



Department for
Communities
Family and Domestic
Violence Unit

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Domestic Violence Unit.

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Best Practice Model

For the Provision of Programs for

Victims of Domestic Violence in Western Australia

[Domestic Violence Prevention Unit]

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[Domestic Violence Prevention Unit]

Foreword

This Best Practice Model is dedicated to the courage of the women who in telling their stories and exposing their lives have given insight and knowledge to others and allowed the issue of domestic violence to be exposed.

This model has been developed as part of the State Government's implementation of strategies set out in the Family and Domestic Violence Action Plan of 1995.

Women's Policy Development Office and the Domestic Violence Prevention Unit have worked with the Implementation Advisory Committee to ensure these strategies meet the needs of victims and enhance their safety. Likewise strategies have been implemented to ensure that perpetrators meet their responsibilities and a Best Practice Model for Perpetrator Programs has been developed.

It is acknowledged that a wide range of services are currently offered to victims and as the Action Plan continues to be implemented, more will be developed and seek funding. This Best Practice Model is an attempt to collect and collate all the existing knowledge and expertise within both community organisations and government agencies to ensure that consistent standards of service are offered to victims of family and domestic violence in the future.

A Consultative Group supported the development of the Best Practice Model and many others contributed. The material here represents the first attempt in Western Australia to document what is regarded as essential components for service provision to victims of family and domestic violence. It is recognised that future work will need to reshape and further develop the model.

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Thanks to Jenni Lumsden for minutes and word processing.

An external evaluation of the Best Practice Model and its implementation was completed in December 1999. Six key service delivery agencies around the state, and a broad range of other key stakeholders participated and all viewed the model in a positive light.

Frequently expressed throughout the evaluation was the view that the Best Practice Model brings together for the first time the essential principles for high quality service delivery to victims of family and domestic violence.

Carole Kagi

DIRECTOR

DOMESTIC VIOLENCE PREVENTION UNIT

Introduction

1.1 Background

This document is intended as a basis for standardising the quality of service delivery. It is hoped that it acknowledges the diversity of clients and supports some flexibility in service delivery without compromising the essential principles.

Domestic violence has been identified as a global issue. 'The Declaration on the Elimination of Violence against Women' by the United Nations in 1993, states that women of all cultures and societies are subject to violence in familial relationships.

In Australia over the past two decades non-government agencies have worked to raise community awareness, and to put the issue on the political agenda, in order to gain the appropriate resources to prevent violence in the home. Women's refuges commenced as a direct result of action by women's groups attempting to offer some measure of safety and support to survivors, and to work for legislative change.

Throughout the 1980's, Government Task Forces around the country have consistently underlined the serious nature of domestic violence, and identified it as a social and criminal issue which has social and economic costs for our society.

In more recent times, groups have developed around Australia to lobby for broadening the scope of support and service delivery to victims of family and domestic violence, and have continued the work in gaining political support and legislative reform.

The Western Australian Family and Domestic Violence Action Plan was launched by the Premier in November 1995. This espoused the Government's intent to treat family and domestic violence as crime, and acknowledge the existing grass roots response to domestic violence through regional interagency committees consisting of representatives from both government and non-government agencies.

Some of those committees already in existence were known as local Domestic Violence Action Groups (DVAGs), and had been seeded in locations throughout Western Australia. The Domestic Violence Action Groups of Western Australia (DVAGWA) advocated a criminal justice focus, the development of coordinated

community interventions, and perpetrator programs that were accountable to victim services.

With the setting up of the Domestic Violence Prevention Unit by the Government, Regional Domestic Violence Committees were also established in the 16 Police Regions across the state. These committees assist the implementation of the Action Plan.

In December 1996 Regional Plans were developed by Regional Domestic Violence Committees across the state. Victim and Perpetrator services were identified as integral to the implementation of these plans. A Best Practice Model for perpetrator programs is available through the Domestic Violence Prevention Unit. The model emphasises the safety of victims

1.2 Purpose Of The Model

This Best Practice Model for Victim Services is an initiative of the State Government's Domestic Violence Prevention Unit (DVPU) and the Implementation Advisory Committee (IAC), in implementing the 'Family and Domestic Violence Action Plan' of 1995.

The Best Practice Model seeks to establish core ideas about the quality of services for victims of family and domestic violence. The model also sets parameters for duty of care for both the victims who approach services and for workers within those services.

The Best Practice Model (BPM) document is designed to reflect the 'ideal' in the delivery of counselling, education and support services to victims of family and domestic violence. The purchasing of services by funding agencies will be linked to the *essential principles* of the Best Practice Model and are non-negotiable. This is intended to ensure that service providers meet the *Essential Principles*.

If a service cannot currently meet all of the Best Practice Model criteria it will be necessary to demonstrate a plan for future action to incorporate the model into their service provision.

Variation from the Best Practice Model will require careful consideration of the following:

- the extent to which the model can be met and complied with in order to receive funding;

- the rationale for a different approach, with evidence of the needs of the client group. (For instance, culturally appropriate programs may contain variations in processes however content should remain the same).

The purpose of the model is to also ensure that victims of domestic violence and their dependents receive a quality service to redress the history of inadequate responses. Research has consistently documented the discriminatory and inappropriate responses women as victims have received. As a consequence of this, women either did not leave violent relationships or returned to them as a result of the institutionalised violence.

1.3 Theory And Philosophy Of The Model

Theoretical Analysis Of Domestic Violence

Domestic violence is an extremely complex and diverse issue.

Depending on their orientation to the issue, different disciplines/professions have developed a range of explanations and proposals for prevention. For example:

- Psychological analysis sees the problem within the individual abuser and/or victim (eg. sociopath).
- Learning theory from social psychology says that, because we learn by imitating others, those children who witness or experience abuse are likely to grow to be abusers in adulthood.
- A sociological analysis locates the cause within the social structure eg. class, race.
- A radical feminist analysis holds that men are by nature aggressive and women nurturing¹.

Most of these theories fail to adequately address the fact that domestic violence occurs, (although not equally), across all societies, cultures and classes.

¹ There are a number of feminist theoretical positions viz. radical feminist, liberal feminist, socialist feminist, and post-structuralist feminist. Each position has a different goal for women's relations in society and thus a different focus of analysis to explain women's oppression and methods to advance women's status and place in society.

- The vast majority of abusers do not have a psychological disorder, but are men who in other aspects of their lives, apart from abusing their partner, act reasonably.
- Social learning theory fails to account for the fact that, when abused girls are also considered, the majority of abused children do not go on to become abusers.
- Radical feminist theory fails to explain why **not all men** are abusive to their female partners and why some women are capable of abuse and violence.

The theory currently endorsed across a wide range of disciplines is a more sophisticated feminist analysis of gendered power relations and construction of masculinities [Egger, 1995 #1045].

The notion of patriarchy² has been adopted by most forms of feminism to describe "... **social structures and practices** in which men dominate, oppress and exploit women" [Walby, 1990:20 #1282]. It is argued that men have had status and privileges in society that have generally been unavailable to women because of men's control of social structures and practices. Men's status is related to their almost exclusive dominance in the public sphere of society, which, in turn, has supported their dominance and privilege in the private or domestic arena. In fact, until early this century in our society "...men's legalised control over women's property, sexuality, social and legal affairs also extended to physical violence which was reinforced by law" [Wilson, 1992:6 #1126].

There is also a gendered nature to most violence in society with the overwhelming majority of violence of all kinds being committed by men [Egger, 1995 #1045]. Male domination through the use of violence and control is valorised in our society.

More recently, the relationships between **power/knowledge, discourse, discursive practices, resistance and diversity/difference** (known as post-structuralist theory) have been combined with feminist analysis.

² Traditionally used in sociology to describe the system where the eldest male wielded power over all others in a household.

Critiques Of Notions Of Patriarchy And Power

More recent theorising³ has critiqued

- the 'essentialist' notion that by their very nature (or essence) all men are dominant and privileged and all women are passive and compliant;
- that patriarchal power is an intrinsic, universal, a historical form of oppression of women; and
- the 'absolutist' notion of power which holds that power is possessed by some (in this case men) and not possessed by others (women).
- the failure to **recognise interacting or intersecting oppressions** [Rice, 1990 #201] or diversity and difference in experiences eg. (dis)ability, age, sexual preference, Aboriginality, gender, ethnicity, etc.

In relation to violence in Aboriginal families and communities, it is vital to understand the intersecting oppressions of poverty, dispossession of land/religious expression, colonisation, cultural meanings, gender, patriarchy and constructions of masculinity. In Western Australia, Aboriginal people comprise 2.7 per cent of the population, but constitute 32 per cent of homicide offenders and 35 per cent of victims. In Australia generally, Aboriginal women are ten times more likely to be a victim of homicide than non-Aboriginal women [Egger, 1995 #1045].

The most recent post-structuralist thinking based on the work of theorist Michel Foucault argues that power is:

- productive, that is, it produces outcomes - both positive and negative
- inextricably linked to knowledge (expressed as 'power/knowledge'). Power authorises certain notions of 'truth', 'reality', 'normality/deviance', etc. Power legitimates some knowledges and disallows others
- decentralised (that is, power does not come down from one source 'on high' but is located in all social relations (eg. even children exercise power and resistance in their relationship with their parents)
- resisted everywhere it is felt.

While recognising patriarchy, the myriad of ways in which female victims actively employ strategies to 'manage' and resist male violence and abuse are also acknowledged.

Dominant groups see themselves as 'owning' knowledge. At the same time, marginalised social groups have alternative knowledges (discourses). Discourse refers to all the ways in which knowledges are communicated, not just through language but through social practices, social relations, symbols, artefacts, media, dress etc. The discourses in which we participate provide the meanings that we give to our experiences and our lives. (For example, in our society, the medical profession dominates discourses regarding health and illness. At the same time there is the alternative discourse of those who endorse 'natural' therapies.)

So, how does this theory relate to working in the area of domestic violence?

Intervention with victim/survivors emphasises assisting women to **choose other preferred ways of being** rather than staying with previous 'ways of being'. In addition to providing information on options and reducing a sense of isolation, this includes:

- Naming their experiences and feelings,
- Understanding the dominant and marginal discourses supporting violence and abuse of women,
- Identifying the strategies and forms of resistance they have employed and that are potentially available,
- Identifying discourses that challenge violence and abuse and offer preferred ways of being.

Fundamental to this area is that all behaviour, including violence and abuse, is a choice. This understanding is vital in addressing the issue of responsibility. At the same time in order to assist change, it is essential to understand the ideas (discourses) our clients draw on in making harmful choices. Men who use violence and abuse against women generally participate in discourses that promote:

- rigid, stereotypical notions of masculinity
- dominance or being in control
- physical aggression as a means of 'getting one's own way'

³ First articulated around the early 1980's

Domestic violence is considered to be behaviour which results in physical, sexual and/or psychological damage, forced social isolation, economic deprivation, or behaviour which causes the victim to live in fear.

- emotionally 'controlled'
- little empathy for others, especially their victim
- self-centredness.

A cognitive-behavioural educational group for perpetrators provides an opportunity for them to understand where they get their attitudes and beliefs that support their use of violence and abuse. The task of groups is to also assist abusers find alternative discourses that condemn violence and abuse and promote respect, equality and empathy.

