




The Salvation Army acknowledges the strength and resilience of all who are impacted by family violence including adult and child-victim survivors, their family, and friends.

SAFE+EQUAL

The National Family Violence Model of Care was developed for The Salvation Army by Safe and Equal (formerly DV Vic and DVRC); the peak body for specialist family violence response services for victim-survivors in Victoria.

A photograph of a woman with long dark hair, wearing a light-colored knit beanie and a purple jacket, holding a young child. The child is wearing a light-colored jacket and has their right arm raised, pointing towards the sky. They are standing in a field of tall grass, looking out over a landscape under a sunset sky with soft, golden light. The image is framed by a red curved line at the top and bottom.

National Family Violence

Model of Care



The Salvation Army Australia

Our mission internationally

The Salvation Army has an international mission statement that sets the identity and direction for every command and centre the Army operates.

The Salvation Army, an international movement, is an evangelical part of the universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and meet human needs in His name without discrimination.

Our vision

Wherever there is hardship or injustice Salvos will live, love and fight alongside others to transform Australia one life at a time, with the love of Jesus.

Our mission in Australia

The Salvation Army Australia is a Christian movement dedicated to sharing the love of Jesus.

We share the love of Jesus by:

- Caring for people
- Creating faith pathways
- Building healthy communities
- Working for justice

Our values

Recognising that God is already at work in the world, we value:

- Integrity
- Compassion
- Respect
- Diversity
- Collaboration

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity, and equity.

Our Commitment to Inclusion

The Salvation Army is committed to seeking reconciliation, unity and equity throughout Australia.

We value all people- regardless of age, culture, capacity, language spoken, sexual orientation, gender identity and/or expression.

We aim to provide safe, welcoming, and fully inclusive programs to people of all ages, abilities and backgrounds. Our Salvation Army mission, worldwide, is to preach the gospel of Jesus Christ and to meet human needs in his name with love and without discrimination.

We recognise and are sensitive to the needs of people who often find it difficult to access and use services in times of crisis. This includes Aboriginal and Torres Strait Islander peoples, people who identify as LGBTIQ+, people from culturally and linguistically diverse backgrounds, and people with disabilities.

The Salvation Army believes all people deserve compassion, dignity, hope and respect.

We are committed to the safety and wellbeing of people of all ages, particularly children.





Acknowledgement of Country

The Salvation Army acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of these lands and waters.

We pay our respects to Elders past, present and emerging and give thanks for their wisdom and knowledge, which has sustained their people since time immemorial. We pledge to support emerging and future generations.

Commitment to Reconciliation

Our vision for reconciliation is to be a faith movement committed to social justice, equity, and freedom.

We aim to respect, value, and acknowledge the unique cultures, spiritualities, histories and languages of the oldest surviving culture in the world, and to engage in a unified and positive relationship with Aboriginal and Torres Strait Islander peoples and their communities.

The Salvation Army is committed to delivering our National Reconciliation Action Plan.

Commitment to Child Safety

At TSA Australia, we seek to create environments where children and young people thrive and feel safe, valued and empowered. We are working hard to hear the voices of children and young people and use their wisdom to enhance our services, facilities and programs.

TSA Australia has a strong and ongoing commitment to safety and take a zero-tolerance approach to child abuse and harm. Every member of TSA personnel is accountable for ensuring the safety of children and young people and is bound by a Code of Conduct that places children's safety first.

The Social Mission Department

The Social Mission Department of The Salvation Army includes Youth Services, Family Violence, Homelessness and Alcohol and other Drug Services. The Social Mission team sits within the Mission Portfolio which also consists of Community Engagement, Policy, Research and Social Justice and Mission Resource Departments.



Acknowledgement of Victim-Survivors

The Salvation Army acknowledges the strength and resilience of all who are impacted by family violence including adult and child-victim survivors, their family, and friends. We recognise the importance of developing our responses to family violence from their lived experience and expertise.

Thank you to Contributors

The Salvation Army is grateful to everyone who participated in developing the model of care including the Project Advisory Group including AWAVA and No to Violence, the leaders and practitioners in the National Family Violence Stream, and survivor advisors from Inspire for Change, an initiative of inTouch Multicultural Centre against Family Violence. The views of these contributors are interwoven throughout the model of care and we thank you for your commitment to bring forth a world without family violence.



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Model Map

Background



Outlines the purpose of the model of care, key principles, target audiences, how language is used, and an overview of the implementation and evaluation plan.

The National Family Violence Stream



Describes the National Family Violence Stream including its relationship to the prevention continuum and the different types of specialist family violence services provided.

Conceptual Framework



Establishes the model of care's overarching framework based on Human Rights, Intersectionality, Cultural Safety, Trauma-and-violence Informed Approach and Person-Centred Practice.

Principles and Standards



Articulates the Principles and organisational-level Standards for continuous quality improvement to achieve the model of care's best practice purpose.

Foundations of Care



Describes the foundations for understanding, identifying, assessing, and managing family violence risk to enable safe and sensitive responses to victim-survivors and perpetrators.

Glossary



Provides a glossary for the key terms used in the model of care to support common language across The Salvation Army.

Bibliography



Lists the cited references and other resources that have informed the model of care.

Appendices



Provides supplementary information about:

- A:** Family violence behaviours
- B:** Family violence risk factors
- C:** Protective factors
- D:** Family violence frameworks and legislation



The Salvation Army acknowledges the strength and resilience of all who are impacted by family violence including adult and child-victim survivors, their family, and friends.



Background

Purpose

The purpose of the National Family Violence Model of Care (the model of care) is to drive consistent best practice responses to family violence across The Salvation Army.

The model of care is based on current best practice evidence, guidelines, and practice wisdom. Importantly, however, 'best' or 'good' practice is not static and must be continuously evaluated and improved as new evidence and innovations emerge.¹ As such, the model of care promotes a continuous quality improvement approach to stay up to date on evidence and expertise situated in the lived experiences of those seeking assistance for family violence.

The model of care does not replace the guidance found in national, state, or territorial family violence frameworks, codes, or guidelines (see Appendix D); rather it promotes a unifying foundational approach across The Salvation Army to enable consistent quality responses to those who experience or use family violence.

Principles

The follow Principles inform the model of care and provide a structure to the Standards described under Section 4.

1. **Safety Focus** - The safety of adult and child victim-survivors is a core priority requiring effective and timely risk assessment and risk management responses.
2. **Perpetrator Responsibility** - Perpetrators are responsible for stopping their use of family violence and are held accountable for their behaviours to enable the safety of victim-survivors.
3. **Child-centred** - Infants, children and young people are recognised as victim-survivors in their own right and everyone is responsible for prioritising their safety and wellbeing at all times.
4. **Flexibility** - Service provision takes a flexible 'no wrong door' approach to ensure that anyone impacted by or using family violence is able to receive appropriate responses and care.
5. **Collaboration** - Collaboration and partnerships are essential for preventing and responding to family violence.
6. **Advocacy** - Advocacy at both individual or systemic levels centralises the rights and safety of victim-survivors.
7. **Aboriginal & Torres Strait Islander Self-determination** - The right to self-determination and cultural safety for Aboriginal and Torres Strait Islander peoples is respected and upheld.
8. **Inclusion** - Everyone has a right to receive inclusive and accessible family violence services that respect their culture, identity and lived experience.
9. **Capability** - Leadership and workforces across the organisation are supported to build their capability to understand and effectively respond to family violence.
10. **Lived Experience** - The lived experience of participants is central to designing and delivering effective responses to family violence across the organisation.



¹ Breckenridge & Hamer (2014).

Target Audiences

To achieve its purpose, the model of care is directed at a broad audience in the Salvation Army, including:

- The Salvation Army Territory leadership
- The Social Mission Department
- The National Family Violence Stream

This intends to promote a whole of organisation approach to respond effectively to the high prevalence of family violence across Australian society. There is no wrong door for seeking help for family violence in The Salvation Army. Indeed, it is highly likely that people experiencing or using family violence will interact with various Salvation Army Social Mission Streams seeking support for a range of issues.

Language Usage

The Model of Care acknowledges the use of child to include young people and we acknowledge that the experiences of DFV for young people which is explored throughout this document.

The model of care uses gender-inclusive language. This means that the model of care acknowledges and demonstrates evidence of the disproportionate harm of gender-based family violence predominantly perpetrated by men against women and children and simultaneously recognises the significant impacts of family violence across a broader range of relationship contexts. Therefore, the model of care is inclusive of heterosexual intimate relationships, LGBTIQ+ intimate relationships and various immediate family, extended family, kinship, and carer relationships. For this reason, the language in the model of care generally avoids using binary gendered terms (i.e., women and men) and pronouns (i.e., she/her and he/him) unless the evidence-base described is specific to gendered contexts.

The term **'victim-survivor'** is used throughout the document to refer to both adults and children who experience family violence, although there are times where the phrase 'adult and child victim-survivors' is explicitly used to make children's victimisation visible. Alternatively, some people may prefer other expressions such as 'person who has experience family violence.'

The term **'perpetrator'** is only applied to adults who use family violence. Where an adolescent is using family violence against parents/carers or other family members, the term 'perpetrator' is not appropriate as they are children who are likely to be victim-survivor themselves.²

The term **'adolescent who uses family violence'** is often used as an alternative. At times, the term 'person using violence' is used in the model of care to include both adult perpetrators and adolescents using family violence.

The term **'participant'** is used throughout the document to refer to either victim-survivors or perpetrators or both depending on the context. The term describes persons seeking or receiving support through The Salvation Army Social Mission Department.

IMPORTANT:

For many people, the terms 'victim-survivor' and 'perpetrator' may not be preferred at all, nor should they be used to wholly define a person.

Implementation and Evaluation

The model of care is accompanied by an implementation and evaluation plan to enable a systematic approach for embedding the model of care as a foundational resource within The Salvation Army.

The methodology for the plan uses an implementation science approach to design, action, monitor and evaluate the implementation strategies for the model of care. This signifies a commitment to continuous reflection and improvement to enable the model of care to achieve its purpose – to drive consistent best practice responses to family violence across The Salvation Army.

At the end of the initial implementation plan timeline, the model of care will be reviewed and updated as required.

2 An adolescent is defined by the World Health Organization (1989, p.5) as a person between the ages of 10 to 19 years old.



The National Family Violence Stream

The Salvation Army National Family Violence Stream offers specialist family violence services to families and individuals who are experiencing and recovering from family violence, modern slavery, and forced marriage and who are or have perpetrated family violence.

The stream is situated within the Social Mission Department, which also includes Youth Services, Homelessness Services, and Alcohol and other Drug Services. The Social Mission Department sits within the Mission Portfolio which also consists of Community Engagement, Policy, Research and Social Justice and Mission Resource Departments.

While the model of care is provided to a broad target audience in The Salvation Army's organisational leadership and the Social Mission Department (see section 2. Background), the National Family Violence Stream plays a critical central role in leading the whole-of-organisation response to family violence as part of their core, everyday business. The model of care is complementary to other policies and guidance provided by The Salvation Army in relation to family violence, including the Family Violence Policy Statement and the Modern Slavery Policy Statement.

Continuum of Responses

The National Family Violence Stream works across a continuum of responses to prevent and respond to family violence in Australia.

This section provides an overview of this continuum followed by information about the role of faith-based organisations in preventing and responding to family violence.

The Salvation Army's commitment to ending family violence is part of a broad and complex system working *across the continuum* of primary prevention, secondary prevention, and tertiary prevention. Programs and initiatives within The Salvation Army are situated on this continuum depending on funding and arrangements within state and territorial contexts. As a national organisation with reach across the country, The Salvation Army also plays a role in collaborating with a range of other organisations working across this continuum.

Primary Prevention

Primary prevention involves taking action to stop family violence from occurring in the first place. To prevent family violence, everyone must work together to address the underlying drivers, attitudes and conditions that allow family violence to perpetuate in society.³

Primary prevention initiatives are often aimed at the community as a whole and sometimes tailored for particular groups and community contexts. They are typically delivered in 'universal' settings such as workplaces, schools, local councils, faith-based groups, cultural groups, and sporting organisations.



Secondary Prevention

Secondary Prevention (also known as early intervention) involves identifying the early indicators of family violence and offering support to stop it from escalating and/or re-occurring with the aim of preventing and reducing the risks of further harm in the long term.⁴ It typically involves working with individuals and families to address pressures and co-morbidities that may potentially contribute to family violence from occurring or escalating.

Any service across The Salvation Army's Social Mission Streams is involved in secondary prevention by identifying indicators of family violence and taking appropriate action to prevent the further harm. For example, Social Mission Streams addressing homelessness, alcohol and drug issues, mental health concerns, parenting capacity, or youth support may identify the potential for family violence and provide opportunities to address safety and support needs in coordination with specialist family violence services.

Additionally, working with children who have or may experience family violence is a form of secondary prevention. Therapeutic programs that support children and young people to overcome the immediate and long-term psychological, emotional, and physical impact of family violence and other associated issues also reduces the risk of intergenerational transfer of abusive behaviours and violence-supporting attitudes.⁵

Tertiary Prevention

Tertiary prevention (or family violence response and recovery) involves providing a range of services to address the risks and impacts of family violence that has already occurred (either historically or ongoing). This work often involves crisis responses, risk assessment, risk management, case work, perpetrator interventions, therapeutic support, and recovery programs. Indeed, tertiary prevention takes a strong recovery focus to partner with victim-survivors on their healing journey.

Response work typically involves collaborative and coordinated work with a range of services and systems, such as specialist women's services, men's behaviour change programs, sexual assault services, police, courts, legal services, child and family services, child protection services, homelessness and housing services, mental health services, and alcohol and drug services.

Role of Faith-based Organisations

Faith-based organisations such as The Salvation Army have an important role in addressing family violence across the continuum of responses described above.

Research into the role of faith-based organisations is still emerging in Australia, however, analysis of global literature on the topic provides critical insights to inform best practice responses.⁶

On one hand, faith-based organisations, like other social environments, can contribute to harm by:

- promoting patriarchal, heteronormative relationship norms that collude with abuse and encourage victim-survivors to remain with perpetrators, even if the intention is 'well-meaning' or seemingly supportive;
- using scripture and spiritual teachings to justify violent, abusive, and controlling behaviours;
- reinforcing gender power hierarchies through male dominance in leadership roles;
- denying that family violence occurs in their communities or appreciate the severity of its consequences;
- conducting 'couples' or 'family' counselling or mediation when family violence is present rather than making referrals to qualified specialists; and
- working in silos rather than in partnership with specialists in the women's sector, men's behaviour change programs or other funded specialist family violence services.

³ Our Watch, Australia's National Research Organisation for Women's Safety & VicHealth (2015).

⁴ Cameron (2016).

On the other hand, emerging research suggests that faith-based organisations can contribute to addressing family violence by:

- prioritising victim-survivor safety and perpetrator responsibility and accountability across all parts of the organisation;
- providing a point of contact for people using or experiencing family violence to make disclosures, receive appropriate responses, and support to access specialist family violence services;
- establishing partnerships, coordinated responses, and referral pathways with other faith-based and secular organisations;
- providing social service assistance to help alleviate family violence risk such as accommodation, material and financial aid, pastoral care, health services, counselling, support groups and case management;
- building the capacity of leaders and services within the organisation to understand and reflect on the evidence-based drivers, indicators, and risks of family violence and best practice responses with an intersectional lens;
- recruiting and supporting an organisational leadership that reflects gender equality and social diversity in the community;
- interpreting scripture and teachings to actively and explicitly reject violence-supporting beliefs, rigid gender roles, and patriarchal authority;
- publicly acknowledging that family violence is happening in the faith community and sending strong messages that everyone has a right to be safe from violence and abuse; and
- contributing further to the research and evaluation about the role of faith-based organisations in preventing violence and providing a safe and effective response.

Consultations with survivor advisors for this model of care provided additional insights about what The Salvation Army can do to provide effective support as a Christian faith-based organisation.

This includes:

- promoting The Salvation Army's specialist family violence services as inclusive and welcoming for all people regardless of their identity, background, culture, and faith;
- ensuring participants understand that services in The Salvation Army are freely given and there are no requirements to participate in Christian faith-based activities (e.g., worship, church, prayer), covert religions, or volunteer for the organisation; and
- providing accessible information (including verbally and written in multiple languages) about the range of different service streams offered by The Salvation Army so that people may benefit from other services and resources in the organisation.

Specialist Family Violence Services

The National Family Violence Stream provides a range of specialist family violence services that are broadly categorised with the descriptions below. Please be aware that not all services are available in every state and territory. Refer to The Salvation Army Australia website for information about specialist service availability and eligibility requirements in local areas.

Local Family Violence Support Services

Local Family Violence Support Services work with victim-survivors of family violence in a local or regional area providing holistic, trauma-informed, and strengths-based case management support. They also specialise in family violence risk assessment, risk management, making referrals and developing individual case plan goals to enable ongoing safety, stability, and recovery.

Local Family Violence Support Services provided by The Salvation Army also work in partnership with a range of other statutory and community-based services in their local and state/territorial networks to provide multi-agency integrated responses to address ongoing risk and safety needs.

Family Violence Accommodation Services

Family violence is the leading cause of housing insecurity and homelessness in Australia, particularly for women and children.⁷ The National Family Violence Stream addresses this issue by providing temporary alternative accommodation for victim-survivors of family violence who are unable to stay in their usual residence due to a serious level of risk posed by the perpetrator.

Family Violence Accommodation Services provided by The Salvation Army include short-term crisis accommodation, refuges, and transitional housing. Case management support is provided to address and respond to family violence risk and manage other individual case plan goals toward a safe exit to home or other longer-term accommodation.

Additionally, the National Family Violence Stream works closely with the Homelessness Service Stream, and other homelessness service providers, to maximise the range of accommodation options and promote understanding of the high prevalence of victim-survivors seeking homelessness support as a result of family violence.

