Submission to Family Safety Victoria: Family Violence Information Sharing and Risk Assessment and Risk Management Framework

10 July 2018

DOMESTIC VIOLENCE VICTORIA

No to Violence
Working together to end men's family violence

Domestic Violence Resource Centre Victoria

Djirra
Sharing stories, finding solutions

Aboriginal Community Controlled
Culturally Safe
Prevention of Family Violence
Legal Services and Holistic Support
Cultural and Wellbeing Workshops
Policy and Advocacy

inTouch
Multicultural Centre Against Family Violence

Women with disabilities victoria
empowering women

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About Domestic Violence Victoria

As the peak body for specialist family violence services in Victoria, Domestic Violence Victoria (DV Vic) has broad membership of more than 80 organisations including: specialist family violence services; community and women's health organisations; and local governments and other community services. Our vision is for a world where women and children can live fulfilled lives, free from fear and violence. We advocate and provide advice to government with and on behalf of our members; lead innovation and influence policy, legislation and community attitudes; work with our members to strengthen specialist family violence practice and build the capacity of human services; and work respectfully and collaboratively with all our partners.

For more information about this submission or to arrange a meeting with the endorsing organisations, please contact:

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About the Endorsing Organisations

The following organisations contributed to this submission and endorsed its recommendations.

No to Violence

No to Violence (NTV) is the largest peak body in Australia representing organisations and individuals working with men to end family violence. We have an active role in: supporting and advocating on behalf of our organisational members that deliver specialist men's family violence interventions; the provision of telephone counselling, information and referrals for men in Victoria, New South Wales and Tasmania; and delivering professional development in male family violence.

Domestic Violence Resource Centre Victoria

The Domestic Violence Resource Centre Victoria (DVRCV) is a state-wide resource centre working to prevent and respond to family violence, with a particular focus on men's violence against women in intimate relationships. We provide training, publications, research and other resources to those experiencing (or who have experienced) family violence, and practitioners and service organisations who work with family violence survivors.

Djirra

Djirra (formerly the Aboriginal Family Violence Prevention and Legal Service Victoria) is an Aboriginal community-controlled organisation specialising in family violence. Djirra is dedicated to assisting Aboriginal people who experience family violence and sexual assault – predominantly women and children. We provide culturally safe and holistic support through our specialist family violence legal assistance and early intervention and prevention programs. We also undertake policy and advocacy work to identify systemic issues for reform and strengthen Aboriginal women's access to justice, safety and equality. Protecting and promoting Aboriginal women's wellbeing and safety is our core business.

in Touch Multicultural Centre against Family Violence

inTouch Multicultural Centre against Family Violence (in Touch) provides ground breaking services and programs to support women, families and communities from culturally, linguistically and religiously diverse (CALD) backgrounds affected by family violence and works towards prevention of such violence through awareness raising, advocacy and community capacity building.

Women with Disabilities Victoria

Women with Disabilities Victoria (WDV) is an organisation run by women with disabilities for women with disabilities. Our members, board and staff live across the state and have a range of disabilities, lifestyles and ages. We are united in working towards our vision of a world where all women are respected and can fully experience life. We undertake research, representation and consultation. We provide workforce development, representation, and information and leadership programs for women with disabilities.

1 Executive Summary

DV Vic and the endorsing organisations to this submission welcome the opportunity to provide our feedback on the re-developed Family Violence Risk Assessment and Risk Management Framework (the Framework) and the Family Violence Information Sharing Scheme (FVISS).

We commend the Victorian Government for progressing with these important reform initiatives and establishing the authorising environment for organisations and professionals to prioritise consistent, coordinated responses to enhance the safety of adult and child victim survivors of family violence and increase opportunities to intervene with perpetrators to manage and mitigate risk and improve perpetrator accountability.

This submission responds to the following documents:

- Family Violence Risk Assessment and Risk Management Policy and Practice Document
- Framework Legislative Instrument – Family Violence Protection Act 2008
- Regulatory Impact Statement – Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2018
- Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2018

We are guided by the consultation questions provided by Family Safety Victoria, and our feedback is organised into key themes. It is noted in the submission where our feedback responds to a specific consultation question and when we refer to specific sections from the above documents.

This submission is informed by the following inputs:

- Contributions and expertise of the endorsing organisations: collectively these organisations (and the services represented by the peak bodies) are technical experts in family violence risk assessment and risk management, men's behaviour change and perpetrator interventions, family violence training and workforce development, and advocacy and support for diverse communities. We are also all members of the Expert Advisory Group for the Framework and the FVISS.
- Consultation with Risk Assessment and Management Panel (RAMP) Coordinators.
- Consultation with Specialist Family Violence Services (SFVS) practitioners from DV Vic and NTV member organisations.
- Consultation with Regional Integration Coordinators/Principal Strategic Advisors.

As you can see, we have provided extensive feedback and recommendations. In summary, we have general concerns about the quality of 'Policy and Practice' document (which we will refer to as the 'Policy document' in this submission), the implementation plan, governance, definitions and terminology, structure of the pillars, and differentiating between policy and practice relevant content. We also make recommendations to further clarify the evidence-based risk factors and to develop core practice guidance.

We also find that the Policy document misses a critical opportunity to establish policy guidance for prescribed entities to implement risk assessment and risk management when working directly with a perpetrator or alleged perpetrator. If a key objective of the redeveloped Framework is to address gaps and 'keep perpetrators in view' the document requires further articulation of how risk assessment and risk management pertains to practitioners and organisations when a perpetrator of family violence is their primary client. We have provided specific advice on this throughout the submission.

Finally, it is difficult to provide advice based on a full assessment of the Framework as the public consultation documents do not include the suite of risk assessment tools, practice guidance or other supporting materials. We have endeavored to provide advice to support the development of these other key documents and expect that we will have an opportunity in the very near future to participate in consultations that will draw on the expertise of the endorsing organisations and the specialist family violence sector (SFVS) to develop these materials. We recommend that the Expert Advisory review these documents for finalisation.

2 Implementation

Consultation question - Framework organisations will be provided with training, practice tools and a range of other support resources to apply the Framework in practice. What other supports do you think Framework organisations will need to embed the Framework?

Overall, we find that the rationale for reform presented in the Regulatory Impact Statement (RIS) to be clear and well considered accounting for the issues raised by the Royal Commission into Family Violence (Royal Commission) and previous evaluations of the Framework.

We agree with the recommendations in the RIS to implement:

- Option 2 – Option 1, plus prescribe a limited group of additional entities as ISEs; and
- Option 1 – Framework organisations are required to align their relevant policies, procedures, practice guidance and tools to the four pillars of the Framework.

To answer the question above, we first recommend that practice leadership roles are funded and established across the state to support prescribed organisations and workforces to embed the Framework policies and practices alongside the new information sharing regimes. The introduction of these roles is pivotal for strengthening the relationships between prescribed entities and the professionals within these organisations at the ground level to ensure the effectiveness of implementation.

Secondly, we note that implementation reporting responsibilities are described in the Regulations (section 17 Annual Reporting) and in the Policy document (Pillar 4), but this is not considered in the costings described in the RIS. Collecting data and writing reports is under-resourced in the specialist family violence sector and we recommend that the RIS costings are reviewed to take this work into account.

Finally, while we appreciate the joint implementation approach in terms of the obvious interdependencies of the Framework, the FVISS and the Child Information Sharing Scheme (CISS), we

remain concerned, however, about the current timeline to finalise the Framework as a whole, (including the practice guidance, supporting materials, and integrated Framework/FVISS/CISS training program) and to prepare the Phase One prescribed entities for the simultaneous implementation of these three important initiatives in September 2018.

We are very cognisant of the significant amount of work being undertaken by many dedicated professionals at Family Safety Victoria to re-develop the Framework and commend their commitment to this important work. We also understand that change will be a 'long-game' for the many prescribed entities described in Table 11 (RIS). It is unclear, however, what has taken place to prepare the Phase One prescribed entities since the sector readiness workshops in 2017 and whether the government has assessed whether these workforces have undertaken even basic 'Identifying and Responding' level CRAF training to prepare for ethical, safe and victim-centred responses to family violence.

Furthermore, the tools and the critical practice guidance are still in development and a training program should be developed only *after* those materials are finalised and reviewed by at least the Expert Advisory Group. We are concerned that the September 2018 commencement does not leave sufficient time to sequence this project management activities appropriately.

We are aware that training modules are being created and are concerned that the content in the public consultation documents is being used to develop that training ahead of considering submissions from the SFVS, including this joint submission. As you can see our feedback and recommendations are extensive and we expect this submission will be considered thoroughly.

In highlighting these concerns, we are not suggesting that the finalisation of the Framework should be rushed; rather, we wish to advise you that we support re-developing the implementation timeline to ensure that the tools, practice guidance, training programs, and implementation and monitoring plans are developed, reviewed and endorsed in a considered and robust way. We understand there is an election approaching, but we implore government to not prioritise ministerial deadlines over the quality of this reform and the appropriate sequence of project management dependencies.

3 Naming the Framework

Consultation question - Do you have a suggestion for a name for the Framework?

We recommend the name 'Family Violence Multi-Agency Risk Assessment and Management Framework' or 'MARAM'. This name is already understood by the SFVS sector to describe the re-developed Framework and we support this name being used officially.

4 Policy focus and clear content

The Policy document is a key platform for interpreting the Legislative Instrument and providing guidance to prescribed entities to align with the Framework. The feedback we have received on the Policy document is that the guidance to implement the minimum requirements is unclear, and that it is difficult to discern if the intent of the document is policy or practice. If it is both (as the title suggests), it may not be achieving either remit adequately.

There are redundancies and gaps between similar topics in Parts A and C and it is also difficult to clearly draw the links between the content included under each Pillar and the minimum requirements for that Pillar. For example, in Pillar 1, there is a minimum requirement that entities will have a shared understanding of family violence, including "different risk levels determining seriousness of risk", yet there are no categories provided that describe and define risk levels (see our feedback on levels of risk in section 8.1.4).

Furthermore, as there are inconsistencies and gaps within this Policy document, this raises concern that there will be inconsistencies between the practice information in this document and the yet to be developed practice guidance. If this document contains too much or too little practice content, that could present risks for ensuring consistent risk assessment and risk management responses across the wide range of sectors prescribed under the Framework.

We recommend that the Policy document is 'policy-focused' rather than 'practice-focused' and provides clear and instructive guidance for entities to implement the Pillars and minimum requirements as per the Legislative instrument. We recommend reserving much of the practice relevant content for future practice guidance and recommend that the word 'practice' is removed from the title to avoid confusion. Because of this, much of our practice-relevant advice regarding Parts A, B, and C of the Policy document in this submission could be utilised in the development of supporting materials.

Furthermore, the content in the Executive Summary and the Background of the Regulatory Impact Statement (RIS) provides a clear presentation of issues that the Policy document should address. For example, the RIS provides very clear explanations for why reform is necessary (RIS, Identifying the problem, p.12-13) and descriptions of risk assessment and risk management (RIS, Importance of family violence risk assessment, risk management and information sharing, p.15-16). We suggest a re-vision of the Policy document drawing on the content from the RIS.

5 Restructuring the Pillars

We support the establishment of overarching pillars and minimum requirements in the Legislative Instrument and the Policy document to create the authorising and monitoring environment for the Framework. However, we recommend restructuring and renaming the Pillars to provide greater clarity and ensure that critical areas for accountability are prioritised. In addition to our recommendation that the Policy document shifts toward a policy-focus (see section 4), further changes to the document should also be considered in light of the structural changes to the Pillars we are recommending here. Of course, all of these recommended changes also apply to the Legislative Instrument, RIS and Regulations.

5.1 Pillar 1: Shared understanding of family violence and key principles

Firstly, we recommend that the Pillar 1 minimum requirement specifically states that entities must demonstrate an "understanding of the nature and dynamics of family violence as described in the Framework Policy document and future supporting practice materials". This will ensure that consistent messaging about family violence generally (not just 'risk' as currently stated in the minimum

requirement) and critical information in the practice guidance materials are used consistently through implementation and uptake across prescribed entities.

Secondly, we recommend that this Pillar includes a minimum requirement that entities are accountable to the principles set out in the Framework to support consistent implementation of an ethical practice foundation. This will keep the principles 'alive' in the application of the Framework and build the capacity of entities to work safely and ethically in the complexity of family violence responses.

5.1.1 Framework Principles

To further develop Pillar 1, we recommend the following changes to the principles:

Principle #2

While it is critical that we acknowledge gender inequality as a fundamental structural problem that perpetuates family violence, we recommend that this principle is also contextualised with intersectionality, which is an important aspect of this Framework and the family violence reform more generally.

To acknowledge gender inequality and intersectionality in this principle, it could be stated that "family violence is predominantly underpinned by gender inequality and this also intersects with other forms of structural inequality and discrimination based on Aboriginality, ethnicity, religion, cultural background, language, socio-economic status, age, disability, mental health, substance use, sexual and gender diversity, geographic location (including rural, regional and remote), immigration status, and involvement in sex industry work or the criminal justice system."

Principle #5

We recommend that this principle is reframed as follows: "family violence used by adolescents is a distinct form of family violence and requires a different response to family violence used by adults because of their age and the possibility that they are also simultaneously victimised by another perpetrator in the family." This is to acknowledge the importance of understanding young people's unique circumstances when using violence in the home.

