety is not compromised.

- Take on responsibility as adolescents for younger family members. In large families especially, adolescents take on limited parenting tasks although it is clear that the adults assume the responsibility for all of the children.

- Be expected to share resources within the family.

Copies of this guide can be ordered through:

VACCA Head Office
139 Nicholson St
East Brunswick 3057

Tel: (03) 8388 1855
Fax: (03) 8388 1898 (Corporate/Admin/Link Up) or 8388 1888 (Service Delivery)
Email: vacca@vacca.org
Website: www.vacca.org

Appendix C: Further reading

Assessment

Bailey, A & Bickerdyke, A. (2005) 'Family violence and family mediation' in 'Families Matter', 9th Australian Institute of Family Studies Conference in Melbourne, February 2005

Department for Victorian Communities (2007) *Family violence risk assessment and risk management*, Department for Victorian Communities, Melbourne

http://www.office-for-children.vic.gov.au/integrated-family-violence/guidelines

Attachment and early childhood development

Burke, C. (1999) 'Re-dressing the balance: child protection intervention in the context of domestic violence', in J. Breckenridge & L. Laing (eds) *Challenging silence: innovative responses to sexual and domestic violence*, Allen and Unwin, Sydney

Daniel, B. & Wasell, R. (2004) *Child development for childcare and protection workers*, Gilligan Jessica Lang Publishers, London

Perry, B. D. (1995). *Maltreated children: experience, brain development and the next generation*, Basic Books, New York

Perry, B. D. (2006) Applying principles of neurodevelopment to clinical work with maltreated and traumatized children in *Working with Traumatized Youth*. Edited by Boyd Wedd N. Guildford Press, New York

Prior, V. & Glasser, D. (2006) Understanding attachment and attachment disorders: theory evidence and practice, *British Journal of Social Work*, v 37 no. 2 pp363-4

Quinlivan & Evans, S. (2005) Disrupted Attachment, Impact of domestic violence and drug abuse in pregnancy on maternal attachment and infant temperament in teenage mothers in the setting of best clinical practice, *Archives of Women's Mental Health* v 8, pp 191-199

Schore, A. N. (2003). *Affect dysregulation and disorders of the self*. WW Norton & Company, New York

Shonkoff, J. P. & Phillips, D. A. (2000). *From neurons to neighbourhoods: the science of early childhood development*, National Academy Press, Washington, DC

Impact on children

Bancroft, L. (2004) *When Dad hurts Mom: helping children heal the wounds of witnessing abuse.*, G. P. Putman's Sons, Penguin Group (USA) Inc., New York.

Department of Human Services (2007), *Child development and trauma guide*, Best Interest Series, 2007, http://www.office-for-children.vic.gov.au/__data/assets/pdf_file/0013/43042/ecec_development_and_trauma_intro.pdf

Department of Human Services (2007), *Good practice guide: a statewide snapshot*; 2007 http://www.office-for-children.vic.gov.au/__data/assets/pdf_file/0020/74342/Good_Practices_Guide.pdf

Mudaly, N. & Goddard, C. (2006), *The truth is longer than a lie: children's experiences of abuse and professional interventions*, Jessica Kingsley Publishers, London

Rossman, R. Hughes, H. M. & Roseberg, M. S. (2000) *Children and interparental violence: the impact of exposure*, Brunner/Mazel, USA

Schore, A.N. (2001) The effects of early relational trauma on the right brain development, affect regulation, and infant mental health, in *Infant Mental Health Journal*, 22;1–2:201–269

Thomson Salo, F. & Paul, C. (eds) (2007) *The baby as subject*, Stonnington Press, Melbourne

Family violence, child safety and wellbeing web pages

Bursting the Bubble:	www.burstingthebubble.com/
Centre for Excellence:	www.cwav.asn.au/
Child Protection and Family Services:	www.office-for-children.vic.gov.au/ every-child-every-chance/home
Child Protection Clearing House:	www.aifs.gov.au/nch/
Child Safety Commissioner:	www.ocsc.vic.gov.au/
DVIRC:	www.dvirc.org.au
Family Violence Clearing House:	www.austdvclearinghouse.unsw.edu.au
No to Violence:	www.ntv.net.au/
Office for Women:	www.women.vic.gov.au

Family violence service responses and guidelines in Victoria

DHS web site: http://www.office-for-children.vic.gov.au/family-violence-sexual-assault/home