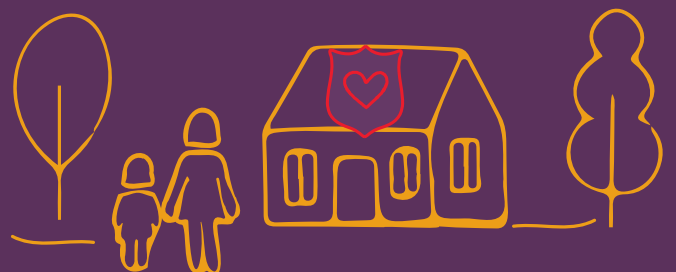
⁵ Ibid.

⁶ Vaughan et al. (2020)

⁷ Australian Institute of Health and Welfare (2019).



We hold to account those who choose to use violence and abuse human rights through support and integrated interventions. Our services focus on prevention, restoration and healing using evidence-based theories and frameworks. We work towards a community which is safe and free from violence and challenges systemic gendered attitudes.



Children and Parenting Support Services

Children and Parenting Support Services ensure a focus on strong and healthy families, resilient family relationships, safe and happy childhoods, and healthy early childhood development.

Practitioners work alongside all parents enabling and empowering them to identify their parenting needs and to create opportunities to build on existing skills through the use of practical evidence-based parenting strategies.

Services include one-to-one individual parenting support, group work (e.g. Dad's playgroups, parenting education programs, parenting workshops, family workshops, etc.), and community development to support parents and families to feel comfortable to participate in community life, and to reduce risk of isolation. Children and Parenting Support Services build connections to community through partnerships with other child focused programs such as schools, community centres, playgroups, and community services. We take a strengths-based approach to working with parents and to supporting them to increase enjoyment in their parenting role and maintain positive relationships with their children.

When working with victim-survivors of family violence, Children and Parenting Support Services ensure that they are case managed through a specialist family violence service, for the purpose of risk assessment and safety planning, and seek their consent to refer where this case management is not already established.

Family Violence Therapeutic Programs

The National Family Violence Stream provides some therapeutic programs for adults, children and young people who have experienced family violence. These programs use a trauma-informed approach to improve health and wellbeing, reduce isolation, and promote recovery.

While the availability of therapeutic programs provided by the stream differ across the country, options may include brief single session therapy, family therapy, art therapy, and group work. In some areas, there are also targeted programs for infants, children and young people who have experienced family violence and programs for parents/carers and their children to restore bonds and attachment.

Specialist Perpetrator Responses

The National Family Violence Stream provides specialist responses to perpetrators of family violence through Men's Behaviour Change Programs (MBCP) and perpetrator case management services.

MBCPs are predominantly group-based programs intended to reduce or prevent the recurrence of abusive behaviour by perpetrators towards a current or former partner or family member. MBCPs address the underlying drivers of violence and abuse and may vary in duration and intensity depending on individual assessments and the requirements of state/territorial MBCP frameworks.

Perpetrator case management is designed to provide a tailored response for individual perpetrators (over the age of 18) and address their unique levels of risk, patterns of coercive control and diverse circumstances and backgrounds.⁸ Case management responses are provided to perpetrators involved in MBCPs who require additional support to maintain engagement and address individual risks, or perpetrators who are unable to participate in MBCPs due to complex needs, such as language barriers, mental health issues, alcohol and drug issues, homelessness, cognitive impairments and acquired brain injury.

Both MBCPs and perpetrator case management services include family safety contact roles who provide support to the current or former partners or other family members of a perpetrator. Regular contact is organised with victim-survivors to assess, manage, and review changes in risk while the perpetrator is in the program and provide referrals and other support resources as required.

Trafficking and Slavery Safe House

The Salvation Army runs the Trafficking and Slavery Safe House – a unique support service for people who have experienced human trafficking, slavery, or slavery-like offences, including people who have experienced or are at risk of forced marriage, family violence and sexual assault and exploitation. Supported accommodation and case management is offered to single women over the age of 18. Outreach case management support is also provided to women, men, children, and young people experiencing living in the community.

The team at the Trafficking and Slavery Safe House can also provide confidential information and advice to other services and community members. Referrals to the Trafficking and Slavery Safe House can be taken from across Australia.

⁸ Family Safety Victoria (2018).



“I had nothing when I left my ex-husband. The Salvation Army helped me to go to refuge, gave me vouchers and furniture. I was so happy with them.”

– survivor advisor





Conceptual Framework

The model of care is informed by an overarching conceptual framework that acts as a road map by drawing connections between an evidence-based understanding of family violence and the key concepts that enable effective action to prevent and respond to this problem.⁹

These key concepts are:

Human Rights

Intersectionality

Cultural Safety

Trauma-and-violence Informed Approach

Person-Centred Practice

Each are described briefly in this section and their premises and values are interwoven throughout the model of care.



Human Rights

Everyone has a right to live free from violence and abuse - this is supported by numerous international and domestic human rights instruments.¹⁰ Family violence is a fundamental violation of human rights as an affront to a person's inherent value, dignity, autonomy, and bodily integrity.

Notably, the high prevalence of men's family violence against women and children relates to the global human rights issue of violence against women more broadly. Australia is a signatory to the United Nations' *Convention on the Elimination of All Forms of Discrimination Against Women 1979 (CEDAW)* and therefore has obligations to address violence against women, including family violence and sexual assault.

Human rights instruments, such as the *Convention on the Rights of the Child 1989*, recognise infants, children, and young people as victim-survivors of family violence with their own individual rights to be protected, to grow up in a loving atmosphere, and to freely express their views and for those views to be considered.¹¹ As such, a human rights framework also assists to elevate a child-focused approach in community and statutory service responses to family violence.

Additionally, the human rights lens enables social justice advocacy to address inequitable systems, policies, and legislation and to promote equal opportunity to access resources and support.¹² The human rights approach, therefore, interrelates with many social justice issues such as women's rights, cultural rights, Aboriginal and Torres Strait Islander self-determination, LGBTIQ+ rights, and disability rights. A notable example of rights-based social justice advocacy is the 'social model approach' to disability which places the onus on the service provider to change the environment, attitudes, communications, policies, and practices that will support people with disability to access services on an equal basis.¹³

Specialist family violence services and the other Social Mission Streams in The Salvation Army are therefore part of advocating for human rights and social justice, while also performing their own obligations to provide inclusive, accessible and equitable services to members of the public who require their services.

¹⁰ Relevant human rights instruments include: Convention on the Elimination of All Forms of Discrimination Against Women (1979); Convention on the Rights of the Child (1989); Declaration on the Elimination of Violence Against Women (1993); and the Universal Declaration of Human Rights (1948).

¹¹ The Convention on the Rights of the Child (1989); the Universal Declaration of Human Rights (1948).

¹² Australian Association of Social Workers (2010); Dominelli (2009).

¹³ 'Social model of disability' (n.d.).

Intersectionality

While the human rights framework promotes the right to be safe from violence and abuse, the reality is that there are numerous complex and powerful barriers that prevent this from happening at a universal level. This is where intersectionality becomes a necessary framework for the model of care.

Intersectionality is a feminist theory that examines how multiple forms of power, privilege and oppression overlap, or *intersect*, in people's lives in mutually reinforcing ways to produce power hierarchies, structural inequalities and systemic marginalisation.¹⁴ These multiple inequalities are rooted in oppressive constructs such as sexism, racism, classism, ageism, ableism, xenophobia, homophobia, biphobia, transphobia and intersex discrimination. Individuals and groups may experience some or many of these forms of oppression at the same time, restricting their access to resources, power, and participation in society. Conversely, privileges such as whiteness, masculinity, being able-bodied and heterosexual can also intersect and amplify a person's access to social power and multiple advantages.

These intersecting forms of power, privilege and oppression are shaped by the construction and categorisation of identities that include (but are not limited to): sex, gender, sexuality, age, culture, ethnicity, faith, education, disability, mental health, socio-economic status, nationality, and migration status. Sometimes descriptions of intersectionality stop only at these identity factors and ignore the aforementioned intersecting oppressions. This is a misapplication that depoliticises intersectional analysis and implies stigmatising assumptions that identity is the reason that someone experiences a social problem, rather than the structural imbalances of power that enable oppression.¹⁵ Additionally, being associated with a social identity or group does not necessarily have a fixed meaning: it is important to listen holistically to how a person articulates their identities in relation to the power-imbalances impacting on their lives.¹⁶

Intersectional analysis is also particularly useful tool for reflective practice.¹⁷ Reflective practice (also known as reflexivity or critical reflection) is a dynamic process of continuous analysis, reflection and action to examine the values, assumptions and biases that affect inclusive and socially-just service provision.¹⁸ Unexamined power dynamics in service provision can uphold and reproduce structural power hierarchies and marginalisation, undermine victim-survivors' rights and safety, and perpetuate control over victim-survivors' lives in a way that is not dissimilar to the perpetrator's tactics.¹⁹

Undertaking intersectional reflective practice at a whole-of-organisational level, and through individual and group supervision, is a way of examining and countering the harmful operations of power, privilege, and oppression in order to remove barriers and enable greater inclusion for people across the community who are seeking help for family violence.

Cultural Safety

Building on the human rights and intersectional frameworks it is imperative that responses to family violence are delivered in a culturally safe and responsive way.

Cultural safety involves promoting an environment that is physically, spiritually, socially and emotionally safe for people "where there is no assault, challenge or denial of their identity, of who they are and what they need".²⁰ Cultural safety requires reflection about one's own cultural influences and potential biases and prioritising *culturally responsive* service provision to ensure that participants' cultural backgrounds are respected and they are offered professional support to communicate in their own languages.

Australia is a party to the *International Covenant on Social, Economic and Cultural Rights 1966 (ICSECR)*. As such, cultural safety is relevant to working respectfully with people from culturally and linguistically diverse communities and supporting their right to enjoy and benefit from their culture, community, faith, and language.²¹ Importantly, Aboriginal and Torres Strait Islander peoples have distinct self-determination and cultural rights under the ICSECR as well as the United Nations *Declaration on the Rights of Indigenous Peoples (UNDRIP)*.²² Australia is a signatory to the UNDRIP, which recognises Indigenous peoples fundamental rights to self-determination, participation in decision-making, respect for and protection of culture, and equality and non-discrimination.

Cultural safety also means that cultural and faith communities should not be stigmatised when people in the community are experiencing or using family violence, as this is a social problem shared across all Australian society. While culture and faith can intertwine with the patriarchal and oppressive beliefs that reinforce the drivers of family violence, culture and faith can also help promote ideas of equality, care, and safety when communities condemn family violence and offer supportive networks.²³

¹⁴ It is important to acknowledge that intersectionality emerged as a branch of feminist critical race theory in the 1980s through the work of Professor Kimberlé Crenshaw. Professor Crenshaw examined how both the feminist movement and anti-racist movement in the United States failed to acknowledge and address women of colour's experiences of domestic/family violence and sexual assault at the intersection of gender and race. See: African American Policy Forum (n.d.); Crenshaw (1989); Crenshaw (1991).

¹⁵ Moradi & Grzanka (2017).

¹⁶ Chen (2017); Grillo (1995).

¹⁷ Mattsson (2014).

¹⁸ Laing, Humphreys & Cavanagh (2013), pp.10–12; Mattsson (2014); Rupra (2010).

¹⁹ Imkaan & Ascent (2017).

²⁰ Williams (1999).

²¹ International Covenant on Social, Economic and Cultural Rights (1966), Article 15.

²² Declaration on the Rights of Indigenous Peoples (2007).

²³ Vaughan et al. (2020).



Trauma and violence-informed approach

Family violence constitutes a series of acute and cumulative traumatic experiences that produce life-long impacts on victim-survivors' health and wellbeing.²⁴

Family violence can cause significant physical and psychological harm, including acquired brain injuries, disabilities, chronic health issues, mental health issues, problems with alcohol and drug use, pregnancy loss, self-inflicted injuries, and suicide.²⁵

Taking the impacts of family violence trauma into account requires a 'trauma and violence-informed' approach that recognises these impacts from a structural, rather than solely individual, perspective.²⁶

This means that the adverse impacts of family violence trauma are understood within the broader context of patriarchal social conditions, intersectional oppression, and systemic violence and discrimination.

Trauma and violence-informed responses prioritise a person's emotional, physical, and cultural safety in service design, practitioner-participant relationships, and methods for engaging victim-survivors in evaluating and improving service provision.²⁷ Additionally, this approach recognises that a person's response to traumatic events is not necessarily inevitable or predictable; rather, it is a complex interaction of a person's neuro-biology, previous experiences of harm, experiences of supportive or unsupportive responses, and the context of broader social and cultural structures.²⁸ As such, it is important to avoid making assumptions and judgements that a person has medical symptoms, diagnoses or pathologies, and instead listen to and understand how an individual makes meaning of their responses to trauma within the context of their own lived experience.²⁹

A trauma and violence-informed approach must also recognise the occupational health and safety impacts for workforces that are continuously responding to family violence. This work may result in experiences of vicarious trauma, distress, dissatisfaction, hopelessness, ethical dilemmas, and mental or physical health problems. At the same time, it is important to acknowledge that it is rarely the participants themselves who contribute to occupational stress, rather it is the overall context of working against structural oppressions that conflict with social justice ethics.³⁰

²⁴ Australian Institute of Health and Welfare (2019); On et al. (2016); VicHealth (2004).

²⁵ Australian Institute of Health and Welfare (2019).

²⁶ Ibid.

²⁷ Kezelman & Stavropoulos (2012); Varcoe et al. (2016).

²⁸ Varcoe et al. (2016).

²⁹ Johnstone & Boyle (2018), p.183.

³⁰ Reynolds (2011).



Person-centred Practice

Working in a person-centred way is an opportunity to bring all of the above frameworks together and ground them in everyday practice.

A victim-survivor's sense of autonomy, dignity, and personal power can be negatively impacted by the perpetrator's abusive and controlling tactics. A person-centred practice counters the impacts of control by genuinely supporting victim-survivors to meaningfully experience their own empowerment and restore dignity and control over their lives without coercion or negative judgement.³¹ This is not to say that service providers 'empower' victim-survivors; rather, responses ought to support conditions through which victim-survivors are able to access their own *intrinsic empowerment*. As such, a strengths-based focus is part of a person-centred practice through acknowledging and building upon a person's intrinsic sense of empowerment and their own protective factors and capabilities. Indeed, when someone is subjected to violence, they respond in one way or another to preserve their dignity and sense of self. These covert and sometimes very subtle behaviours, thoughts and actions are indications of strength, protectiveness, and resistance to abuse.³²

Anti-oppressive practice is also relevant to working in a person-centred way. Anti-oppressive practice is a form of critical social work that critiques 'traditional' social welfare approaches that individualise participant problems as personal inadequacies or dysfunctions.

Anti-oppressive practice offers an alternative by recognising how 'individual' problems are situated within structural contexts of oppression and injustice.³³ It also requires a commitment to reflective practice at organisational and practitioner levels to examine and disrupt the biases, beliefs and structures that perpetuate systemic power imbalances and undermine a person-centred approach.³⁴

Importantly, a person-centred practice is also a *child-centred practice* through acknowledging the lived experiences of infants, children and young people and removing the burden of family violence from their lives.

A child-centred practice is enabled by understanding the indicators and cumulative impacts of family violence across the developmental stages while also accounting for individual differences in physical, mental and cognitive abilities.³⁵ It involves creating service environments and practices to engage with infants, children and young people in safe, positive and empowering ways. This means promoting children's participation in decisions that affect them (when safe and reasonable to do so), supporting their right to enjoy their culture and faith, enabling service access for children with disability, and ensuring that children are able to enjoy their childhood through family support, education, friendships, and play and leisure.³⁶ Child-centred practice also involves working in partnership with the adult victim-survivor to assess and manage risks and determine support needs for each child individually.

There are specific practice theories (e.g. attachment theory, developmental theory, social learning theory) relevant to working with children and young people that are articulated in The Salvation Army's *National Youth Services Stream Model of Care*.

31 Bennett Cattaneo & Goodman (2014); Domestic Violence Service Management (2018).

32 Coates & Wade (2007); Domestic Violence Service Management (2018).

33 Dominelli (1996); Ferguson (2003); Mattsson (2014).

34 Boucher (2018); Dominelli (1996); Dominelli (2009); Ferguson (2003); Mattsson (2014).

35 Victorian Department of Human Services (2012).

36 Victorian Commission for Children and Young People (2018).

“All ethnic women can’t be put in the same bucket...we don’t all come from the same kind of background, we don’t all have the same upbringing... when people read my name, they might assume I’m a certain person, but that is not the right way to help people who are going through domestic violence.”

– survivor advisor



Principles and Standards

The following Principles and Standards are intended to enable continuous quality improvement at the organisational level to achieve the purpose of the model of care: to drive consistent best practice responses to family violence across The Salvation Army.

Each Principle articulates a basic idea or rule to embed quality family violence responses and the Standards reflect the principles in action at an organisational level.

IMPORTANT:

These Principles and Standards do not replace the guidance found in national, state, or territorial family violence frameworks, codes, or guidelines (see Appendix D); rather they should be considered complementary to those resources, which are substantial in their own right.

1. Safety Focus

Principle: The safety of adult and child victim-survivors is a core priority requiring effective and timely risk assessment and risk management responses.

Standards:

- 1.1. The model of care is used to inform family violence-focused strategic planning and outcomes measurement across The Salvation Army.
- 1.2. The ANROWS National Risk Assessment Principles and associated guidelines are used to ensure minimum levels of consistency for risk assessment across The Salvation Army.
- 1.3. All Social Mission Streams work within the requirements of state/territorial frameworks for family violence risk assessment and risk management as per their role and specialisation.
- 1.4. All Social Mission Streams are trained and supervised to identify, assess, and respond to family violence risk in accordance with their role and specialisation and make appropriate referrals to specialist family violence services.
- 1.5. All Social Mission Streams work within state/territorial privacy and information sharing legislation to manage family violence risks, including where there are immediate threats to health and safety.
- 1.6. Policies and procedures support all Social Mission Streams to document family violence risk assessments and risk management actions taken in an objective factual manner that focuses on the perpetrator's behaviours and avoids victim-blaming or collusive language.
- 1.7. Service environments within the National Family Violence Stream are designed with a trauma-informed family violence lens to enable participants' physical, psychological, and cultural safety.
- 1.8. Services for adult and child victim-survivors within the National Family Violence Stream are informed by evidence-based approaches and evaluated for continuous improvement.