Principle #6

This principle must overtly acknowledge colonisation and the systemic and structural oppression of Australia's First Peoples. We recommend that the principle is reframed as follows: "services and responses provided to people from Aboriginal communities should be culturally safe, take account of their particular experiences of colonisation, systemic violence and discrimination and recognise the ongoing present day impacts of historical events".

Principles #8 and #9

The terms 'collaborative' and 'integrated' are used in principle #8 and 'systematic and coordinated' in principle #9. Both of these principles share commonalities and could be combined to emphasise the language of 'coordination' for risk assessment and risk management (this relates also to our recommendation on Pillar 3 in section 5.3. Combining these principles will reduce the redundancy

between them and recognise the importance of action-oriented coordination activities as a key factor in multi-agency, multi-sector responses to family violence.[12]

We suggest that this combined principle is reframed as follows: "framework organisations and section 191 agencies should work systematically and collaboratively to coordinate effective responses through risk assessment and risk management for early intervention and to mitigate further escalation of risk and harm to adult and child victim survivors."

Principle #10

We recommend reframing this principle to align with principles developed by the Expert Advisory Committee on Perpetrator Interventions (EACPI), as follows: "perpetrators should be encouraged to take responsibility to end their violent, controlling and coercive behaviour and service responses to perpetrators should be coordinated through a systems-wide approach that collectively creates opportunities for perpetrator accountability."

Please note that the changes suggested above shift away from simplistic language about 'holding perpetrators to account.' In the crudest sense, to 'hold to account' is defined as 'to make someone explain publicly why they made a mistake or committed a crime, especially so they can be criticized or punished for it'[3].

Risk assessment and risk management is a practice intervention extending to a range of professionals and sectors, not all of whom have the authorising environment to 'hold perpetrators to account' in this way. We recommend copy edit throughout the document to use a broader term 'perpetrator accountability' rather than 'holding perpetrators to account'. Please also see our further advice on a definition of perpetrator accountability in section 6.2.5 and related advice in section 8.3.

Principle #11

We recommend reframing this principle to emphasise victim survivor agency and dignity and to acknowledge that victim survivors are not empowered by the system, but rather find their empowerment within themselves. This is fundamental to the ethical positioning of specialist family violence practice. In addition, we would like to see this principle linked more directly to the structured risk assessment approach of the Framework so that it is unquestionably victim-centred. We recommend that this principle is reframed as follows: "the agency, dignity and intrinsic empowerment of victim survivors must be respected by partnering with them as active decision-making participants in risk assessment and risk management."

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[1] Pence, E. & McMahon, M (1999). *A Coordinated Community Response to Domestic Violence.* The National Training Project, Duluth, Minnesota.

[2] Family Safety Victoria (2017*). Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response*. Melbourne, Victoria: 45.

[3] https://www.macmillandictionary.com/dictionary/british/bring-call-hold-someone-to-account

5.2 Pillar 2: Structured Professional Judgement Approach

The Monash University Review of the Family Violence Risk Assessment and Risk Management Framework (aka CRAF) found that the CRAF is used inconsistently across different professional groups and that a lack of training and confidence in the fundamentals of risk assessment practice was a significant contributor.[4] While the roles and responsibilities identified in Pillar 3 assist in part to embed to address this issue, we recommend that a new Pillar is established to create a minimum requirement that entities implement the structured professional judgement approach, both when undertaking risk assessment with victim-survivors and with perpetrators.

The minimum requirement for this Pillar should include the four elements of the structured professional judgement approach (as described in the breakout box on page 39 of the Policy document), but reframed as follows to build consistency of practice across risk assessment with victim survivors and risk assessment with perpetrators:

- Element 1: the victim survivor's own assessment of safety, level of risk and fear[5]
- Element 2: assessment against evidence-based indicators[6]
- Element 3: information sharing with relevant agencies to inform risk assessment and management in accordance with the Family Violence Information Sharing scheme
- Element 4: professional judgement of the service provider engaged with the victim survivor or perpetrator, applying reflexivity and an intersectionality analysis to enhance inclusive, accessible and equitable responses for diverse communities.

Because the structured professional judgement approach, and particularly the victim-centred component, is so foundational to best practice in risk assessment, we believe this new Pillar will make this much more central to the implementation of the Framework. Prescribed entities will still be able to align with this approach in their practices and processes, and in fact, they should be supported by this reform to do exactly that.

Professional judgement should include an analysis of the first three elements using an intersectionality lens, and furthermore, it should involve a reflexive approach by the practitioner to mitigate against their own (and their organisations) biases, implicit victim blaming beliefs, discriminatory attitudes that contribute to poor risk assessment and risk management responses to victim survivors (and also perpetrators) from diverse backgrounds. This necessitates ongoing cultural awareness, trauma-informed and family violence training for all practitioners engaged in risk assessment and management.

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[4] McCulloch, J., Maher, J., Fitz-Gibbon, K., Segrave, M., Roffee, J., (2016). *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF)*. Prepared for the Department of Health and Human Services by the School of Social Sciences, Focus Program on Gender and Family Violence: New Frameworks in Prevention, Monash University: 12.

[5] At a comprehensive level, SFVS professionals in perpetrator intervention programs centre the victim survivors experience when engaging with a perpetrator in an assessment of his use of violence.

[6] Where assessment is undertaken with a victim survivor, they would be the primary source of information about the evidence-based risk factors, however, professionals engaging with perpetrators would also be assessing against the same risk factors with the perpetrator himself and drawing on other sources of information.

Furthermore, as it currently stands in the Policy document, the elements of risk assessment are written from the assumption that risk assessment is undertaken only with victim survivors and leaves out the critical importance of intersectionality as a practice lens. It also does not provide the required direction for prescribed entities and professionals who engage directly with an individual identified as a perpetrator or alleged perpetrator of family violence. Just as risk assessment with victim survivors must be victim-centred, so too must risk assessment (in particular when using the proposed perpetrator risk assessment too) with perpetrators.

Related to this, at a recent consultation with SFVS practitioners from NTV member organisations, a draft practice guidance document proposed a different type of 'structured professional judgement' for assessing risk with perpetrators. Specifically, this draft document proposed the following five elements:

- Evidence-based risk indicators
- Insights into a client's thinking about the people they (may) be using violence against
- Insights into a client's thinking about their use of violence (if indicated as present)
- Information sharing to inform assessment of risk/behaviour
- Professional judgement

While these points are useful practice considerations for working with perpetrators, we do not recommend these elements and suggest alignment with the proposed minimum requirement recommended above. We make further recommendations about practice guidance relevant to risk assessment with victim survivors and perpetrators under section 9.

Finally, in the breakout box on page 38, it states that "existing validated family violence risk assessment tools that align with the evidence base continue to be used". This seems to suggest that entities can use other frameworks or tools that are not included the Framework. If this is the case, we believe this undermines the intention of the Framework and should be omitted. There are examples within current practice whereby the use of individual frameworks and tools (for example, in Victoria Police and Corrections) has resulted in divergent assessments of family violence risk thus creating challenges for consistent, collaborative and coordinated risk assessment and risk management.

5.3 Pillar 3: Roles and Responsibilities for Coordinated Risk Assessment and Management

The original Pillars 2 and 3 share many commonalties relevant to the expectation that prescribed entities engage in coordinated risk assessment and risk management practices.

We recommend the establishment of a new Pillar 3 that combines the original Pillars 2 and 3. This will assist to avoid redundancies between these two Pillars and draw the links between the roles and responsibilities *and* coordinated and collaborative practice for risk assessment and risk management.

In addition, while it is understood that the Roles and Responsibilities under Table 3 are designed to complement the *Responding to Family Violence Capability Framework*, we recommend that the minimum standard under this re-vised Pillar 3 advises prescribed entities to utilise the Capability Framework as a critical supporting document, providing guidance in the foundational skills and knowledge required for effective coordinated family violence responses across the tiered workforces.

This minimum requirement could, of course, acknowledge that the Capability Framework is a living document and should be reviewed regularly by prescribed entities undertaking alignment with the Framework.

5.4 Pillar 4: Governance and Continuous Improvement

We recommend a simplified title for Pillar 4 as the current title is cumbersome and unclear in purpose. Our suggested revised title is "Governance and Continuous Improvement" to encapsulate governance, systems monitoring, and evaluation mechanisms described in this section of the Policy document. We make further recommendations about governance and continuous improvement in section 7 of this submission.

6 Feedback on Part A

The following provides our feedback on Part A of the Policy document. As stated section 4, some of this feedback may be useful for practice guidance, particularly if our recommendation to establish the Policy document as more 'policy-focused' is accepted.

6.1 Use of terminology

Setting up a framework for the use of intentional language is critical when describing issues related to family violence. We recommend that the 'Use of terminology' section (p.14) is moved up much earlier in the Policy document and placed in the Introduction immediately preceding the Definitions.

6.1.1 Family violence against Aboriginal people

There are some inconsistencies in information about family violence against Aboriginal people between the 'Use of terminology' breakout box on page 15 and under Pillar 1 on page 35 (section on 'Aboriginal people'.

To resolve this, Djirra suggests that the breakout box on page 15 is changed to more succinctly describe family violence against Aboriginal people and then refer the reader to page 35 for more in-depth detail. We recommend, that in the breakout box on page 15, the following paragraph remains (with minor edits in italics):

> Family violence is not part of Aboriginal culture. However, Aboriginal people are disproportionately impacted by family violence. Family violence experienced *against Aboriginal people* includes a range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur in 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. Family violence experienced by people in Aboriginal communities acknowledges the spiritual and cultural perpetration of violence by non-Aboriginal people against Aboriginal partners which manifests as

exclusion or isolation from Aboriginal culture and/or community.[7] *Please see page 35 under Pillar 1 for further information about family violence against Aboriginal people.*

Djirra recommends that on page 35, some of the content from the original breakout box on page 15 is moved to that section and edited as follows (indicated in italics):

> Family violence is not part of Aboriginal culture. *However, Aboriginal people – women and children in particular – are disproportionately impacted by family violence.*
>
> Family violence experienced *against Aboriginal people* includes a range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur in 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. Family violence experienced by people in Aboriginal communities acknowledges the spiritual and cultural perpetration of violence by non-Aboriginal people against Aboriginal partners which manifests as exclusion or isolation from Aboriginal culture and/or community.
>
> It is essential to recognise the interconnections between, and effects of, violence, social and economic disadvantage, racism and dispossession from land and culture on Aboriginal peoples, families and communities.
>
> The history and *ongoing* impacts of colonisation, dispossession and the structural and systemic discrimination since then have contributed to increased rates of family violence *against Aboriginal people. It is also important to note that the true prevalence of violence against Aboriginal people, predominantly women and children, is likely to be underestimated given a range of complex and compounding barriers to reporting family violence and seeking support, including ongoing fear of child removal and profound mistrust of mainstream services.*
>
> *These barriers include a profound mistrust of the capacity of mainstream legal and support services to understand and respect their needs, autonomy and wishes, particularly regarding cultural issues, and a lack of culturally safe services. Many Aboriginal women fear disclosing family violence given the demonstrated and ongoing link between family violence and child protection intervention. This is especially the case as family violence is a leading driver of Aboriginal children being taken from their families and communities.*
>
> Cultural dislocation, oppression, intergenerational trauma, lack of healing, systemic racism, institutionalised inequality and the loss of land, lore and language are all barriers to Aboriginal people enjoying good health, wellbeing,

[7] State of Victoria (2008). *Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities – 10 Year Plan*.

justice and safety. It is these factors that contribute to the increased prevalence of family violence *affecting Aboriginal people, families and communities.*

Please note that the expressions "race relations" (p.15) and "these communities" (p.35) have been removed from the above statement. It is important to name Aboriginal communities and to avoid terms such as "race relations" as this is mutualising language that implies shared responsibility for the discrimination and oppression.

6.2 Definitions

We recommend changes to some of the definitions provided on pages seven to ten of the Policy document and suggest a copy edit throughout the document to update the sections where these terms are used.

6.2.1 Adolescents who uses family violence

This definition states that an adolescent who uses family violence is "a young person who uses coercive and controlling techniques, or who uses any form of violence, against a family member or a partner". We advise caution with the statement "or who uses any form of violence" as young people with developmental and/or cognitive disabilities who are not using coercive/controlling behaviour may be labelled as a family violence perpetrator, creating unhelpful consequences for the young person and their families. It may not be recognised as well where a young person is using violence as an act of resistance when subjected to abuse by family members and/or institutions and services.

Family violence is fundamentally about the perpetrator's abuse of power and use of controlling and coercive tactics that cause victim survivors to fear for their safety. Describing family violence and the people who use it should be situated within that understanding.

6.2.2 Diverse communities

When the barriers that diverse communities face in help-seeking are discussed it is important to qualify this with the reasons why this occurs – language barriers, visa status, experiences of discrimination, historic and ongoing systemic oppression, fear of reprisals or ostracisation, and concerns about their safety. Please update the definition to include these contexts.

6.2.3 Framework Organisation and Section 191 agencies

In the Executive summary and the Introduction of the Policy document, the terms 'section 191 entities' and 'Framework organisations' are used. While the Definitions section provides information about these terms later in the document, we recommend providing a clear explanation of these terms from the start and noting the differences between them for the lay reader who may not be familiar with these different categories.