*Submitted by the Domestic Violence Council of WA (Inc).
(Bibliography not supplied by DVC in time for print)*

1.4 Target Population. The Victims Of Family And Domestic Violence

State Government surveys and research around Australia demonstrated that the victims of family and domestic violence were overwhelmingly women and children. The WA Task Force report 'Break the Silence' (Western Australia Task Force 1986), conducted a wide ranging public survey and found that 93% of abusive and violent behaviours carried out in the home was by men against women. The report also showed that domestic violence existed across all classes, cultures, races and ages.

In 1996 research in WA, 'Measuring the Extent of Domestic Violence', by Ferrante, Morgan, Indermaur and Harding (1996) examined criminal behaviours and threats of criminal behaviour between intimate partners and ex partners. Results indicated that Aboriginal women were over represented as victims of criminal assaults. This finding was supported by research by Bolger (1991) in the Northern Territory.

Aboriginal community workers have recorded high levels of violence in Aboriginal and Torres Strait Islander communities. Again it is Aboriginal women who are at a higher risk of serious domestic violence with fatal consequences.

Within ethnic communities the incidence of violence against women has again been described as disproportionate to the population size. (Easteal 1996).

Estimates from medical and crisis services, law enforcing agencies, the incidence of familial homicides plus

anecdotal evidence all support the position that it is predominantly women who are subject to violence in intimate relationships.

Violence and abuse occurs in other relationships. A person may be threatened, verbally abused, sexually and physically assaulted by others with whom they share a household, as is evidenced by reports of Lesbian and Gay abuse, elder abuse, and teenagers abuse of single parents.

Whilst the emphasis in this Best Practice Model is on women in intimate relationships with men, it is assumed that the principles and standards set out in this document will be applicable to the other populations of people who are abused and assaulted in intimate and familial relationships.

1.5 Defining Domestic Violence

It is recognised that a number of definitions of domestic violence exist.

The definition adopted here is that used by the State Government 1995 Family and Domestic Violence Task Force, taken from the National Committee on Violence against Women, Position Paper 1992. This definition underpins State Government strategies and program development.

Domestic violence is considered to be behaviour which results in physical, sexual and/or psychological damage, forced social isolation, economic deprivation, or behaviour which causes the victim to live in fear.

Domestic violence is also understood to be behaviour which seeks to control another and removes a partner's individual right to freedom. It therefore involves covert as well as overt behaviours.

Marital homicide and the phenomena of homicide/suicide are seen as the extreme forms of violence in the home. Stalking and intimidating behaviours, evident after separation of an intimate partnership, are also regarded as domestic violence.

1.6 Aboriginal People And Family Violence

Aboriginal people have informed a range of community and government bodies that they use the term Family Violence rather than Domestic Violence.

The Aboriginal Women's Task Force of 1995 and the Aboriginal Justice Council, state this is "because it attempts to identify all the victims of abuse, including spouses, children and extended families. It also encompasses the diversity of abuses that occur, including physical, verbal, sexual, emotional and psychological." (The Whole Healing Approach to Violence, 1995).

The reader will find that throughout this document the term domestic violence is consistently used with the intention to be inclusive of the Aboriginal perspective and only to enhance brevity. However, workers will need to be mindful when working with Aboriginal people that they regard the term Family Violence as more relevant and pertinent.

1.7 Methodology

In developing this model a consultative group was formed consisting of members of both community organisations and government agencies. This was to ensure the project used expertise from the field of current practice and was guided by government funding requirements.

Two additional strategies aided the development of the material. A questionnaire was developed and circulated to a wide range of key agencies drawing on their knowledge and responses to domestic violence. Secondly, consultations occurred with Aboriginal refuge workers and the Women's Refuge Multicultural Service in respect to specific minority groups.

1.8 Note About Language

Throughout this document a range of terms are used interchangeably in relation to women who are abused and violated in the home. Such terms are: victim, survivor, client.

These terms are described in the Glossary of Terms and utilised in varying contexts throughout the document.

The intention is to reflect the language used in the

community at this time in the debate and dialogue on the issue of violence against women and others in families and intimate relationships.

Other terms used in a generic sense are counselling, support and advocacy. These are also described in the Glossary of Terms.

1.9 Glossary Of Terms

Victim:

The term **victim** is used for a person who has been abused verbally, emotionally, socially, economically; assaulted physically and/or sexually; threatened stalked or harassed by their intimate partner/spouse, ex-partner/spouse or family member.

In this document the term victim is attributed to the female gender as the current body of knowledge shows women in 90-95% of reported instances are the victims of such attacks.

Perpetrator:

The term **perpetrator** is used in this context for a person who conducts such abuse and violence towards their intimate partner/spouse or ex-partner/spouse or family member. It is attributed to the male gender on the basis of current knowledge on the issue of violence in the home.

Note:

In this document the terms "victim" and "perpetrator" are routinely used even though they give rise to criticism as suggesting a type of person.

It is not the intention to ascribe the terms to any type of person. On the contrary, it is **the behaviour** experienced by a person practised by another, which determines whether a client is a victim or perpetrator.

The two terms are used here because they are the most commonly recognised terms in practice and also establish a separation of responsibilities for service providers in responding to the issue.

It is accepted that in some intimate relationships the terms may relate to different gender, for example adult children and aged parents, same sex relationships.

Survivors

The term **survivor** is utilised here interchangeably with the terms victim and client. It is recognised and preferred by some service providers as it places an emphasis on the strengths, courage and resources of women in surviving abuse and violence and seeking to bring about change in their situation.

Intimate Relationships

This refers to persons who currently live in a spousal - type relationship and their status may be married or defacto. It also refers to persons who either reside together, have a sexual relationship or are members of the same family.

In addition it refers to the past relationship of persons who previously lived in a spousal relationship but are now separated or divorced persons.

Note:

It is recognised other familial relationships experience domestic violence. Teenage children against their mother/grand parent. Adult children as carers against frail aged parents.

The principles and standards for service delivery contained in this model are developed to be applied to a range of relationships within the family context, with the exception of parent to child abuse which lies within the orbit of a statutory agency.

Counselling

Counselling is frequently used in a generic sense in the community and refers to a wide range of work with clients from therapeutic processes to information provision.

In this document the term is attributed to a service provided to victims of domestic violence by workers employed by an approved service provider. The counselling service may be a one - off event or on-going work. Counselling is a process which facilitates the creation of a safe environment for disclosure, and the acceptance and validation of clients experiences.

The aim of counselling in this instance is to assist the client to maximise their safety. It includes the provision

of information on rights and entitlements, education that assists a client's understanding of the issue, support for the development of critical thinking on their situation, and recognition of the client's strengths and resources.

Homophobia

The hatred, fear and disgust of lesbians/gays based in a belief system and set of priorities that assert heterosexuality as normal/superior.

Support

The term **support** here relates to active rather than passive support. The effect being that a service provider:

- listens and believes
- names the violence
- reinforces clients' human rights
- works to reduce isolation of clients
- openly states a position such as abusive and violent behaviour is unacceptable and responsibility lies with the perpetrator

Advocacy

The use of the term **Advocacy** in this context is not the legal interpretation of a legal practitioner presenting or defending on behalf of a client. Rather it is the para legal interpretation of working with a client to enhance their options in accessing a range of services. Again it is an active rather than passive role by the service provider. It requires knowledge of the policies and practices of relevant agencies and skill to negotiate with both the client and other services.

It is imperative that workers advocating on behalf of clients seek written permission from the client to do so. It is equally imperative that workers assisting women through the justice system do not give legal advice.

Providing women with accurate information about the law, being supportive, providing assistance and doing advocacy is very different from the role of the lawyer or solicitor.

Legal Advocacy

According to the Legal Practitioners Act 1893:

“No person other than a certified practitioner shall directly or indirectly perform or carry out or be engaged in any work in connection with the administration of law, or draw or prepare any deed, instrument, or writing relating to or in any other dealing with or affecting real or personal estate or any interest therein or any proceedings at law, civil or criminal, or in equity” (s77[1]).

“No person other than a practitioner shall in any manner purport or pretend to be, or make use any words or any name, title, addition, or description, implying or tending to the belief that the person is, a practitioner or recognised by law as such” (s.80).

Legal Aid of Western Australia suggests the following working definition of “Legal Advice”.

“Legal Advice is legal information provided to a client which, if given negligently, can get us sued.” (Domestic Violence Legal Issues Training: Legal Aid WA. 1997).

The role of the worker is to assist clients to identify any legal issues they may have and to ensure clients are provided with the appropriate information to assist them in obtaining access to legal advice. Workers may also provide assistance and support to clients accessing the legal system, ie: court support in civil and criminal process and procedures, police, lawyers and other legal systems.

It is vital for workers to be aware that in performing this role, they have a sound knowledge in:

“The Legal Practitioners Act 1893”

“The Law On Negligence”.

NOTE: “Community Workers can be liable for Negligence regarding Legal Advice or Information they provide to clients. (Domestic Violence Legal Issues Training: Legal Aid WA: July 1997).



Essential Principles

Underlying Assumptions

The underlying assumptions on which this Best Practice Model is based are as follows:

Human Rights

Domestic Violence consists of a range of behaviours used to control another in intimate relationships (see earlier definition). Domestic violence is a violation of basic human rights as people are entitled to live in dignity, free from fear and harm in their own home or domestic environment. Children have the same rights ascribed to adults in respect to violence and abuse.

Responsibility for the violence

The perpetrators of domestic violence are responsible for their actions. The notion of blame being attributed to the victim is not acceptable.

Empowerment

Services will incorporate ways of intervening and responding that promote the safety of victims and assist victims to make their own choices from an informed position. Children are vulnerable people in our society and require additional care in respect to decisions made by adults.

Access and equity

Domestic violence is experienced by victims of all classes, races, religions, ethnicity, ages, abilities and sexual preference. All victims are entitled to access services which are provided in a fair and equitable manner.

Criminality

Services will acknowledge that domestic violence includes behaviours which are criminal offences and interventions by workers will support a criminal justice focus.

Cultural diversity

Victims are entitled to services that respect their cultural and linguistic diversity and provide appropriate responses.

Quality of service

Victims and their dependants are entitled to confidential, and professional services relevant to their circumstances, that are delivered by trained, skilled and supervised workers.

Context of Domestic Violence

Service providers need to have an understanding of the social, cultural and political context in which domestic violence is perpetrated, as well as recognise that the **majority of victims are women and children.**

Essential Principles

Preamble

The essential principles set out below are to apply to the delivery of counselling, education and support services for victims of domestic violence. Service providers will need to demonstrate that they can meet these essential principles as they are non-negotiable.

It is the intention of this document to reflect a Best Practice Model for the delivery of services to victims as identified above. The model recognises that to allow for the diversity of the client population and the diversity of regions in Western Australia the mode of service delivery needs to be flexible. The model provides a framework for service providers to develop a service plan and budget that will support the delivery of a quality service.

1. Client Centred Services

Victims are to be offered services that are focused on meeting their needs and are delivered by using the principles of empowerment. Services will operate from a position of listening and believing, and drawing on the strengths and resources of the client. Following information gathering and assessment, responses will reflect processes that assist victims to explore options in a non-judgemental atmosphere, and make their own informed choices about their circumstances.

Service providers are expected to respect the diversity of the client population, to value difference and seek to ensure people are not patronised as 'special needs' groups.

Refer to Chapter 5 for further information

2. Safety Of Victims

The primary objective of victim services is to promote the safety of victims and their dependants. Services are to assist clients in developing a relevant safety plan that aims to reduce their risk of harm whatever their circumstances or location.

Policies and practices within the service provider agency will provide workers with **rapid access to supervision** to guide decision making in circumstances of immediate

threat to victims or the alleged commission of serious criminal offences.