2. Perpetrator Responsibility

Principle: Perpetrators are responsible for stopping their use of family violence and are held accountable for their behaviours to enable the safety of victim-survivors.

Standards:

- 2.1. Specialist perpetrator interventions in the National Family Violence Stream comply with the National Outcome Standards for Perpetrator Interventions (NOSPI) and state/territorial frameworks for Men's Behaviour Change Programs and case management interventions.
- 2.2. Policies and procedures in all Social Mission Streams reflect that victim-survivor safety is given the highest priority in all responses that involve service provision to suspected or confirmed perpetrators of family violence.
- 2.3. All Social Mission Streams document information about perpetrators, including the risks and impacts of their use of family violence, and share this information with victim-survivors and other relevant services according to state/territorial privacy and information sharing legislation.
- 2.4. All Social Mission Streams are trained and supervised to deliver safe, non-collusive engagement with perpetrators of family violence in accordance with their role and specialisation.
- 2.5. Perpetrator interventions within the National Family Violence Stream are informed by evidence-based approaches and evaluated for continuous improvement.

3. Child-centred

Principle: Infants, children and young people are recognised as victim-survivors in their own right and everyone is responsible for prioritising their safety and wellbeing at all times.

Standards:

- 3.1. All Social Mission Streams are trained and supervised to identify, assess, and respond to specific family risks impacting infants, children, and young people in accordance with their role and specialisation.
- 3.2. All Social Mission Streams are trained and supervised to safely and sensitively engage parents/carers in assessing the impacts of family violence on infants, children and young people and making referrals for child-focused support and therapeutic services.
- 3.3. All Social Mission Streams are responsible for making reports to child protection authorities pertaining to family violence risks according to state/territorial legislative thresholds.
- 3.4. Child-focused responses within the National Family Violence Stream are tailored to the service context, age and developmental stage, and nature of engagement with families, parents/carers, and children.
- 3.5. The National Family Violence Stream accounts for infants, children, and young people as individuals with their own risk assessment, risk management and case plan goals (even where direct engagement with the child or young person is minimal).
- 3.6. Multi-agency coordinated responses are implemented by the National Family Violence Stream with services that specialise in working with children and young people, including where a child or young person is using family violence.
- 3.7. Age appropriate and accessible information is available to children and young people about what the specific service within the National Family Violence Stream does, how their information is managed, how they will be involved in decisions that impact them, and how to ask for help.
- 3.8. Informal and formal mechanisms are available to children and young people who wish to provide feedback to the National Family Violence Stream about their experiences with service provision.

4. Flexibility

Principle: Service provision takes a flexible ‘no wrong door’ approach to ensure that anyone impacted by or using family violence is able to receive appropriate responses and care.

Standards:

- 4.1. All Social Mission Streams are trained and supervised to work flexibly with victim-survivors in a way that respects their autonomy, dignity, consent, and personal empowerment.
- 4.2. Services in the National Family Violence Stream are easy to access and work to pro-actively address the range of barriers that may hinder help-seeking, safety planning and risk management.
- 4.3. Services in the National Family Violence Stream are pet-inclusive meaning that accommodation and brokerage options for victim-survivors and perpetrators consider the safety and ongoing connections with pets/animals.
- 4.4. The duration and intensity of service provision in the National Family Violence Stream is flexibly managed in accordance with changes in risk and safety alongside other holistic support needs, co-morbidities, and intersectional experiences of marginalisation and oppression.
- 4.5. The National Family Violence Stream provides case management support for victim-survivors that responds to individual needs for recovery, financial and housing security, health and wellbeing, support for children, and connections with supportive networks, including friends/family and cultural and faith-based communities.

5. Collaboration

Principle: Collaboration and partnerships are essential for preventing and responding to family violence.

Standards:

- 5.1. Services in the National Family Violence Stream, (and other Social Mission Streams where applicable), participate in national, state/territorial, or local networks to inform improvements to the continuum of responses (primary, secondary and tertiary prevention) to family violence.
- 5.2. Services in the National Family Violence Stream manage facilitated referrals and secondary consultations for family violence cases with other services/programs both within and outside The Salvation Army.
- 5.3. All Social Mission Streams engage with the Local Mission Delivery Model to support victim-survivors and perpetrators to access other services available to them within The Salvation Army or in the local community.
- 5.4. All Social Mission Streams are trained to appropriately share risk assessments and risk management plans with victim-survivor consent, as per state/territorial legislation, to reduce retelling traumatic events and streamline multi-agency coordinated responses.
- 5.5. Services in the National Family Violence Stream are responsible for monitoring and documenting multi-agency coordinated responses to family violence and ensure outcomes are appropriately communicated to victim-survivors for ongoing safety planning.
- 5.6. Collaborative partnerships are established between the National Family Violence Stream and other local and/or state/territorial specialist family violence services (where available), including specialist women’s services, Aboriginal and Torres Strait Islander family violence services, and targeted family violence services for people from specific populations.
- 5.7. Collaborative partnerships are established between the National Family Violence Stream and other non-family violence services and systems that have a role in multi-agency coordinated responses, in particular, housing/homelessness services, mental health services, alcohol and drug services, youth services, child wellbeing and protection services, legal services, and police and courts.

6. Advocacy

Principle: Advocacy at both individual or systemic levels centralises the rights and safety of victim-survivors.

Standards:

- 6.1. Advocacy with and on behalf of individual victim-survivors conducted by Social Mission Streams prioritises their consent, safety, and dignity at all times.
- 6.2. Advocacy at systemic levels by The Salvation Army leadership is grounded in an understanding of family violence as an abuse of power and control situated within gender-based and intersectional forms of oppression.
- 6.3. Failures to adequately address perpetrator responsibility and accountability are documented and analysed by the National Family Violence Stream to inform individual and systemic advocacy approaches.
- 6.4. Credible evidence and expertise are used by The Salvation Army leadership to advocate for systemic, policy and legislative changes that benefit the safety of victim-survivors and address perpetrator accountability.

7. Aboriginal & Torres Strait Islander Self-determination

Principle: The right to self-determination and cultural safety for Aboriginal and Torres Strait Islander peoples is respected and upheld.

Standards:

- 7.1. All Social Mission Streams are trained and supervised to understand the intersection between family violence and the impacts of colonisation on Aboriginal and Torres Strait Islander peoples.
- 7.2. The self-determination rights of Aboriginal and Torres Strait Islander peoples are acknowledged and made visible in the National Family Violence Stream service environments, communication materials and public engagements.
- 7.3. Policies and procedures are in place to ensure that all persons accessing National Family Violence Stream services are asked if they, and/or their children, identify as Aboriginal or Torres Strait Islander and referral options are provided for either mainstream or Aboriginal and Torres Strait Islander specialist family violence services.
- 7.4. Services in the National Family Violence Stream tailor responses to support Aboriginal and Torres Strait Islander peoples' rights to maintain or restore connections with culture, Country, family, kinship, and community networks.
- 7.5. Partnerships are developed between the National Family Violence Stream and Aboriginal and Torres Strait Islander organisations to inform service design and enable effective coordinated responses for Aboriginal and Torres Strait Islander peoples.
- 7.6. Capability to provide culturally safe services in the National Family Violence Stream is regularly reviewed and addressed using guidance provided by Aboriginal and Torres Strait Islander organisations.





8. Inclusion

Principle: Everyone has a right to receive inclusive and accessible family violence services that respect their culture, identity and lived experience.

Standards:

- 8.1. All Social Mission Streams are trained and supervised to understand the impacts of family violence on specific population groups using an intersectional, anti-oppressive lens.
- 8.2. All Social Mission Streams actively identify and remove barriers, biases and practices that may inhibit victim-survivors and perpetrators from seeking help
- 8.3. The National Family Violence Stream is promoted to the community as welcoming and inclusive of people from diverse cultures and faiths and services are freely given to all participants with no reciprocal expectations (e.g., participation in Christian faith activities or volunteering).
- 8.4. Services in the National Family Violence Stream are provided in accordance with national and state/territorial equal opportunity and human rights legislation to prevent discrimination and enable equitable service provision for people who experience intersectional oppression.
- 8.5. Any limitation in the eligibility criteria for National Family Violence Stream services with respect to protected personal characteristics must comply with national and state/territorial equal opportunity and human rights legislation and must be communicated via service information materials (e.g., websites, brochures, posters, etc.).
- 8.6. Persons experiencing or using family violence alongside interrelated co-morbidities of mental health concerns and/or alcohol and drug use are provided with inclusive and equitable services within the National Family Violence Stream.
- 8.7. The National Family Violence Stream uses a social model of disability lens to proactively address accessibility requirements and implement flexible responses for people with disability, including provisions for the use of mobility aids, communication devices and assistance animals.
- 8.8. Capability to provide accessible and culturally safe and responsive services in the National Family Violence Stream for people from diverse communities is regularly reviewed and addressed, using community-led guidance.
- 8.9. Flexible and professional communication and interpretation options are provided in the National Family Violence Stream in accordance with standards required to meet the needs of people with disability, non-English speakers, and people with literacy challenges.

9. Capability

Principle: Leadership and workforces across the organisation are supported to build their capability to understand and effectively respond to family violence.

Standards:

- 9.1. This model of care is used to guide the induction, professional development, and workforce plans for leaders and staff across all Social Mission Streams.
- 9.2. Clear policies and procedures are developed by the National Family Violence Stream to put the model of care into practice at an operational level.
- 9.3. Managers within the National Family Violence Stream provide regular and equitable supervision to their staff using an intersectional lens to review and update risk assessments, risk management plans, and other case work duties.
- 9.4. Regular group reflection is provided to National Family Violence Stream staff by qualified professionals to collectively evaluate and strengthen their responses to family violence and intersectional oppression.
- 9.5. Health and wellbeing strategies are implemented in the National Family Violence Stream to recognise and repair the impacts of continuously responding to family violence and working within the context of oppression and social injustice.
- 9.6. Access to an external Employee Assistance Program and debriefing processes for reportable and critical incidents involving family violence cases are provided across The Salvation Army.
- 9.7. A Family Violence Leave Policy and confidential support strategies are implemented across The Salvation Army for staff who experience family violence.

10. Lived Experience

Principle: The lived experience of participants is central to designing and delivering effective responses to family violence across the organisation.

Standards:

- 10.1. The lived experience of those who are impacted by family violence (victim-survivors, friends and family, and community) is acknowledged and made visible in the National Family Violence Stream communication materials and at public speaking engagements.
- 10.2. Victim-survivors are pro-actively supported and appropriately remunerated to contribute to the governance, evaluation, and continuous quality improvement of National Family Violence Stream services.
- 10.3. Victim-survivors are pro-actively supported by the National Family Violence Stream to participate in social change campaigns, advisory groups, and ethical research opportunities if desired.
- 10.4. Participants across the National Family Violence Stream services are provided informal and formal opportunities to provide feedback on their service experiences.
- 10.5. Participant profile data, demographics and service feedback is analysed to identify trends and barriers and inform improvements to National Family Violence Stream services.





Foundations of Care

The Foundations of Care expand on the Conceptual Framework and the Principles and Standards provided in the previous sections by outlining the foundations for a safe and effective response to family violence across The Salvation Army.

These foundations are:

A shared understanding of family violence

Identifying family violence

Assessing and managing risk

Safe and sensitive engagement

Please see the resources listed under Appendix D for more detailed state/territorial guidance related to the definitions and foundations described in this section.

Shared Understanding of Family Violence

An effective whole-of-organisation approach to preventing and responding to family violence requires a foundation whereby everyone shares an evidence-based understanding of family violence. This includes holding knowledge about the relevant definitions, drivers, impacts, and barriers associated with family violence.

Definition of Family Violence

The model of care uses the following definition of family violence:

The definition combines the national-level definition set out in the *Family Law Act 1975* (Cth) with an inclusive understanding of family violence occurring within a broad range of contexts, including:³⁷

- relationships through blood, marriage, de facto partnerships, adoption, fostering, siblings, and extended family;
- kinship networks in Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse communities;
- LGBTIQ+ intimate relationships, family-like relationships, and chosen families;
- people who experience trafficking, slavery and forced marriage; and
- people with a disability or older people in a carer relationship or living in residential care settings.

Because of these diverse contexts, the following terms should also be understood as part of the definition of family violence.

- Intimate partner violence: abuse and violence occurring within former or current intimate relationships that may or may not be sexual in nature, including brief and casual dating relationships, longer term relationships, de facto partnerships, engagements, and marriages under secular and religious traditions.³⁸
- Elder abuse: any act, or failure to act, which causes harm or distress to an older person and is carried out by someone they know and trust, such as a family member or friend – the abuse can occur in intimate, carer, or residential settings and may be physical, social, financial, psychological, or sexual and can include mistreatment and neglect.³⁹
- Adolescent family violence: an adolescent who uses coercive and controlling behaviours and violence against family members and/or intimate partners – they are not considered to be perpetrators in the same way as adults and are likely to also be victims of family violence who require their own specialist family violence responses.⁴⁰
- Human trafficking and modern slavery: certain forms of human trafficking and modern slavery are closely associated with family violence as these practices may involve victim-survivors in family and family-like relationships who experience physical movement across borders, or within Australia, through coercive or deceptive means for the purposes of forced marriage, forced labour, domestic servitude, servile marriage, sexual exploitation, debt bondage and other forms of slavery/slave-like practices and exploitation.⁴¹

³⁷ Australian Institute of Health and Welfare (2019); Family Law Act 1975 (Cth).

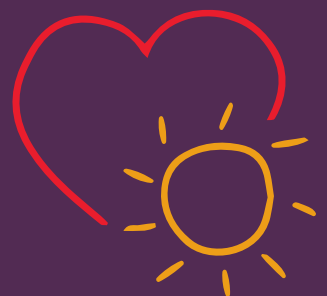
³⁸ Australian Institute of Health and Welfare (2019).

³⁹ Joosten et al. (2020); World Health Organization (2018).

⁴⁰ Family Safety Victoria (2019a).

⁴¹ Moore (2019); Commonwealth of Australia (2014); Human Trafficking Foundation (2018).

Family violence is behaviour that threatens, controls, or dominates a current or former partner, family member, or person in a family-like or kinship relationship causing them to fear for their own or another person's safety or wellbeing. Family violence also includes exposing a child, indirectly or directly to these behaviours or their effects.



Drivers of Family Violence

Family violence is driven by a range of complex social factors and is primarily underpinned by an abuse of power related to gender inequality and intersectional oppressions.

Power and coercive control

Fundamentally, family violence is driven by coercive control where the perpetrator gains and exerts power and domination over victim-survivors by employing abusive and violent behaviours and tactics.⁴²

These coercive and controlling behaviours are often patterned, interrelated, and integrated into everyday life in subtle or overt ways.⁴³ A perpetrator may not ever use or threaten physical violence to enact control, instil fear in the victim-survivor or cause significant harm and trauma.

These behaviours are broadly described in the following categories:⁴⁴

- Physical: Assaulting or causing personal injury or fatality, disrespecting bodily integrity, damaging property, or threatening to do so.
- Sexual: Sexual assault, rape, coercion, sexual harassment, non-consensual sexual behaviour or threatening to do so.
- Reproductive: Behaviour that controls, constrains, or interferes with reproductive autonomy, choices, and decision-making.
- Stalking/Surveillance: Repeated behaviours of harassment, intimidation, monitoring and unwanted contact, including in current or former intimate/familial relationships.
- Financial/Economic: Using money to hurt someone, dowry abuse and debt bondage, or denying reasonable financial autonomy or financial support.
- Spiritual/Cultural: Preventing, controlling, or ridiculing spiritual, religious, or cultural practices and beliefs and/or manipulating practices and beliefs to cause harm.
- Social: Social isolation from family, friends, and community networks and/or damaging social relationships.
- Psychological: Behaviour that causes emotional or mental distress and harm.
- Neglect: Controlling, denying, or ignoring health and wellbeing needs that support someone to feel comfortable and safe.
- Animal/Pet Abuse: Causing or threatening to cause the death or injury to an animal, pet, or livestock.

- Technology-facilitated: Using technology such as phones, email, social media, or spyware to threaten, harass and harm.
- Migration-related: Using and manipulating immigration systems to bully, control, or threaten.
- Systemic/Legal: Using legal or other systems to bully, control, and threaten.
- Child abuse: Violence and abuse that directly or indirectly harms children, their parental relationships, and their right to a care and protection.

Some of these behaviours and tactics are criminal offences depending on state/territorial legislation. Typically, these offences relate to stalking, technological abuse, physical assault, sexual assault, threats, pet abuse, property damage, theft, breaching intervention orders, and human trafficking and modern slavery.

IMPORTANT:

It is essential to understand that using coercive and controlling family violence behaviours is a choice made by the perpetrator. They should be held accountable through social and legal interventions to mitigate and reduce their use of violence and offer opportunities to take responsibility for changing their behaviour. This is also relevant to the perpetrator's parenting role – a parent who perpetrates family violence against another parent or family member, who abuses and harms children and/or exposes them to the effects of abuse, is choosing to make family violence part of their children's lives.

While there may be exacerbating factors in a perpetrator's own life such as experiencing family violence and abuse as a child, acquired brain injury, mental health problems, or the use of drugs and alcohol, these factors should be understood as co-morbidities requiring care and tailored intervention and are not excuses for inflicting harm on another person.