Additionally, Table 11 in the RIS (p.35) is very useful in explaining the entity types that fall under these categories and we suggest that this would be beneficial for inclusion in the Policy document.

6.2.4 Intersectionality

We appreciate the government's continued dedication to ensuring that diverse communities receive equitable, accessible and inclusive systemic responses to family violence. Understanding and applying intersectionality theory is an underpinning aspect of such responses. Unfortunately, the definition presented here is a common misunderstanding of intersectionality that has been repeated by Victorian government documents throughout this recent reform period.

The definition presented here assumes that individual/community identity *leads to* discrimination and marginalisation and that having a certain identity *leads to* family violence risk. This individualising and identity-focused approach misapplies intersectionality theory by focusing on intersecting identities and detracts from the structural analysis that intersectionality offers as a critical praxis.[8]

In other words, while identity is important and interlinked with discrimination, identity is not the cause of the problem; rather, it is structural inequality and discrimination that *leads to* the oppression of individuals and groups based on how their identity markers are categorised and the multiple forms of discrimination and barriers they face simultaneously.

It is also important that we use the term 'intersectionality' carefully and acknowledge its roots in Black feminist epistemology. We recommend that you acknowledge the scholar Kimberlé Crenshaw who established the term 'intersectionality.'

We also recommend that you consider the definition provided by the Merriam-Webster dictionary. The dictionary definition sufficiently describes intersectionality as "the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups."[9] The dictionary also provides useful background information and references relevant to this this term that you may wish to draw upon in other discussions about intersectionality, such as on page 27 in the Policy document.[10]

6.2.5 Perpetrator accountability

NTV continues to observe a tension in the policy jargon of 'challenging perpetrators' and 'holding perpetrators to account' and the desire to create more opportunities for perpetrators engage in the service system, and therefore, 'keep them in view'. The language we continuously see reiterates the notion of accountability in ways that seem incompatible with inviting men to consider their behaviour and participate in a change process. We remain concerned that this language is used without critical analysis of the unintended consequences that can be created by this, including pushing him *out* of view of the system.

The concept of 'perpetrator accountability' has been thoroughly debated by the EACPI and therefore, we recommend utilising a definition that reflects the outcome of EACPI's considerations and direction.

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[8] Moradi, B. & Grzanka, P. (2017). Using Intersectionality Responsibly: Toward Critical Epistemology, Structural Analysis, and Social Justice Activism. *Journal of Counselling Psychology, 64* (5): 500–513. See Guideline 5: Enact a Moratorium on Using Multiple or Intersecting "Identities" Language as a Euphemism for Intersectionality.

[9] https://www.merriam-webster.com/dictionary/intersectionality

[10] https://www.merriam-webster.com/words-at-play/intersectionality-meaning

The EACPI supports a conceptualisation of perpetrator accountability that emphasises both individual and system responsibility and cautions not to conflate the two.

We recommend reframing the current definition to state:

> Individual or personal accountability refers to the perpetrator's ability to accept responsibility for their actions and work at the change process. This includes their responsibility to become safe and respectful towards their family, current and/or former partners, and children. System accountability refers to the need for all points of the service system to take responsibility for the ways in which they interact with perpetrators of family violence and open up pathways for them to enter into interventions / the system.
>
> The responsibility for perpetrator accountability sits with all practitioners, organisations and systems. We have the collective responsibility to promote perpetrators capacity to take responsibility for their actions and their impacts, provide a suite of options to assist perpetrators to gain insight and awareness that are matched to their risk profile and establish a strong set of laws and legal processes.

6.2.6 Predominant aggressor

The definition of predominant aggressor sounds like a definition of a perpetrator. Indeed, from a SFVS point of view there really is no distinction between the two (a perpetrator is a predominant aggressor). If you mean to provide this definition in the context of the false representation or misidentification (by police, for example) of perpetrators as victims, then this definition should make this clear. To assist, we have attached a position paper from Domestic Violence Victoria in the Appendix. This document was recently submitted to the Primary Aggressor and Perpetrator Working Group to advise the development of these definitions. We also ask that this definition acknowledge victim survivors who are particularly impacted by misidentification, notably, women from Aboriginal backgrounds, CALD backgrounds, women with mental health issues or disabilities, women who have been criminalised, and women who work in the sex industry.

6.2.7 Risk assessment

We recommend omitting the first sentence of the definition and reframing the second sentence using the four elements as described in our feedback in section 5.3 on the new Pillar 2: Structured Professional Judgement Approach. We also recommend a copy edit of the document to ensure consistent messaging about these four elements.

6.2.8 Risk indicators

As per our advice in section 8.1.1 this definition should be renamed 'Risk factors'.

6.3 Describing family violence

There are redundancies and gaps in the content in both Part A and Pillar 1 of the Policy document about the nature, dynamics and drivers of family violence. We recommend that the content under both sections is combined and re-edited to form a single section. Please take the following content recommendations into account.

6.3.1 Emphasise the perpetrator's choice to use violence as tactics of power and control

There is no description in Part A that perpetrating family violence is a choice that rests solely with the perpetrator and that the victim survivor is not to be blamed, held responsible or placed at fault. We recommend that the perpetrator's choice to abuse power, and engage in coercive, controlling and violent tactics is emphasised.

6.3.2 Explain gender inequality and other forms of structural inequality

Ensure that descriptions of family violence recognise that it is underpinned by gender inequality and other forms of structural inequality and discrimination. If you really want to sufficiently describe the roots of this problem, we suggest adding a description of the overarching socio-cultural contexts of patriarchal heterosexist culture, white supremacy/racism, ableism/disability discrimination, and colonisation in Australia and globally.

Furthermore, it should be acknowledged that structural inequality means that some women experience significantly higher levels of violence generally, including family violence. We recommend adding specific statistics relevant to these groups alongside the data that is presented on page 26. For example, Aboriginal women are 32 times more likely than other women to be hospital and 10 times more likely to die from violent assault".[11] Women and girls with disabilities are twice as likely to experience violence."[12] For a quick reference, we recommend the fact sheet provided by DVRCV.[13]

6.3.3 Name men's violence toward other men

Ensure that discussions about men experiencing family violence consistently acknowledges that men are more likely to experience violence from other men. This is contextualised well in Pillar 1 but not in Part A.

[11] Australian Institute of Health and Welfare (2018). *Family, domestic and sexual violence in Australia, 2018*. https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/contents/summary

[12] Krnjacki L, Emerson E, Llewellyn G, Kavanagh A (2016). *Prevalence and risk of violence against people with and without disabilities: Findings from an Australian population-based study. Australian New Zealand Journal of Public Health*, 40(1): 16-21.

[13] http://www.dvrcv.org.au/sites/default/files/DVRCV-Facts-on-family-violence-2017.pdf

6.3.4 Sexual abuse

Recognise that the contributing factors to under-reporting of sexual abuse/assault also includes the failure of the service system to *recognise the signs of abuse*, not just a failure to ask about it, as stated in Part A.

6.3.5 Family violence contexts

Part A is primarily focused on intimate partner violence (IPV), whereas Pillar 1 provides a broader view of family violence with an understanding of gender inequality and other structural inequality impacts. We recommend that IPV is still acknowledged as the predominant presentation (and prone to serious risk and fatal outcomes as demonstrated in death reviews) and that this is combined with the information in Pillar 1 about the broader range of family violence contexts. Importantly, the experiences of Older people in the context of Elder abuse is described in Pillar 1 but absent in Part A. We recommend ensuring that Elder abuse is included in the new single section.

6.3.6 Drivers of family violence risk

Related to the above, the purpose of Table 2 is not clear and it seems to conflate sociological and psychological theories about family violence (some of which are myths about family violence or not substantiated by sufficient evidence) with the concept of 'family violence risk.'

As discussed above, the main driver of family violence more generally is gender inequality alongside other forms of structural inequality. Family violence risk is contextualised in gender/structural inequality, however, the risk itself is driven by perpetrators choosing to use violence.

If it is important that a table explains the drivers of family violence it should include patriarchy, colonisation, white supremacy/racism, sexism, ageism, ableism, homophobia/transphobia and a whole range of other structural drivers that contribute to the violence that is predominantly perpetrated by men against women, children, gender diverse, and other marginalised peoples.

That being said, this Policy document may not be the place to engage extensively in theorising, so if you are seeking to provide a section that provides background on the causes of family violence more generally, we recommend that you remove Table 2 and instead draw on the key points raised above to create a robust single section that succinctly describes problem of family violence within a gender and structural inequality analysis.

7 Feedback on Part B

7.1 Governance

As highlighted by the Family Violence Reform Implementation Monitor, clear governance is critical to avoid blurring of responsibilities and accountability and to ensure successful implementation of major

reforms.[14] Furthermore, the Monash CRAF Review also found a lack of clarity for the governance of the CRAF and recommended a cross-departmental governance body.[15] At present there are no obvious governance mechanism for implementing the Framework described in either Part B or Pillar 4.

Given that the Framework overlaps in many ways with FVISS and the CISS, including in their implementation and evaluation, we recommend that an overarching 'Framework and Information Sharing' committee provides governance at a senior level for these inter-dependent initiatives, and include responsibilities for monitoring implementation, training, data collection, reporting, and evaluation. This was also recommended in a submission to the Victorian Government provided by DV Vic and NTV on the CIS Regulatory Impact Statement and Regulations.

We further recommend that the Policy document diagram and specifically name the statewide, regional and organisational/management governance structures that will be utilised to implement the Framework. For example: What is the role of the Family Violence Statewide Steering Committee? What is the role of regional governance structures, including regional family violence integration committees across Victoria? How will organisations identify internal governance and management responsibilities to oversee alignment and implementation?

7.1.1 Role of Regional Integration Coordinators/Principal Strategic Advisors

Related to the above, the role of the Regional Integration Coordinators/ Principal Strategic Advisors (RICs/PSAs) should be factored into the governance structure described in the Policy document.

Regional Integration Coordinators/Principal Strategic Advisors (RICS/PSAS) have played an important role in multi-sector family violence systems reform in Victoria over the past decade. They are already involved in supporting the implementation of the FVISS (such as setting up local working groups and communities of practice) and report that they are often sought out for advice on this initiative as well as other key reforms, such as the Support and Safety Hubs. Yet the RICs/PSAs seem to be noticeably absent from Government implementation plans for these key reform initiatives. The Framework Policy document and the Regulatory Impact Statement (RIS) do not provide any details or costings related to the important role of the RICs/PSAs and the regional committees in the reform.

RICs/PSAs have asked that their critical role and the work undertaken by regional committees is factored into and resourced sufficiently to support the implementation work they inevitably undertake as drivers of change in the regions and at a statewide level. This includes involvement in supporting alignment, implementation activities and training planning. We recommend further consultation with RICs/PSAs on this matter and revisions to the Policy document and the RIS accordingly.

[14] Cartwright, T. (November 2017). *Report of the Family Violence Reform Implementation Monitor.* https://www.vic.gov.au/fvrim.html

[15] McCulloch, J. et. al. (2016): 20.

7.2 Maturity Model and Evaluation

The maturity model is mentioned in Figure 1 under Part B but is not described until Pillar 3. Perhaps it might be useful to move that description up to that section, especially as it provides background and context rather than information for the minimum requirements under Pillar 3.

We are also unclear as to how the maturity model factors into data collection, program logic and evaluation of the Framework and recommend that this is clarified.

8 Feedback on Part C

8.1 Evidence-based Risk Factors

Consultation question - is the explanation of the new risk indicators clear?

We have consolidated the following feedback on the evidence-based risk factors, much of which you may have received through your own consultations.

8.1.1 Factors and indicators

The terms 'indicators' and 'factors' are used inter-changeably and this can cause some confusion. The previous CRAF used the term 'evidence-based risk factors' and we recommend continuing to use this term only and reserving the term 'indicators' for descriptions of the signs of the dynamics and forms of family violence that may be presented by a victim survivor and recognised by a practitioner (e.g. injuries, fearfulness, self-blame, etc.) or disclosed or alluded to through assessment or ongoing case work with an alleged perpetrator (e.g. expresses values and attitudes or describes expectations that reflect rigid gender roles, criticises the needs of a partner or children, resistance towards discussions regarding co-parenting, etc.).

From DVRVC's training perspective, distinguishing between factors and indicators is also useful as trainers can educate practitioners about the evidence-based risk factors of the Framework risk assessment tools, and indicators/signs of the dynamics and forms of family violence, which may differ in presentation across a range of settings. For example, a GP may see signs of sexual assault that indicate violence, whereas a teacher or employer might see other signs, such as repeated absences.

8.1.2 Perpetrator assessment and evidence-based risk factors

The section on evidence-based risk factors (from page 29) requires further articulation of how risk assessment against evidence-based risk factors pertains to prescribed entities and professionals when a perpetrator of family violence is their primary client. See our recommendations relevant to this in Pillar 2 in section 5.3.