Refer to Chapter 6 and Appendices 2,3,4 & 6 for further information

3. Perpetrator's Responsibility For Violence

Services are to emphasise the principle that responsibility for violent and abusive behaviour rests with the perpetrator. Service providers must ensure practices do not avoid or deny the perpetrator's responsibility, which in effect colludes with the violence.

Refer to Chapter 8 and Appendix 6 for further information

4. Knowledge And Understanding Of Domestic Violence

Service providers are to ensure that their workers have an extensive knowledge and understanding of the complex range of issues regarding domestic violence.

Workers are expected to have the skills to assess the perceived level of risk, to assist the development of a safety plan, to identify the forms of behaviours used to control victims and have an understanding of what constitutes criminal behaviours.

Workers are to also have an understanding of the impact and the effects of such behaviours on the victim and their dependants. Workers will positively address self blaming statements by victims, and inform victims and their dependants that the responsibility for the violence lies with the perpetrator.

Refer to Chapters 8, 10 & 11 for further information

5. Services To Be Accessible And Relevant

Services are to adopt policies and procedures which maximise access and ensure services are relevant to the diversity of the client population. This means the elimination of any barriers which may discriminate, inhibit or deter people. It includes being available for victims from all races, classes, ages, sexual preference and people with disabilities.

Accessibility includes, where appropriate, that materials be presented in a range of languages and formats, and that services are easy to contact.

Refer to Chapters 3 & 7 for further information

6. Needs Of Children

Children can be direct or indirect victims of domestic violence and if services are available they are to be offered. Alternatively appropriate referrals are to be provided for children. Service provider policies and procedures will reflect an understanding of the impact of domestic violence on children and demonstrate a knowledge of “duty of care” responsibilities if child abuse issues are identified.

Refer to Chapter 8 for further information

7. Confidentiality And Privacy

Clients of victim services are to have their personal information treated in accordance with professional and public sector ethics. The ethic of confidentiality is concerned not just with the safety of victims and their dependents but includes workers. Information sharing between agencies is to be bound by the informed and written consent of victims except in circumstances where there are legal implications or personal safety concerns. The sharing of information should not place either the client, their dependents or the worker at risk.

Duty of care principles under the Privacy Act should direct the means by which services hold and share information about their clients.

Services must have good practices in documenting personal information and advise clients that Courts can subpoena people and information in specific circumstances of legal proceedings if relevant. Workers need to be ‘mindful’ of the above possibility when recording information about the client. Confidential information should be adequately stored and secured and only appropriate personnel should have access to any client records.

Clients need to be informed about the limitations of confidentiality policies adopted and utilised by the service provider. Workers need to be briefed by the service provider on current confidentiality policies and informed about the legal implications of their work practices.

Refer to Chapter 6 and Appendix. 1 for further information

8. Interagency Cooperation and Consultation

Services are expected to support a coordinated and collaborative response to domestic violence and this can be achieved by co-operating with relevant agencies/committees in their local area or region, to effect the best outcome for victims.

Service providers are to undertake regular consultation on the policies and procedures of related services and develop protocols for interagency cooperation in their region (eg. Women’s Refuges, Police, Health Services, Family and Children’s Services, Ministry of Justice).

Where perpetrator programs are being offered it is critical for professional liaison to occur between service providers. Policies and procedures are to be put in place that maximise the safety, confidentiality, and privacy, of victims and their dependants as well as workers. Any consultations must be undertaken in a manner which does not compromise their safety. (refer to the Best Practice Model for perpetrator programs for the guidelines on these issues)

Refer to Chapter 9 for further information

9. Training, Education And Supervision

Service providers must demonstrate a commitment to ongoing domestic violence training, and education that supports the professional development of existing and new workers. Services will also demonstrate a commitment to providing professional supervision for their workers on a regular basis.

Refer to Chapters 10, 11 & 12 for further information

10. Evaluation

Service providers will be required to report regularly on the achievement of their outcomes and services should show a commitment to ongoing external evaluation.

Refer to Chapter 13 for further information

The rest of this document demonstrates a model of how these essential principles can be applied to practice and service delivery.

Special Issues

Essential Principle 1: Client Centred Services

Essential Principle 2: Safety Of Victims

Essential Principle 5: Services To Be Accessible And Relevant

Services require a commitment to cultural and social diversity that is transparent to clients and ensures that victims will feel valued for their differences.

3.1 Aboriginal Clients

Aboriginal people may experience discrimination when approaching main stream services. Many women hold fears of statutory bodies which have a history in incarcerating their men and removing their children. Many have sought assistance in the past and gained little response due to the belief that violence is a way of life in Aboriginal communities.

Aboriginal women in rural areas and remote communities may not have access to information on their rights and entitlements under Australian law and government systems.

Services therefore are to ensure that they have appropriate policies and procedures that result in Aboriginal people being welcomed to the agency. This may include the employment of Aboriginal workers, displays of Aboriginal visual material and provision of varied forms of information that is relevant to Aboriginal people. Sensitive and appropriate referrals to support systems and agencies and culturally appropriate models of intervention are also needed.

3.2 Cultural Diversity

For women of diverse cultures appropriate intervention relies on addressing the cultural issues as much as language translation and interpretation.

Cultural support is an integral component of a quality service. Being offered support from a worker familiar with customs, religious influences and family structures is desirable as many women who are from ethnic backgrounds or are Aboriginal will not seek assistance

until a crisis arises and intervention strategies become critical.

When culturally appropriate workers are not available within the agency it is essential that services use and connect clients with resources such as the Women's Refuge Multicultural Service, Grant in Aid workers or Migrant Welfare workers, Aboriginal Health workers, or Aboriginal legal and medical services etc if these services are available in the region.

At times culturally diverse women may resist intervention by persons from within their own culture fearing a reduction in their anonymity and/or a negative response from their cultural community. Service providers need to have flexibility in service delivery to meet the individual needs of their client group.

Ethnic women of refugee status may hold highly negative views of workers in positions of authority, such as the police and court officials, having had frightening experiences in their home country.

It is essential that services are familiar with the network of resources available for support and practical assistance. Services should also be able to offer a careful explanation of the law in Australia. This would not, however, include the provision of any legal advice. If advice is required then an appropriate referral should be made. It is also useful for service providers to be acquainted with the Immigration policy in relation to domestic violence and the qualifying factors for gaining and retaining Permanent Residency.

3.3 Linguistic Difference

Services must demonstrate that they hold information on accessing appropriate language interpretation facilities. Where possible services need to disseminate information on their service in a variety of languages. At a minimum services must provide written material on Multicultural and Aboriginal services that can assist victims of domestic violence.

Services are to have policies that ensure clients access proper translation services rather than relying on family, children, relatives or other staff. It is critical that professional translation takes place to ensure the integrity of information requested and provided.

Even people who have English as a second language and are very proficient in speaking, reading and comprehending English can find their skills diminished at a time of crisis and hence require access to proper interpreting services.

3.4 People With Disabilities

People with physical, sensory, intellectual or psychiatric disabilities are entitled to the same rights and services as any other person. Even though they face specific barriers in each form of disability, in most instances the person will be dependant on the perpetrator for their personal care and social support to a greater degree than others in the wider community. They are also more likely to face significant barriers in attaining relevant services.

Physical disabilities frequently mean a lack of access to most venues, difficulties in making phone calls, writing statements, form completion, high levels of exertion, poor concentration.

For people with an intellectual disability there may be a strong desire for an advocate more so than other people. There may be issues related to Guardianship and legal status or group accommodation and limited options for income support other than social security.

3.5 Mental Health Issues

People with a psychiatric history can be disbelieved and their accounts of violence and abuse regarded as manifestations of their illness. In some instances when a person presents with psychiatric symptoms the fact that they may be a victim of domestic violence is overlooked or not addressed; this can also include children and adolescents.

As a result of abuse and violence it is possible that a victim may experience post-traumatic stress disorder therefore, it is crucial that victims of domestic violence receive appropriate and extensive assessments that prevent victims being 'labelled' inappropriately

Mental health difficulties often result in a victim's issues being discarded and trivialised. These people may need additional assessment for medication or provision of professional psychiatric support.

3.6 Rural And Remote People

Victims living in country areas are sometimes at great distances from support services. Physical isolation means that victims may have no personal support systems They may be unable to develop supports around them as they may be separated from their family, their land and people, and live amongst a very small group. Situations of this nature create vulnerability to severe isolation with no possibility of relief from the abuse and attacks. Victims invariably have neither means of travel or finances to travel, nor information on services.

Services that operate in rural and remote regions, where the client population for a variety of reasons may be isolated from services, should attend to these access issues by making services available via the telephone or by offering an outreach service

3.7 Lesbian And Gay Domestic Violence

Original theories of patriarchal violence developed by the feminist movement and used to explain violence and abuse perpetrated against women by men, also hold true for those in same-sex relationships who are subjected to violence and abuse perpetrated against them by their partners or ex-partners. Issues of power and control are the main features in the use of violence in lesbian and gay male relationships as they are in heterosexual relationships.

According to Barbara Hart in *Naming the Violence* (1986; 173-190) "Battered lesbians describe the patterns of violence as terrorism and control. The same elements of hierarchy of power, ownership, entitlement, and control exist in lesbian family relationships. Largely, this is true because lesbians have also learned that violence works in achieving partner compliance..." Hart defines lesbian 'battering' as the pattern of violent and coercive behaviours whereby a lesbian seeks to control thoughts, beliefs or conduct of her intimate partner or to punish the intimate for resisting the perpetrator's control over her.'

A recent report, "Out of Control, Getting a Grip on Lesbian Domestic Violence" which was commissioned by The Coalition of Activist Lesbians (COAL), NSW (1997), defined domestic violence in lesbian relationships as

“where a woman experiences any form of abuse from a woman who is her lover or ex-lover. This definition of lesbian domestic violence acknowledges that abuse includes physical, sexual, emotional/psychological, verbal, social or financial abuse. It may also include harassment, rape and murder”.

Currently, there is no reliable data available in Australia that provides a reasonable understanding of the frequency of same-sex domestic violence. The majority of research carried out on abuse and violence in lesbian relationships has been conducted in the United States and UK. The amount of research pertaining to gay male abuse and violence is still limited.

Renzetti & Miley (1996) in *Violence in Gay and Lesbian Domestic Partnerships*, cites a number of studies carried out on violence in same-sex relationships. The Gay and Lesbian Community Action Council Survey, one of the few studies on gay male violence, showed

“... of the 1,000 gay men surveyed, 17% reported having been in a physically violent gay relationship...” “The Kelly and Warshafsky study (1987) of self-selected lesbians and gay men showed 46% used physical aggression for conflict resolution with their partners, and the Gay and Lesbian Community Action Council (1987) found that 22% of the 900 lesbians surveyed in the Twin Cities area of Minnesota had been in a physically violent lesbian relationship...” “In the 1987 Lesbian Battering Intervention Project Survey in Minnesota (Elliott, 1990), 70% of lesbian respondents had experienced some indirect threat of violence from a lesbian partner. In the Lie et al, (1991) study, 73% of the 169 lesbians surveyed reported experiencing some form of abuse in a lesbian relationship...”

In Western Australia gay males and lesbians are not covered under the Equal Opportunity Act 1984, and can be discriminated against in areas of:

- employment
- education
- accommodation
- goods and services
- access to places, vehicles, and clubs.

For gay men in Western Australia it is currently illegal for sexual activity under the age of 21 years, however, for lesbian women the age of consent is 16 years.