Acknowledging the perpetration of family violence as a choice means that victim survivors are to be believed and not blamed, held responsible or placed at fault. Attitudes and language that deliberately or inadvertently mutualises power and responsibility between perpetrators and victim-survivors obscures the serious and potentially life-threatening risks of family violence. This means that family violence is more than a conflict, fight, or argument: it is a deliberate, repeated, pattern of coercive and controlling behaviour which seeks to take away the victim survivor's freedom, autonomy, dignity and right live without fear.⁴⁵

Please see Appendix A for a comprehensive overview and examples of family violence behaviours and Appendix B for specific risk factors.

⁴² Laing, Humphreys, & Cavanagh (2013); Stark (2007).

⁴³ Ibid.

⁴⁴ 1800RESPECT (2020); Australian Institute of Health and Welfare (2019). Family Law Act 1975 (Cth).

⁴⁵ 1800RESPECT (2020).

Gender-based oppression

At the whole-of-population level, prevalence data shows that family violence is driven by entrenched gender-based oppression as it is overwhelmingly perpetrated by men against women.⁴⁶

The connection between this form of oppression and coercive control is situated within complex patriarchal social constructs that reinforce men's power, privilege, and domination at social, community and family levels. These reinforcements include:⁴⁷

- social condoning of violence against women in direct and indirect ways through media, entertainment, politics, police/legal responses, etc;
- male peer behaviour that normalises masculine aggression, dominance, and disrespect toward women;
- men's control of decision-making which limits women's independence in public and private life; and
- rigid binary gender roles and stereotypes about masculinity and femininity.

This produces highly detrimental individual and social outcomes for women.⁴⁸

- On average, one woman per week is killed in Australia by a current or former male partner.
- Intimate partner violence contributes to more death, disability, and illness in adult women than any other preventable risk factor.
- Approximately one in four women has experienced some form of intimate partner violence compared to one in 13 men.
- Approximately one in six women compared with one in 16 men had experienced physical and/or sexual violence from a current or previous cohabiting partner.

- 92 per cent of women are physically assaulted by a man they know, most commonly a current or former intimate partner, whereas men are more often assaulted by a male stranger.
- Family violence is the primary reason people seek support from homelessness services in Australia.

Additionally, studies have shown that in comparison with men, women who experience family violence are more likely to:⁴⁹

- have chronic anxiety and fear;
- take time off work to manage the impact of violence;
- experience housing insecurity and homelessness;
- take out a restraining order against their partner;
- attend hospitals with family violence injuries; and
- interact with criminal justice systems.

Given the detrimental and disproportionately severe consequences of family violence on women, a gendered analysis is central for understanding how inequality based in the construction of sex and gender categories is an underlying driver of family violence. This is a critical consideration for designing specialist family violence service responses that are responsive to women's specific safety rights and needs.

The gendered analysis can also be extended to understanding men's experiences of family violence. In many contexts, the perpetration of family violence against men is itself a form of gender-based oppression where rigid patriarchal norms about masculinity and violence interplay with experiences of violence and abuse.

Men most commonly experience violence from another male family member (e.g., brother, son, father) and may also experience family violence from female perpetrators, in same-sex relationships, in childhood or adolescence, and in the form of elder abuse.⁵⁰ Within these contexts, men may be concerned about being shamed and stigmatised and may experience difficulties finding or seeking out support. As such, the advice of specialist family violence services is critical, and care is required to ensure that men who are experiencing family violence in any relationship are able to access the right support.

46 Australian Institute of Health and Welfare (2019); Australia's National Research Organisation for Women's Safety (2018); Diemer (2015).

47 Our Watch, Australia's National Research Organisation for Women's Safety & VicHealth (2015).

48 Australian Institute of Criminology (2017); Australia's National Research Organisation for Women's Safety (2018); Our Watch, Australia's National Research Organisation for Women's Safety & VicHealth (2015).

49 Australian Institute of Health and Welfare (2019); Cussen & Bryant (2015).

50 Royal Commission into Family Violence (2016), Chapter 32.

51 Australian Institute of Health and Welfare (2019).



Intersectional oppression

The focus on responding to the high prevalence of men's perpetration of family violence against women and children primarily within an Anglo, heteronormative, cisgender context has shaped service responses to family violence over many years.

This has contributed to ignoring the myriad of intersectional oppressions that underpin family violence and perpetuated inadequate responses for people from diverse populations who experience social marginalisation.

Analysis by the Australian Institute of Health and Welfare (AIHW) found that specific populations that are highly impacted as victim-survivors of family violence include:⁵¹

- children;
- young women;
- older Australians;
- people with disabilities;
- people with mental health issues;

- people with drug and alcohol issues;
- people from culturally and linguistically diverse backgrounds;
- LGBTIQ+ people;
- people in rural and remote Australia;
- socioeconomically disadvantaged people; and
- Aboriginal and Torres Strait Islander peoples.

Other research has also found high impacts of family violence perpetrated against women in the sex work industry and women who have been criminalised.⁵²

Additionally, given The Salvation Army's specialist focus on responding to human trafficking and modern slavery, it is also important to recognise how family violence intersects with these specific forms of harm. Women, in particular, who lack viable economic prospects and come to Australia seeking a better life may be at risk of being lured into what they believe is a legitimate relationship or a pathway out of poverty, only to find they have effectively been trapped by the partner and/or the partner's family, for domestic work.⁵³ In other situations, women and girls may be groomed and then forced into a marriage that results in servitude.

The drivers and circumstances of forced marriage are complex and cannot be reduced to a particular culture or religion; rather, studies suggest that forced marriage is “more visible in families and communities that are characterised by [social] conservatism [which in turn] is tied to the desire or pressure to preserve cultural practices and values.”⁵⁴

Evidence of the disproportionate harm of family violence for certain populations facing intersectional oppressions includes the following:

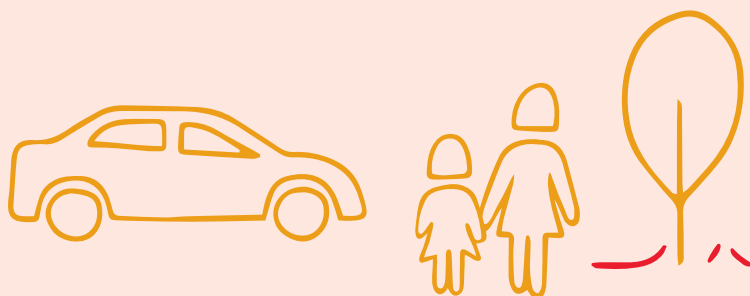
- Young women are at a higher risk of family violence compared with older women, with those aged 18 to 34 twice as likely to experience intimate partner violence and/or sexual assault.⁵⁵
- Elder abuse helplines across Australia identify that most cases (between 70 to 85 per cent) took place in the family context, with most victim-survivors being women and most of the perpetrators being adult sons and daughters.⁵⁶
- People with disability are more likely than people without disability to experience emotional abuse, financial abuse, and neglect, and women with disability experience particularly high rates of sexual violence from current or previous partners.⁵⁷
- There is little population-level prevalence data for people from culturally and linguistically diverse backgrounds, however, emerging evidence reveals the detrimental impacts of family violence involving migration-related abuse, trafficking, modern slavery, forced marriage, dowry-abuse, and female genital mutilation/cutting.⁵⁸

- The rates of intimate partner violence within same sex relationships are as high as the rates experienced by cisgender women in heterosexual relationships, and possibly higher for bisexual, transgender, and gender diverse people.⁵⁹
- People in regional and remote areas experience higher rates of family violence than those living in major cities, including higher rates of hospitalisation as a result of family violence.⁶⁰
- People living in the lowest socio-economic areas in Australia are more likely to have experienced physical, sexual and/or emotional abuse from a partner compared with those living in higher socio-economic areas and are also more likely to be hospitalised.⁶¹

IMPORTANT:

Information about the impacts of family violence on specific population groups must be considered through an intersectional lens to avoid stigmatising people and reducing their experiences of violence to identity factors. It is also important to remember that these identity and population categories are not mutually exclusive. People can occupy multiple identities simultaneously and experience the impacts of family violence within the context of multiple oppressions in compounding, intersecting ways.

Additionally, people who use family violence can also concurrently experience intersecting forms of power and privilege as well as oppression and marginalisation. Perpetrators may both enact oppression through acts of power and control in their families and relationships while simultaneously experience oppression and powerlessness themselves in other aspects of their lives.⁶² This does not excuse their choice to use family violence, however, it is an important consideration in providing access to tailored interventions that enable behaviour change and accountability.



⁵² Royal Commission into Family Violence (2016), Chapters 34 and 35.

⁵³ Moore (2019).

⁵⁴ Lyneham & Bricknell (2018).

⁵⁵ Australian Institute of Health and Welfare (2019).

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Segrave (2017); Vaughan et al. (2016).

⁵⁹ Our Watch & GLHV@ARCSHS (2017). Please note that the rate of family violence for people with an intersex variation is yet unknown.

⁶⁰ Australian Institute of Health and Welfare (2019).

⁶¹ Ibid.

⁶² No to Violence (2020).

Impacts on Children

Family violence has significant impacts for infants, children and young people as victim-survivors in their own right, whether they are directly targeted with abuse, witness abuse or violence towards their parent/carer, or are exposed to the effects of family violence in their environment.

The *Personal Safety Survey 2016* found that of the people who had children in their care when family violence occurred, more than half reported that the children had seen or heard the violence, and furthermore approximately 1 in 6 women and 1 in 9 men had experienced physical or sexual abuse before the age of 15 with male parents/carers being the most common perpetrators.⁶³ Filicides (where a custodial or non-custodial parent or step-parent kills a child) are the second most common form of family violence homicide following intimate partner homicide.⁶⁴ Family violence also results in significant and growing numbers of children involved in child protection systems and out of home care.⁶⁵

Family violence negatively and cumulatively impacts children's physical, neurological and emotional development; their sense of security and attachment in relationships; their mental health and cognitive and behavioural functioning; and their ability to cope and adapt to different situations and contexts.⁶⁶

There is also an association between the perpetration of family violence during pregnancy and the transmission of stress hormones to the foetus, which can result in miscarriage, low birth weight and other poor health outcomes for infants.⁶⁷ Children growing up in environments where family violence occurs may also be more likely to require additional support to meet milestones, regulate their emotions and behaviours, engage in education, and sustain positive relationships with others.⁶⁸ Experiencing family violence as a child can also potentially contribute to using or experiencing family violence later in life.⁶⁹

Children may experience a range of emotions and concerns when living in a family violence situation. This includes worrying about keeping their family life a secret from others, confusion about what is happening with their parents/family members, and fears that they may be separated from their parents, siblings, or other family members or that they or someone they love (including family members and pets) will be seriously harmed or killed by the perpetrator.⁷⁰

Children can be incredibly resilient and evidence shows that children's recovery from trauma and their ongoing safety and wellbeing is greatly supported by restoring attachment and security with their non-violent parents/carers.⁷¹ At the same time, the relationships children have with parents who are perpetrating violence can vary, but are often characterised by fear and unpredictability, leaving children feeling confused and ambivalent about the relationship.⁷² There is a growing evidence base, however, describing children and young people's perspectives on the impacts of family violence, including their desire for perpetrators to be made more accountable.⁷³



63 Australian Institute of Health and Welfare (2019).

64 Ibid.

65 Ibid.

66 Australian Childhood Foundation (2013); Holt, Buckley, & Whelan, (2008).

67 Bunston & Sketchley (2012).

68 Australian Childhood Foundation (2013); Campo (2015); Holt, Buckley & Whelan (2008); Taylor (2019).

69 Royal Commission into Family Violence (2016), Chapter 10.

70 Australia's National Research Organisation for Women's Safety & State of Queensland (2020).

71 Buchanan (2008).

72 Mandel (2009); Mandel & Rankin (2018).

73 Lamb, Humphreys & Hegarty (2018).

74 Klein (2012); Ragusa (2012); Shannon et al. (2006).

75 The barriers are compiled from the following resources: Australian Institute of Health and Welfare (2019); Backhouse & Toivonen (2018); Domestic Violence Service Management Insight Exchange (2020); Family Safety Victoria (2019a).



“Family violence services should understand that women from migrant backgrounds who came to Australia to marry and then leave the relationship may have nothing – they leave everything behind – they need legal services, support for children, and a safe place.”

– survivor advisor

Help-seeking Barriers

There are many complex barriers experienced by both victim-survivors and perpetrators that prevent them from seeking help from services if they do seek help at all. In fact, most victim-survivors never reach out to the service system and some may only disclose to trusted friends or family members.⁷⁴

Additionally, perpetrators also face personal and systemic barriers that prevent them from seeking help to change their behaviour, thus further exacerbating risk to victim survivors.

These barriers are summarised in the points below.⁷⁵ They are relevant to all intimate, family and family-like contexts in which family violence occurs, and includes additional barriers experienced by highly impacted populations described previously (see Drivers of Family Violence, Intersectional Oppression).

Barriers caused by perpetrator behaviours

- Ongoing threats and risks presented by the perpetrator to victim-survivors, particularly the high-risk factors such as separation, history of violence, and patterns of coercive controlling behaviours.
- Concerns that the perpetrator will escalate violence when exposed to the system and that confidentiality will not be maintained.
- Victim-survivors' fear of being seriously injured or killed.
- Monitoring or stalking behaviour, making it very difficult for the victim-survivor to confidentially access support.
- Perpetrators' use of systemic violence through the justice system, courts, child protection and other institutions to control, punish and further harm victim survivors.
- Perpetrators misrepresenting themselves as the victim-survivor effectively blocking the actual victim-survivor from accessing support and protection.
- Promises by the perpetrator that they are remorseful, will change and that family circumstances will improve.
- Perpetrators' beliefs about masculinity, gender roles, and sexuality preventing their own help-seeking and behaviour change.

Barriers related to the traumatic impacts of violence

- Disruption to the victim-survivor's worldview caused by the cumulative impacts of family violence trauma.
- Feelings of self-blame, shame, isolation, a lack of confidence and autonomy.
- Normalisation and minimisation of controlling, abusive and violent behaviours.
- Acquired brain injury, mental health and/or alcohol and drug issues resulting from family violence trauma.
- Neuropsychological impacts of trauma including intrusive re-experiencing symptoms, avoidance, dissociation, hyper or hypo-arousal, changes to mood, difficulties with sleep and concentration.

Barriers related to stigmatisation and ostracisation

- Worries about being judged and stigmatised as a victim of family violence and additionally as part of a marginalised community.
- Worries about not being believed, being judged and blamed.
- Fear of being ostracised or isolated from family, community, cultural or faith-based connections.
- Fear of losing connections to Aboriginal and Torres Strait Islander Country, culture, family, and kinship networks.
- Fear of losing connections with LGBTIQ+ communities, being outed, or losing the family of choice.
- Fear of being stigmatised or not finding support as a male or LGBTIQ+ victim of family violence.
- Fear of being judged by friends, family, community, and service providers for not wanting to leave or end relationships where family violence is occurring.

Barriers related to children and parenting

- Concerns about being or becoming a single parent/carer.
- Being undermined as a parent continuously by the perpetrator and losing confidence.
- Not wanting to disrupt children's lives and relative stability.
- Worried about losing access to children, or being negatively judged by child protection systems, particularly if from a marginalised group.
- Fear that the perpetrator will kidnap or harm children.

⁷⁶ Coates & Wade (2016); Domestic Violence Service Management Insight Exchange (2020).

⁷⁷ Coates & Wade (2016); Domestic Violence Service Management (2018); Laing, Humphreys, & Cavanagh (2013), pp.48–50.

Structural/systemic barriers

- Concerns about potentially exacerbating insecurities related to housing, income, disability support needs, childcare, or migration status and potentially having to leave the situation without any resources, money, or support.
- Historic and ongoing discrimination through legislation and disregard for human rights, particularly against Aboriginal and Torres Strait Islander peoples, LGBTIQ+ people, migrants and refugees, people with mental health issues, people with disability, and people with low socio-economic status and experiences of intergenerational poverty.
- Barriers caused by the harm and discrimination perpetuated by faith-based institutions that are associated with social service provision.
- Difficulty in obtaining information about rights, entitlements, and services particularly where there are communication and literacy challenges.
- Geographic, transportation, and service access constraints impacting people living in regional, rural, and remote areas.
- Insufficient government funding to meet the high demand on services created by family violence and develop innovations to interrupt the transmission of intergenerational harm.
- Lack of housing available to perpetrators excluded from the home by intervention orders leading to homelessness, exacerbation of other co-morbidities, and a sense of victimisation and entitlement that may escalate risk.
- Few alternative safe housing or refuge options for victim-survivors who are unable to stay safely at home due to ongoing risks posed by perpetrators.
- Barriers caused by poor social responses

- Lack of bystander action (silence, minimisation) or collusive and violence-supporting attitudes by friends, family, and community members.
- Poor service responses that fail to recognise the seriousness of family violence and engage in victim-blaming attitudes that obscure perpetrator responsibility and accountability.
- Disempowering and inflexible service design that imposes rule-enforcing and unnecessarily 'hoop-jumping' bureaucratic processes.

IMPORTANT:

Leaders and practitioners across The Salvation Army have a responsibility to reflect on where service responses might exacerbate these barriers and work to remove biases and practices that inhibit victim-survivors and perpetrators from seeking help. It is important to respect the lived experiences and dignity of all people approaching service providers for help. This can be aided by an understanding that everyone has a critical role to play as a 'positive social responder' to family violence through sensitive engagements that centralise the expertise of victim-survivors and prioritise their safety and support needs.⁷⁶ Simultaneously, negative social responses should be avoided including those that perpetuate barriers to help-seeking, undermine the seriousness of family violence, and are generally victim-blaming or collusive with the perpetrator.⁷⁷





“Health is not just physical, it’s your mental health too, and it’s not easy to recover from the trauma. This needs to be considered more.”

– survivor advisor

Identifying Family Violence

The possibility that someone is experiencing or using family violence may not be immediately recognisable or disclosed, particularly if they are engaging in non-family violence. Social Mission Streams for other needs. Therefore, an important foundation of care for everyone across The Salvation Army is the capability to identify the common signs or indicators that someone is experiencing family violence or potentially perpetrating violence against their partner, children, or other family members.