DVIRC web site: http://www.dvirc.org.au/ServicesHub/ServicesIndex.htm#vic

Related guidelines and standards

Men's behaviour change group work– minimum standards and quality practice
http://www.office-for-children.vic.gov.au/integrated-family-violence/guidelines

Homelessness assistance service standards
http://www.office-for-children.vic.gov.au/integrated-family-violence/guidelines

Code of practice for specialist family violence services for women and children
http://www.office-for-children.vic.gov.au/integrated-family-violence/guidelines

Group work

Bunston, W. & Heynatz, A. (2006) (eds) 'Addressing family violence programs: group work interventions for infants, children and their parents', The Royal Children's Hospital Mental Health Service, Melbourne

Mitchell, G. (2006) *Moving forward at last: evaluation of the family violence project's*. New Beginning's Groups, Connections, Uniting Care Australia

Indigenous family violence

Blagg, H (2000) *Crisis intervention in Aboriginal family violence: strategies and models for Western Australia*, Partnerships Against Domestic Violence, Canberra

Mullender, A. & Ward, D. (1991) Self-directed Groupwork: Users Take Action for Empowerment, Working with children and child protection concerns, Whiting and Birch, London.

Legal information

Federation of Community Legal Services
www.communitylaw.org.au/cb_pages/women.php

Magistrates Court
www.magistratescourt.vic.gov.au

Queen Victoria Women's Centre
www.qvwc.org.au/infohub/violence_against_women/domestic_violence_family_violence/what_can_i_do/police_response_and_legal_options

Victoria Police
www.police.vic.gov.au/content.asp?Document_ID=288

Women's Information and Referral Exchange
www.wire.org.au

Loss and grief

Abrahams, H. (2007) *Supporting women after domestic violence*, Jessica Kingsley Publications, London

Doka, K. J. (2002). Introduction. in K. J. Doka (Ed.), *Disenfranchised grief: Recognizing hidden sorrow* (pp. 3-11), Lexington, MA: Lexington Books.

Gevers, L. (1999), *Models of service for working with children and young people who have lived with domestic violence*, Report prepared for Partnerships Against Domestic Violence, Queensland Department of Families, Youth and Community Care, Queensland.

Hester, M., Pearson, C., Harwin, N. & Abrahams, H. (2006), *Making an Impact: A Reader*, (2nd edn), Jessica Kingsley, London.

Humphreys, C. & Stanley, N. (2006) (eds) *Domestic violence and child protection: directions for good practice,* Jessica Kingsley Publications, London

Humphreys, C., Mullender, A., Thiara, R.K. & Skamballis, A. (2006) *Talking to my mum: a picture workbook for workers*, mothers and children affected by Domestic Abuse Jessica Kingsley Publications, London.

Kübler-Ross, E. (1973) *On death and dying*. Routledge USA

Laing, L. (2001) *Children, Young People and Domestic Violence Issue Paper 2*, Sydney, Australian Domestic Violence Clearinghouse http://www.austdvclearinghouse@unsw.edu.au

Men

Family Violence Prevention Association (2005) No To Violence Male Family Violence Prevention Association (NTV) (2005) *Journeys in Fatherhood: an Anthology.*

Katz, J. (2006), *The Macho Paradox: why some men hurt women and how all men can help*, Sourcebooks Inc. Illinois, USA

Narrative therapy

Aboriginal Health Council of SA (1995) 'Reclaiming our stories, reclaiming our lives', *Dulwich Centre Newsletter No 1*, Dulwich Centre Publications, Adelaide

Denborough D, Koolmatrie C, Mununggirritj D, Djuwalpi Marika, Dhurrkay W & Yunupingu M (2006) 'Linking Stories and Initiatives: A narrative approach to working with the skills and knowledge of communities', *The International Journal of Narrative Therapy and Community Work Number 2*, available at www.dulwichcentre.com.au

Morgan, A. (2000) What is narrative therapy? Dulwich Centre Publications Adelaide http://www.dulwichcentre.com.au/alicearticle.html

Same sex domestic violence

ACON (AIDS Council of NSW) (2003) *Selected readings on same sex domestic violence*, Same Sex Domestic Violence Interagency; Gay and Lesbian Rights Lobby, Sydney

Bagshaw, D., Chung, D., Couch, M., Lilburn, S. & Wadham, B. (2000) *Reshaping violence*, Department of Human Services, South Australia, University of South Australia, Commonwealth of Australia.