8.1.3 Serious risk factors

Although the 'extract' of evidence-based risk factors provided on the FSV website does appear to describe serious risk factors associated with an 'increased risk of a victim being killed or almost killed' (as seen in the previous CRAF), this distinction is not present for the serious risk factors in Table 1 of

the Policy document. We highly recommend a copy edit to ensure that these serious risk factors are consistently indicated and described in Table 1 of the Policy document and also in future supporting materials. It should also be clear that these are the risk factors selected for the Brief Assessment.

8.1.4 Levels of risk

There are references to a spectrum of 'risk levels' throughout the Policy document, including in the minimum requirements for Pillar 1 and the section entitled 'Measuring family violence risk;' however, there are no clear categories or definitions for risk levels provided anywhere in this document. Furthermore, the term 'high risk' and 'serious risk' appears to be used interchangeably.

Previously, the CRAF categorised the levels of risk as 'At Risk', 'Elevated Risk' and 'Requires Immediate Protection'. Will these be maintained or changed (for example, to At Risk, Elevated Risk and Serious Risk)? Are you drawing on RAMP operational guidelines to determine seriousness of risk as a level relevant to RAMP referrals or for the Framework more broadly?

We recommend that clear risk levels are established based on expert advice to ensure clear and consistent terminology and usage in the Framework. Risk levels, in particular serious risk, should also account for increased risk for certain population groups, based on an intersectionality analysis of the risk factors and additional questions being developed for certain groups in the tools..

8.1.5 Factors for assessing victim's risk

It is unclear why this category is called 'factors assessing victim's risk' (other than a cumbersome reframing of the previous CRAF's terminology "risk factors for victims). Indeed, every single risk factor listed in Table 1 pertains to victim's risk, not just the three that are listed under this particular category. This differentiation was also problematic in the previous CRAF and making the distinction between 'victim's risk' factors and 'perpetrators' risk factors' is rather artificial. Perhaps it may be better if this category was reframed as 'Risk factors relevant to a victim survivor's circumstances.'

8.1.6 Factors for assessing risk of perpetrators

Similar to above, we recommend reframing the description of this category of risk factors. The expression 'factors for assessing risk of perpetrators' is somewhat confusing (i.e. what is a 'risk of perpetrators'?). We recommend that this category is called 'Risk factors caused by perpetrator behaviours'.

8.1.7 Relationship factors impacting on victim safety

Like the other categories, perhaps the title of this category of risk factors is not described in the most relevant way. We recommend that rather than describing these factors as 'relationship factors' they are more relevant to the category we recommended above, entitled 'Risk factors relevant to a victim survivor's circumstances'. Recent separation, escalation, imminence, and financial difficulties are all relevant to the victim survivor's circumstances and are also relevant to the victim survivor's own assessment of risk and level of fear which is included in that particular category.

Similarly, in the context of assessing these risk factors when working directly with perpetrators, it is critical for practitioners to hold the victim survivor's experience in mind while assessing the risk posed by the perpetrator's attitude and behavior towards these circumstances, particularly their level of rumination, obsession and adoption of a victim stance.

8.1.8 Descriptions of specific risk factors:

Pregnancy

While the description here is useful in terms of the significant detrimental outcomes of family violence during pregnancy/following a new birth, it does not describe why this occurs, such as: the association with gender inequality; risks to women at certain age groups (particularly younger women); perpetrator jealousy and control; escalation of violence already occurring; and links to reproductive coercion.[16] We recommend that these explanations are added to this description and expanded on in the practice guidance.

Access to weapons

While guns are certainly a cause for serious concern in family violence risk assessment, these are not the only 'weapons' that perpetrators have access to or utilise when threatening and perpetrating violence. Any item ranging from a knife to a car can be used as a weapon, and certainly SFVS practitioners have documented such 'weapons' in this category over the years. Recent research has also indicated the high prevalence of kitchen knives in the perpetration of family violence.[17] We recommend that the concept of 'weapon' is broadened in this description to include guns, knives, and any object that is used as a weapon to threaten, intimate and harm the victim survivor.

Controlling behaviours

Most of the risk factors pertaining to perpetrator behaviours (excluding possibly drug/alcohol misuse and unemployment/education disengagement) are controlling behaviours. Abuse of power and use of coercion and control underpins the perpetrator's use of violence. We recommend that this risk factor is situated more prominently in the list and foremost in the questions used in the various tools as well.

Often asking a victim survivor about coercive and controlling behaviours at the start of the assessment leads to the disclosure of the various risk factors listed in Table 1 without having to check off each individually. Situating this risk factor and associated questions for exploration with a perpetrator at the outset of assessment can similarly be useful for opening up a conversation about their choice to use controlling behaviours and the belief systems about gender and relationships that sit behind this.

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[16] Campo, M. (2015*). Domestic and family violence in pregnancy and early parenthood: Overview and emerging interventions*. Australian Institute of Family Studies. https://aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood

[17] Brain Injury Australia, Monash University, Domestic Violence Victoria & No to Violence (2018). *The Prevalence of Acquired Brain Injury Among Victims and Perpetrators of Family Violence*. Department of Health and Human Services: 14. https://www.braininjuryaustralia.org.au/wp-content/uploads/BRAININJURYAUSTRALIAfamilyviolencebraininjuryFINAL.pdf.
Please note that use of a kitchen knife was found to be a cause of major trauma in all family violence cases in the 10-year hospital data set, not just brain injury related cases.

Furthermore, the explanation about controlling behaviours does not mention the strong link between controlling behaviours and homicide. This is critical to SFVS's assessments of imminence and seriousness.

History of Violent behaviour (not family violence)

We recommend the practice guidance unpack this risk factor further, including the profile of the perpetrators who use violence outside the home. Practitioners have advised that this profile includes members of the armed forces, police officers or PSOs, member of or associated with an Outlaw Motorcycle Gang (OMG), or a member of or associated with a terrorist organisation.

Providing a framing for this risk factor is critical in the assessment of perpetrators and assists practitioners to understand their client's needs and the potential barriers to engaging in personal accountability as well as identifying specific strategies for a coordinated risk management plan.

Threats to kill

We recommend that the description in Table 1 and the future practice guidance provide information that threats to kill should be assessed in terms of the level of detail and extent to which a perpetrator has made such threats. Has he been specific? Do you think he has a plan? Has he undertaken other forms of violence that indicate he would kill you (e.g. strangulation, extreme physical violence)?

Similarly, such questions when assessing risk with a perpetrator could be framed as: Have you been specific? Do you have a plan to follow through on these threats? Have you done anything like this before?

Practice guidance about threats to kill should also consider the obscuring of such threats when it is targeted at persons with a disability and framed as 'mercy killing' or 'compassionate homicide'.

Obsession/jealousy

It should also be noted in the description that obsession and jealousy is linked to rigid beliefs about gender roles and ownership of women, children, partners.

Physical harm and emotional abuse

It is unclear if there is a difference between the risk factor, 'Has ever harmed or threatened to harm' which in its description includes physical abuse/assaults and emotional abuse, and the distinct risk factors called 'physical harm' and 'emotional abuse'.

We support that these risk factors are included, however, as they are so closely tied to the other harm/threaten to harm risk factor, perhaps they need to be more closely linked in the Table and in the questions that are developed for the risk assessment tools.

Financial difficulties, financial abuse, and gambling

The financial difficulties risk factor does not account for financial abuse, which may need to be included here and reframed as 'financial difficulties/abuse' or situated as its own risk factor (much like emotional abuse). Financial abuse as a risk factor is significant in terms of whether or not the victim survivor has

any form of financial autonomy in the relationship and may determine whether or not she remains in the relationship or is able to leave. Furthermore, the Monash CRAF Review[18] and evidence from Seniors Rights Victoria[19] shows that financial abuse is a significant factor in Elder Abuse contexts. We recommend that these contexts are included in a description of this type of risk factor.

In addition, because gambling is described under the 'relationship' category it is not clear who the specific gambling risk factor pertains to – the victim survivor, perpetrator or both? If the evidence shows that this is most relevant to perpetrator behaviour, then perhaps it should be presented as a risk factor in its own category or described under financial abuse.

Risk of harm to child

Direct violence to a child includes emotional abuse and sexual abuse as well as the perpetrator's use of control and coercion and physical violence. Please add sexual abuse and emotional abuse to this description.

We also recommend reframing the final sentence in the description to state that 'children are adversely affected through experiencing violence directly and indirectly, including hearing, witnessing and being exposed to the effects of the perpetrator's violent and controlling behaviour causing fear and possible cumulative harm. This also includes witnessing and/or being exposed to the effects harm impacting on the child's protective parent, siblings or other family members.'

It should also be noted here that risks of harm may differ between children if the perpetrator is targeting certain children in particular. This is especially relevant for non-biological children.

To support practitioners working directly with perpetrators or alleged perpetrators of family violence, this section, related practice guidance and tools should provide further description and questions about men's attitudes towards children. This includes a description of the various ways men who use family violence articulate their love and care for their children, such as claiming to be a good father, denying problems in their relationship with their children, masking their own needs as children's needs, and asserting their children as their property[20]. Men who use family violence have a range of parenting styles that should be further unpacked within the comprehensive assessment guidance and tools.

Child exposed to pornography

We support the inclusion of this new risk factor. It is important, however, to acknowledge that children do not need to be exposed to pornography for there to be risks to their safety or the safety of their protective parent, siblings or other family members.

DV Vic member organisation, PartnerSPEAK[21] advise that producing and/or accessing and/or distributing pornography, in particular child exploitation material, is a serious risk for children and for

[18] McCulloch, J. et. al. (2016): 22.
[19] https://seniorsrights.org.au/wp-content/uploads/2014/03/Summary-Report_Profile-of-Elder-Abuse-in-Victoria_Final-1.pdf
[20] See the No to Violence Position Statement: Fathering programs for men who use family violence. http://www.ntv.org.au/wp-content/uploads/2017/12/NTV-Position-Statement-Fathering-FINAL.pdf
[21] http://partnerspeak.org.au/

their mother/parent especially when combined with other risk factors. We recommend retaining "Child exposed to pornography" as it is, and adding another risk factor, possibly under the section on 'Risk factors caused by perpetrator behaviours'. The risk factor could be titled "producing, distributing and/or accessing child exploitation materials."

Alternatively, the advice provided above could be amended into the existing risk factor on children being exposed to pornography and in future practice guidance and risk assessment questions. For example, comprehensive level risk assessment tools could ask about any concerns regarding use of pornography in the home and whether or not such material is violent in nature, and/or involves child abuse and exploitation.

Sexual grooming of a child

The description here does not necessarily point to any particular guidance on how a practitioner might differentiate the emotional bonds and trust that one might expect between parents and children and those that might indicate sexual grooming, nor does it describe if the prevalence of child sexual abuse in family violence.

Furthermore, there is a risk that a perpetrator could utilise this description to make accusations against the protective parent (i.e. "she is too close with the kids") that could lead to very adverse consequences, particularly in legal settings. We recommend further development of this description to assist practitioners to identify the signs of potential grooming beyond or in tandem with emotional connection.

Behaviour indicating risk of abduction

If this risk factor is about abduction, it is not necessary to describe a child as a weapon. This comes across as insensitive to the issue.

The first sentence can be removed or simply restated as "threats and indications that the perpetrator may abduct a child/children can be used to harm the child and the protective parent".

8.1.9 Omitted or additional risk factors

Risk factors relevant to intersectionality

We are aware there are additional questions relevant to risk factors pertaining to diverse communities and intersectionality, however, we are unclear as to why these are not included in Table 1 or described in the Policy document.

Could these be added to Table 1 to ensure that prescribed entities do not miss the opportunity to align their policies and practices with these important risk factors pertaining to diversity?

Visa-status and immigration-related abuse

The Monash CRAF Review also found support for a risk factor pertaining to visa status and immigration-related abuse.[22] As evidenced by research in the ASPIRE project[23] and more recently by Monash University[24], victim survivors with temporary visa status are almost always subjected to abuse related to the visa status. This is also reported by In Touch to be a risk factor that is considered frequently in their own risk assessment and risk management practices. Perhaps this is one of those additional risk factors not included in Table 1 that is relevant to diverse communities, and therefore, we recommend that it is made visible there alongside others pertaining to specific cohorts.

Victim survivor mental health, substance misuse and suicidal ideation

It is unclear in the Policy document itself as to why the factors pertaining to a victim survivor's possible mental health concerns, substance use and suicidal ideation are removed from this updated version.

We do understand from discussions held in consultation workshops that this is related to a lack of international evidence to support the inclusion of these particular items and that there are concerns that accounting for these in formalised risk assessment may cause adverse impacts on victim-survivors, such as through legal processes.

It would be useful to know, however, where these issues may be accounted for instead, if not in the risk assessment, perhaps in an associated needs-based assessment or practice guidance. Mental health, substance use, and suicidal thoughts will inevitably arise as issues for victim-survivors that impact on their level of risk, particular when these issues are exploited by the perpetrator's tactics of power and control. For example, the victim survivor's mental health diagnosis may be exploited by the perpetrator to undermine credibility, or a perpetrator might control access to medication and psychological support. Certainly, where suicidal thoughts are concerned, duty of care is critical and practice guidance should point professionals to further support and training in this area.

We recommend adding an explanation about the removal of these factors in 'How has the Framework changed?' on page 16 of the Policy document to address the concerns above and also to ensure that practice guidance does not leave gaps on these important contexts.