Indicators across the lifespan

The indicators that someone may be experiencing (or previously experienced) family violence differs across the lifespan from infancy through to childhood, adolescence, adulthood, and older ages. The common indicators are described in the points below.⁷⁸

Pregnancy/Unborn child

- Poor growth and neural development.
- Low birth weight or pre-term birth.
- Injuries sustained via assault to mother (e.g., stomach being punched).
- Higher incidence of reproductive loss.

Infant and toddler

- Unsettled baby, excessive crying, excessive passivity, sleep disturbances, irritability.
- Feeding problems including failure to thrive.
- Physical injury, unexplained or suspicious fractures, presence of blood in nappy or underwear.
- Disorganised attachment (e.g., avoidant gaze, easy startle response).

Pre-school/Primary school-aged child

- Physical or emotional symptoms – abdominal pain, sleep disorders, frequent illness, injuries, chronic pain.
- Poor adherence to management of chronic conditions (e.g., asthma, diabetes).
- Regressive behaviours (e.g., bed wetting, sucking thumb, biting, baby talk, rocking).
- Complaining of pain when using the toilet.
- Unclear boundaries and understanding of relationships between adults and children.
- Sexualised behaviour/advanced sexual knowledge.
- Being excessively friendly to strangers.
- Being excessively clingy to certain adults.
- Challenges with impulse control, temper tantrums.
- Rebelliousness, demanding and defiant behaviours.
- Issues with concentration, deteriorating school performance, social isolation, delayed language/social skills development, disinterest in play.
- Aggression toward others and inability to show empathy.
- Extreme compliance, passivity, tearfulness, and withdrawal.
- Taking up a parental role toward siblings, other children and/or non-violent parent/carer.

Adolescent

Includes many of the same indicators for adults (see below), and other specific indicators including:

- Issues with health care, poor management of chronic conditions, STDs.
- Depression, anxiety, and other mental health presentations.
- Alcohol/drug use problems.
- Early pregnancy.
- Experiencing or using violence in intimate relationships.
- Coercive controlling behaviour toward parents/carers, siblings, other family members.
- Eating disorders, self-harm, or suicidality.
- Absenteeism and disengagement from school.
- Criminal, anti-social risk-taking behaviours.
- Homelessness or frequent changes in housing arrangements.



⁷⁸ These indicators are adapted from Family Safety Victoria (2019b, Appendix 1).

Adult

- Physical indicators such as bruising, fractures, chronic pain, scars/cuts, burns, gastrointestinal disorders, neck/throat pain (strangulation), hearing loss, and unconvincing explanations of any injuries.
- Psychological indicators such as depression, anxiety, self-harm, eating disorders, phobias, somatic disorders, sleep problems, impaired concentration, problems with alcohol/drug use, exhaustion, suicidality.
- Emotional indicators such as heightened fear, shame, anger, feelings of hopelessness, disassociation/numbness, indecisiveness, anxiety in the presence of a partner or worries about getting home by a certain time, and reluctance to follow advice for fear of repercussions.
- Social indicators such as social withdrawal from friends/family, isolation, recent separation/divorces, parenting difficulties, describing partner as controlling or prone to anger, or being accompanied by partner who does most of the talking.
- Financial indicators such as homelessness/housing insecurity, financial debt, income issues, lack of control over money and financial decision-making, secrecy and withholding of financial information (accounts, wills, debts).
- Reproductive health indicators such as delayed pregnancy care, adverse birth outcomes, STDs, multiple unplanned pregnancies and/or terminations, pelvic pain, sexual dysfunction, withholding or enforcing birth control.
- Modern slavery indicators such as being forced to work (domestically or outside the home) through threatening behaviour, describing being 'treated like property, or as a slave', describing a need to 'escape', concerns about being 'indebted' or 'owing'.

Older person

Includes many of the same indicators for adults (see above), and other specific indicators including:

- Location and shape of injuries indicating rough handling, delay seeking care, suspicious explanations, multiple injuries.
- Fear of being touched, overtly modest, inner thigh tenderness, unexplained STDs including HIV.
- Inadequate, dirty clothing, malnutrition, pressure sores, poor hygiene.
- Failure to purchase medicines, home care or healthcare.
- Anxiety when asked about personal finances, disparity between assets and general condition.
- Sleep and appetite disturbances decreased social contact, loss of interest in self, apathy, and suicidality.

IMPORTANT:

It is important to note that the points above are a guide only and may vary or present differently in individual circumstances. It is also possible that the indicators observed are due to other factors that are not related to family violence (i.e. poverty, disability, developmental delay, different parenting styles and cultural norms) or other forms of trauma and neglect that should not be ignored, including where children may be experiencing harm outside the home. Additionally, people from diverse populations who experience disproportionate harms from family violence may present with other indicators not listed here.



Indicators of perpetration

Perpetrators of family violence are unlikely to openly, accurately, and directly disclose that they are using family violence.⁷⁹

Usually defensiveness, denial, minimisation, blame of others and justification are prominent. Many perpetrators are also well-practiced at hiding their behaviour and presenting themselves outside the family as calm, rational, caring, and harmless. This plays into social myths and attitudes that “he was a good bloke”, which further reinforces isolation and silencing of victim-survivors.

The language used by perpetrators is often deployed to intentionally conceal the violence, obscure responsibilities, and blame or pathologise the victim-survivor.⁸⁰ However, a perpetrator's perspectives, statements, tone of voice, and body language may indicate the possibility that they are conforming to patriarchal and discriminatory norms and potentially using coercive, controlling and violent behaviours against their partner, children or other family members. These indicators may include the following.⁸¹

- Recruiting others (including professionals) to collude with their story to justify and back up their beliefs and behaviours (e.g., “It’s not like I hit anyone”).
- Presenting confidently with lacking insight, empathy or consideration toward their partner, children or other family members who may be experiencing harm.
- Assertively positioning of themselves as the victim who is misunderstood (whereas genuine victim-survivors are more likely minimise abuse or blame themselves).
- Justifying use of control, abuse, and violence (e.g., “I just have an anger problem”), which may also include the perception of having been wronged (e.g., “I do all the work around the place”).
- Expressing or speaking about feeling threatened, attacked, or exposed (e.g., “their family keeps butting their heads into our business”, or “they know how to push my buttons”).
- Hostile misogynistic attitudes about women or oppressive attitudes toward other marginalised people impacted by the violence (e.g., homophobic attitudes toward LGBTIQ+ children, racist attitudes, ableist attitudes, etc.).
- Accusatory, suspicious, or disparaging attitudes toward the victim-survivor.
- Portrays the victim-survivor as crazy, incompetent, unreasonable, or unstable (e.g., “they’d be lost without me”).
- Language of ownership and entitlement, including over children, (e.g., “what happens in my house is my business”).
- Excusing controlling behaviour over finances and resources as ‘providing for the family’.
- Use of leverage over the victim-survivor to justify abuse (e.g., “they promised” or “we’re married so they have to...”).
- Use of scripture or patriarchal cultural beliefs to justify demands (e.g., headship beliefs).
- Motivation to comply with intervention orders only to avoid criminalisation, rather than take responsibility, cease abuse, and prioritise safety.
- Hostile attitudes towards police, child protection, courts, and the justice system in general.

IMPORTANT:

While it is important that all Social Mission Streams take responsibility for observing the indicators that someone may be using family violence, challenging a perpetrator's attitudes and behaviours can potentially exacerbate risk for victim-survivors. This does not mean that non-family violence practitioners should totally avoid engaging with someone who may be using family violence as this may present an opportunity to gain insight into the indicators described above and assess for potential family violence risks. However, caution is warranted, and it is advisable to first seek secondary consultation and advice from a specialist family violence service before undertaking an engagement and progressing further action.

79 No to Violence (2020b).

80 Coates & Wade (2007); No to Violence (2020a, 2020b).

81 No to Violence (2020a, 2020b).





Assessing and Managing Risk

This section provides a broad overview of evidence-based approaches for assessing and collaboratively managing family violence risk as a foundation of care for providing effective responses in The Salvation Army.

IMPORTANT:

It is essential that The National Family Violence Stream and other Social Mission Streams work within the requirements of their own state/territorial family violence risk assessment and management frameworks. There are variations across state/territorial frameworks that will take precedence in terms of the tools, frameworks, and responsibilities pertaining to both specialists and non-specialists involved in assessing and managing family violence risk. The information provided here serves as a general guide to unite The Salvation Army with a shared understanding of family violence risk assessment and risk management practice.

Refer to Appendix D for an overview of family violence risk assessment frameworks and other relevant policies, guidelines, and legislation in Australia.

Family Violence Risk Assessment

Family violence risk assessment is a comprehensive appraisal of the occurrence of family violence based on examining evidence-based risk factors, patterns of perpetrator behaviour, and the victim-survivors own assessments of risk, fear, and safety.⁸²

It may also involve processes such as information sharing with other agencies and applying an intersectional analysis to enhance contextual understanding of barriers and risks.

Undertaking family violence risk assessment is a nuanced and skilled practice conducted by trained professionals in an ongoing manner to ensure that safety plans and risk management responses are adjusted appropriately in collaboration with the victim-survivor and other involved services and systems.⁸³

Evidence-based approach

At a national level, the Australian National Research Organisation for Women's Safety (ANROWS) provides a set of evidence-based principles and guidance to inform the various risk assessment frameworks used in Australia.⁸⁴ These principles are:

1. Survivors' safety is the core priority of all risk assessment frameworks and tools.
2. A perpetrator's current and past actions and behaviours bear significant weight in determining risk.
3. A survivor's knowledge of their own risk is central to any risk assessment.
4. Heightened risk and diverse needs of particular cohorts are taken into account in risk assessment and safety management.
5. Risk assessment tools and safety management strategies for Aboriginal and Torres Strait Islander peoples are community-led, culturally safe and acknowledge the significant impact of intergenerational trauma on communities and families.
6. To ensure survivors' safety, an integrated, systemic response to risk assessment and management, whereby all relevant agencies work together, is critical.
7. Risk assessment and safety management work as part of a continuum of service delivery.
8. Intimate partner sexual violence must be specifically considered in all risk assessment processes.
9. All risk assessment tools and frameworks are built from evidence-based risk factors.

Risk assessment guidance that aligns with these principles and the family violence evidence-base typically takes a structured professional judgement approach and generally includes:⁸⁵

- descriptions of evidence-based risk factors based on empirical research;
- requirements to engage with victim-survivors' own assessment of risk, level of fear and concerns for safety;
- application of professional knowledge of family violence drivers, impacts, barriers, and risks;
- engagement with multi-agency information sharing and collaboration processes;
- continuous reviews and updates of assessments based on changes in risk and circumstance; and
- determinations of various levels of risk based on an overall assessment of the above points.

Furthermore, applying an intersectional analysis is also emerging as a key feature of the structured professional judgement approach to risk assessment.⁸⁶ Even where state and territorial frameworks have not yet integrated intersectionality in assessment practice, the overlay of this lens as it is described in this model of care could address this gap by:

- considering how intersectional oppressions contribute to or exacerbate the family violence risks and barriers to help-seeking;
- listening to how victim-survivors describe current or past experiences with discrimination and poor responses that may be impacting on their willingness to engage with specialist family violence support, police, courts, or other systems; and
- analysing the ways in which the perpetrator exploits intersectional oppressions and poor responses to gain power and control over the victim-survivor and further block their access to help-seeking.

IMPORTANT:

A victim-survivors own assessment should never be underestimated when identifying and assessing family violence risk. Failure to listen to victim-survivors' self-assessments is widely documented by Coroner's Courts and family violence death review committees as a significant factor leading to homicide.⁸⁷ Victim-survivors are often the most knowledgeable source of information about their own safety based on their experience with the perpetrator's behaviours and risks, even if they initially appear to be minimising those risks.⁸⁸ The trauma and stigma associated with family violence may result in victim-survivors normalising or underestimating the risks and dangerousness of family violence. It is important that practitioners share their professional knowledge, appraisals of family violence risk levels, and concerns about the potential for further harm to support victim-survivors with their own decision-making and safety planning.



82 Albuquerque et al. (2013); Backhouse & Toivonen (2018).

83 Backhouse & Toivonen (2018).

84 Ibid.

85 Ibid.

86 Family Safety Victoria (2019a).

87 Backhouse & Toivonen (2018).

88 Backhouse & Toivonen (2018); Heckert & Gondolf (2004).

89 Backhouse & Toivonen (2018); Breckenridge, Rees, Valentine, & Murray (2015).

90 Backhouse & Toivonen (2018); Family Safety Victoria (2019a); Family Safety Victoria (2019b).

91 Calgary Women's Emergency Shelter (2007); Domestic Violence Service Management (2018).

92 Backhouse & Toivonen (2018); Healey et al. (2018); Humphreys & Campo (2017), p.5.

Risk and protective Factors

As described above, the structured professional judgement approach involves an assessment of evidence-based risk factors. These factors are static and dynamic variables comprised of perpetrator behaviours and victim-survivor circumstances which assist in assessing the likelihood that violence will be repeated or escalate.

While there are many complex, subtle, and overt ways that perpetrators employ family violence behaviours (see Appendix A), empirical research has distilled these behaviours to the following high-risk factors that are associated with the likelihood and consequence of further violence, injury, or death:⁹⁹

- History of family violence
- Separation (actual or pending)
- Intimate partners sexual violence
- Strangulation (choking)
- Stalking/surveillance
- Threats to kill
- Access to/use of weapons
- Escalation of violence (severity/frequency)
- Coercive control
- Violence during or after pregnancy/new birth

There are also many other contextual risk factors that are also typically included in risk assessment tools to provide a more holistic assessment of individual circumstances and specific risks to children.⁹⁰

Refer to Appendix B for a list of family violence risk factors and some additional considerations.

Ideally, risk assessment should also be combined with assessing the range of protective factors that may potentially lessen or mitigate the risks of family violence and promote safety, stabilisation, and recovery. Protective factors may involve systemic and legal interventions to restrict the perpetrator's behaviours and other environmental and practical circumstances, such as housing security and employment.

Protective factors are also recognisable in the ways that victim-survivors utilise their own strengths and capabilities to resist and survive violence ranging from overtly standing up to controlling behaviours or subtly responding through thoughts, actions, routines, and plans to preserve a sense of self, dignity and safety.⁹¹ There are also specific protective factors relevant to parenting and family support that promotes children's safety and resilience.

Importantly, the 'protectiveness' of any individual or circumstantial factor is only useful to the degree a perpetrator takes responsibility for changing their behaviour or is prevented from using family violence through legal and community-based sanctions. Protective factors may also be undermined by systemic failures to prioritise victim-survivor rights and safety. Research has shown that this is often an issue in the child protection and family law systems where discourses place protective responsibility solely on adult victim-survivors while promoting children's ongoing contact with perpetrators who face little or no consequences.⁹² Protective factors should never shift the focus away from the responsibilities of the perpetrator and the family violence response system to reduce risk.

Refer to Appendix C for an overview of common protective factors for adult and child victim-survivors.

Handling misidentification

The phrase 'misidentification of the primary or predominant aggressor' is technical language often used in cases where a victim of family violence is wrongly assessed as a perpetrator.

Misidentification of victim-survivors and perpetrators is a significant problem that can have serious safety risks and detrimental consequences for adult and child victim-survivors. It is a particular concern for victim-survivors who face intersectional oppressions and stigma, including those from Aboriginal and Torres Strait Islander backgrounds, culturally and linguistically diverse backgrounds, migrants, and refugees, LGBTIQ+ people, and people with mental health issues, alcohol and drug problems, and disabilities and cognitive impairments. This may also be a concern for victim-survivors with criminalised histories, including where the perpetrator coerces them or blames them for criminal acts.

⁹³ No to Violence (2019); Women's Legal Service Victoria (2018).



Misidentification can occur for a range of reasons, including:

- risk assessments were not undertaken using evidence-based frameworks/tools by trained professionals;
- risk assessments did not include a review of the history of patterned abusive behaviour by the actual perpetrator and did not account for the cumulative impacts of family violence on the victim-survivors;
- the victim-survivor used self-defence or violent resistance against the perpetrator and was identified as an offender in an incident;
- authorities made assumptions about the victim-survivors presentation because they exhibited behaviours that do not conform with a narrow view of what someone who has experienced family violence should do or say; and
- the perpetrator manipulated and gained control over systems by representing themselves as the victim-survivor, such as calling the police first, taking out intervention orders against the victim-survivor, calling child protection to report the victim-survivor, or vexatiously engaging the victim-survivor in the family law system.

IMPORTANT:

Non-family violence Social Mission Streams may experience uncertainty about who might be experiencing or using family violence in some cases. It is important to undertake secondary consultation with family violence specialists to safely assess risks and facilitate referrals to appropriate services for perpetrators and victim-survivors. Specialists have an important role to play in examining the biases that perpetuate misidentification and advocating for corrections within record-keeping processes and in accordance with privacy and information-sharing legislation.

Collaborative Risk Management

Risk management is a process occurring alongside risk assessment that aims to promote safety through collaboration and planning with victim-survivors and other involved services and systems, including those that are able to intervene with perpetrators and mitigate risk.⁹⁴

It involves a *collaborative approach* to develop tailored safety plans, facilitate referrals, monitor perpetrator behaviours and risks, and take collective action to prevent further harm.⁹⁵ The ultimate aim of risk management is to continuously reassess and monitor family violence until the point that the possibility of further harm is significantly reduced.

Notably, collaborative practices for risk management within The Salvation Army are enhanced by the Local Mission Delivery Model. This means that participants in the National Family Violence Stream have access to a range of Salvation Army services and the associated benefits. Salvation Army specialist family violence services offer internal secondary consultation, safety planning advice and receive referrals from other Social Mission Streams. Additionally, all Social Mission Streams wherever they are situated in Australia have a partnership role to play in preventing and responding to family violence in their local area, state/territory or nationally (see Continuum of Responses). Through internal and external partnerships and multi-agency coordination, people who experience and use family violence are connected with holistic wrap-around care.