Working with women

Bailey, A. & Bickerdyke, A. (2005) 'Family Violence and Family Mediation' presented at 'Families Matter', 9th Australian Institute of Family Studies Conference, Melbourne

Davies, J. Lyon, E. & Moni-Catania, D. (1998) *Safety planning with battered women*, Sage, London

DVIRC (2007) *Behind closed doors: family dispute resolution and family violence*. Discussion Paper 6, 2007

'Emily' and the Domestic Violence & Incest Resource Centre, He Loves Me, He Loves Me Not: Recovering from Family Violence (2003) Needs to be author, year of publication, title, publisher, place of publication

Humphreys, C. & Stanley, N. (Editors) (2006) *Domestic Violence and Child Protection: Directions for good practice*, Jessica Kingsley Publishers, London.

Jennings, C. (2003) *Triple disadvantage: out of sight out of mind:* Violence against Women with Disabilities Project, DVIRC, Melbourne

Laing, L. (2001) 'Working with women: exploring individual and group work approaches to counselling' in *Australian Domestic and Family Violence Clearinghouse Issues Paper 4*

Mullender, A., Kelly, L., Hague, G., Malos, E. & Iman, U. (2002) *Children's perspectives on domestic violence*, Routledge, London.

Radford, L. & Hester, M. (2006) *Mothering through domestic violence*, Jessica Kingsley Publications, London

Taylor-Browne, J. (ed) (2001) *What works in reducing domestic violence*, Whiting Birch Ltd England

Appendix D: References

Australian Association of Social Workers (2003) *Practice standards for social workers: achieving outcomes*, AASW, Canberra

Australian Bureau of Statistics, *Australian Personal Safety Survey 2006*, Publication 4906.0, http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/056A404DAA576AE6CA2571D00080E985/$File/49060_2005%20(reissue).pdf

Australian Institute of Health and Welfare (AIHW): Al-Yaman F, Van Doeland M & Wallis M (2006). *Family violence among Aboriginal and Torres Strait Islander peoples*. Cat. no. IHW 17. AIHW, Canberra http://www.aihw.gov.au/publications/ihw/fvaatsip/fvaatsip.pdf

Berry Street Victoria (2006), *Northern family and domestic violence service guidelines*, Berry Street Victoria, Melbourne

Blanchard, A., Molloy, F. and Brown, L. (1992) "I just couldn't stop them". *A study of Western Australian children living with domestic violence: A study of children's experiences and service provision*, The Curtin University School of Social Work for the WA Government Office of the Family, Perth

Bunston, W. & Heynatz, A., (2006) (eds) *Addressing family violence programs: group work interventions for infants, children and their parents*, The Royal Children's Hospital Mental Health Service, Melbourne

Burke, C. (1999) 'Re-dressing the balance: child protection intervention in the context of domestic violence', in J. Breckenridge & L. Laing (eds) *Challenging silence: innovative responses to sexual and domestic violence*, Allen and Unwin, Sydney

Canadian Nurses Association (1992) *Family violence: clinical guidelines for nurses*, National Clearinghouse on Family Violence, Ottawa

Cardinia Casey Community Health Service (2006) *Out of sight and out of mind: connecting family violence and disability services in Cardinia and Casey*, Cardinia Casey Community Health Service, Cranbourne

Davies, Jill (undated) *Confidentiality and information sharing issues*, End Abuse: Family Violence Prevention Fund, San Francisco

Deacon-Wood, H. & McIntosh, J. (2002) *Education and group interventions for separated parents in conflict: a review of research and leading programs*, Children in Focus Series, La Trobe University, Bundoora

Department of Community Services (DoCS) (2002) *Domestic violence and its impact on children's development,* paper delivered at the Department of Community Services Fourth Domestic Violence Conference, 24 September 2002

Domestic Violence Prevention Unit, Women's Policy Development Office, Western Australia (1999) *Best Practice model for the provision of programs for victims of domestic violence in Western Australia*, Government of Western Australia, Perth

Domestic Violence and Incest Resource Centre (DVIRC) (2006),'Figuring violence: the personal safety survey 2005' (McKenzie, Mandy) *DVIRC Quarterly* Vol. 3 Spring 2006, pp. 19–20

Domestic Violence Victoria (DV Vic) (2006), *Code of practice for specialist family violence services for women and children*, DV Vic, Melbourne

Dutton, M. (1992), *Empowering and healing the battered woman: a model for assessment and intervention*, Springer Publishing Company, New York

Edleson, J.L (2006) *Emerging responses to children exposed to domestic violence*, VAWnet http://www.vawnet.org.