Isolation and limited access to services is a major factor for most women who have or are experiencing domestic violence, however, for gay men and lesbians, this is highlighted even further because of the lack of civil rights protection, and no access to the legal system by definition, thus making gay and lesbian survivors of domestic violence among the most isolated victims in our society.

Services for Victims of Domestic Violence need to:

- be gay and lesbian friendly
- develop strategies to ensure all gay and lesbian people who are subjected to violence and/or abuse, and/or are escaping from domestic violence, are safe, and have the same access to appropriate and confidential information and services as heterosexual people (eg safety plans)
- develop and implement policies that are inclusive of lesbian and gay survivors of domestic violence, that address domestic violence in their relationships and that attend to specific issues pertaining to lesbians and gays
- write policies in non-gender specific language and address specific issues pertaining to minority groups experiencing domestic violence
- address specific lesbian and gay issues such as external and internal homophobia, outing, confidentiality
- determine the level of sensitivity and appropriateness to specific issues for lesbian/gay survivors who are/or have experienced violence and abuse within a relationship when making referrals to other agencies
- have an awareness of the danger and risks pertaining to couple counselling where there is/has been physical violence
- have a clear understanding of the “presenting issues”. In cases of domestic violence, the focus must be on the issue not on sexuality
- have knowledge of appropriate resources available

- have a sound understanding of the limited legal rights of gay and lesbian people under current Western Australian laws.
- ensure workers are suitably trained and skilled in the area of lesbian/gay violence and abuse.

References in this section are not currently included in the bibliography

3.8 Elder Abuse

Older people may be vulnerable to violence and abuse from a long term partner and cease to be able to cope and seek assistance. In other instances the mental health of a partner may deteriorate and lead to abusive and violent behaviours not seen previously. Again older couples may experience abuse and violence from adult children who are their carers.

Elder abuse protocols have been documented by the Council on the Ageing and set out the principles compatible with those in this model and provide an outline of appropriate responses.

3.9 Teen/Adult Abuse

The impact of domestic violence on children has received some attention that indicates that children who have had abusive and violent behaviours role modelled by a parent who is a perpetrator may later direct abusive and violent behaviour to their single parent, girlfriend/boyfriend or other associates.

The level of violence in dating is unknown as is the amount of violence perpetrated against parents. Services need to respond in such instances with the same principles and methodology of intervention that supports the safety needs of the victim.

3.10 Literacy Difficulties

A significant amount of information is provided in the written format and assumes people have literacy skills. A client's poor literacy skills may not initially be recognised.

Services need to ensure workers are sensitive to this possibility and are given information on how to recognise literacy difficulties and are aware of appropriate procedures to assist clients.

Varying Modes of Service

Essential Principles 1 - 10

Preamble

To acknowledge the unique and varied needs of the target population that are apparent in a variety of settings and locations, the Best Practice Model has identified varying modes of service for delivering counselling, education and support to victims. Service providers will establish a service that is delivered via the modes deemed as the most appropriate to the needs of victims in their region.

Services to victims of domestic violence require a commitment to the principles of Empowerment, Access and Equity, Cultural Diversity and Quality of Service.

When victims contact a service the initial response has a significant impact on their choice to approach any other service in the future. For some victims contact is a once only event to gather information on their options. Others may require on-going and consistent support over extended periods via individual or group work. Service provision needs to have some flexibility to meet the individual needs of clients.

Whatever the extent of access by victims it is essential that services have:

- the skilled resources necessary to implement those services
- defined policies and procedures in place relevant to the range of services being offered by the agency and assuring quality service
- a systematic approach to the work so that victims are offered relevant services at appropriate times
- a service delivery approach that applies the principles of empowerment and safety. (see Chapters 5 & 6)

Services have a responsibility to inform and outline options. Victims as clients have the responsibility for the choice of options.

Victim services aim to support the client in addressing domestic violence. The length of time required for this support is subject to a wide range of variables to do with both the client and their situation and the service resources. Hence, it is not appropriate to be prescriptive about the length of service to be offered to clients.

The range of services may incorporate:

4.1 Crisis Support: (Non Accommodation)

Services offering crisis support will have trained workers who can:

- identify the signs and indicators of domestic violence
- gain sufficient and appropriate information in accordance with intake and assessment procedures to assess, together with the client, the perceived risk of violence being perpetrated and how immediate is that risk
- assess whether criminal behaviours are involved, and whether there is a need to seek legal advice to determine whether a crime has taken place
- support the client to use the criminal justice system if a crime has occurred
- respond to the client's requests or requirements for medical assistance or assessment, legal advice or representation, or other social/emotional support
- assist clients and their dependents to access any other related services available that are relevant to their presenting issues and to the development of their safety plan (eg financial assistance, legal advice).

Service Providers are to have policies which reflect the relevance of gender, race and religion in offering services to victims of domestic violence, and ensure that their workers also have access to specific resources where necessary to support the cultural and linguistic diversity of Aboriginal and ethnic women.

4.2 Information Advocacy And Referral Services

Please Note: This information is not intended for service providers of para-legal or court support services.

Services providing information, advocacy and referral should demonstrate that they are:

- resourced with appropriate and accurate information on victims rights, relevant options, entitlements and that their workers have knowledge of current legislation

- able to inform clients of their legal options without providing legal advice which could have legal implications
- able to provide a clear outline of the service provided and its boundaries
- able to provide access to information in preferred languages for linguistically diverse clients
- able to gain access to skilled culturally appropriate workers either internally or externally (eg Aboriginal health workers, Ethnic support workers)
- able to advocate on behalf of clients to overcome barriers in accessing services (eg. law enforcing, legal, housing, accommodation, welfare, health)
- aware and informed of local and regional resources and are skilled in referring clients appropriately to relevant agencies whether government or community based.

4.3 Telephone Services

Service providers can provide services such as crisis support, advocacy and referral, and individual counselling to clients by telephone. For many clients telephone contact offers safety in anonymity and distance. For rural and remote clients it may be the only means of accessing a service.

Critical to telephone contact is:

- applying the same principles of safety, empowerment and assessment by phone as would be applied to other modes of service delivery in a face-to-face contact
- providing the same services by telephone that can be provided on a one-to-one basis with recognition and provision for some of the constraints imposed by telephone work, and the different skills required for this type of work
- assessing availability and accessibility of services or alternative options in the location they are phoning from
- accessing the Telephone Interpreters Service for clients where English is not a first language
- establishing on-going contact and support.

4.4 Individual Support And Counselling Services

Service providers offering clients on-going access for counselling support over a period of time are required to have work practices that reflect the Essential Principles and Underlying Assumptions that guide this document, and have skilled workers who can translate those concepts into practice.

The criteria on the type of information to be provided to clients receiving on-going counselling is set out in detail in Chapter 8. Workers are expected to be trained and skilled to deliver a counselling and support service to clients that:

- assists the client by a process of empowerment as set out in Chapter 5
- responds to the client's presenting issues by following the safety principles and intake and assessment procedures as set out in Chapters 6 & 7
- addresses the client's emotional response to the abuse and violence, and any resulting trauma.

The most effective means of providing services to clients may be a combination of counselling, education and support, both individually and in group work programs.

4.5 Group Work Programs

Service providers are to ensure workers have the relevant skills and experience (as set out in chapter 10) to conduct group processes with survivors of domestic violence.

Group work programs are to be provided as structured or curriculum based, covering all aspects of the essential criteria (described in chapter 8). It is not acceptable to conduct unstructured programs and in a non-directive manner without attention to the essential criteria. Group programs may however offer additional elements such as personal development, parenting issues and recognition of cultural identity or history.

Groups may have varying emphasis for instance:-

Support/Educational

Support and educational groups are preferably closed and time limited. They address the impact of domestic violence and provide an educational

component on its causes, complexity and consequences. The primary focus of these groups is on victim safety.

Networking/Information groups

Networking groups are open, ongoing, supportive and resource orientated. They can be accessed at any time. These type of groups are often requested by clients after the completion of an educational/support group.

4.6 Community Education

Community education strategies for preventing domestic violence at the broader level can include media, environmental and legislative support, public information and resources, support services, advocacy initiatives and community based strategies.

Community education aims to address attitudinal change, promote awareness raising on the prevalence and consequences of domestic violence, offer explanations on the context in which it occurs, as well as provide education on appropriate community responses. Strategies and campaigns are used to challenge beliefs and influence attitudes in order to change behaviour and prevent domestic violence

Community education also provides a forum and means of alerting victims to the existence of support services in their region and delivers information about how they can be accessed.

It should seek to develop and promote preventative strategies in the local community and draw on local resources for support for those strategies.

Community education can be delivered in a variety of settings across the community, depending on the target group and the allocated financial resources.

4.7 Outreach Services

For the purposes of this document Outreach Services means the delivery of the above range of services in diverse community settings outside the premises of the agency, as well as the promotion and provision of information about the availability of services within a region. It is acknowledged that some outreach services will be provided on the existing premises

Service Providers should have policies and procedures that address **specific safety issues** that can arise in this context for either the outreach worker or their client.

Services offering Outreach work will be required to adhere to the same principles as detailed in this chapter and the rest of the document.

Outreach services are to incorporate significant **supervisory support** to ensure the quality of service and professional support to workers.

Domestic Violence
Varying
Modes of service

Empowerment Principles

Essential Principle 1: Client Centred Services

The principle of empowerment reflects a particular style of response to clients by workers, as well as a particular style in which information is to be delivered to the clients.

Empowerment as a work practice is a process of 'enabling' a client rather than taking a position of power by determining decisions and/or outcomes for the client. The underlying assumption that every person is entitled to be treated with dignity and respect and be supported to make their own informed decisions must direct victim support work.

It is crucial that service providers direct their workers to operate in a manner that promotes clients to experience a sense of being in charge of their lives, this entails regarding the client as an *'expert on their own life'*.

Workers can act out their role from a position of knowledge and understanding of the issue of domestic violence. In sharing their knowledge and understanding with the client the worker can assist the client to feel a sense of entitlement, and believe they have a right to be free from harm. Workers need to be able to facilitate a process whereby clients feel empowered with the authority to act, as well as gain a sense of being in control of those actions.

Clients are to be offered services which are focused on meeting their needs and provide the opportunity for exploring their options in a non judgmental atmosphere.

It is crucial for clients, that they are believed when they disclose violence and abuse, and that they are supported to make their own choices. The focus for service provision needs to be on acknowledging client's experiences, recognition and enhancement of personal resources, assistance in identifying the risks faced in the client's individual situation and practical support for the development of strategies that maximise their safety and well being.

Services are to provide support and assistance from a position of:

- empowering clients by drawing on their strengths and resources
- exploring the options in consultation with the client

- affirming and supporting the client's own choices
- acknowledging that when people are in vulnerable and/or unsafe situations their capacity for decision making may be reduced whilst also recognising this does not entitle the worker to make decisions for them but rather invites the practice of empowerment
- advising clients of circumstances where the boundaries of confidentiality and privacy may not apply
- acknowledging that victims are not an homogenous group. Therefore, service providers in providing best practice services that are relevant to the client population of their region, need to consider the appropriateness of their workers in terms of gender, race, languages and competencies so that they do not disempower or victimise the victim further.

In Summary the principles of empowerment advocate that the responsibility for decisions for action remains with the client and not the worker.