This section provides a broad overview of evidence-based risk management approaches and should be understood as high level guidance that does not replace state and territorial frameworks (see Appendix D).

Evidence-based approach

Principles 6 and 7 of the ANROWS *National Risk Assessment Principles for Domestic and Family Violence* outlined in the previous section (Family Violence Risk Assessment) are particularly relevant for evidence-based approaches for risk management. These principles articulate the importance of agencies working together to support adult and child victim-survivors to live free from violence, address perpetrator responsibility and accountability, and move toward healing and recovery.⁹⁶

Additionally, the *National Outcome Standards for Perpetrator Interventions* (NOSPI) provide a set of evidence-based standards that focus attention on risk management with perpetrators.⁹⁷ The NOSPI guidance provides extensive background information about intervening with perpetrators to manage risk and should be consulted directly for further details. The intention behind these standards is to shift burden for self-protection from victim-survivors and place responsibility on perpetrators and the systems that can intervene with their behaviour. In summary, the standards are:

1. Women and their children's safety is the core priority of all perpetrator interventions.
2. Perpetrators get the right interventions at the right time.
3. Perpetrators face justice and legal consequences when they commit violence.
4. Perpetrators participate in programs and services that enable them to change their violent behaviours and attitudes.
5. Perpetrator interventions are driven by credible evidence to continuously improve.
6. People working in perpetrator intervention systems are skilled in responding to the dynamics and impacts of domestic, family, and sexual violence.

Evidence-based approaches for risk management also requires an understanding of the terms perpetrator 'accountability' and 'responsibility.' The expression 'holding perpetrators accountable' generally involves imposing risk management strategies that keep the perpetrator in view of the system and sanction their behaviour, typically through justice-based responses.⁹⁸ It can also mean making perpetrators aware of their own accountability to victim-survivors to cease their use of coercive control, violence, and abuse, whether through justice or community-based responses. That said, systems are only able to mandate or enable accountability and cannot guarantee that it will occur - ultimately, accountability is a choice made by the perpetrator who takes responsibility for changing their behaviour.⁹⁹

⁹⁴ Backhouse & Toivonen (2018).

⁹⁵ Albuquerque et al. (2013); Backhouse & Toivonen (2018).

⁹⁶ Backhouse & Toivonen (2018).

⁹⁷ Australian Department of Social Services (2015).

⁹⁸ Australia's National Research Organisation for Women's Safety (2020a).

⁹⁹ No to Violence (2015).

Risk management components

Risk assessment and risk management frameworks typically involve several interconnecting components that enable holistic, collaborative responses to family violence. Good practices and understanding within these components are summarised in the points below.¹⁰⁰

Victim-Survivor Safety Planning

- Safety plans are developed with the victim-survivor to mitigate the risks of family violence in the short to medium term, while other risk management actions and interventions are being organised.
- Safety planning should be built around victim-survivor's strengths and protective factors, as well as their rights to maintain cultural, faith and community connections.
- Strategies in a safety plan may include specific plans for mitigating risks for children tailored to their age and stage of development, however, this must also consider the difficulties adult victim survivors may have in carrying out these plans when under the threat of violence, and there should be no expectations that children are responsible for carrying out a plan.
- Victim-survivors should have regular updates about multi-agency risk management activities and perpetrator interventions from a primary professional contact to inform their safety planning.
- A safety planning template helps to guide and document the planning process – see safety planning resources provided by state/territorial risk assessment and management guidance (Appendix D) or from The Salvation Army or 1800RESPECT.
- Safety plans are greatly enhanced by pivoting attention toward other risk management interventions with the perpetrator.

Perpetrator Accountability and Responsibility

- Any intervention with a perpetrator should account for the victim-survivors own assessment of potential risk arising from the intervention and must prioritise their safety and confidentiality at all times.
- Perpetrator accountability can be enabled through lawful and secure information sharing with services and systems that have a direct role to play with perpetrators – depending on circumstance this may include behaviour change programs, police, courts,

corrections, child protection, and other services addressing co-morbidities such as alcohol and drug services, mental health services, or housing and homelessness services.

- Those who work directly with perpetrators can promote responsibility and behaviour change and ensure that perpetrators are aware of and comply with order conditions, support safety planning for victim-survivors and share critical information to inform ongoing risk assessment and risk management.
- Specialist perpetrator interventions and behaviour change programs ought to tailor service offerings to engage with people using violence where English is not their primary spoken language, or have complex needs due to mental health concerns, alcohol and drug issues, homelessness, brain injury, cognitive impairment, disability or other complex health and social issues.
- Victim-survivors who maintain connections with perpetrators are not responsible for the perpetrator's accountability, compliance with orders, or behaviour change.
- Cases where women are suspected as perpetrators of family violence should consider the context of self-defence and resistance to violence with interventions that support individual needs and behaviour change.
- Where adolescents are using family violence, responses must prioritise victim-survivor safety, including where the adolescent may also be a victim themselves, carefully involve collaboration with safe non-offending parents/carers, and consider therapeutic services to support behaviour change and address other concurrent issues.

Managing unique risks to children

- Where safe to do so, non-offending parents/carers, including adult victim survivors should be supported to make decisions about risk management processes involving their children, including making their own reports to child protection or wellbeing services about the perpetrator's behaviour.
- Risk management strategies should consider the particular family violence risk factors pertaining to children and the different ways a perpetrator has targeted or harmed individual children.
- Secondary consultation and coordinated responses with services that specialise in child wellbeing and protection are an important part of collaborative approaches to managing risk.
- Risk management should account for children's own cultural rights as Aboriginal and Torres Strait Islander peoples or from a culturally and linguistically diverse background, which may include the involvement of specialist protocols and services with regard to child protection.
- Collaboration will occur with young people re: managing risk.

¹⁰⁰ The information in these points is compiled from the following resources: Albuquerque et al. (2013); Australia's National Research Organisation for Women's Safety (2020b); Backhouse & Toivonen (2018); Family Safety Victoria (2019e).

Monitoring and Documenting

- Monitoring and documenting risk is the responsibility of all services directly involved with family violence cases, even if they are not family violence specialists.
- All practitioners involved in responding to adult and child victim-survivors or perpetrators are responsible for documenting, updating, and sharing information about family violence risks assessments and risk management actions and outcomes.
- Monitoring and documenting risk is particularly critical during family law proceedings, separation, and other times of transition as these circumstances present escalation in high-risk factors for serious harm or lethality.

Multi-agency Coordination

- Multi-agency coordination can help address the barriers that prevent victim-survivors and perpetrators from accessing support with a system wide 'open door' approach to ensure that people do not experience pushback or handballing – this is especially important for managing risks with people who experience intersectional oppression and discrimination.
- Practical multi-agency coordinated responses typically involve referral protocols, secondary consultation, information sharing, co-case management, co-located service delivery, formal multi-agency risk management panels/meetings, and shared risk assessment and management frameworks.
- Multi-agency work often involves undertaking advocacy on behalf of the victim-survivor and sharing information about risk assessments and risk management strategies – this intends to keep the perpetrator 'in view', streamline support, and prevent 'secondary victimisation' where victim-survivors have to repeat their experiences to multiple services.
- Multi-agency coordination also involves referrals for services that enable the broader case plan goals for long term risk reduction and recovery, such as legal services, employment and education assistance, accommodation, support networks, and therapeutic services.
- Where a victim-survivor is seeking a 'whole of family' (sometimes called 'all of family') service through therapeutic programs, parenting programs or other specialist responses, it is important that these approaches promote victim-survivor safety and confidentiality through multi-agency approaches that involve referrals to specialist family violence services and men's behaviour change programs.

Governance and partnership

- Effective multi-agency coordination is underpinned by governance and partnership processes between services and systems to continuously improve risk assessment, risk management and collaborative case work.
- Governance and partnership may occur at multiple levels through local, regional, state/territorial, and in some cases, national arrangements.
- Services and systems should meet regularly to develop collaborative multi-agency responses under the guidance of an evidence-based understanding of family violence, best practice principles for victim-survivor safety and perpetrator accountability, and knowledge of roles and responsibilities under shared family violence policy and legislation.
- Governance and partnership arrangements should be led by family violence specialists and include representation and linkages with services that support marginalised populations, particularly youth services, Aboriginal and Torres Strait Islander services, services for people with disability, and LGBTIQ+ services.



**“My [Salvation Army] case worker
made me feel very comfortable to ask
for help. She genuinely cared.”**

– survivor advisor

Safe and Sensitive Engagement



This section builds on the previous foundations of care to outline safe and sensitive approaches for engaging directly with adult victim-survivors, adult perpetrators, and children and adolescents. It begins by emphasising the importance of prioritising participants' health and safety through all engagements.

IMPORTANT:

While the practices for undertaking safe and sensitive responses are aimed at the broad target audience for this model of care, it is essential that non-family violence Social Mission Streams understand that their role is generally limited to:

- identifying the indicators and risks of family violence;
- engaging safely and sensitively with participants who may be using or experience family violence;
- addressing any immediate health and safety issues; and
- facilitating referrals with specialist family violence services.

Collaborating with family violence specialists through secondary consultation, referrals and co-case management is critical for safeguarding against the exacerbation of risk and enabling an effective collaborative risk management response.

Prioritising health and safety

When engaging in safe and sensitive responses, there may be indications of high-risk factors and escalation of violence leading to potential recurrence of harm or fatality (see Family Violence Risk Assessment).

There may also be indications that someone is currently injured, mentally distressed, expressing suicidal thoughts or that a child is being harmed, abused, and neglected.

The Salvation Army has duty of care protocols for responding to immediate risks, which should also be followed in cases of confirmed

or suspected immediate family violence risk or child abuse. This may involve supporting participants to contact emergency services depending on the nature and imminency of harm, facilitating access to healthcare services, including hospitals or GPs for unattended injuries, or contacting emergency services or child protection directly to prevent immediate harm.

Engaging with adult victim-survivors

In the National Family Violence Stream, adults who are experiencing family violence may approach the service directly or be referred by other services or authorities, such as police or child protection.

As such, it is likely they have already disclosed information about family violence and possibly engaged in prior risk assessment and risk management. In the other Social Mission Streams, family violence may not be the presenting issue, however, it may underly the reasons why someone is seeking assistance. This is often the case where the participant presents with housing insecurity, or family violence may be interacting with other concerns such as alcohol and drug use, mental health issues, disability, aged care needs, parenting support needs, financial insecurity, or precarious residency status.

The key points for safe and sensitive engagement with adult victim-survivors are outlined below.

Prioritise safety and confidentiality

- Ensure the victim-survivor is able to speak privately in person or over the phone (e.g., use 'routine procedures' such as explaining that it is policy to speak with participants alone or use follow up phone calls if a private discussion is not feasible at the time).
- Do not ask about family violence or discuss family violence services in the presence of any other person, unless you have already privately ascertained with the victim-survivor beforehand that the person in attendance is a supportive ally that they would like to involve in the appointment.
- Appropriate childcare arrangements should be made to ensure that children are not exposed to adult conversations about family violence or at risk of inadvertently relaying information back to perpetrators.

- Engage professional communication supports for persons with disability and persons who speak languages other than English – do not ask friends, family, carers, or children to interpret for a victim-survivor.
- Make it clear that confidentiality has limitations in accordance with privacy and information sharing laws to mitigate threats to safety and wellbeing, including for children – let them know that you will support them even if protective action needs to be taken.
- Consider the additional confidentiality concerns that may be more acute for people living in rural and remote areas, or involved in other close-knit communities, such as culturally and linguistically diverse communities, faith-based communities, Aboriginal and Torres Strait Islander communities, and LGBTQIA+ communities.

Ask, listen, and respond positively

- Sensitively communicate your concerns that family violence may be happening.
- Respect the victim-survivor's dignity and personal agency by taking time to listen, ask open questions and develop trust and rapport.
- Let the victim-survivor know that you believe them, and that experiencing family violence is not their fault.
- Let them know how you can help them either by getting connected to or providing specialist support (if that is your role).
- Be sensitive to people's backgrounds, cultures, faiths, and the intersectional issues that may be impacting on them.
- Consider how peoples' relationships and connections with friends, family, communities, pets/animals relate to their experiences of family violence and help-seeking.
- If someone is not ready to disclose, it is important not to push them, but instead provide information about family violence, the availability of support services, and how you can help facilitate connections and reduce barriers.

Offer information, choices and follow up

- Provide information about the services and supports available including family violence services within and outside The Salvation Army and local services available through other Social Mission Streams.
- Offer choices for next steps including referrals to specialist family violence services for risk assessment and safety planning support or voluntarily contacting police or child protection to make reports.
- Offer referrals or other supports that might enable the victim-survivor to gain greater control over their circumstances, such as financial support, legal advice, children's wellbeing services, counselling, accommodation, and brokerage to care for animals/pets.
- Ask about the best way to contact the victim-survivor and follow up within an agreed period of time (e.g., 24–48 hours).

Assess and manage risks with a family violence specialist

- Support the victim-survivor to access specialist family violence services for risk assessment and risk management support or utilise specialist service advice to assess risk via secondary consultation.
- Seek safety planning advice from specialists working within the National Family Violence Stream, other local specialist family violence services, or a state-wide or national helpline, such as 1800 RESPECT.
- If there are serious risks and the limitations of confidentiality under state/territorial legislation requires that you take immediate action, keep the victim-survivor informed of actions and decisions and again offer the choice to get connected with specialist support.

Share information in a trauma-informed way

- All Social Mission Streams must work within their state/territorial privacy and information sharing legislation with respect to how participant information is documented, stored, and shared.
- Secure storage and transfer of participant information, including documentation of family violence risk assessment and risk management work is essential for maintaining victim-survivor safety and confidentiality.
- Participants should know how their information is collected, documented, stored, and shared, including the extent and limitations of consent and how they can request access and make amendments to their personal records.
- Even where consent is not required to share information to manage risk, best practice involves keeping the victim-survivor updated about information sharing to support their safety planning.
- If victim-survivors have already disclosed their experiences of family violence to other services, it is important to seek consent to access this information in order to minimise the need for victim-survivors to retell their story and build on risk assessment, risk management and case planning processes already underway.

Document and monitor outcomes

- Document and continuously update secure participant records about engagements with victim-survivors, including any identified risks, actions taken, and outcomes in factual manner that avoids victim-blaming language or colludes with the perpetrator.
- Support victim-survivors to document evidence of their experiences to support legal work, court applications and police responses in a safe and discreet way that does not alarm the perpetrator (secondary consultation with family violence specialists is advisable).
- Correct misidentification of victim-survivors and perpetrators in case notes and communicate this to other involved agencies to ensure that appropriate risk assessment and risk management processes are applied (see Handling Misidentification).

Engaging with adult perpetrators

Engaging with adult perpetrators is a specialist practice, however, all Social Mission Streams may come into contact and work directly with people who exhibit indicators of family violence or are confirmed to be perpetrating family violence via information from the victim-survivor, other services, or the perpetrator themselves.

Even where a direct intervention is not feasible or safe, everyone is responsible for picking up on family violence indicators and contributing to risk assessment and risk management processes. Any action taken should be aligned with state/territorial frameworks for responding to family violence risk, including specific guidance for perpetrator interventions (see Appendix D).

Safe and sensitive responses involving perpetrators should use a cautious and non-collusive approach that prioritises the safety of victim-survivors at all times and involves seeking secondary consultation from family violence specialists before undertaking an engagement and progressing further action.¹⁰¹

Where possible, there may be opportunities to connect perpetrators with the right support to take responsibility for their behaviour through Men's Behaviour Change Programs and specialist perpetrator case management services. Additionally, it may be necessary to facilitate referrals to other services (including those provided by other Social Mission Streams) that address co-morbidities that are exacerbating the use violence. Parenting programs also present an opportunity to engage with perpetrators as fathers and provide safe and sensitive support to adult and child victim-survivors.¹⁰²

The key points for safe and sensitive responses for adult perpetrators are outlined below:

Be aware of family violence behaviours, indicators, and risks

- The shared understanding of family violence, including the dynamics of power and control and the gendered and intersectional drivers should engagement with perpetrators.
- Indicators presented in this model of care may assist to identify a person using family violence.
- The presence of evidence-based risk factors identified in perpetrator engagements should always be taken seriously and may require further action to prioritise safety and mitigate harm.
- seek secondary consultation or advice from an internal or external Men's Behaviour Change Program, or specialist family violence service working with victim-survivors. Advice can also be sought from the National Men's Referral Service provided by No to Violence.



Centre the safety of adult and child victim-survivors at all times

- Non-specialist Social Mission Streams should not engage with challenging perpetrators unless they have sought secondary consultation and advice from trained specialists or have undertaken specialist training themselves – confrontation and intervention may increase risk for the victim survivor and potentially reinforce feelings that the system is ‘unjust’ thus leading to disengagement.
- Even if a perpetrator directly discloses that they are using family violence, it is still important to ensure that the discussion does not exacerbate potential harm to a victim-survivor or collude with violence-supporting attitudes.
- If the perpetrator is a parent, consider risks to children that may require further action to mitigate further harm (including child protection reporting obligations), and promote taking responsibility for changing behaviour in order to prioritise children’s safety and wellbeing.