Ferrante, A., (1996) *Measuring the extent of domestic violence*, Hawkins Press, Sydney

Gevers, L. & Goddard-Jones, M. (2003) *Working with children and young people living with domestic violence*, Partnerships Against Domestic Violence, Commonwealth of Australia, Canberra

Gevers, L. Community Management Services (1999) *Practice standards for working with children and young people who have lived with domestic violence*, Partnerships Against Domestic Violence, Commonwealth of Australia Canberra

Howard, J. & Wirtz, H. (1999) *Putting the pieces back together again: Narrative therapy and ideas of restoration in working together with victims of crimes of violence* http://www.aic.gov.au/conferences/rvc/howardwr.pdf

Humphreys, C. Hague, Gill. Hester, M. & Mullender, A (2001) *From good intentions to good practice: a mapping study of services working with families where there is domestic violence,* The Centre for the Study of Wellbeing, University of Warwick, Coventry

Humphreys, C., Mullender, A., Thiara, R. & Skamballis, A. (2006),''Talking to my mum': developing communication between mothers and children in the aftermath of domestic violence' *Journal of Social Work*, Vol 6, No 1, pp 53–63

Humphreys, C. & Thiara, R. (2003) 'Mental health and domestic violence: 'i call it symptoms of abuse'' *British Journal of Social Work* Vol 33 No 2, pp 209–226

Humphreys, C. (2007), 'A health inequalities perspective on violence against women', *Health & Social Care in the Community* Vol 15 No 2 pp 120–127, March

Indermaur, D. (2001) *Young Australians and domestic violence*, Australian Institute of Criminology trends and issues in crime and criminal justice paper No. 195, <http://www.aic.gov.au/publications/tandi/ti195.pdf>

Jennings, C. (2004) 'The health impact of violence: a disability perspective' *Home truths: stop sexual assault and domestic violence - a national challenge*, National Conference 2004

Keel, M. (2004) 'Family violence and sexual assault in Indigenous communities: walking the talk' in *Australian Centre for the Study of Sexual Assault Briefing Number 4*

Laing, L. (2001) 'Working with women: exploring individual and group work approaches to counselling ' in *Australian Domestic and Family Violence Clearinghouse Issues Paper 4*

McLeod, J. (2003), *An Introduction to counselling*, Third Edition, Open University Press, Maidenhead

McLeod, L. (1990) *Counselling for change: evolutionary trends in counselling services for women who are abused and for their children in Canada*, National Clearinghouse on Family Violence, Family Violence Prevention Division, Ottawa

Melvin, T. (1998) 'Family Violence Intervention Research Project: preliminary findings and service delivery implications', *Changing Families, Challenging Futures: 6th Australian Institute of Family Studies Conference*, Melbourne.

Melvin, T., Muller, D., Chapman, A, Shine, R. and Edwards, R. (1999), *Study in Hope: a report of the family violence research and intervention project: The multi-site evaluation and development of a better practice model for family violence services*, Australian Federal Government Department of Families, Community Services and Indigenous Affairs, Canberra

Memmott, P., Chambers, C., Go-Sam, C. & Thomson, L. (2006) 'Good practice in Indigenous family violence prevention – designing and evaluating successful programs' in *Australian Domestic and Family Violence Clearinghouse Issues Paper 11*

Miller, R. (2007), *The best interest principles: a conceptual overview*, Victorian Government Department of Human Services, Melbourne

Mirrlees-Black, C. (1999) *Domestic violence: findings from a new British crime survey self-completion questionnaire*, HMSO, London

Morrison, Z., Quadara, A.,and Boyd, C."*Ripple effects*" *of sexual assault*, Issues Paper No. 7 June 2007, Australian Centre for the Study of Sexual Assault www.aifs.gov.au/acssa/pubs/issue/acssa_issues7.pdf

Mouzos, J. & Makkai, T. (2004) *Women's experiences of male violence: findings from the Australian component of the International Violence Against Women Survey (IVAWS)*, Australian Institute of Criminology, Canberra

National Ethnic Disability Alliance (NEDA) (2001), *Domestic violence and women from a NESB with disability*, NEDA, Sydney

New Zealand Department of Children, Youth and Family (undated) *Interagency information sharing guidelines: for organisations involved in care and protection of children*, Wellington, New Zealand Department of Children, Youth and Family www.cyf.govt.nz