Threats to harm or kill children

The previous CRAF had a risk factor called 'threats to harm or kill children'. This was an asterisked serious risk factor and it is not clear why it has been removed from the list. It should be obvious given the many high-profile family violence cases involving the murder of children and its prevalence as a

[22] McCulloch, J. et. al. (2016): 22.
[23] Vaughan, C., Davis, E., Murdolo, A., Chen, J., Murray, L., Quiazon, R., Block, K., & Warr, D. (2016). *Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia. The ASPIRE Project: Research report (ANROWS Horizons 07/2016*). Sydney: Australia's National Research Organisation for Women's Safety. https://www.anrows.org.au/promoting-community-led-responses-violence-against-immigrant-and-refugee-women-in-metropolitan-and
[24] Segrave, M. (2017). *Temporary migration and family violence: An analysis of victimisation, vulnerability and support*. Melbourne: School of Social Sciences, Monash University. https://arts.monash.edu/gender-and-family-violence/wp-content/uploads/sites/11/2017/11/Temporary-Migration-and-Family-Violence-An-analysis-of-victimisation-vulnerability-and-support.pdf

tactic in the context of separation that such a risk factor should be included in the new Framework. We recommend that it is reinstated.

Technology-facilitated abuse

The Monash CRAF Review suggested that the redeveloped Framework should pay attention to the emerging evidence as well as feedback from victim survivors and specialists about risk factors involving technology-facilitated abuse. It has been discussed frequently that such a risk factor should be included in the re-developed Framework particularly since stalking and abuse on social media platforms, surveillance technologies and apps, and widespread use of smart phones has increased substantially since the CRAF was first implemented in 2007. We recommend adding a risk factor relevant to technology facilitated abuse to the list of newly-recognised and emerging risk factors.

Family court proceedings

The Monash CRAF Review found strong support for the inclusion of a risk factor that accounts for the particular family violence risks associated with family court proceedings.[25] This is a risk factor pertaining to both child and adult victim survivors, with similar and different impacts on both. We understand that this may not be a risk factor that came through the international literature review conducted by the Consortium, however, we recommend adding this to the list as a newly-recognised or emerging risk factor.

Acquired brain injury and family violence

Certain risk factors are relevant to Acquired Brain Injury (ABI) in the context of family violence, including: 1) use of weapons/access to weapons; 2) physical violence; and 3) choking/strangulation, particularly where these types of violence lead to blows or injuries to the head or loss of consciousness.

Recent research implemented through Royal Commission recommendation 171 shows very high prevalence of ABI in family violence cases.[26] Analysis of the Victorian hospital data found that of the 16,296 people who attended hospital over a decade (2006-2016) due to family violence, 2 in every 5 (40%) sustained a brain injury. Nearly 1 in every 3 (31%) victims of family violence were children and, of those, 1 in every 4 (25%) sustained a brain injury as a result.

DVVic previously provided written feedback after the May 23rd Tier 1 consultation workshop and again more recently to the consortium (see Appendix 10.2 with additional feedback from NTV) about ABI relevant risk factors, risk assessment questions and possible practice guidance. We do not yet see the outcomes of this feedback in the Policy document.

[25] McCulloch, J. et. al. (2016): 18.

[26] Brain Injury Australia, Monash University, Domestic Violence Victoria & No to Violence (2018). *The Prevalence of Acquired Brain Injury Among Victims and Perpetrators of Family Violence*. Department of Health and Human Services. https://www.braininjuryaustralia.org.au/wp-content/uploads/BRAININJURYAUSTRALIAfamilyviolencebraininjuryFINAL.pdf

We understand also that Family Safety Victoria have since met with Brain Injury Australia to invite their own submission on the Framework public consultation. Please consider our advice in the Appendix and the submission by Brain Injury Australia.

8.2 Intersectionality and experience of family violence

We recommend that content on page 27 (and for future practice guidance) is reframed around our changes to the definition of intersectionality described in section 6.2.4.

Furthermore, the use of the term 'honour-based violence' is problematic without definition. For the purposes of this Policy document it may not be appropriate to include it here as some professionals may not fully understand this term. It also does not seem relevant to this Policy document or the Legislative Instrument, nor is it included in the evidence-based risk factors. Perhaps information about this type of violence might be more useful for future practice guidance. There is also considerable debate about whether the term 'honour' is appropriate. This should be considered in developing future guidance in consultation with experts on this subject matter.

We also caution against the use of the term 'intersectional risk', as it is not an appropriate application of intersectionality theory. A critical lens using intersectionality theory would inform analysis of the victim-survivor's account of her experiences and the evidence-based risk factors as part of the structured professional judgment approach, but we would not call this 'intersectional risk'. Furthermore, intersectionality theory would inform an analysis of perpetrator service responses, in particular the barriers for perpetrators to engage in personal accountability and change.

Regarding the example of 'intersectional risk' in the breakout box on page 28, we recommend that it is removed given that this is the only example of this kind and that we do not support the term 'intersectional risk'. We acknowledge that examples of intersecting oppressions can be useful, however, we would like to see the concept of intersectionality utilised in case studies for practice guidance. We would like to be involved in consulting on relevant case studies that explore the intersections of discrimination and the complex and compounding barriers that certain groups of people, such as Aboriginal women, women from CALD backgrounds and women with disabilities experience.

8.3 Bringing perpetrators into view and holding them accountable

Consultation question - does this section assist in explaining common perpetrator behaviours?

The content within the section entitled 'Bringing perpetrators into view and holding them accountable' (from page 34) is currently very vague in terms of establishing clear guidance and expectations for services that work directly with perpetrators or alleged perpetrators of family violence. Our advice for this section is to change the title to 'Monitoring perpetrators behaviour and accountability" and to reassert definitions regarding perpetrators and predominant aggressors (including misidentification and false representation as a victim) as set out in our advice in sections 6.2.5, 6.2.6, and 9.11.

Furthermore, the Policy document and future practice guidance should include content about the impact of perpetrator's violence on children and young people; suicide/homicide risk; association of male violence with lethality; tendencies to pathologise the victim survivor; lack of empathy for the

victim survivor; personal entitlement; intentional disrespectful, undermining or derogatory language; and suspicion of or active resistance to legal processes and law enforcement.

We also suggest reviewing the perpetrator accountability component described in the Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework – Second edition.[27] This framework clearly articulates the impacts of inconsistent responses to perpetrators of family violence, which we believe must be outlined to provide the necessary impetus for prescribed entities to align their risk assessment and risk management practices with a commitment to perpetrator accountability.

8.4 Perpetrator Behaviour Assessment

As per the feedback provided through the consultation with NTV member organisations, practice guidance and tools for working directly with perpetrators should be developed to align with the suite of tools developed for use with victim survivors to encourage and support all prescribed entities to: 1) see themselves and their roles and responsibilities within in the Framework, and 2) support consistent risk assessment, risk management and information sharing practices (as per our recommendation for Pillar 2 in section 5.3.

Tools for assessing perpetrator behaviour should include:

Screening

Perpetrators may proactively disclose their use of family violence where they feel the professional is someone they can trust. However, the majority of perpetrators do not do this, therefore, non-SFVS should be equipped to identify signs that someone is using family violence, feel confident to promote further engagement, and know where to go to for secondary consultation and referral.

Brief assessment

Outlining serious risk factors for police, bail justices, magistrates and other relevant professionals is critical to contributing to safety for victim survivors. This is particularly relevant to the implementation of the new Bail Act reforms that require the consideration of whether there is a risk that the 'accused' would commit family violence and whether that risk can be reduced by the imposition of bail conditions or a family violence intervention order. The Brief assessment would not be conducted directly with the perpetrator of family violence, however, it should be informed by information from victim survivors and information held within the system, including police, correctional services, child protection, SFVS, and other relevant bodies.

Preliminary assessment

Non-SFVS workforces should be encouraged to conduct preliminary risk assessments when they identify a perpetrator or alleged perpetrator of family violence. The preliminary assessment should

[27] Department for Child Protection and Family Support (2015). *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework (2nd ed.),* Perth, Western Australia: Western Australian Government: 13.
https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/2015/CRARMFFinalPDFAug2015.pdf

assess immediate risks, co-occurring needs, barriers and enablers to the person's capacity to change, and identify early options for risk management. The preliminary assessment may be initially conducted with the person using family violence and risk factors further assessed with additional information from other sources as part of the practitioner's information sharing and risk management responsibilities. The preliminary assessment forms the basis of comprehensive assessment.

Comprehensive assessment

Comprehensive assessment requires specialist knowledge, skills and coordinated practice arrangements and is most likely carried out be specialist practitioners with high level training in perpetrator interventions. Detailed risk assessment, dangerousness or lethality assessment and specialised safety planning form the core of the comprehensive assessment process, informing collaborative and coordinated risk management planning. Comprehensive assessment must also include a holistic needs assessment that captures the perpetrator's insights into the consequences for the violence, a deeper analysis of readiness and motivation, and assessment of barriers to accountability, including the perpetrators own beliefs, and the impact of systemic discrimination.

Practice guidance on comprehensive assessment with perpetrators needs to be clear that this is a specialist area of work that is distinct from risk assessment practices with victim survivors. Coordinated responses should not assimilate the specialist roles of those working with victim survivors into the roles of those working with perpetrators.

Finally, the 'identified professionals' listed in the footnote and in the dot point list on page 42 are not consistent. The list should include Corrections and Police as they may be able to identify and assess a family violence perpetrator when they are interacting with these systems for other matters or when family violence isn't the initial presenting issue.

8.5 Children and Young People as victim survivors

Consultation question - Does this section assist professionals to understand working with the unique needs of children and young people experiencing or using family violence?

It would be ideal to consolidate the content in the section on page 28 with other parts of the Policy document that discuss children and young people to create one distinct section. Currently, the content about children and young people is fragmented in both Part A and Part C. The feedback we have provided throughout this submission relevant to children and young people, including adolescent family violence, should be considered for this section and future practice guidance.

We recommend adding information about Aboriginal children and young people in the discussion on page 28 about children from diverse communities. It should be acknowledged that Aboriginal children and young people face disproportionate levels of violence, but to ensure that promoting strong connections to culture are included in this message over paternalistic or welfare-oriented attitudes towards Aboriginal children and their families. Family violence is one of the key drivers of Aboriginal children being taken from families and communities. The fear of child protection intervention is a significant barrier to Aboriginal women disclosing family violence.

Furthermore, as per the recommendations of the Monash CRAF Review, the Framework should be clear about what risk assessment and risk management involving children and young people should entail, and which agencies specifically should be responsible for this type of risk assessment, specifically Child Protection, Family Court, family services and specialist family violence services.[28] The extent to which these agencies may be able to undertake risk assessment and risk management with children and young people (either through assessments with protective parents/adult victim survivors or individually) and the resources required to effectively carry out this role will vary. This requires further consultation to determine the scope of this responsibility for the Framework.

8.6 Adolescents using family violence

On page 43, the content about Adolescents using family violence comes immediately after a section describing some of the risk assessment tools. It is unclear if this implies that there will be a distinct tool for adolescents using family violence. If this is not the case, we suggest that this section is moved and consolidated into background content about children and young people. If there is such a tool, it should be made clear in this document and practice guidance will need to be developed by experts in this area.

This section should also take care to not inadvertently suggest that family healing or maintaining close relationships during times of crisis means that adults should not prioritise their own safety when subjected to violence from a young person. There is a concern that mothers often bear the burden of expectation that they will endure violence from their adolescent child at the expense of their own safety. It should be recognised here that while response options should provide safety and support for adolescents using violence (who are likely also victimised), and this may include family healing and reunification, safety for those who are subjected to violence by a young person should also be prioritised. This should especially be the case if the adult victim survivor's risk assessment indicates serious risk of future harm or potential fatality.

8.7 Roles and responsibilities

Consultation question - What is your understanding of the roles and responsibilities?

Consultation question - Are there any gaps in the roles and responsibilities?

8.7.1 Translation into practice

The roles and responsibilities are clear and concise, however, they will need to be translated into practice materials, as some of the practices and terminology may be unfamiliar to non-specialist organisations, such as non-collusive practice with perpetrators (Responsibility 1), EACPI principles (Responsibility 7), the FVISS (Responsibility 6), and safety planning (Responsibilities 4, 8, 10). We anticipate this is part of the next phase of developing the Framework through the supporting materials.

8.7.2 Referral for comprehensive assessment and management

SFVS practitioners are concerned that the wording of Responsibility 5 may result in handballing all family violence matters to the specialist sector without first undertaking critical steps (such as those

[28] McCulloch, J. et. al. (2016): 21.

reflected Responsibility 4: Initial risk management) and pursuing supervision and secondary consultation. As such, we recommended that Responsibility 5 is reworded to: "Seek consultation for comprehensive risk assessment, risk management and referrals". The description of expectations should be stated as: "Ensure staff seek internal supervision and further consultation with family violence specialists to collaborate on risk assessment and risk management for adult and child victim survivors and perpetrators and make active referrals for comprehensive specialist responses if appropriate."

8.7.3 Risk management responsibilities

Consultation question - Is risk management described in a way that reflects with what you would do in your role?