It needs to be acknowledged however that in the client/worker relationship the principles of empowerment cannot always be applied in practice. Clients need to be informed that in certain situations workers will have to give precedence to attending to their duty of care responsibilities and will be bound by the ethical liabilities and/or legal implications of their work practices. ie child protection issues, or when there is a perceived risk that the client may seriously harm themselves, harm others or may be seriously harmed by the perpetrator

(Refer to Safety Principles in Chapter 6).

Safety Principles

Essential Principle 2: Safety Of Victim

Essential Principle 7: Confidentiality And Privacy

Victims may present to a service for assistance on a range of matters affecting their lives or they may directly present the issue of domestic violence. Of primary importance in responding is the ability to identify the varying forms of abuse and violence. Once domestic violence is recognised the issue of personal safety for victims and their dependants becomes critical.

The concept of safety is applied here to relate to the physical, mental and social well-being of the person. The impact of abuse and violence needs to be understood not only in terms of physical safety but also in terms of infringement of peoples rights and freedoms that are the hidden forms of violence.

Many clients have been subject to persistent and consistently serious physical and verbal attacks. Such behaviour can evoke enormous fear in the victim and can damage their self image and/or destroy their confidence to initiate action. As a result victims will often minimise the violence, deny it is perpetrated by their intimate partner, or underestimate the level of risk.

6.1 Safety For Victims

The following **principles** are considered crucial for support services in maintaining a focus on victim safety:

- A primary *duty of care to the victim*, is to focus on the safety needs of the victim and their dependents. These safety needs are regarded as paramount, irrespective of other considerations and whether contact is in person or by phone.
- The service must have clearly prescribed boundaries on confidentiality for the client-worker relationship and makes those known to the victim.
- Workers will be skilled in identifying the indicators of violence and in identifying any 'perceived risk of harm' to the victim and/or dependents.
- Workers will have skills for alerting clients who may not have perceived their own level of risk or may have minimised the risk. (See examples in Appendix 2).
- Clients are to be offered services in places that offer a

safe, supportive environment and protect their confidentiality and privacy needs. Clients are not to be knowingly exposed to situations of risk or threat. Safety practices are to be incorporated whilst the client is within the service's premises, when they are leaving or when phone or other contact is made.

- Clients are to be offered assistance with the development of a safety plan that will provide them with protective steps following initial and subsequent contact. (A Safety Plan Model is included in Appendix 3).

6.2 Safety For Workers

Services have a duty of care to ensure safe practices are in place and utilised for the psychological and physical well being of the workers dealing with domestic violence. These practices will support the goal of providing the optimum level of service to victims.

Service providers are to ensure;

- Workers are provided with rapid access to support and supervision to guide decision making in circumstances of immediate perceived threat to victims and/or their dependents, to workers or when there is an alleged commission of serious criminal offences. This support can be offered by telephone if necessary.
(Guidelines are provided in Appendix 4).
- Workers will have access to debriefing and support mechanisms on an ongoing basis and particularly in relation to critical incidents as mentioned above.
- Regular supervision of workers is to be provided to focus on the perceived level of risk to victims and their dependents, to assist with case management and to monitor the impact of the client's issues on the worker.
- Protective measures and practices that maximise the safety of clients and workers will be established, monitored and re-assessed over time (eg duress alarm systems, home visits accompanied by another worker or police, security doors on premises, emergency contact lists etc).

6.3 Safety Issues For Victims' Dependents

Domestic violence and child maltreatment may occur in the same family. When an agency providing services to victims and perpetrators of domestic violence becomes aware of a child who has been maltreated or is at risk of maltreatment because of the situation in which they and their family live, the agency should ensure that protective action is taken. This may include reporting the case to either Family and Children's Services or the Police.

Children may be direct or indirect victims of domestic violence. They may be the victim's own children, step children or part of the extended family such as grandchildren, nieces and nephews. Victims inevitably place significant emphasis on the needs of the children in their care when deciding on their options.

The following issues are to be considered:

- Children are to be provided access to child focused services with specific skills, as needed and as available within the region.
- Services are to ensure workers have skill in recognising the various responses of children to violence and abuse and an ability to educate children on the issue of domestic violence.
- Where questions arise that children may be 'at risk' of physical, sexual, emotional harm, services are to take a duty of care position for the children and ensure they are referred to and have access to specific and professional services.
- Children are not to be utilised by workers as interpreters for their parent(s) where English is not the first language or due to parental shyness/reluctance to speak.
- Workers are to have regard for the impact on children of parental decisions and the impact on parents of the children's needs and wants.

6.4 Confidentiality And Its Boundaries

The term confidentiality encompasses the notion of trust between persons/parties in respect to private matters and personal information.

Services are to incorporate the following practices:

- Services are to have written policies and procedures for workers to follow in regards to confidentiality, recorded information and court subpoenas.
- Service providers are to co-operate in the development of interagency protocols for the sharing of information on clients with the focus always on victim safety.
- Service providers are to arrange for all new workers to have an orientation period when they commence employment within a service. They are to be briefed on the internal procedures and confidentiality protocols operating within that service including relevant interagency policies before they commence their work practices.
- Clients will be provided with written information by the service provider about policies, protocols and procedures within the service, and will be advised of their right to either provide or withhold consent for any or all of their personal information to be shared with another service provider. Consent given or withdrawn by the client for information sharing must be obtained by the service provider in writing and signed by the client. The purpose of the consent and who it is intended for is to be also clearly stated in writing.
- Services will ensure they inform clients of the fact that information can be subpoenaed for court proceedings, and that there are circumstances where confidentiality policies will not protect either the client or the service provider from the legal system. (see below).
- Victims will be advised of the terms of the relationship which exists between other parties such as the service provider and the referral agent.

Service providers are to have policies regarding the following:

Consent Issues

Victim's right to privacy must be balanced with the assessment of the perceived level of risk. Hence information may of necessity be provided to additional services.

The critical issue here is **consent by the victim** to utilise such information to enhance her position, institute safety mechanisms, or access additional services.

Critical Incidents/Serious Matters

Service providers need to have policies in place to deal with critical incidents where serious harm has occurred or there is a perceived risk of serious harm to the client and/or dependents. Clear guidance must be given to workers on when to take action **without the consent of the victim**.

Decision making in critical situations must not be undertaken by a worker alone (See Appendix 4). A set procedure needs to be instituted within the service for professional support with decisions relating to critical incidents or serious matters.

Contracts between the service provider and a referral agent will contain the following elements in respect to victim safety:

- a statement setting out the purpose and form of feedback to be provided by the service provider to the referral agent if feedback is necessary
- an agreement between the service provider and the referring agent that information given by or related to the client will only be provided on the basis of consent by the client
- Where victims present to a service as part of a couple for couple counselling the service will ensure workers have a procedure for assessing the situation, determining the risk factors, enhancing victim safety and for assisting victims to access the full range of services available.

A statement of best practice standards cannot cover all circumstances.

6.5 Relationship To Perpetrator Programs

The Best Practice Model for Perpetrator Programs sets out standards for the provision of those services. Victim services may or may not have a direct relationship to a perpetrator program. Where they do, service providers need to familiarise themselves with the Best Practice Model for Perpetrator Programs so that they have a clear understanding of the guidelines in relation to liaison procedures and victim safety.

The means of liaison need to be negotiated with the facilitators of the perpetrator program and this includes establishing what are the agreed protocols and procedures for information sharing and any issues in relation to male facilitators contacting victims.

Victim safety will be the focus for service providers of both services. Information will be supplied only with the **informed** and **written consent** of the victim, and on the basis that the victim will nominate what information will be passed on to the facilitators of the perpetrators program.

When contacting victims facilitators of perpetrator programs need to inform victims of the content of the program and its limits, particularly in relation to their safety.

Facilitators of the perpetrator programs have a primary **duty of care to victims** which includes the duty to inform victims of threats made by the perpetrator or particular concerns they may have for the victim's safety. It also includes particular circumstances, where a duty to inform the police or other authorities exists with or without the victim's consent (*Refer to Perpetrator Best Practice Model*)

Intake & Assessment

Essential Principle 5: Services To Be Accessible And Relevant

Essential Principle 7: Confidentiality And Privacy

The principles of access and equity are to guide the service provider practices and procedures during the intake and assessment phase of victim support work. In practical terms this means there are no barriers to victims wishing to use the service. Further that all people needing the service will have a fair allocation of its available resources.

As stated elsewhere victims are not an homogenous group and within various minority groups there is diversity, hence services will need flexibility and adaptability to assure maximum access by a wide range of people.

Victim services will have varied intake and assessment procedures according to the mode of service provided, and the target group.

Victims of domestic violence do not necessarily present the issue of violence when approaching an agency. Hence services are to ensure intake personnel receive training on identifying and responding to domestic violence. (Refer to Chapter 10)

The following principles will guide intake procedures.

7.1 Intake

Service intake procedures and practices will:

- be provided in a safe, supportive and private environment
- be conducted in a manner which regards all clients with dignity and respect
- have clearly defined approaches for the range of presenting issues
- respond to urgent requests for assistance
- attend to cultural and language requirements
- ensure the procedures minimise the need for clients to re-tell their story.

Intake information is considered critical to the provision of appropriate responses, interventions and referrals.

Service providers are to ensure workers are able to:

- Give clear information on what the service can provide for the client, how that will be delivered and the context in which it will happen (eg policies, procedures).
- Establish a supportive and professional relationship with the client by gathering information in a non-threatening and non-judgemental manner and by maintaining ethical boundaries.
- Ask questions about the client's presenting issues and past history that are respectful, relevant and assist with identification and clarification of issues.
- Use discretion about intake procedures in accordance with the responses of the client and their emotional and physical state at the time of interview. This would include considerations in relation to timing, pace and style of questions, the client's level of distress, their readiness to disclose etc.

Intake procedures should seek to gather information that will:

- Assist in establishing a client's motivation for contacting the service and clarify their purpose for seeking intervention.
- Elicit detail about the nature and frequency of the various forms of abuse and violent behaviour. Workers need to be familiar with the research which shows victims frequently minimise and deny the level and extent of violence.
- Establish whether the presenting issues include criminal behaviours.
- Elicit detail about contextual factors which the client and/or worker perceive as having relevance to the situation (eg client has recently separated from the perpetrator, use of alcohol and drugs, social or geographical isolation, economic issues, unemployment, parenting issues etc).
- Establish whether the perpetrator is in possession of firearms or other lethal weapons.
- Determine if there has been any previous response by Police and if there are any relevant criminal records.
- Identify any current criminal, family or child welfare legal proceedings.

- Establish whether there are any current or previous Restraining Orders, whether there have been any breaches of these orders, and whether any stalking, threats and/ or intimidation is/has taken place
- Gather family of origin information, particularly as it relates to gender role modelling and violence
- Identify who else may be working with the victim and their family

7.2 Assessment

Assessment will focus on the information gathered in relation to a client's situation. Assessment also needs to have relevance to the type of service being offered to the client. The goal of assessment is ultimately to enhance client safety.

The **key elements** of assessment are:

- to evaluate the information provided, with the primary focus being client safety
- to respond to any immediate threats to safety
- to determine with the client their on-going support needs once safety issues have been addressed
- to determine whether there are any duty of care issues, ethical or legal implications for the worker/client.

The assessment phase also needs to identify:

- the expectations held by the client about the service
- the client's strengths and personal resources for taking action
- the individual constraints in the client's situation which may impact on the client's safety or limit the client's options
- what services in the criminal justice system could the client access to support their safety needs
- whether a crime may have occurred and whether the client wants to clarify this with police and make a report or press charges
- whether there is possession of weapons and whether legal advice needs to be sought about reporting this.