New Zealand Department of Social Welfare (1996) *Good practice guidelines for the coordination of family violence services*, New Zealand Department of Social Welfare Wellington

Ohio Domestic Violence Network (ODVN) (2003), *Promising practice standards for domestic violence programs in Ohio*, Ohio Domestic Violence Network, Columbus

Partnerships Against Domestic Violence (PADV) (2000), *Information booklet for the implementation of competency standards for people who come into professional contact with those affected by domestic/family violence*, Commonwealth of Australia, Partnerships Against Domestic Violence Taskforce, Canberra

Perry, B. (1997), Incubated in terror: Neurodevelopmental factors in the 'cycle of violence' in Osofsky, J. (Ed.), *Children, youth and violence: The search for solutions*, Guilford Press, New York

Queensland Department of Families (2002), *Practice standards for working with women affected by domestic and family violence*, Domestic Violence Prevention Branch, QLD Department of Families, Brisbane

Research Centre for Gender Studies, University of South Australia & Strategic Partners Pty Ltd (1999), *Current perspectives on domestic violence*, Partnerships Against Domestic Violence, Commonwealth of Australia

Save the Children (2005), *Practice standards in children's participation*, International Save the Children Alliance, London

Schore, A. N. (2003). *Affect dysregulation and disorders of the self*. WW Norton & Company, New York

Seeley, J. & Plunkett, C. (2002), *Women and domestic violence: standards for counselling practice*, The Salvation Army, Melbourne

Southwell, J. (2004), *Support groups of people affected by family violence*, Domestic Violence and Incest Resource Centre, Melbourne

Stapleton, J. Taylor, S. & Asmundson, G. (2007), 'Efficacy of Various Treatments for PTSD in Battered Women: Case Studies', *Journal of Cognitive Psychotherapy: An International Quarterly*, Volume 21, November 1, pp 91–102

Statewide Steering Committee to Reduce Family Violence (2005), *Reforming the family violence system in Victoria, Office for Women's Policy*, Department for Victorian Communities, Melbourne

Success Works (2006) *The right to be safe from domestic violence: immigrant and refugee women in rural Victoria*, Immigrant Women's Domestic Violence Service, Melbourne

Tucci, J. Mitchell, J., Goddard, C. & De Bortolli, L. (2005), *Safe and sound services for children and young people: recommending a best practice model for therapeutic intervention for children and young people who experience family violence*, Australian Childhood Foundation, Melbourne

VicHealth (2004), The health costs of violence: measuring the burden of disease caused by intimate partner violence: a summary of findings, Department of Human Services, Melbourne

Victorian Aboriginal Child Care Agency 2007 *A guide for child protection and child and family welfare workers* VACCA

Victorian Centres against Sexual Assault (CASA), (2000) *Standards of practice for Victorian Centres Against Sexual Assault*, The Victorian Centres Against Sexual Assault Forum Inc, Melbourne

Victorian Community Council Against Violence (2002),*Victorian Family Violence Database: First Report August 2002* www.vccav.gov.au

Victorian Government Department of Human Services (2005) *Counselling in community health services: future directions and guidelines for quality counselling*, Primary and Community Health Branch, Department of Human Services, Melbourne

Victorian Government Department of Human Services (2006) *Building partnerships between mental health, family violence and sexual assault services*, Victorian Department of Human Services, Mental Health Branch, Melbourne

Victorian Government Department of Human Services (2006), *Integrated family violence services for women and children*, Victorian Department of Human Services, Melbourne

Victorian Government Department of Human Services (2007) *Child Development and Trauma Guide* Victorian Department of Human Services, Melbourne

Victorian Government Department for Victorian Communities, (2003) *Victorian Indigenous Family Violence Task Force Final Report*, DVC, Melbourne

Victorian Law Reform Commission (2006) *Review of Family Violence Laws Report*, Victorian Law Reform Commission, Melbourne

Walby, S. & Allen, J. (2004), *Domestic violence, sexual assault and stalking: findings from the British Crime Survey, Home Office Research Study 276*, Home Office Research, Development and Statistics Directorate, March 2004 <http://eucenter.wisc.edu/Conferences/ViolenceNov04/hors276.pdf>

Weisz, S. & Scott, M. (2003), 'All you do is look back and regret: disenfranchised grief as an obstacle to recovery from abuse', *Domestic Violence and Incest Resource Centre Newsletter*, Autumn 2003

Women's Legal Services Australia (2006), *Key concerns about the impending family law changes* WLSA, Melbourne