Avoid collusion and minimisation

- Any engagement with a suspected perpetrator should be conducted in a cautious manner that also avoids collusion with violence-supporting or minimising attitudes.
- Collusion by professionals working in services and systems that are responsible for addressing family violence is particularly detrimental to victim-survivor safety as it gives the perpetrator greater power to use against the victim-survivor (e.g., my counsellor/case worker is on my side...).
- Collusion can be very subtle, with a word, a nod, a smile, agreement, or humour and can place all or partial blame on the victim-survivor, effectively giving the perpetrator reinforcement and a ‘green light’ to continue their behaviours.
- If it is confirmed that the person you are working with is perpetrating family violence, part of a non-collusive practice is promoting responsibility and behaviour change, including encouragement to comply with intervention orders, attend behaviour change programs, improve their parenting capacity, and engage with other relevant services that enable safety and support.
- Consistent messaging that violence and abuse is not acceptable and inviting the perpetrator to take responsibility for changing their behaviours is also part of a non-collusive approach.
- Offer opportunities for disclosure and connection
- An open-door approach and routine conversations about family/partner relationships may provide an opportunity to pick up on indicators and risks or receive direct disclosures from perpetrators.

- A safe environment for disclosure should consider the perpetrator’s physical, emotional, and cultural safety, including the use of interpreters or professional communication supports.
- Treat perpetrators with dignity by recognising that their use of violence is deliberate and preventable and that they are capable of behaviour change.
- Offer support and referrals to specialist family violence services working with perpetrators, including Men’s Behaviour Change programs, perpetrator case management (where available) and early intervention parenting programs (such as those aimed at fathers).
- Offer referrals to other services that may address the co-morbidities associated with family violence risk such as alcohol and drug services, mental health services, employment services, and housing/homelessness services.
- Offer support to access parenting programs with an early intervention focus on changing behaviour through improvement parenting role and capacities.

Document and monitor to keep the perpetrator in view

- All Social Mission Streams are responsible for identifying and documenting family violence risk, including information about perpetrators, and to share this information appropriately to contribute to risk assessment and risk management.
- Processes for sharing information about perpetrators depends on the state/territorial family violence risk assessment and management frameworks alongside privacy and information sharing legislation (see Appendix D).
- It is important to document and continuously update secure participant records about engagement with perpetrators, including any identified risks, actions taken, and outcomes in factual manner that avoids victim-blaming language or colludes with the perpetrator.

Engaging with children and adolescents

Safe and sensitive engagement with children, including infants, toddlers, school-age children, and adolescents (i.e., people under the age of 18), should be provided by trained family violence specialists and/or specialists in child safety and wellbeing.

Social Mission Streams that are not trained to work directly with children should still understand this practice and seek supervision and/or secondary consultation.

Notably, the extent to which family violence specialists are able to engage directly with children does vary due to factors including the nature of their parents'/carers' voluntary engagement with the service, the child's age and stage of development, and the service context and setting (e.g. telephone responses, remote/rural responses, appointments during school hours). The specialist family violence programs in The Salvation Army that are more likely to have direct engagement opportunities with children and young people are those that provide Family Violence Accommodation Services, Children and Parenting Support Service, and Family Violence Therapeutic programs. Depending on the nature of engagement, Local Family Violence Support Services that provide case management support may have varying opportunities to connect with children as the work often involves crisis responses and case management appointments where children may or may not attend.

Nevertheless, keeping children's rights and safety at the forefront of service provision is essential even where direct engagement is limited or even non-existent. This is an important part of working in a multi-dimensional way that holistically accounts for the individual risks, safety and support needs of each infant, child, or young person in *tandem* with the partnership work undertaken with the adult victim-survivor.¹⁰³ When working with parents who use violence (such as through parenting programs or men's behaviour change programs), this involves assessing and acting on potential risks to children and supporting the perpetrator to take responsibility for changing their behaviour and prioritising children's safety and wellbeing.¹⁰⁴

The following additional key points are important for engaging with children in general.

Remember that children are victim-survivors in their own right

- Children have their own experiences of family violence whether they are directly targeted or not or exposed to hearing or seeing the effects of family violence.
- Children may be targeted in different ways by the perpetrator if they are biological or non-biological children and may experience family violence risk in different ways according to cultural and gender norms and intersectional oppression.
- Adolescents may also be experiencing violence and abuse in intimate/dating relationships either separate from or in addition to violence in their immediate or extended family.

Take a partnership approach with safe parents/carers to support children

- Partner with the adult victim-survivor to assess risks for each child individually and the impact of the perpetrators' behaviours on undermining their parenting and relationships with their children.
- Recognise that many adult victim-survivors may be experiencing feelings of shame, guilt, and self-blame about their children's exposure to the perpetrator's behaviour.
- Let the adult victim-survivor know that a perpetrator who exposes children to family violence and its effects, or abuses them directly, is making their own choices as a parent that undermine children's safety and wellbeing.
- Acknowledge and build on the strategies the adult victim-survivor is using to manage and mitigate harm to their children.
- Provide support to access opportunities that restore the parent/carer-child bond through specialist therapeutic programs.
- Respect the diverse parenting styles of parents/carers from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, Rainbow families and parents/carers with disability.
- Discuss advocacy approaches with the victim-survivor to engage statutory systems, such as child protection or courts, to pivot their interventions and consequences toward the perpetrator.
- Where safe to do so, support the adult victim-survivor to report to child protection or other child wellbeing services with understanding as to the barriers and fears that may prevent engagement.



¹⁰³ Campo et al. (2014); Kaspiw et al. (2017).

¹⁰⁴ Healey et al. (2018).



Recognising that adolescents involved in families may have differing views in regard to their goals and needs from the family and with consent the Family Violence Stream will engage specialist youth services.

Consider how to engage appropriately with children and adolescents

- Circumstances where direct engagement with children and adolescents is required to assess risk and support needs should be made by trained professionals and consider age, stage of development, disability, language, and other individual needs.
- Consider whether it is best to ask questions directly with children or adolescents either with or separately from their non-offending parent/carer, or if another trusted adult or independent professional should be present – older children and adolescents may prefer the opportunity to speak privately about their experiences.
- Consider if direct engagement with children might compromise safety if the child is being used by the perpetrator to monitor the whereabouts and actions of their non-offending parent/carer.
- Ensure that the environment, whether in the service or on outreach, is an appropriate and confidential place that is welcoming and inclusive for children and adolescents.
- Let the child know about your role, that you are there to listen to them, and that they will be believed and supported.
- Acknowledge and listen to children's feelings, fears, and worries about their experiences and safety, and about whether the adults, siblings or other people in their lives are safe and supportive.
- Demonstrate empathy, care and validation of children's own lived experiences and perspectives on their relationships with their parents/carers, sibling, or other family members, including their views on the perpetrator and their relationship going forward.

Support families where children or adolescents use violence

Various Social Mission Streams may encounter circumstances where a child or adolescent is using abusive and violent behaviours against their parents, grandparents, siblings, or other family members. This is a complex area of service provision which requires care and specialist responses to ensure the safety of all parties involved.

It is important to recognise that children and adolescents exhibiting violent behaviours may not be doing so under the definition of family violence. Children and adolescents with neurological differences or developmental disability, may be using violence without the critical element of patterned, deliberate acts of coercive control. There may also be additional factors such as unaddressed trauma and alcohol and drug use. Responses to these circumstances may require other forms of specialist support beyond the remit of family violence services, such as the provision of youth, disability, or therapeutic services.

Emerging research has found that children and adolescents who are using coercive and controlling family violence behaviours are often exposed to family violence themselves as victim-survivors by another perpetrator in the family. Care is required to ensure that their own experiences of being exposed or subjected to abuse are not dismissed and that they also receive support to enable their safety alongside support to change their behaviours.

In all circumstances, it is important to understand the challenges faced by families where a child or adolescent is engaging in violent behaviours and avoid taking the same kind of advocacy and intervention approach that is applied to adults who use family violence.

The key points for safe and sensitive responses for children and adolescents using violence include:

- Responses should be undertaken by family violence trained specialists and consider age, developmental stage, risks and protective factors, intersectional oppressions, and therapeutic needs – where possible, engage with therapeutic treatment options that specialise in working with adolescents who use family violence (or sexual abuse if relevant).
- Responses must assess whether the child or adolescent is also a survivor of family violence or other forms of abuse to simultaneously prioritise their safety and the safety of victim-survivors who are subjected to violence by the adolescent including parents/carers, siblings, or persons in intimate/dating relationships.
- A collaborative working relationship with parents/carers may support behaviour change for the child or adolescent, however, it is important to privately seek the views of the adolescent and the parent/carer separately to prioritise the safety of adult victim-survivors and to ascertain if there are indicators that the parent/carer may be using violence themselves.
- Professionals working with children and adolescents require specialist training and supervision to work in a non-collusive way to challenge attitudes that minimise, obscure, or deny the use of violence while also acknowledging their own experiences of harm, and other issues of concern.



Glossary

Accessibility	Accessibility is a broad umbrella term to describe all aspects that influence a person's ability to function within an environment or participate in an activity. Under the Disability Discrimination Act 1992 (Cth), businesses and service providers must make reasonable adjustments to increase accessibility so that people with disability can obtain goods, use services and facilities, access public premises, and use communication devices, interpreters, mobility aids, equipment and assistance animals.
Adolescent family violence	An adolescent (person between ages of 10 and 19) who uses coercive and controlling behaviours and violence against family members and/or intimate partners – they are not considered to be perpetrators in the same way as adults and are likely to also be victims of family violence who require their own specialist family violence responses.
Age and stage of development	Refers to the unique age and developmental stages for infants, children, adolescents, and young people. Development is influenced by a range of factors, including culture, faith, gender identity, sexuality, and disability, biology, and life experiences. While it is important to understand developmental milestones, variations are to be expected and considered for each child's unique experiences and circumstances.
Case management	Case management is provided to service participants through a range of practices including screening and intake, risk assessment, risk management, safety planning, crisis responses, outreach, advocacy, goal setting, multi-agency service coordination, referrals, exit planning and case closure. Case management may vary in intensity and duration depending on participant needs.
Cisgender	A person whose gender identity aligns with the sex they were assigned at birth (i.e., someone who does not identify as transgender or gender-diverse).
Coercive control	Patterned and deliberate behaviours and tactics used by the perpetrator to exert power and domination over the victim-survivor. See Appendix B for a comprehensive description of various coercive and controlling behaviours.
Collusion	Refers to ways that an individual, agency or system might reinforce, excuse, minimise or deny a perpetrator's violence towards family members and/or the extent or impact of that violence.
Complex need	Victim-survivors and perpetrators may have complex needs where there are interrelated issues impacting on their circumstances such as mental health concerns, substance misuse, criminalised backgrounds, housing insecurity, economic insecurity, child protection concerns, and temporary residency status.
Confidentiality	Carefully managing how someone's personal information is collected, stored, and shared, to prevent unlawful breaches of privacy and, in the case of family violence, prevent the escalation of risk and harm.
Consent	Where someone is provided with relevant information and options to give permission for a service to take some form of action on their behalf. Consent is based on a person's capacity to understand, retain, use, or weigh and communicate their decision, views, and needs.
Continuous quality improvement	Rigorous measurement of performance and progress that is benchmarked and used to manage risk and drive improvement in the quality of services and participant experience.
Multi-agency coordinated response	A process that involves multiple professionals and services to assess and manage family violence risks, develop holistic case plan goals, address barriers, and mobilise interventions to promote perpetrator responsibility and accountability to mitigate further harm.

Cultural safety	Promoting an environment that is physically, spiritually, socially, and emotionally safe for people and there is no assault, challenge, or denial of their identity, of who they are and what they need.
Culturally and linguistically diverse	Refers to the range of different cultural and language groups represented in the population. Cultural and linguistic diversity may arise from a range of circumstances, including place of birth, ancestry or ethnic origin, religion, preferred language, or language spoken at home.
Elder abuse	Any act, or failure to act, which causes harm or distress to an older person and is carried out by someone they know and trust, such as a family member or friend - the abuse can occur in intimate, carer, or residential settings and may be physical, social, financial, psychological, or sexual and can include mistreatment and neglect.
Family violence	Family violence is behaviour that threatens, controls, or dominates a current or former partner, family member, or person in a family-like or kinship relationship causing them to fear for their own or another person's safety or wellbeing. Family violence also includes exposing a child, indirectly or directly to these behaviours or their effects.
Gender-based oppression	Gender-based oppression is defined as oppression associated with binary and rigid gender norms, gender inequality and power hierarchies that are reinforced by patriarchal social constructs. It reflects the unequal distribution power, resources, and opportunities across society with particular impacts on women, transgender, and gender-diverse people.
Heteronormative	A discriminatory and oppressive social construct that assumes that everyone is, or should be, heterosexual and cisgender and that other sexualities or gender identities are unhealthy, unnatural and a threat to society.
Human rights	The rights of each person to be valued regardless of background based on principles of dignity, equality, and mutual respect. Family violence is a fundamental violation of human rights.
Human trafficking	Physical movement of people across borders through coercive or deceptive means for the purposes of forced labour, domestic servitude, sexual exploitation, debt bondage and other forms of slavery/slavery-like practices and exploitation.
Inclusion	Refers to processes that enable involvement and empowerment of all people, where their inherent worth and dignity is recognised, and barriers and inequalities are continuously reviewed and addressed.
Intersectional feminism	A theory that examines how multiple forms of power, privilege, and oppression overlap, or intersect, in people's lives in mutually reinforcing ways to produce power hierarchies, structural inequalities and systemic marginalisation.
Intersex	A person born with natural variations to physical or biological sex characteristics such as variations in chromosomes, hormones, or anatomy. Intersex traits are a natural part of human bodily diversity. Not all people with intersex variations use the term intersex and intersex people have diverse genders and sexualities.
Intimate partner violence	Abuse and violence occurring within former or current intimate relationships that may or may not be sexual in nature, including brief and casual dating relationships, longer term relationships, de facto partnerships, engagements, and marriages under secular and religious traditions.
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Questioning and Asexual.
Misidentification	Where a victim survivor is named or categorised as a perpetrator for a range of reasons including tactics used by the perpetrator to obscure their own use of violence, the victim-survivors' use of self-defence or violent resistance, the biases and assumptions of the observer and poor risk assessment practices.

Modern slavery	The severe exploitation of a person for personal or commercial gain. Modern slavery is an umbrella terms used to describe a range of contemporary forms of slavery, including human, organ, and child trafficking, forced labour, debt bondage, and servitude.
Parent/carer	A person who has responsibility for the long-term welfare of a child who has rights and duties to care and provide guardianship to the child and with whom the child normally or regularly resides. This term is inclusive Rainbow families, adoptive and fostering families, and recognises broader family and kinship caregiving relationships.
Participant	Person/s seeking or receiving support through The Salvation Army Social Mission Department.
Patriarchy	Patriarchy describes a complex, multi-layered socially and politically constructed system whereby male dominance, male privilege, misogyny, heteronormativity, and gender power hierarchies are normalised and create numerous inequalities.
Person-centred practice	A practice that counters the impacts of control by genuinely supporting victim-survivors to meaningfully experience their own empowerment and restore dignity and control over their lives without coercion or negative judgement
Perpetrator	An adult who uses family violence.
Perpetrator accountability and responsibility	The process by which the perpetrator themselves acknowledges their own accountability to victim-survivors and takes responsibility for their use of family violence and works to change their behaviour.
Protective factors	Factors present in a victim-survivor's circumstances that may assist to lessen or mitigate the risks of family violence and promote stabilisation and recovery. Protective factors are only useful to the degree a perpetrator takes responsibility for changing their behaviour or is prevented from using family violence through legal and community-based sanctions.
Rainbow families	Parents, carers, prospective parents and/or their children who identify as LGBTIQ+.
Referral	A self-referral is when a person voluntarily contacts a service seeking assistance or information. A facilitated referral is a referral made by another party, usually a practitioner in another service, on behalf of the person requiring assistance.
Reflective practice	A dynamic process of continuous analysis, reflection, and action to examine the values, assumptions, and biases that impact on inclusive and socially just service provision.
Risk assessment	Family violence risk assessment is a comprehensive appraisal of the occurrence of family violence based on examining evidence-based risk factors, patterns of perpetrator behaviour, and the victim-survivor's own assessments of risk, fear, and safety. It may also involve processes such as information sharing with other agencies and applying an intersectional analysis to enhance contextual understanding of barriers and risks.
Risk factors	Static and dynamic variables comprised of perpetrator behaviours and victim-survivor circumstances which assist in assessing the likelihood that violence will be repeated or escalate.
Risk management	A process occurring alongside risk assessment that aims to promote safety through collaboration and planning with victim-survivors and other involved services and systems, including those that are able to intervene with perpetrators and mitigate risk.
Safety planning	A plan developed with the victim-survivor to mitigate the risks of family violence in the short to medium term, while other risk management actions and interventions are being organised. Safety plans should use a strengths-based approach and identify protective factors that build on what the victim-survivor is already doing and what works for their circumstances.

Secondary consultation	A process whereby a practitioner either seeks advice or provides advice to another service/practitioner.
Specialist Family Violence Service	Funded services and programs that work directly with victim-survivors and perpetrators of family violence.
Social model of disability	The social model views 'disability' as the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers. This means that it is the responsibility of society to make the changes that are necessary for enabling people with a disability to participate on an equal basis.
Transgender and gender-diverse	Transgender refers to a person whose gender does not exclusively align with the one they were assigned at birth. Gender diverse refers to a range of genders expressed in different ways. There are many terms used by gender diverse people to describe themselves, such as gender non-conforming or gender non-binary.
Trauma-and-violence informed approach	Impacts of family violence trauma are understood from a structural, rather than solely individual, perspective within the broader context of patriarchal social conditions, intersectional oppression, and systemic violence and discrimination.
Victim-blaming	Refers to devaluing, holding responsible and/or negatively judging a person who has experienced harm that was committed against them, such as family violence, sexual assault, or other forms of abuse, coercion, or criminal acts. It can be intentional or unintentional and includes negative social responses from family, friends, community members, professionals, media, and other social institutions.
Victim-survivor	Adults and children who experience family violence.



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Appendices



Appendix A: Family violence behaviours

The categories and examples provided presents a comprehensive overview of family violence behaviours. Some individuals experiencing family violence may identify behaviours not described here but should nonetheless be taken seriously when identifying and responding to family violence.

Please note that specific risk factors used for the purposes of formalised family violence risk assessments are described under Appendix B.