As the section on pages 43-44 of the Policy document and the risk management roles and responsibilities in Table 3 is very high level it does not fully describe the role of SFVS sufficiently, however, that may not be the explicit purpose of this document. Such descriptions relevant to specific prescribed entities may be more suitable for the supporting materials that will accompany the Framework.

At a high level, we recommend that the Policy document recognise the unique role of SFVS (both SFVS for women and children and SFVS that undertake men's family violence work) and further describe how the success of risk management strategies is highly dependent on pro-active communication and consistent responses amongst specialist and non-specialist community-based services, and statutory authorities.

In addition, the language in Responsibilities 4, 8 and 10 conflates safety planning and risk management. Safety planning is part of risk management but they are not one and the same. Responsibility 10, in particularly, states "[e]nsure safety plans are enacted." This is a concern because safety plans are owned by victim survivors who may not be able to enact it for various reasons, usually pertaining to the perpetrator's behaviour, changes in their circumstances or issues with other aspects of the risk management plan. We recommend removing this statement to avoid confusion and expectations about a compliance approach to safety plans. Risk management plans, on the other hand, which will have responsibilities for professionals and organisations should be monitored for accountability.

We provide further advice about risk management and safety planning in sections 9.3 and 9.4.

8.8 Continuous improvement

Consultation question - How can organisations be supported to collect and analyse data for continuous improvement?

Without having access to the implementation plan for data collection under the Framework, it is difficult to assess how organisations will need to be supported. This depends very much on what they are being asked to do and how they are being asked to do it. The only detail appears to be in the Regulations, section 17 Annual Reports and this is minimal.

A way forward may be to develop implementation and data collection plans for each prescribed sector so that government can map the relevant governance structures, data collection opportunities (which will involve a wide range of databases and data collection practices) and systemic and operational responsibilities within organisations. A consistent reporting tool that can be used across all sectors and organisations may also assist.

As mentioned in section 2, the work of implementation, embedding, collecting data and writing reports is under-resourced in the family violence sector. Funding and resourcing to undertake these responsibilities is critical and this is noticeably absent from the RIS.

Finally, as per the Monash CRAF Review, a central register to collect data about training should be implemented (e.g. tracking who has been trained, how many people have been trained overall, from which sectors, what type of training have they undertaken, etc.).[29]

How can analysed data, evidence and findings be best fed back for organisations to improve their practice?

Organisations will likely wish to see reports based on their own data fed directly back to them. It is important, however, that there is a statewide view of how implementation, embedding and practice uptake is tracking, as well as analysis of data relevant to risk assessment tools and risk management activities. This is relevant to our previous advice in section 7.1 regarding governance.

Data produced from organisations and through other review/evaluation mechanisms should be coordinated centrally and reporting provided publicly with de-identified (client and organisation) data to understand how Victoria is progressing with this key part of the reform. An evaluation plan and a program logic are critical, and we look forward to consulting with Family Safety Victoria on this important foundational work.

Furthermore, the peak bodies play an important role in advising on sensitive, non-stigmatising approaches to data collection, disseminating information about evidence, evaluation findings and other reporting relevant their sectors. This should be considered in the continuous improvement and evaluation work relevant to the Framework.

9 Core knowledge practice guidance

Consultation question - What should be covered in the core knowledge practice guide when working across the range of experiences of family violence (i.e. beyond heterosexual intimate partner violence - including elder abuse, extended family violence etc.) across the range of Victorian communities (i.e. Aboriginal communities, different individual and community identities including gender, ethnicity and cultural background, language, socio-economic status, disability, sexual orientation, religion, age, geographic location or visa status)?

Our advice below provides an overview of some of the content that we agree should be included in supporting materials, however, we also recommend that further consultation with the endorsing

[29] McCulloch, J. et. al. (2016): 13.

organisations and the SFVS is necessary to develop the details at the level of depth required for 'core practice guidance'.

9.1 Background on family violence

Include content on the problem of family violence drawing on our recommendations provided in section 6.3.

9.2 Risk assessment and tools

Practice guidance should explain the process of risk assessment using the 'four-part' professional structured judgement approach as required under our recommended Pillar 3 (see section 5.3).

Practice guidance should describe the purpose of each risk assessment tool, relevant roles and responsibilities for prescribed entities utilising these tools and demonstrate how they are interconnected with each other and to relevant risk management practice guidance.

It should also provide information about the evidence-based risk factors (expanding on the descriptions in Table 1) and the 'levels of risk' (see section 8.1.3) acknowledging that family violence risk is dynamic, thus requiring regular checking in and updating with the victim survivor and monitoring of the circumstances and behaviours of the perpetrator to ensure that coordinated risk management activities and safety plans are current and relevant.

Practice guidance for risk assessment and risk management when your client is an alleged perpetrator or perpetrator of family violence must include an analysis of the effect of their presentation and behaviour from the point of view of the victim survivor and assess the capacity for insight and change.

Training to recognise the signs of abuse is essential for the implementation of the Framework, particularly for those at the screening level of assessment. Such training should also take an intersectionality lens to support professionals to recognise the signs, for example, when working with people who may not speak English as their first language, or who have communication-related disabilities.

9.3 Risk management

Practice guidance needs to draw the link between the risk assessment tools and coordinated risk management activities that are relevant to the prescribed entities' sector and roles and responsibilities. Especially for prescribed entities that are non-specialist services, it is essential that the practice guidance make it very clear what is expected of them to support victim survivor safety (and the work of organisations that work directly with victim survivors) and respond to dynamic risk presented by perpetrators by taking on actions to promote personal accountability (that reinforce those of organisations that conduct specialist work directly with perpetrators).

SFVS advise that risk management is entwined with their holistic responses combining ongoing risk assessment, risk management, case management and therapeutic practices to enhance adult and child victim survivor safety and other interconnected needs. While there are some activities that are more obviously relevant to direct risk management to enhance safety and mitigate risk in the short to

medium term, the practice of risk assessment and risk management is often ongoing and part of these other service responses. For example, advocacy to police to action a breach of an intervention order is an obvious direct risk management strategy, however, SFVS also report that assisting women and children with transportation, providing material support, and therapeutic and emotional support is also relevant to risk management.

Because of the broad range of activities undertaken by SFVS, any practice guidance related to risk management should recognise this unique and holistic family violence focused role. This is relevant both for providing information that reflects the SFVS role as they understand it, but also to ensure that non-specialist prescribed entities understand what SFVS do.

The responses of Child Protection, Police, Corrections and Courts can make or break the risk management work of SFVS and leave victim survivors either supported by a wrap-around systemic, left to manage the perpetrator's behaviour on her own (or somewhere in between). Outcomes for victim survivors and perpetrators can be either beneficially enabled or severely constrained by the responses of other community-based the statutory services, particularly those with a legal authority to intervene with perpetrators in a way that is not possible in community-based services. As such, any risk management guidance must make it very clear that statutory services must do their part to build an effective. coordinated risk management system. This includes describing the role of statutory services to work in a victim-centred capacity, engage in secondary consultation with SFVS, and use their unique statutory responsibilities to intervene with perpetrators, inviting them to take responsibility for their behaviour, and reducing their opportunities to use violence.

Practice guidance should also acknowledge that risk management begins with risk assessment and analysis of key elements that emerge from that assessment, notably:

- Personal circumstances and impacting factors (e.g. mental health concerns, unemployment, child protection involvement)
- Protective factors (e.g. family, friends, employer, other supportive networks)
- Intersectionality, systemic/structural barriers (e.g. gender inequality and other structural barriers – racism, classism, ableism, hetero/cis genderism, visa status, etc.)
- Situational/relationship context (living with the perpetrator, separated, parenting arrangements, interstate or overseas threats, etc.)
- Urgency/imminence (matters that require urgent resolution whether risk relevant or otherwise)

Risk management generally accounts for all family members using or affected by family violence:

- Victim survivor (child, adult, elder, multiple)
- Perpetrators (single, multiple)
- Adolescents using violence (who may or may not be victimised)
- Other affected family members (grand-parents, siblings)

This is not to say that in all contexts when working with a victim survivor that you then undertake risk assessment and risk management with every individual possibly affected (although where children are concerned it is clear there are expectations to ensure risk assessment/management in their own right),

but that you account for these relationships in risk management planning. This is likely to reflect the more comprehensive end of risk assessment and risk management that SFVS undertake, whereas other prescribed entities, particularly those at the screening and identification end may focus more on the immediate risk relevant issues for the persons they are directly interacting with in that moment in time.

Furthermore, risk management practice guidance should also reflect the following categories of risk management activities that are relevant to prescribed entities to varying degrees:

- Pro-active engagement strategies with victim survivors and perpetrators.
- SFVS responses combining comprehensive risk assessment, risk management, case management and therapeutic service responses.
- Community based perpetrator interventions (MBCP, Men's case management, referrals for specialist mental health, alcohol/drug and other services, housing support).
- Statutory perpetrator interventions (Police, Courts, Child Protection, Corrections)
- Monitoring perpetrators (community based and statutory).
- Information sharing (FVISS and CISS) and advocacy.
- Safety planning with victim survivors and with perpetrators.
- Specific risk management responses relevant for children (for example, family law matters, supervised access, involvement of schools and childcare centres).
- Crisis responses, including after-hours, accommodation and refuge.
- Security responses and technology safety (e.g. mobile phones, social media, etc.).
- Secondary consultations with SFVS for non-specialist prescribed entities (should be emphasised in guidance and valued as an important step for non-specialists, especially where there may be potential misidentification concerns).
- Multi-agency case coordination through care team meetings and RAMP referrals.
- Reviewing and revising risk assessments on an ongoing basis.
- Relevant referral pathways for financial support, legal advice, mental health services, AOD services, housing, etc.

We recommend further consultation with the SFVS to determine the best way forward in describing risk management.

Finally, on page 44 it states that "…risk management should be ongoing until a person is no longer at risk." Because of the dynamic and shifting nature of family violence, and whether interventions with perpetrators were effective, it is difficult to unequivocally determine if someone is no longer at risk in all family violence cases. We recommend changing this statement to "risk management should be adaptive and ongoing until the risk is mitigated" and this statement should be linked to advice either in the Policy document or supporting materials about the specific role and limitations of risk management depending on responsibilities of the prescribed entity.

9.4 Protective factors and safety planning

Guidance in both risk assessment and risk management should also account for victim survivor's protective factors. This will include strategies the victim survivor is already using to resist control, manage the perpetrator, and keep herself and her children safe and other key protective factors such

as intervention orders, housing stability and safety, supportive networks (friends, family, employer), financial resources, and more. This forms the basis of safety planning and further risk management.

Comprehensive guidance should also address ways to leverage protective factors for perpetrators of family violence when developing a safety or accountability plan directly with them. This includes locating non-collusive supports, securing housing options when removed from the family home, and reinforcing positively adapted strategies and techniques to de-escalate and regulate.

It is important to be clear that a safety plan is just one part of risk management and typically entails a plan that the practitioner develops with the victim survivor to manage their own safety in the short/medium term, building on what the victim survivor is already doing and that works for her circumstances. Safety planning can occur while a practitioner is engaging in other risk management activities (such as referrals and information sharing).

Safety planning is also conducted by specialist services working directly with perpetrators of family violence as an accountability mechanism that practitioners use to promote the individual take responsibility for their violence and coercive control.

We recommend that the safety planning resources from The Lookout[30], 1800RESPECT[31] and the extensive Gathering Support booklet from DVRCV[32] are considered for developing practice guidance in this area. These resources should be reviewed and adapted for the Framework to ensure they are fit for purpose.

9.5 Family violence contexts

The different relational contexts in which family violence occurs should be included in the practice guidance, including intimate partner violence (same sex, LGBTQI), violence against older people (Elder Abuse), extended family and kinship relationships (including relevance to Aboriginal communities), carer relationships (including those relevant to persons with disabilities), adolescent family violence (impacting parents, siblings and other family members), and men's violence toward other men.

9.6 Working sensitively with victim survivors

Drawing on key principles of respect for victim survivors' agency and dignity (see section 5.1.1) and include guidance for risk assessment and risk management that prioritises: victim survivors health and safety needs; taking a strengths-based and rights-based approach; partnering with victim survivors through risk assessment and risk management processes; understanding the effects of cumulative exposure to traumatic events (trauma-informed practice); asking sensitive questions about family violence and sexual assault; asking non-stigmatising questions about disability, mental health, substance use, and sex industry work; asking scaling questions and interpreting responses; supporting victim survivors' personal empowerment and decision-making; communicating risk to victim survivors; and providing advocacy on behalf of victim survivors to other services and systems.

[30] http://www.thelookout.org.au/fact-sheet-3-planning-for-safety

[31] https://www.1800respect.org.au/resources-and-tools/risk-assessment

[32] http://www.dvrcv.org.au/knowledge-centre/our-publications/booklets/gathering-support-safety-women

9.7 Working safely with adult perpetrators of family violence

Consistent risk assessment and management practices when working directly with perpetrators can only be created when practitioners hold onto and conceptualise their work as a contribution to the safety of victim survivors. Every intervention, question and response must maintain the victim survivor at the forefront of assessment and planning, even when the practitioner has no contact with them.