Detailed information regarding violence should not be sought in the course of joint or couple sessions.

Gathering information regarding violence in a joint session may expose the victim to risk and is unlikely to provide accurate information because of the tendency by the perpetrators to minimise the violence. Victims in such circumstances are vulnerable to further attacks in retribution for exposing the violence.

7.3 Informing The Client On Agency Policies And Procedures

Clients must be informed on the relevant policies and procedures of the service such as:

- confidentiality and its limitations
- legal responsibilities of the service
- policies on information records and usage
- the provision of any reports to courts or the criminal justice system
- the fact that information held by service providers can be subpoenaed by courts
- the means of and degree of information sharing with other agencies
- the purpose and means of referral to other agencies.

It is also critical to gain from clients authorisation for worker's interventions. Consent should be in writing. It is to be clearly documented and its intent set out in a careful manner.

7.4 Client Referrals

Clients in many instances will need to access additional support and resources from other service providers. Workers need to be aware of what additional support mechanisms are currently available in their region that would be relevant to their clients.

Prior to referring clients to additional services workers will ensure clients are:

- aware of the purpose of the referral
- know what to expect and have a clear outline of the other agencies roles and responsibilities
- have an active introduction to additional service providers, this may mean accompanying clients.

Protocols between agencies will determine the method of referral therefore, workers need to be familiar with all the relevant protocols and if necessary initiate their development.

7.5 Referral To Couple And Family Counselling Services

Couple and family counselling may be requested by victims or others including perpetrators and/or other family members. It is **essential** that couple and family counselling is offered **only** where the victim's safety has been assessed.

The victim **needs to feel safe** in talking about the violence and /or relationship in the presence of the perpetrator. The degree to which the victim feels safe is to be ascertained without the perpetrator present. The primary goal of couple counselling in this instance will be the resolution of abuse and violence.

When referring a victim for couple or family counselling workers must ensure that the service they refer to has sufficient intake and assessment strategies for identifying abuse and violence prior to engaging in couple and family counselling. Workers in that service need to have the necessary **skills** to isolate the issue of domestic violence and know how to respond appropriately.

Services are to have **protocols** to assess whether couple counselling is to continue once domestic violence is identified. Risks include compromising the safety of the victim and dependents, and reinforcing misconceptions about domestic violence by the promotion of the violence as a couple or family problem.

Services are to **ensure trained workers** have the relevant skills to provide a couple and/or family counselling program or make **appropriate referrals** to another relevant or related service.

7.6 Referral To Mediation Services

Mediation is **generally not acceptable** where domestic violence has occurred because mediation is based on the concept of **equal power** between parties. Service providers are to have descriptions of services that differentiate counselling and mediation.

If a mediation service is requested by a client then they should only be referred to services that have **domestic violence policies and procedures** in place and are approved by the Federal Attorney General. (eg Victim Offender Mediation Unit). Shuttle mediation between parties can be used to enhance safety. Suitability for mediation needs to be carefully and skillfully assessed when domestic violence has occurred.

7.7 Group Work Programs

Intake and assessment procedures can assist both client and worker to identify whether the client would benefit from group work processes. Group work is recognised as being beneficial for clients as it can reduce isolation and offer the opportunity for building peer support. For service providers it is a cost effective means of on-going service provision.

Constructing a group will be different in the city than rural areas. The numbers of women, the question of anonymity, availability of appropriately qualified and skilled workers will influence whether group work will be a viable option in country towns.

A client *may* be considered unsuitable for group processes if any of the following issues are identified during intake and assessment:

- The client's safety may be compromised by participating in a group process.
- The client has an untreated dependence on alcohol or other drugs.
- The client has a psychiatric disorder which is untreated.
- The client is physically and intellectually impaired to a level which is beyond the resources of the service provider to accommodate.
- The client is likely to behave in a manner which will be seriously disruptive of the group process.
- The client sees the group process as a way of changing the perpetrators behaviour.
- If referred to the group on a non-voluntary basis.

Some clients who are considered unsuitable may require some form of additional support which is offered parallel to the specific victim service (eg. a treatment programme for substance abusers) or a program specifically targeted to participants with certain difficulties (eg. intellectually impaired).

7.8 Data Collection

Service providers should seek to gather information in the intake and assessment phase that conforms to the standardised data collection formats set by their funding body.

This information is useful in addressing the issue of domestic violence at a systemic level. Data collection will also assist the service provider to report on outputs and outcomes.

Essential Criteria for Service Delivery

Essential Principle 3: Perpetrator's Responsibility for Violence

Essential Principle 4: Knowledge And Understanding Of Domestic Violence

Essential Principle 6: Needs of Children

The essential criteria for service delivery to victims is informed by the underlying assumptions and essential principles in Chapter 2.

The length of time available to deliver essential information will depend on a number of factors which reflect a client's situation. Whether services are provided on a one-off basis, in a one-to-one format or a group work program, the aim is to address **safety** issues for the client, reduce their isolation, and enhance their decision making. Hence workers need a skilled and flexible approach to service delivery.

Culturally appropriate programs for Aboriginal and culturally and linguistically diverse people may necessitate variations in the process. Remote and rural clients may only be able to access services by telephone or outreach work or be informed through community education.

The following criteria are **essential** to all modes of service delivery:

8.1 Safety Plans

The concept of safety needs to be regarded in its broadest context. Here it refers to the physical, mental, emotional and social well-being of victims.

(For Safety Principles refer to Chapter 6)

Each safety plan is determined by each individual situation. This requires the gathering of critical and relevant information by workers at the intake and assessment phase. Service providers are to ensure that their workers are conversant with and utilise the safety principles outlined in Chapter 6 and incorporate them into the development of Individual Safety Plans.

Workers need to give careful attention to the appropriateness and timeliness of encouraging clients to use assertiveness skills with the perpetrator. Victims are

most vulnerable to serious abuse and assault when they are leaving a relationship or making a stand about the abuse and violence.

An example of a 'Safety Plan' is contained in Appendix 3

8.2 Crisis Support

The goal of crisis intervention is to give sufficient support and adequate information to enable the client to take action; without burdening the client with an overwhelming amount of information.

Two crucial components of crisis support are to create an atmosphere of safety and to deal with the practical aspects of the situation.

Crisis intervention includes:

- identifying the forms of abuse and naming the violence
- providing appropriate responses to victims disclosures
- clarifying the indicators of overt and covert abuse
- assessing the perceived level of risk and responding appropriately.
- providing information on relevant options (eg legal, medical, accommodation) that may be critical to supporting their safety needs
- enabling the victim to identify their own resources and strategies that will support their safety needs
- offering on-going contact as a means of support.

8.3 Understanding The Dynamics Of Domestic Violence

Domestic violence is understood as a system of controlling behaviours. The purpose being to have power over another by actual or feared violence and demeaning abuse which can be effected in a range of behaviours.

Service providers are to ensure their workers offer services from an informed position which facilitates the clients understanding of the issue. Abuse and violence are often attributed to other family or individual issues, such as alcoholism, unemployment etc. Workers are to be aware of the myths associated with domestic violence and be

able to convey to their clients the causes within the social and cultural context in which it is perpetrated and avoid using individual pathology explanations.

The impact of domestic violence is devastating. The physical, mental and emotional health of victims has been identified as being significantly effected by the perpetration of violence. Workers are to operate from a basis of understanding the consequences and impact for the victim and their dependants of a range of behaviours such as:

- physical assault or threats of assault
- sexual assault and/or abuse
- intimidation and threats
- verbal and emotional abuse
- economic deprivation and abuse
- forced social isolation and deprivation of personal freedom
- stalking, harassment and intimidation after separation
- damage to property
- homicide/suicide.

8.4 Understanding Responsibility For The Violence

Services are to operate from an established position that perpetrators are **solely responsible** for their own violence and abuse. The assumption here is that people make choices about their behaviour. Abuse and violence needs to be clearly understood as based on the belief by a person that they have the right to control another person/partner/ex partner/child/parent.

Victims frequently blame themselves for the abuse they have suffered in intimate relationships, believing the perpetrators version of causes and events. One of the covert effects of domestic violence is client's come to believe that they deserve the abuse and violence and it is the norm.

Clients are assisted to recognise that the locus of responsibility for violent actions rests with the

perpetrator. Workers therefore will need abilities and skill in responding appropriately to the client's analysis of their situation. It is critical that workers are able to deal with a victim's self blame, failed expectations and sense of powerlessness if this is present.

8.5 Understanding The Legal Implications

Victims of domestic violence frequently do not recognise that violence in the home by a partner or family member is a criminal act and has legal consequences.

In their progression towards being survivors, victims need knowledge of their options for criminal prosecution plus the potential for criminal compensation and other options such as restraining orders, family court orders etc.

Accessing the legal system can often be difficult for victims for a variety of reasons. Service providers need to ensure that their workers are skilled in assisting clients to access the legal system effectively and cognisance about the range of legal options available to victims.

Workers must be clear that in their capacity as counsellor or support worker it is **inappropriate for them to give legal advice**. If advice is required by the client then a relevant referral should be made.

(Refer to definitions Advocacy/Legal Advocacy in Glossary of Terms in Chapter 1)

Legal advice should also be sought for any matters arising for clients in relation to issues such as provocation or self defence.

Workers are required to be aware of the **legal implications** of their work practices and service providers for their organisation.

8.6 Promotion Of Egalitarian Relationships

Services should promote egalitarian and respectful relationships. The underlying assumption is that domestic violence is unacceptable behaviour and that the perpetrator is responsible. It is important that workers do not minimise the violence or collude with the perpetrator. However, it not supportive for workers to

criticise perpetrators or intimate and familial relationships as this can have a negative impact on how a client views herself within in the family structure.

One of the options frequently used by victims is to stay or return to the family home after the crisis. Disapproval of that relationship (rather than the behaviour) may then equate to undermining her choices.

Services are to provide information on models of relating that are based on the concept of equality and that examine gender roles and socialisation.

Work practices within services should also model respectful and egalitarian relationships.

8.7 Children's Needs

Research and surveys show that children suffer both short and long term ill effects from living in homes where there is domestic violence. Violence can be learnt in families as children learn how to behave from adults. Children's issues must be dealt with in order to prevent them perpetuating violence in their adult lives. At the same time, it is helpful for workers in victim services to educate victims on the effects of violence on children, as many victims may remain in abusive situations in the belief that *'keeping the family together'* is in their children's interests.

Even very young children witnessing domestic violence are likely to exhibit emotional distress, somatic complaints and regressions in toileting and language. School aged children may exhibit symptoms akin to post-traumatic stress disorder and they may show a greater frequency of externalising (aggressive) behaviour problems in comparison to other children of their peer group. Overall functioning, attitudes, social competency and school performance are often affected negatively. For adolescents, high levels of acting out and aggression are common, accompanied by anxiety, behaviour problems, school problems, truancy and revenge seeking. (see for example, Joy D Osofsky, 1995, "Children who witness domestic violence: the invisible victims", **Social Policy Report**, IX, 3).

The needs of children are complex. It is likely that children's adjustment is positively related to the presence

of social supports in their lives, regardless of the amount of exposure to domestic violence. However, specific services must also be provided which provide group and individual counselling and support to children, to enable them to effectively deal with the trauma and work through the issues domestic violence raises. Emotional and behavioural problems resulting from the violence should be addressed.