Practice guidance should provide a definition of the 'web of accountability' as stated through the Centre for Innovative Justice's report. [33] The 'web of accountability' concept is 'useful in conceptualising how multiple interventions need to occur – and be delivered consistently – in order to progress perpetrators towards reducing the harm they inflict on their families'. The way in which interventions are delivered by different parts of the system will be different, however the messaging around family violence as a whole must be consistent. Messaging includes setting and upholding clear expectations for perpetrator engagement in intervention programs, promoting personal accountability towards the safety of victim survivors, setting consistent compliance mechanisms and consequences in justice settings that build upon messaging within community interventions, and establishing clear laws and consequences within policing responses.

Comprehensive practice guidance should include information about proactively assessing risk in relation to multiple intimate partner relationships and working safely when the perpetrator has recently re-partnered and suggests 'this relationship is ok'. Further practice guidance should be provided to unpack the issues of shame and secrecy and how these are barriers personal accountability and can be worked with safely.

Practice guidance should also provide information about what constitutes collusive practice, what constitutes coercive practice, and the risks and consequences of both these approaches on victim survivor safety and wellbeing. NTV have previously provided descriptions of these to FSV as follows.

Collusive practice

Collusive practice involves the practitioner taking a position that is indirectly or directly aligned with the perpetrator and encourages or does not challenge their violence-supportive narrative. This includes supporting their belief that they are not responsible for the violence through minimisation, denial or justifications. Collusive practice carries the risk of reinforcing that the victim is responsible for the perpetrator's choice to use violence and undermines the experience of the victim.

Coercive practice

'Coercive practice' involves the pursuit of challenging a perpetrator's use of violence at the expense of all other considerations, including the safety of the victim/s. Coercive practice includes seeking to punish the perpetrator for their use of family violence, not listening to or trying to engage the perpetrator in a working relationship and not being willing to understand the range of issues that may create barriers to change and individual accountability. Coercive practice risks reducing the safety of victims because it potentially pushes the perpetrator towards disengagement, risks reinforcing

[33] Centre for Innovative Justice (2017). *Mapping service systems and perpetrator journeys – Report to the Department of Premier and Cabinet*.

unhelpful narratives held by perpetrators such as 'the system is out to get me' and places victims at risk due to the perpetrator's emotional response to 'punishment' and subsequent behavioural response. Coercive practice also risks pushing men towards more collusive supports and responses.'

Best practice

Best practice includes using respectful communication and non-collusive or coercive dialogue to work with the perpetrator to undertake a risk and needs assessment. While these conversations can feel challenging for practitioners, particularly in hearing often traumatising details of behaviour or invitations by the perpetrator to collude, they must approach the perpetrator with an openness to hearing their insights into their use of family violence and impact on others, their beliefs and narratives, and capacity to take responsibility for their behaviour. Specific training that includes practicing these conversations with perpetrators is necessary in order to embed this practice within the framework of perpetrator accountability.

9.8 Prioritising safety when conducting screening and assessments

Practice guidance should advise practitioners on strategies that ensure victim survivors can safely participate in screening and risk assessment. Risk assessment should be conducted with the victim survivor on her own, not in the presence of other family members, and with an accredited interpreter, communication aids and/or with an independent third party for persons with a disability, as required. Prescribed agencies should align their professional judgement approach to establish routine approaches to confidential screening and assessment within their environments.

Practice guidance should also advise practitioners on strategies to engage and monitor the presentation of perpetrators through the process of screening and risk assessment. It is critical to notice potential flags for perpetrator disengagement or elevated reactivity and mitigate risk as appropriate – for the victim survivor, for the perpetrator and for the practitioner.

9.9 Diverse communities and intersectionality

All of the diverse groups described in the consultation question above should be included in the practice guidance with material that contextualises their experiences of family violence with an intersectionality lens on gender and other structural inequalities.

Throughout this submission we have provided feedback relevant to practice guidance for risk assessment with diverse communities through an intersectionality lens, including our recommendation in Pillar 2 to adopt this analysis into minimum requirements for risk assessment, and recommend that this advice is included in the development of future supporting material.

We understand that Family Safety Victoria and the consortium are consulting with a range of specialist experts representing diverse communities through targeted consultations. Therefore, we will not extensively address practice guidance for each group within this submission, but rather, recommend a report back at the Expert Advisory Group as to the progress of these consultations and the development of practice guidance material before it progresses to training development. As an example of the type

of practice guidance that should be considered, Djirra, WDV and In Touch have offered advice that is included in the Appendix.

We do think it is important in this submission to recommend that practice guidance and training address the issues raised under Pillar 3, that professional judgement should be informed an approach that accounts for self/organisation reflexivity and an intersectionality analysis. It is important that all prescribed entities are supported with guidance and training (including specific cultural safety training) to overcome personal bias, stereotypes or assumptions.

We understand that there will be specific risk assessment questions relevant for different cohorts. It may not always be feasible to complete all additional questions in the tool as this type of approach can be highly demanding on a victim survivor. We recommend that tools and practice guidance support practitioners to first and foremost ask open ended questions with victim survivors, allowing them to share their stories about how their experience of violence is compounded by issues of inequality. This is the practice of taking an intersectionality informed approach to structured professional judgement in risk assessment that we wish to see further developed across the family violence system.

It is also important to ensure that practitioners are guided to ask people how they prefer to be identified to ensure they receive appropriate service responses and understand the reasons why people may be hesitant to do so. For example, people should always be asked if they and/or their children identify as Aboriginal and Torres Strait Islander and provided with appropriate culturally-specific referral options and resources.

While we are yet to see versions of the risk assessment tools for specific use when working with perpetrators of family violence, we hold an expectation that similar consideration is taken in developing practice guidance for this cohort. Guidance should include unpacking and understanding how the perpetrator's experience of systemic discrimination creates barriers to accountability and discouragement to change and may reinforce decisions to disengage from the service system.

Finally, we recommend the following changes to a couple of specific descriptions in Part C of the current Policy document:

<u>People from culturally and linguistically diverse communities</u>

On page 35 it states that "people from culturally and linguistically diverse communities are disproportionately affected by family violence…". There is currently no evidence base in Australia that describes the prevalence of family violence in CALD communities.[34] This statement should be reframed to state that while the prevalence rate of family violence in various CALD, migrant and refugee communities is unknown, what is understood is that people from CALD, migrant and refugee backgrounds experience discrimination, racism and difficulties accessing services and systems for protection and support.

[34] Vaughan, C., Davis E., Murdolo, A., Chen, J., Murray, L., Block, K., Quiazon, R., & Warr, D. (2015). *Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia: The ASPIRE Project (State of knowledge paper 7).* Sydney: Australia's National Research Organisation for Women's Safety: 15. https://www.anrows.org.au/promoting-community-led-responses-violence-against-immigrant-and-refugee-women-in-metropolitan-and

People with disabilities

This section would benefit from statements that recognise the diversity of people with disabilities (including children with disabilities and mothers with disabilities) and we also recommend that the role of the National Disability Insurance Agency (NDIA) and the Local Area Coordinators (LACs) are clearly described in the Framework, particularly in regard to referral pathways, crisis responses and risk management planning.

Even though the Commonwealth-funded NDIS agencies are not prescribed, this is an emerging sector that essentially replaces the disability services sector yet has no clear interface with the family violence system. Through the Department of Premier and Cabinet's NDIS Implementation Taskforce and other forums, WDV and DV Vic have advocated for training and capacity building in the NDIS workforce, including training in family violence risk assessment and risk management. Therefore, we further recommend that LACs are targeted for future training opportunities to support their capacity building in this area.

9.10 Children and Young People

Include material relevant to assessing and managing family violence risk with children and young people, acknowledging their individual rights to safety and protection, in concert with supporting the protective parent and their relationship with their children, when safe to do so. Specifically, this section should include guidance about partnering with protective parent/guardian (who are usually also subjected to violence) to undertake risk assessment and risk management activities. Age appropriate guidance will also be relevant for assessing and managing risk with young people separately and/or in tandem to addressing risk with their protective parent/guardian.

Include material relevant to assessing family violence risk of children and young people through the comprehensive assessment process with perpetrators. This includes an exploration of fathering practices and attitudes as well as checking in on the capacity to leverage motivation to be a better father or maintain a relationship with children. This can create opportunities to promote his engagement with the service system and in the change process and personal accountability.

Guidance should also address issues pertaining to adolescents using family violence as per our advice in this submission.

9.11 Misidentification and predominant aggressor

Practice guidance should address issues of perpetrator's falsely representing themselves as victims, systemic misidentification issues (e.g. misidentification by police) and predominant aggressor assessment. There is content already in the FVISS guidelines that will be useful in this area.

For example, guidance should discuss the consequences (which can be quite devastating) of systemic misidentification and accepting a perpetrator's false representations so that non-specialist services understand the importance of extreme caution in this area and utilising secondary consultation and the expertise of SFVS to avoid inadvertently taking action or sharing information that may result in further harm to the actual victim survivor and her children. This is increasingly an issue for actual victim

survivors who are criminalised by the police and the justice system because of the acceptance of a perpetrator's presentation as a victim, and/or because it is not recognised when a victim survivor uses violence to self-protect or as an act of resistance to a perpetrator's historic violence.

9.12 Relationship between the Framework, the FVISS and the CISS schemes

As information sharing is a new 'fourth' part of the structured risk assessment, it is important that the linkages and obligations that prescribed entities share across the Framework, the FVISS and the CISS are clearly described in guidance materials. Importantly, it should be made clear the primacy of the Framework overarching both schemes as essential for assessing and managing risks to children.

10 Appendix

10.1 DV Vic Submission on Primary/Predominant Aggressor Definitions

Primary Aggressor – Language and definitions

a. Primary aggressor:

The person using physical violence in combination with/or a variety of other control tactics to exercise general, coercive control over their partner or family member, and for whom, once they have been violent, all of their other controlling actions take on the threat of violence.[35] The violence perpetrated does not have to be frequent or severe, it is the patterned and coercive nature of the violence designed to gain power and control that defines it as family violence. Due to the gendered nature of family violence, most users of violence are men while most survivors of family violence are women and children.

DV Vic notes that the terminology of 'primary aggressor' is problematic. It assumes there is also a lesser aggressor, suggesting some mutual responsibility between the parties for the family violence. The use of the term 'primary aggressor' also implies a secondary aggressor who, despite being seen as an aggressor, will not be intervened with as one.

Further, the concept of 'primary aggressor' speaks to a binary of concepts that includes a primary and lesser victim. Therefore, if one person is the primary victim, then the other party can be constructed as a secondary victim. This lends itself to misapplication to perpetrators of family violence, where they may be constructed as secondary victims of family violence, implying that each party shares the negative impact and consequences of being the target of family violence.

b. Predominant aggressor:

There is no evidence in the literature that supports a distinction between primary aggressor and predominant aggressor – the terms are used interchangeably throughout the literature. DV Vic prefers the term 'predominant aggressor' is used rather than primary aggressor. While still problematic, the term 'predominant aggressor' better points to the history and pattern of family violence than 'primary aggressor', which tends to narrow the focus to one incident.

Based on an intersectional feminist and gendered understanding of family violence, once a man is identified as a perpetrator of family violence, any subsequent incident that occurs has to be seen in the context of the previous identification of the man as the perpetrator. Even if the actions of the woman cannot be described as violent resistance, even if her actions are seemingly 'unprovoked', they cannot be separated from the broader context of the violence, coercion, power and control within which they are performed.

Allowing a distinction between predominant aggressor and primary aggressor presumes equality between the two parties and suggests the actions of both the user of violence and the survivor of

[35] Johnson, M.P. 2008. *A typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence*, Northeastern University Press, Boston: 26.

violence can be seen in a vacuum, divorced of the broader, historical context of coercion, power and control. As a consequence, women's use of self-defense and violent resistance, and experience as victims of violence, can be criminalised, exposing her to systems abuse that further exacerbates the trauma she has experienced. This colludes with an incident basis only response to family violence, without greater attention to the pattern and history of family violence. While this may suit police, it does not serve women and children who are experiencing family violence, nor does it reflect a trauma-informed and victim-centered approach to family violence.

c. Misidentification:

When survivors of family violence are named/categorised as the offender/respondent:

- For using violent resistance
- For acting in self-defense
- For using/initiating violence in anticipation of or to avert or diffuse the perpetrator's use of violence (all tactics of family violence, not just physical), as a means to prevent a higher level of violence.[36]
- For using/initiating violence or abuse to redirect violence away from children or a pet and towards themselves.[37]
- Arbitrarily, where police have been unable to identify a victim and perpetrator of family violence and choose to identify the respondent/offender based on which party has mental health issues, is under the influence of alcohol and/or other drugs, is aggressive towards police, and/or initiated contact with police.

Misidentification includes ascribing to survivors of family violence the label of respondent or offender as a result of an incident involving the behaviors described above, where no previous L17s exist and this is assumed to be sufficient evidence that there is no previous pattern or history of family violence.

Of note, it has been found that 'most victims of intimate partner terrorism do at some point react violently to their partner's use of abuse.'[38]

[36] The Advocates for Human Rights. *Developing Legislation on Violence against Women and Girls*, retrieved 21 December 2017, < http://www.endvawnow.org/uploads/modules/pdf/1355776748.pdf >
[37] Johnson, 2008.
[38] Johnson, 2008: 48.