For both genders it has been established that domestic violence can result in children having:

- high levels of anxiety and fear about their own and/or mother's safety
- feelings of shame, guilt, self blame, anger about what is happening in the family
- behaviours of withdrawal and hostility towards parents or others for the ongoing violence
- a sense of loss and grief in losing the family or their father at separation
- learning difficulties, high levels of compliance, verbal and physical aggression due to hopelessness and despair that the violence will not end.

Services providing intervention with children need to:

- emphasise violence is not acceptable
- assign responsibility for the violence to the perpetrator
- address children's fears realistically
- facilitate children's expression of feelings
- provide information and explanations on what is happening
- assist children to develop their own individual safety plans
- assist children to learn effective ways of dealing with any resulting trauma from witnessing domestic violence
- assist children to identify appropriate support persons outside of the immediate family
- work to reduce isolation.

It is **beneficial** if the parent is engaged in a similar counselling and support process. Services for victims and services for children should therefore establish linkages. Services are to work collaboratively with a range of agencies to meet the needs of children. Like adult victims, children need to be supported by workers who are skilled and capable of offering an effective service.

Children can also benefit from group work processes in breaking down the isolation and gaining peer support. Where possible a children's group program is to be offered or a referral made to an existing program.

Some of the information in this section was provided by Family and Children's Services.

Essential criteria
for service delivery

Relationships with Other Service Providers

Essential Principle 9: Interagency Cooperation And Consultation

Domestic violence is not the responsibility of any one agency in either the government or community sectors. Task Force Reports across Australia have called for a more integrated response to domestic violence so that victims are dealt with in a more efficient and effective way.

9.1 Regional Networks And Protocols

Victims of domestic violence often need services from a number of agencies simultaneously. Consequently if services operate from a basis of co-operation and collaboration clients can easily access the range of services they need. While it is recognised that agencies may have informal agreements in place it is expected that more formal protocols will be developed through the Regional Domestic Violence Committees.

At the end of 1996 each region developed a Regional Domestic Violence Plan. A number of these identified that interagency protocols would need to be developed. This is to establish clear guidelines on responsibility and to clarify the roles of services, to allow for agency monitoring, for feedback on services, and to make the best use of resources.

Protocols define the way in which agencies will work together in responding to victims' needs, guide the extent of collaborative action and the manner in which that collaborative action takes place, without compromising client safety and well-being. Protocols also guide how referrals are carried out. Interagency protocols help facilitate a process whereby services do not operate in isolation and they also formulate processes for resolving any difficulties experienced between agencies.

Victim services are to be part of the integrated approach to domestic violence in their region and are to work with other services in developing interagency protocols. Involvement in the Regional Domestic Violence Committee or local Domestic Violence Action Group will enable workers to be up to date with the services other

agencies are providing. Participation on these committees also provides an opportunity for workers to establish relationships across agencies. Regional Committees include both victim and perpetrator services, as well as other relevant government and non-government agencies. Raising awareness of ethnic and Aboriginal workers in the region can also be facilitated by committee participation.

9.2 Links With Perpetrator Programs

Victim services are to have links with service providers of perpetrator programs if there are any in their region, **to ensure the safety of victims** is monitored. A Best Practice Model for Perpetrator Programs exists and directs the principles on safety for victims when working with perpetrators. Service providers should be familiar with the relevant material in that document and also the Safety Principles in relation to perpetrator programs as described in Chapter 6.

Qualifications, Skills & Experience for Service Providers

Essential Principle 4: Knowledge And Understanding Of Domestic Violence

Essential Principle 10: Training, Education and Supervision

Working with victims of domestic violence requires a specific body of knowledge and understanding due to the complexities of domestic violence and the wide range of behaviours involved. It demands multi-skilled workers who have the ability to respond in a sensitive manner to a diverse population and deliver effective services.

This Best Practice Model sets out the optimal requirements for workers' qualifications, knowledge and skills to ensure victims receive appropriate responses from adequately skilled workers.

ESSENTIAL CRITERIA:

10.1 Knowledge And Skills

- an understanding of the dynamics and complexities of domestic violence and the context in which it happens
- an understanding of safety issues for victims and an ability to respond
- an understanding of cross cultural issues and sensitivity to victims of diverse cultures
- a knowledge of legal issues relating to domestic violence
- a knowledge of the impact of domestic violence for children.

10.2 Personal Qualifications

Service providers are to ensure workers have the following:

- a commitment to the essential principles set out in chapter 2 of this document

- a balanced and open approach to personal relationships, with a commitment to gender equality
- well developed interpersonal and self care skills
- a commitment to ongoing training and supervision
- where programs are being delivered to a particular cultural or linguistic group, membership of that group should be regarded as a genuine qualification.

10.3 Essential Qualifications

Service providers **must ensure** workers have either:

- tertiary qualifications in the Social Sciences or related disciplines, or in an area that is relevant to the mode of service delivery
- and/or
- completed a training course(s) which meet(s) the competency standards set out in Chapter 11

and at least one of the following:

- Victim support work experience acting as a co-worker to an experienced practitioner for a minimum of one year.
- Group work program experience as co facilitator of a series of victim support groups for a minimum of 16 sessions or two group programs
- a proven ability to provide effective support to victims from crisis to independence.
- a proven ability to provide effective support to children
- Recognition of Prior Learning and experience (see RPL information below)

10.4 Service Providers Who Are Former Victims

The parameters set out in regards to Recognition of Prior Learning are relevant to victims who want to work in the area of domestic violence. However, it is **essential** that former victims only practice in the field if they have demonstrated that they have achieved the qualifications set out in 10.2 and 10.3 above and have addressed the impact of domestic violence in their own lives.

Previous experience as a victim must not be considered in and of itself to be a qualification to practice in the field, nor should it be considered as a substitute for other qualifications set out in this document.

10.5 Recognition Of Prior Learning And Experience

The concept of Recognition of Prior Learning (RPL) rests on the notion that people have developed skills and abilities in previous situations of either paid or unpaid work, and outside of formal training for qualifications. Recognition of Prior Learning is the acknowledgment that people have life experiences that can be equated with knowledge gained through formal training.

RPL processes involves the following steps:

- Identifying a person's skills and knowledge.
- Matching what they know and can do against specific competencies necessary for the service.
- Illustrating their prior learning.
- Assessing the evidence of those skills and knowledge against specified standards or service requirements.
- Recognising and crediting their learning in a variety of ways such as employment with support and supervision, assistance with future training and development.

Qualifications, skills &
experience for
service providers

Best Practice Model

Training & Professional Development

Principle 4: Knowledge And Understanding of Domestic Violence

Essential Principle 10: Training, Education and Supervision

Training is critical to the quality of service provision and attainment of Best Practice.

Training is to equip workers to provide a professional and effective service to victims.

Training supports continuing education for workers and ensures that their knowledge and skills are current and relevant.

Due to the complexity of domestic violence and the diversity of the victim population, service providers are to offer their workers access to courses that ensure they have sufficient knowledge to meet the principles set out in this document. Training needs to be relevant to the modes of service delivery in which they practice and prepare them to be able to respond appropriately to 'special needs' populations.

The training needs of workers are to be regularly assessed and analysed. Service Providers need to plan for and include training activities in their budgets and service plan.

11.1 Training Courses

Training Courses in the field of domestic violence must support the development of competence in the trainee (worker) and at a minimum the training must ensure that the trainee (worker) is able to:

- know and understand the dynamics and complexities of domestic violence and the context in which it occurs
- be aware of their own values and attitudes in response to violence
- know and understand the principles of victim and worker safety
- implement strategies for crisis intervention and ongoing support
- understand the implications of family and domestic violence for minority groups such as Aboriginal, CALD, and lesbian/gay people
- be aware of models of intervention that promote a criminal justice response and interagency cooperation as well as models of intervention with approaches that support the unique needs of certain populations in specific locations
- be aware of referral protocols and therefore make appropriate referrals
- have knowledge of relevant community resources that enhance safety, and support the varied needs of victims

Training courses for ongoing education and professional development are to provide:

1. *Cross cultural awareness and sensitivity to victims of diverse cultures which will ensure the trainee (worker) has:*

- a knowledge and understanding of the impact on Aboriginal people of colonisation and phenomena such as 'the stolen children'
- a knowledge of the variety of values and cultural practices relevant to the diversity of the Aboriginal community
- awareness of the constraints Aborigines face in presenting to mainstream agencies for services
- information on the specific matters relating to the experience of Migrant and refugee victims and their dependants
- instructions on how to use the Telephone Interpreter Service.

2. *Provide the trainee (worker) with information on specific and special issues so that they are able to demonstrate:*

- a knowledge and understanding of the impact of domestic violence on children
- an awareness of the means of effective support for children and relevant services
- a knowledge and understanding of domestic violence issues in lesbian and gay relationships and the skills to respond appropriately
- an understanding of homophobia and an awareness of any internal homophobia
- an awareness of the needs of victims with singular and multiple disabilities

- an awareness of the specific issues for victims with mental health issues
- an ability to support parents and people who are victims of teenage violence
- an ability to respond appropriately to elders and frail aged persons in non institutional care, who are subject to abuse and violence by adult relatives.

Domestic violence services can be delivered by varying modes. Training courses will facilitate the development of relevant skills and abilities, so that the trainee (worker) can deliver some or all of the following:

- crisis intervention
- advocacy support
- telephone counselling
- individual counselling
- community education
- group work.

11.2 Professional Development

Service providers are expected to provide their workers with regular access to professional development. This may include a variety of means which meet individual worker needs. On-going professional development and training should support their work practices with victims, and provide up to date information on program, policy and legislative developments.

Professional development may include:

- training courses
- mentoring systems
- conferences/forums
- participation on relevant committees and working parties
- secondments and work placement exchanges

Supervision & Support

Essential Principle 10: Training, Education and Supervision

The provision of professional supervision for workers is crucial to supporting them to achieve Best Practice and deliver a quality service.

Supervision should be on-going. It may be provided by internal resources or contracted by the service provider. Supervision is to be provided in a supportive environment and creates a context for the sharing of skills and knowledge. Supervision can also be provided by telephone for workers in isolated areas or when urgent access is required

Service providers will develop supervision policies that reflect the essential principles set out in Chapter 2. Supervision is to be provided by appropriately qualified workers with relevant knowledge and experience.

The guidelines set out below are to support the professional development of workers and facilitate the delivery of a quality service.

12.1 Supervisors

Supervisors require tertiary qualifications in the social sciences and a minimum of 3 years but preferably at least 5 years post-graduate experience in service provision. They should have specific knowledge of current theory and practice in respect to domestic violence.

12.2 Frequency

Workers should receive a minimum of one hour per fortnight of individual formal supervision. If group supervision is undertaken it should be at a minimum of one and a half hours per fortnight.

12.3 Urgent Access

Service providers are to have mechanisms in place that allow for urgent access to Supervisors in situations where the safety of clients, workers or members of the community are at risk. This is to ensure critical decision making does not occur in isolation and that workers are supported and do not make any critical incident decisions on their own.

(Refer to Appendix 4)

12.4 Focus On Client Safety

Supervision should include a review of the safety of the client and their dependents as a regular component of each supervision session..

12.5 Worker Safety

The principles for consideration in relation to worker safety are included in Chapter 6.

Supervision should include monitoring the service's safety procedures, plus a review of their application and appropriateness from time to time. As circumstances demand, supervisors are to ensure the service provider develops and implements new and/or additional procedures.

12.6 Debriefing

Supervision is to facilitate a process where workers are supported to explore the behavioural and emotional consequences of working with victims of domestic violence.