10.2 DV Vic Submission on Acquired Brain Injury and Family violence

ABI-relevant risk assessment questions

The proposal is to is re-order current questions and build a flow on effect to enquire about outcomes of violence that may indicate potential for brain injury impacts, assuming that this will be most relevant for preliminary and comprehensive tools. Please consider re-ordering the questions related to perpetrator behaviours as follows:

Have they ever:
Seriously harmed you?
Threatened or used a weapon against you?
Tried to choke or strangle you?

Then follow these questions with:

Have any of these behaviours resulted in you experiencing a blow or injury to your head, or loss of consciousness? (these could also be framed as two separate questions)

Please note that in an earlier draft of the comprehensive tool, there was only a 'loss of consciousness' question associated with strangulation. This is confusing from a practice perspective and will miss opportunities to enquire about brain injury concerns related to other forms of violence and cumulative harm.

Additionally, NTV have suggested that similar questions should be included for the perpetrator risk assessment tool, including a question relevant to the perpetrator's previous experiences of violence that may have potentially resulted in brain injury (whether family violence, other forms of male violence, or other types of injuries, such as sports-related or accidents). This is relevant for tailoring responses to men who use violence and may have brain injury concerns (legitimate or otherwise) that should factor into interventions and accountability mechanisms.

Practice guidance - Acquired brain injury (ABI) and family violence:

Acquired brain injury (ABI) can result from external force applied to the head (including with weapons, striking the head, shaking or being pushed into an object or to the ground) and from stroke, lack of oxygen (including from choking or strangulation), and poisoning. ABI can result in a range of physical, cognitive and behavioural disabilities that can impact on adult and child victims of family violence in a variety of ways, including their capacity to engage in safety planning and risk management.

Recent Victorian research found that the association between family violence and acquired brain injury (ABI) in Victoria is significant. Analysis of Victorian hospital data found that of the 16,296 people who attended hospital over a decade (2006-2016) due to family violence, 2 in every 5 (40%) sustained a brain injury. Nearly 1 in every 3 (31%) victims of family violence were children and, of those, 1 in every 4 (25%) sustained a brain injury as a result.

The prevalence of ABI in family violence cases found in the hospital data is very likely to be just the tip of the iceberg. Most victims of family violence will not seek medical attention or attend a hospital when they have sustained a brain injury and even if they do, their brain injury may not be detected. This includes childhood head injuries that may never be attended to, resulting in long term impacts.

Infants and young children are at greater risk of brain injury from physical assault because of their smaller size and rapidly developing brains. Inflicted brain injury (which includes 'shaken baby syndrome') is the leading cause of death and disability in children who have been abused Children's injuries are frequently mistaken for common childhood illnesses and remain undetected.

The integrated family violence system is therefore an important pathway for identifying the potential risks of brain injury, intervening to prevent further cumulative harm, and support adult and child victims with appropriate referrals and support.

Relevant risk assessment questions and risk management strategies relevant to ABI and family violence is an emerging area of practice. Prompting questions are built into the family violence risk assessment tools. This includes the demographic questions about adult and child victim disability (which may result in the victim informing you that they have an ABI diagnosis), and risk assessment questions that assist to screen for potential diagnosed or un-diagnosed ABI, including questions about whether the perpetrator has ever seriously harmed, used a weapon, or tried to choke or strangle the victim, and if any of these behaviours have resulted in a blow or injury to the head, or a loss of consciousness.

The primary concern for those who may have potentially sustained injuries is to help them understand the importance of the cumulative and potentially lethal impacts of cumulative injuries and repeated loss of consciousness due to blows or strangulation. The cumulative effects of multiple brain injury traumas can be devastating and potentially fatal, especially when the brain has not had sufficient time to recover.

It is important to remember, however, that victims may be concerned about the stigma of disclosing ABI concerns, particularly if they fear that this may potentially lead to disrespect for their personal agency, decision-making and parenting capacity. It is also important to be sensitive to the concerns that victims may have if they had not previously understood the impacts of violence on the brain, for themselves and their children. If an un-diagnosed brain injury is a possible issue arising from the risk assessment questions, practitioners should be careful not to jump to conclusions. Supporting victims to access specialist neuropsychology care via a referral from their GP will be an important part of the risk management plan to ensure that they are appropriately assessed for an accurate diagnosis and provided with specialised treatment and resources to support their recovery.

Additionally, risk management with victims of family violence where ABI is a known or potential factor presents challenges where victims may have difficulties with interacting with services, retaining information about safety planning, keeping track of the services or court matter involved. It may be necessary for services to adapt their support and risk management strategies to respond to the more intensive case management work that may be required.

Please note this practice guidance advice is relevant to victim survivors, and further development is required for practice guidance pertaining to perpetrators with possible ABI. The research project suggests that ABI is potentially greater for perpetrators of family violence than currently understood. While the research did not establish a link between ABI, perpetrator behaviour and specific risk factors (including those at a serious risk level), it did call for the capacity to tailor interventions, which would include risk management strategies, to perpetrators based on cognitive capacity.

10.3 WDV practice guidance considerations

In their feedback for this submission, WDV have consolidated preliminary practice guidance considerations in the dot points below. These can be reviewed through further practice guidance consultation with WDV going forward.

Understanding disability and impairment-based family violence:

- People with disabilities experience higher rates of family violence than their non-disabled counterparts and women with disabilities, in particular, experience violence from more perpetrators in more settings (e.g. mental health services, disability services, residential services, in the family, etc.) over longer periods of time than the general population - for this reason, it is important to understand how perpetrators use power and control, including through impairment-based violence to harm victim survivors with disabilities.
- Impairment-based family violence may include removing a wheel from a wheelchair (which is a form of false imprisonment), threatening to send someone to an institution, or destroying or withholding disability aids, services, supports or medication.
- Perpetrators of family violence against people with disabilities can often be 'hidden in plain sight' such as: attending all appointments to 'help' the person with a disability making it difficult or impossible to conduct risk screening and assessment with that person on their own; 'helping' to 'manage' their finances, medication, transport or communication; or using 'carer stress' to excuse their abusive and controlling behaviours.
- Ensure that practitioners are aware that paid and unpaid disability support workers and carers are considered to be 'family like' relationships under the *Family Violence Protection Act 2008* and relevant to family violence perpetration.

Asking about disability:

- When asking people about disability, (victim survivors or perpetrators), it is important to explain why this question is being asked, its relevance to risk assessment and risk management, its relevance to other service provision needs (e.g. referral pathways, accessibility needs for working with services), and how the information will be used and possibly shared.
- Asking about disability should be routine, because disabilities can be episodic, permanent, or acquired and not always visible to the practitioner.
- It is also important to ask for data collection purposes so that services are better able to understand the population they are serving and adjust their policies and practices accordingly.
- Services have a duty to provide reasonable adjustments to their service provision under the *Commonwealth Disability Discrimination Act 1992* (e.g. providing outreach, longer appointment times, practices of checking for understanding of information provided and issues discussed, using communication aids).

Risk assessment and risk management:

- Provide guidance about impairment-based violence (see above) and how it relates to risk assessment.

- Avoid placing unnecessary emphasis on assessing her impairment (e.g. disability, mental health), rather than the abuse she is experiencing - it is important to ask about impairments as they relate to risk while maintaining focus on what the victim survivor has done to keep herself and her children safe and seek support.
- Services must not draw on family members to provide disability support (including communication support) during the risk assessment process – certainly not without having received the request from the person with the disability while the family member was not present.
- The practice guide should advise services on how to contact disability services to support the risk assessment and risk management (including Auslan interpreters, personal support workers, communication support workers, independent third persons program and guardianship).
- Practice guidance should address how risk assessment and risk management responsibilities will include working with the NDIS and the DHHS Disability Family Violence Crisis Response fund.
- After a life time of violence, controlling behaviour entwined with receiving disability support from partners and/or family members, people with disabilities may not be able to imagine life without their partner/family members. Asking about leaving the situation may be unproductive for that reason. Risk management should therefore be guided by the person with a disability to consider what they think they might need to feel safe in their situation.
- Persons with disabilities who are identified as perpetrators/alleged perpetrators may be subjected to misidentification issues or may be perpetrating family violence but not readily recognised as a person using violence – guidance for perpetrator risk assessments should address this and support practitioners to recognise power and control, and pattern of abuse in all circumstances.

10.4 in Touch practice guidance considerations

In their feedback for this submission, in Touch have consolidated preliminary practice guidance considerations in the dot points below. These can be reviewed through further practice guidance consultation with in Touch going forward.

Recognition of violence:

- Some cultures may normalise gender inequality and reinforce male supremacy through various traditions and customs.
- Some cultures may not necessarily differentiate between 'abuse' and 'discipline' thus creating a set of excuses for violence by describing it as acceptable for so-called disciplinary actions (e.g. a perpetrator from a CALD background may state that he has never hurt women, but that disciplining his wife is considered 'normal' in his culture).
- Witnessing various forms of violence, including sexual and gender-based violence, in their home country or transition country impacts on some CALD women's tolerance for and capacity to recognise abuse (especially refugees and asylum seekers).
- People from CALD backgrounds may not recognise verbal abuse, emotional abuse, social abuse, financial abuse, sexual abuse, isolation, threats and intimidation as family violence and only consider physical violence to be a problem.

Impact of migration experience:

- Pre-migration history and prior issues of torture and trauma might impact on victim survivors' tolerances of abuse and capacity to seek help.
- Loss, grief and difficult migration journeys should be considered when working with victim survivors form migrant and refugee/asylum seeker backgrounds.
- Changing ideas about gender roles that differ from their country of origin may contribute to a perpetrators' choice to escalate violence and enact greater control over victim survivors.

Other barriers to help-seeking and service engagement:

- Some cultures hold women accountable for maintaining the family structure, which may contribute to family members, community leaders, and other community members blaming women for the violence and ostracising them if they take any action to protect her safety that may result in family breakdown.
- Temporary visa types, fear of deportation, immigration-related threats and controlling behaviours.
- Perpetrators withholding information and using manipulative tactics that rely on their partner's lack of knowledge of legal rights in Australia.
- Fear of authorities due to either or both their experiences with police, courts and social workers in their home country and similar negative experiences after arrival in Australia.
- Language and literacy barriers for both victim survivors and perpetrators.
- Lack of adequate interpreters especially in newly arrived community languages.

- Fear and hesitation in smaller communities to use interpreters who might be from the same community and know the client.
- Concerns about confidentiality, privacy and information sharing.
- Complex family and community dynamics entwined with cultural norms about violence and expectations about family obligations and gender roles.
- Religious and cultural expectations regarding marriage and divorce.

10.5 Djirra practice guidance considerations

In their feedback for this submission, Djirra have consolidated preliminary practice guidance considerations in the dot points below. These can be reviewed through further practice guidance consultation with Djirra going forward.

Understanding family violence affecting Aboriginal people:

- Family violence is not part of Aboriginal culture. However, Aboriginal people experience family violence at vastly disproportionate rates.
- The prevalence of family violence against Aboriginal people is linked to the ongoing impacts of colonisation, dispossession and structural discrimination and disadvantage.
- Aboriginal women are one of the groups at highest risk of family violence in Victoria and indeed in the nation. This is irrespective of whether they live in rural, regional or urban settings.
- Aboriginal women experience violence from men from many different cultures and backgrounds. Family violence is not an Aboriginal community problem and not all perpetrators are Aboriginal men.
- The true prevalence of violence against Aboriginal people is likely to be underestimated given a range of complex and compounding barriers to reporting family violence and seeking support. It is likely up to 90% of family violence against Aboriginal women is not reported.
- Family violence is one of the key drivers of Aboriginal children being taken from families and communities. The fear of child protection intervention is a significant barrier to Aboriginal women disclosing family violence.
- Ongoing cultural awareness training, including a specific focus on the experiences of Aboriginal victim/survivors, is essential to assist practitioners to understand the multiple complex factors contributing to the prevalence and severity of family violence against Aboriginal people.

Other barriers for Aboriginal women:

As stated in Djirra/FVPLS Victoria's submission to the Royal Commission into Family Violence, barriers to Aboriginal women disclosing violence and seeking support include:

- Lack of understanding of legal rights and options and how to access supports when experiencing family violence;
- Poor police responses and discriminatory practices within police and child protection services;
- Fear of child removal if disclosing family violence;
- Mistrust of mainstream legal and support services to understand and respect the needs, autonomy and wishes of Aboriginal victims/survivors;
- Community pressure not to go to the police in order to avoid increased criminalisation of Aboriginal men;
- Poverty and social isolation; and
- Lack of cultural competency and indirect discrimination across the support sector.

Risk assessment and risk management:

- Risk assessment and management for Aboriginal women is likely to be compromised or ineffective where there is a lack of trust and cultural competency.
- Aboriginal victim survivors, predominantly women and children, have the right to access culturally safe services provided by a specialist family violence Aboriginal community controlled organisation.
- Professional judgement can be accompanied by personal bias, need to ensure this is challenged and called out, including through ongoing cultural awareness training.
- Importance of asking the Standard Indigenous Question to be able to make appropriate referrals for Aboriginal victim/survivors (while also understanding the reasons that a victim/survivor may not want to identify as Aboriginal).
- Isolation tactics used by perpetrators against Aboriginal women includes cultural isolation – depriving women and children of access to culture, country, kinship supports and/or community.