Critical incidents are to be given priority. Debriefing is to be confidential and respectful of the individual worker.

Debriefing in some instances may need to include other staff members (eg receptionist impacted by a client's situation (eg murder/suicide). Clients attending group programs may also require debriefing if a critical incidence is experienced by any of the other participants in their group.

12.7 Prevention Of Burn Out

Supervision needs to monitor the individual well being of workers. Supervisors need to be aware of the signs and symptoms of vicarious trauma, and if any of these are present in their supervisee (worker), there must be policies in place with the service provider, that allow these issues to be addressed, and the appropriate support provided.

Sound democratic work practices that address stress and anxiety levels are to be encouraged and service providers should monitor whether the work environment supports this.

Evaluation

Essential Principle 10: Evaluation

Services are to be regularly evaluated to ensure they continue to meet the needs of clients and the Essential Principles. There is to be a continuing commitment to quality evaluation which seeks to comply with the principles set out below.

13.1 Principles Of Evaluation

- Outcome evaluation must ultimately focus on the impact of the service on the safety of clients.
- The evaluation emphasis is that it is conducted for clients rather than on clients.
- The goals of the evaluation are to: inform practice, improve access by marginalised and disadvantaged clients, plus provide direction for the development of relevant models of services.
- Client information will be dealt with using the highest standards of ethical procedures to protect identity and circumstances.
- Client participation should be governed by the notion of informed consent.

13.2 Successful Outcomes For Ongoing Evaluation And Accountability

Whilst the purest criterion for defining a successful outcome of victim support work is stopping all forms of the abuse and violence, adopting such a definition is unrealistic as the cessation of domestic violence lies within the control of the perpetrator and not the victim. However measures can be utilised that examine the victim's safety plans.

Due to the various modes of service, separate measures need to be set for individual work and group work programs.

Outcome and output measures will be identified in the service specifications and will form part of the funding agreements/contracts between the service provider and the funding body.

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Best Practice
Bibliography

Appendix 1

Information Privacy Principles

The Privacy Act 1988 contains eleven Information Privacy Principles (“IPPs”) which set standards for the collection, storage, use and disclosure of, and access to , personal information. The IPPs are contained in section 14 of the Act.

Principle 1: Manner and purpose of collection of personal information.

Principle 2: Solicitation of personal information from individual concerned.

Principle 3: Solicitation of personal information generally.

Principle 4: Storage and security of personal information.

Principle 5: Information relating to records kept by record keeper.

Principle 6: Access to records containing personal information.

Principle 7: Alteration to records containing personal information.

Principle 8: Record-keeper to check accuracy etc. of personal information before use.

Principle 9: Personal information to be used only for relevant purposes.

Principle 10: Limits on use of personal information.

Principle 11: Limits on disclosure of personal information.

Appendix 2

Guidelines For Service Providers Regarding Victim Safety—Common Situations Requiring Action

Example 1. A victim of violence is reluctant to engage in a discussion about her situation when contacted by telephone.

Considerations

- She may not be safe to engage in the conversation at the time of the call.
- She may have been threatened by the perpetrator to provide a minimised account of the violence or to deny it has occurred.
- She may not trust the person or organisation seeking the information.
- She may be maintaining a minimised account of the violence in her own mind.
- A combination of the above may exist.

Suggested Response

- Ask if she considers herself safe to engage in the conversation. If the response is “no” ask her to contact you at an alternative time and terminate the call immediately.
- Ask if she has been given any instructions (direct or implied) as to how to respond to your questions. If the response is “yes” ask her to contact you at an alternative time and terminate the call as soon as possible.
- If she presents as lacking trust in giving out the information, provide information about the organisation and its services. Seek a face to face meeting to allow her to establish the credentials of the organisation and service in person.

Appendix 3

Example 2. Despite a clear indication of high levels of risk to the victim and direct communication of that risk to her she chooses to remain in the family home with the perpetrator

Considerations

- The victim may feel compelled to remain with the perpetrator for a range of personal and practical reasons.
- Separating from the perpetrator may require that the victim confront the painful reality of the situation. The victim may be very fearful of doing so and therefore maintaining denial of the level of danger.
- Efforts to convince the victim of the level of danger may only serve to entrench denial.
- Under circumstances relating to serious threats or offences, it may be necessary to alert police.

Suggested response

- Set out an assessment of the danger listing the various risk factors. Seek to compare and contrast that assessment with the victims assessment. Check what information would assist the victim to make the decision to leave. Check if that information is at hand.
- Ask what restraints exist for her in leaving.
- Promote that she has some respite from the situation and time to think by staying at a refuge.
- If she chooses to stay in the home discuss what she would do in an emergency and assist her to develop a safety plan (see Appendix 3).
- Inform the victim of the responsibilities that exist for service providers in respect to serious threats or offences.

Safety Planning For Victims Of Domestic Violence

Victims should not be encouraged to remain in an 'at risk' situation however, if a victim does remain in an 'at risk' situation workers must be able to suggest practical steps to assist them with their safety needs. Most of these suggestions will relate to being able to leave the 'at risk' situation quickly or to rapidly access assistance.

Specific components of a safety plan may include:

- Informing a trusted neighbour of the situation and seeking their assistance by providing a safe place to run to in an emergency. Neighbours may be reluctant to offer this, however they may undertake to call police if they believe the victim is in danger or is being assaulted.
- Packing a small bag containing basic clothing and toiletries for the victim and any dependent children, spare car and house keys, cash (if available), photocopies of identification documents/cards, and any special items of sentimental value (eg child's favourite toy, photos, jewellery).
- The bag should also contain the telephone number of the Crisis Care Unit who can provide emergency transport and accommodation in most locations across the State. (08 9 325 1111 or 1800 199 008)
- This bag could be hidden in the house or outside of it (eg. with a neighbour, friend, relative).
- Safety planning may be done with children. Children may wish to have strategies to enact in circumstances of danger. Their age and competency should be taken in to account. Such planning should focus on their personal safety rather than establishing responsibility for the safety of a parent or sibling.
- Once a victim has left an 'at risk' situation they may need to apply for a restraining order to enhance their safety. When developing a safety plan with a client workers should advise clients of this option and have written material available on how to obtain a restraining order. A list of local emergency contact numbers and relevant services should also be available for clients.

Appendix 4

Guidelines For Circumstances In Which Immediate Supervision Should Be Sought

Workers should immediately seek supervision from supervisors or line managers in circumstances where:

1. A current and serious threat exists to the life of the client or any related person

Clearly, workers need to exercise judgement in these circumstances. They should consider;

- the level of seriousness and imminence of the threat
- the degree of fear evidenced in the victim, if that person is aware of the threat
- the timing of the threat, noting that the period immediately following separation or around legal action is particularly dangerous.

2. Alleged commission of a serious crime against the person

Serious criminal offences against the person include:

- rape/sexual assault
- murder
- assault causing bodily harm
- child abuse (physical, sexual, extreme emotional abuse and neglect).

Supervisors or line managers must ensure that:

- The potential victim is informed of current and serious threats to their safety.
- The police are informed. In cases involving risk to children, Family and Children's Services should be informed. In respect to offenders undertaking community supervision, Community Corrections (Ministry of Justice) should be informed.
- Clear and accurate recording is undertaken of all actions and statements
- Concern for the maintenance of a client/provider relationship does not prevent appropriate action to protect victims and their dependents.

Appendix 5

Sample Of An Assessment Tool

The following list is a sample of the type of information that needs to be gathered at intake for assessment purposes.

It is provided here as an indicator of the level and volume of information necessary to gain a competent picture of the situation and circumstances of the client.

Detailed information also assists both client and worker to name the violence, assess the perceived level of risk and enhance safety.

Demographic data

Relationship history

History of abuse and violence

Details of any dependents

Family of origin history

Any history of substance abuse

Sexual history

Educational history

Financial history

Military history

Details of the type of

abuse/violence perpetrated

Legal and criminal justice history

Details of restraining/family court orders

Criminal charges

Possession of firearms/weapons

Child protection issues

Appendix 6

Domestic Violence - Criminal Offences

Domestic violence often involves behaviours which constitute criminal offences. For a variety of reasons, perpetrators reject the notion that their behaviour is criminal particularly in respect to offences that involve causing fear or damaging property. It is important that workers maintain an understanding of what behaviours constitute criminal offences in order to inform their clients.

It is not possible to provide a comprehensive list of criminal behaviours used by domestic violence perpetrators. However the following represents the most common examples.

HOMICIDE includes:

- murder
- manslaughter
- driving causing death.

ASSAULTS (NON-SEXUAL) includes:

- assault - common
- assault - bodily harm
- assault - grievous bodily harm
- driving - causing bodily harm
- wounding.

GENERAL OFFENCES AGAINST PERSONS include:

- abduction
- act intended to injure
- act intended to cause grievous bodily harm
- administer poison/drug
- annoy/intimidate by violence
- cause explosion to endanger life
- defamation
- deprivation of liberty
- disable/stupefy to commit an indictable offence
- render incapable of resistance
- stalking.

SEXUAL ASSAULTS include:

- indecent assault
- indecent dealing
- sexual penetration without consent

- aggravated sexual penetration without consent
- aggravated indecent assault.

ARSON includes:

- fire - building dwelling
- fire - motor vehicle.

DAMAGE includes:

- damage to motor vehicle
- interfere with parts of a motor vehicle
- set explosion to damage.

ON PREMISES/curtilage includes:

- on curtilage without lawful excuse
- on premises - non sexual
- on premises - sexual (including suspected).

LOITERING includes:

- loitering - non sexual
- loitering - sexual (including suspected).

OTHER THREATS include:

- demand property by threat
- going armed to cause fear
- going armed at night to commit a crime
- serious threat to cause fear
- written threat to murder.

OTHER DANGEROUS ACTS includes:

- discharge firearm to cause fear.

ANIMAL OFFENCES includes:

- poison animal
- wound/maim/kill animal.

INTERIM ACTION TO COMMIT OFFENCES includes:

- conspiracy to commit a crime
- conspiracy to commit other offence
- incite an offence.

COURTS/LEGAL PROCESS includes:

- defeat/pervert course of justice
- interfere with a witness
- perjury
- breach of restraining order.

** in a general sense the term "curtilage" refers to public space around private property (eg. side-walk or pavement)*

Best Practice Model - Feedback sheet

It is anticipated that the Best Practice Model for Victim Services providing domestic violence counselling, education and support will be revised at various stages in the future, to measure its effectiveness as a guiding document, and to reassess whether it is still topical and relevant to current practices in the field.

To assist this process and to allow for future adjustments to be incorporated into the Best Practice Model document it would be appreciated if you could photocopy and complete this questionnaire and return it to:

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 Women's Policy Development Office
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 141 St George's Terrace
 PERTH WA 6000
 Ph: (08) 9264 1920 Fx: (08) 9264 1924

Questionnaire

Please rate the following questions on a scale of 1 - 5

1. Presentation style of the document (Please circle one)

1	2	3	4	5
Very poor	Poor	Average	Good	Excellent

2. Overall content of the document (Please circle one)

1	2	3	4	5
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3. Clarity of the information in the document (Please circle one)

1	2	3	4	5
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4. Applicability of the document to service provision (Please circle one)

1	2	3	4	5
---	---	---	---	---

5. Ability of the document to guide work practices (Please circle one)

1	2	3	4	5
---	---	---	---	---

Any other comments?

Name: _____

Organisation: _____

Address: _____

Postcode: _____

Tel: _____ Fax: _____

Best Practice Feedback Sheet