Category	Description	Examples
Physical	Assaulting or causing personal injury or fatality, disrespecting bodily integrity, damaging property, or threatening to do so	<ul style="list-style-type: none">• Deliberately causing or threatening to cause physical injuries through hitting, punching, kicking, burning, pushing, throwing, strangulation, etc.• Using intimidating physical actions or gestures to instil fear of bodily harm.• Threatening to kill or using physical violence to cause near fatalities.• Restraining, tying, locking up or moving someone's body.• Forcing or coercing someone to use substances (e.g., drugs and alcohol), medicines, or poisons.• Controlling or denying access to food, medication, doctors, and healthcare treatments.• Using or displaying weapons (e.g. guns, knives, bats), or objects as weapons, (e.g. cars, blunt instruments, scissors).• Trying to control, force, or deny changes to a person's physical body or appearance.• Damaging or destroying property and personal belongings.• Damaging or moving a wheelchair, mobility aids or communication devices.
Sexual	Sexual assault, rape, coercion, sexual harassment, non-consensual sexual behaviour or threatening to do so.	<ul style="list-style-type: none">• Pressuring, forcing, or expecting sexual intercourse, sexual acts, or touching.• Not obtaining consent or expecting that prior consent to sexual intercourse/acts means ongoing consent.• Pressuring or forcing to view, talk about, or participate in pornographic video/images.• Making sexual comments or engaging in humiliation or put-downs of a sexual nature.• Using alcohol or drugs to take control and confuse someone in order to engage in sexual assault/abuse.• Engaging, or threatening to engage in, sexual acts with other people.• Sharing, or threatening to share, private sexual information with other people.

Category	Description	Examples
Reproductive	Behaviour that controls, constrains, or interferes with reproductive autonomy, choices, and decision-making.	<ul style="list-style-type: none"> • Sexual abuse (see category) that is used to control or interfere with reproductive choices. • Forcing or pressuring someone to become pregnant, terminate a pregnancy, manipulate menstrual cycles, or engage in sterilisation. • Forcing or pressuring unprotected sexual intercourse. • Removing a condom or contraceptive device before or during sex without consent. • Denying access to or sabotaging contraceptives, such as condoms and birth control medication/devices and emergency contraception (e.g. 'morning after' pill). • Knowingly passing on a sexually transmitted infection or refusing to get tested for a suspected infection and continuing to force or expect sexual acts. • Stopping access to reproductive healthcare information, services, and tests. • Forcing, pressuring, or threatening genital cutting, mutilation, or surgeries.
Stalking/ Surveillance	Repeated behaviours of harassment, intimidation, monitoring and unwanted contact, including in current or former intimate/familial relationships.	<ul style="list-style-type: none"> • Keeping track of someone's movements, contact with others, and plans. • Following someone to/from their home, workplace, and social activities or turning up unexpectedly at places. • Sending or leaving unwanted gifts, notes, items. • Breaking into a home or workplace or entering via manipulating/threatening others or using unreturned keys. • Using the internet to contact, monitor, or intimidate via email, social media, websites, online databases, and records. • Checking mobile phones, tablets, computers and/or putting surveillance apps and software on devices. • Hiring or procuring others to engage in stalking and surveillance.
Financial/ Economic	Using money to hurt someone, dowry abuse and debt bondage, or denying reasonable financial autonomy or financial support.	<ul style="list-style-type: none"> • Controlling access to money, financial institutions, bank accounts, assets, and financial information. • Controlling or denying access to money or other resources required for the care of children. • Controlling access to, denying, or forcing employment or paid work. • Denying access to education and personal development opportunities. • Taking income earnings and denying access to pay. • Denying financial autonomy completely or providing only an 'allowance'. • Requiring requests to access and explain use of funds, provide receipts, justify reasonable purchases. • Using household income for purchases, gambling, or other expenses that cause financial insecurity. • Making a person financially responsible for assets, debts, liabilities. • Dowry-related threats and abuse.

Category	Description	Examples
Spiritual/ Cultural	Preventing, controlling, or ridiculing spiritual, religious, or cultural practices and beliefs and/or manipulating practices and beliefs to cause harm.	<ul style="list-style-type: none"> • Using scripture, religious/spiritual texts, or cultural beliefs to justify abusive behaviours. • Forcing participation in a religion or cultural practices, or denying and controlling access to a religion, spirituality, or culture. • Shaming or insulting religions, spiritual or cultural beliefs. • Involving religious or cultural leaders in minimising, denying, or encouraging acceptance of control and abuse. • Pressuring and/or forcing non-consensual relationships or marriage on religious or cultural grounds.
Social	Social isolation from family, friends, and community networks and/or damaging social relationships.	<ul style="list-style-type: none"> • Stopping someone from contacting or seeing friends, family, or other people, and forming new social relationships. • Controlling movements and/or not allowing movement outside their home, room, yard, neighbourhood, or geographic boundary. • Denying or restricting participation in social and community activities and events and social interactions with others. • Telling lies or manipulating information to humiliate someone in front of others or turn other people against them. • Deliberately causing someone to be late or miss events and appointments. • Involving multiple family members in the perpetration of abuse and controlling behaviours.
Psychological/ Emotional	Behaviour that causes emotional or mental distress and harm.	<ul style="list-style-type: none"> • Verbal abuse, put-downs, name-calling, and humiliation. • Blackmail, emotional manipulation, ignoring and 'silent treatment'. • Yelling, shouting, using obscene language. • Jealousy, possessiveness and accusations of flirting or cheating. • Threats of harm, including toward children, family members, friends, pets. • 'Gaslighting' by using 'mind games' or creating an atmosphere to cause someone to believe they have a cognitive deficit or are mentally unwell. • Exacerbating existing mental health issues and using mental health issues to control or discredit. • Criticising appearance, thoughts, plans, and intelligence. • Giving orders and treating a person like they are a servant.
Neglect ¹⁰⁷	Controlling, denying, or ignoring health and wellbeing needs that support someone to feel comfortable and safe.	<ul style="list-style-type: none"> • Denying access to food, water, personal hygiene materials or providing inadequate amounts or poor quality/unsafe products. • Not providing a safe and reasonably clean environment to live in with access to personal privacy. • Denying or controlling access to bathrooms, laundry, running water and other ways of keeping a clean body, clothes, shoes, etc. • Engaging in social abuse (see category) to neglect access to support systems and general quality of life. • Engaging in psychological abuse (see category) and treatment where a person is denied love, care, and kindness.

¹⁰⁷ This category has particularly impacts on children, people with disability or temporary impairments, older persons, and people living in institutions.

Category	Description	Examples
Animal/Pet Abuse	Causing or threatening to cause the death or injury to an animal, pet, or livestock.	<ul style="list-style-type: none"> • Causing or threatening physical injury or killing pets/animals. • Talking about or demonstrating acts of violence and abuse toward a pet/animal. • Denying resources to sustain a pet/animal's health and wellbeing such as food, comfort, medication, etc.
Technology-facilitated	Using technology such as phones, email, social media, or spyware to threaten, harass and harm.	<ul style="list-style-type: none"> • Using the internet and technology to engage in stalking/surveillance, hacking and impersonating. • Using the internet and technology to spread lies and manipulate information causing harm. • Denying access to technology, computers, phones, or other devices and/or controlling access including use of passwords. • Engaging in repeated emails, phone calls, voicemails, text messages, or social media posts or messages. • Posting private photos/videos online without permission, including images with sexual content, or that are used to discredit and distress.
Migration-related	Using and manipulating immigration systems to bully, control and threaten.	<ul style="list-style-type: none"> • Threats of rescinding the victim-survivors' visa sponsorship, deportation and separation from family, children, and community (or blaming the victim-survivor for the perpetrator's possible or actual loss of visa status or deportation). • Denying or controlling access to migration documents, visas, passports and/or information about those items. • Denying or controlling access to English language education or other settlement resources. • Taking advantage of government immigration policies to exert control, such as lack of government income support, healthcare, childcare, and other resources. • Engaging in human trafficking and modern slavery.
Systemic/Legal	Using legal or other systems to bully, control, and threaten.	<ul style="list-style-type: none"> • Keeping someone involved in legal processes, such as family law systems, vexatiously and repeatedly over time to scare them or wear them down. • Using tactics to make the victim appear as though they are the perpetrator in order to turn systems, such as police, courts, and child protection against them. • Stopping access to legal advice, social services, or therapy, including for children. • Controlling access to or destroying documents or evidence, claiming documents are missing or not filing them with legal services or courts as requested. • Breaching police or court orders, manipulating information about orders, or taking orders out against the victim. • Representing themselves in court to examine and put the victim 'on trial'. • Not showing up to court, avoiding or hiding from legal or justice systems.

Category	Description	Examples
Child abuse	Violence and abuse that directly or indirectly harms children, their parental relationships, and their right to a care and protection.	<ul style="list-style-type: none"> • Abusing or harming children or threatening to do so to children directly, or to their other parent, carer, or family members, using any of the above categories and tactics of family violence. • Exposing children to seeing, hearing, overhearing family violence or the effects of family violence, such as distressed parents, family members, or siblings, property damage, financial insecurity, housing insecurity, neglect, social isolation, contact with police. • Forcing, pressuring or coaching children to use abusive and harmful behaviours against their parent/carer, siblings, or other family members. • Forcing children to clean up and comfort their protective parent/carer, siblings, or other family members after using violence. • Preventing or disrupting parent/carer from reducing children's exposure to family violence. • Preventing or disrupting parent/carer from creating a stable, nurturing, and loving environment for children. • Insulting a parent/carers abilities and capacity to look after children.





Appendix B:

Family violence risk factors

The information below provides a list of family violence risk factors commonly found in state/territorial risk assessment frameworks. While some hold stronger empirical validity than others, all risk factors should be taken seriously, even if there is no clear intent that someone may be seriously harmed or killed.

Please refer to your own state/territorial frameworks for information about the specific risk factors and assessment procedures in your area (see Appendix D).

Evidence-based high-risk factors

The following empirically validated risk factors indicate an increased risk of the victim being killed or almost killed.¹⁰⁸

- History of family violence.
- Separation (actual or pending).
- Intimate partner sexual violence.
- Non-lethal strangulation (choking).
- Stalking/surveillance.
- Threats to kill or seriously harm.
- Access to/use of weapons.
- Escalation in frequency and/or severity of violence.
- Patterns of coercive and controlling behaviours.
- Obsessive and jealous behaviours toward the victim-survivor.
- Violence during or after pregnancy/new birth.
- Harming or threatening to harm pets or other animals.
- Perpetrator's self-harm and/or suicidality.
- Perpetrator is unemployed/disengaged from education.
- Perpetrator's alcohol or drug misuse.

Other common risk factors

The following risk factors do not yet hold the same empirical validity as the high-risk factors, but are derived from emerging evidence about common risk factors associated with the likelihood of family violence perpetration.¹⁰⁹

- Victim-survivor's own self-perception of risk, including levels of fear and concern for safety.
- Victim-survivor's isolation and barriers to help-seeking.
- Perpetrator's mental health issues/depression.
- Harming or threatening to harm other family members, including children.

- Imminence of matters impacting on risk (e.g., court matters, parenting proceedings, prison release, housing insecurity).
- Breaches of court orders/bail conditions.
- Physical harm.
- Emotional abuse.
- Financial abuse/difficulties.
- Property damage.
- History of family violence perpetration (with other partners/family members).
- History of other forms of violent behaviour (not family violence).

Child-specific risk factors

The following risk factors specific to children are emerging in the evidence-base.¹¹⁰

- Perpetrator directly harming and injuring children.
- Perpetrator exposing children to witnessing family violence and/or its effects.
- Children intervening in violence incidents.
- Sexualised behaviours toward children by the perpetrator.
- Perpetrator threatening or acting on threats to kidnap children or not return them as per orders/agreements.
- Family law and child custody disputes.
- Perpetrator undermining the child-parent relationship with the adult victim-survivor.
- Perpetrator is not the biological parent.
- Risk levels requiring child protection interventions (current or previous).
- Unexplained changes in child behaviour.
- Child is under school age (e.g., under 5 years old).
- Poly-victimisation (i.e., other forms of harm outside the family, such as harassment, grooming, physical or sexual assault).

¹⁰⁸ Backhouse & Toivonen (2018); Family Safety Victoria (2018).

¹⁰⁹ Ibid.

¹¹⁰ Australia's National Research Organisation for Women's Safety & State of Queensland (2020); Family Safety Victoria (2018).

¹¹¹ Backhouse & Toivonen (2018); Family Safety Victoria (2019a).

Additional risk assessment considerations

Because risk factors are developed primarily from research about intimate, heterosexual family violence contexts, there is a lack of evidence about specific, empirically valid risk factors within LGBTIQ+ relationships or other family or family-like contexts.¹¹¹ For these reasons, some additional considerations from risk assessment frameworks that consider specific populations are also listed below. Please note that these considerations are not an exhaustive list and can intersect depending on individual experiences with oppression and discrimination.

Aboriginal and Torres Strait Islander Peoples:¹¹²

- Concerns about ostracisation or payback from the perpetrator and other family members.
- Concerns about further violence from people in the family/community.
- Concerns about working with mainstream, non-culturally specific services, or the ineffectiveness of mainstream approaches.
- Concerns about confidentiality in tight-knit communities.
- Being forced to leave/go stay somewhere else, including to the perpetrator's family and/or country.
- Being deprived of culture, ceremony, language, community events, sorry business, etc.
- Fear of action by child protection and/or losing child custody.
- Language and communication barriers, including lacking access to interpreters.

LGBTIQ+ People:¹¹³

- Undermining or refusing to accept the victim-survivor's gender identity or sexual orientation.
- Stopping the victim-survivor from taking steps to affirm their gender identity.
- Concerns that people in the family/community will find out about family violence.
- Being outed or threatened to do so and related concerns about confidentiality.
- Concerns about not being believed as a legitimate victim-survivor or assumptions that violence is mutually perpetrated by both parties.
- Fear of action by child protection and lack of clarity about parental rights.
- Concerns about not being able to receive specialist family violence support from services that respond predominately to cisgender, heterosexual women.

Young People:¹¹⁴

- Mistrust and concerns about actions from authorities when seeking help.
- Concerns about being forced to access services and accommodation that is not youth appropriate.
- Disengagement from education, employment, and other social/life connections.
- Fears of not being believed due to younger age or not being respected and supported to make own decisions.
- Minimisation of violence and abuse intertwined with sexist, victim-blaming peer culture.
- Concerns about technological and online threats and abuse.

Older People:¹¹⁵

- Dependency on the perpetrator for daily care or financial needs.
- Perpetrator is financially dependent on the victim-survivor.
- Perpetrator controls access to medicines, health care.
- Threatened or forced to relocate or change living arrangements, including institutionalisation.
- Loneliness and isolation from friends and family.
- Age-related illnesses/conditions causing impaired capacity to maintain safety plans and seek help.

Disability and mental health issues:¹¹⁶

- Perpetrator controls or misuses aids, equipment, communication devices, medicine, transportation, and income support (including through employment, Centrelink, NDIS).
- Perpetrator isolates the victim-survivor and/or controls engagement with friends, family, community, and services.
- Perpetrator threatens to control or force medical interventions, hospitalisation, or institutionalisation of the victim-survivor.
- Concerns about losing support and resources for care needs when seeking help from services.
- Psychological distress or cognitive impairment impacting capacity to maintain safety plans or seek help.
- Fear of action by child protection and/or losing child custody.

112 Australia's National Research Organisation for Women's Safety & State of Queensland (2020), Fact sheet 4; Family Safety Victoria (2019d), Appendix 11; Government of South Australia (2015); Northern Territory Government (2019); Western Australian Department for Child Protection and Family Support (2015), Fact sheet 8.

113 Australia's National Research Organisation for Women's Safety & State of Queensland (2020), Fact sheet 4; Family Safety Victoria (2019d), Appendix 11; Western Australian Department for Child Protection and Family Support (2015), Fact sheet 8.

114 Australia's National Research Organisation for Women's Safety & State of Queensland (2020), Fact sheet 4. Refers to young people aged 18–24.

115 Australia's National Research Organisation for Women's Safety & State of Queensland (2020), Fact sheet 4; Family Safety Victoria (2019d), Appendix 11.

116 Australia's National Research Organisation for Women's Safety & State of Queensland (2020), Fact sheet 4; Family Safety Victoria (2019d), Appendix 11; Western Australian Department for Child Protection and Family Support (2015), Fact sheet 8.

117 Australia's National Research Organisation for Women's Safety & State of Queensland (2020), Fact sheet 4; Western Australian Department for Child Protection and Family Support (2015), Fact sheet 8.

*Rural and remote communities:*¹¹⁷

- Perpetrator controls access to transportation and communication devices exacerbating social and geographic isolation.
- Perpetrator takes advantage of victim-survivor's lack of access to police or services in rural/remote area.
- Perpetrator has access to multiple types of weapons (guns, knives) or weapon-like instruments (dangerous tools and equipment).
- Concerns around confidentiality in tight-knit communities.
- Concerns about leaving behind pets, animals, livestock needing care.
- Concerns about family life being bound and intertwined with livelihood (e.g., farming, mining).
- Fear of not being believed particularly if the perpetrator is highly regarded in the community.

*Pregnancy and early parenthood:*¹¹⁸

- Stresses and exhaustion impacting on help-seeking and safety planning.
- Pressure to put up with abusive behaviours for sake of baby and family.
- Financial instability due to parental leave, loss of income during/after pregnancy, costs associated with pregnancy/new baby.
- Concerns about stigmatisation as newly single parent.
- Concerns about lacking safe accommodation options while pregnant or with a baby.
- Fear of action by child protection and/or losing child custody.

*Culturally and Linguistically Diverse People:*¹¹⁹

- Threats to compromise the victim-survivors' immigration status or deportation or blaming the victim-survivor for the perpetrator's possible or actual loss of visa status or deportation.
- Concerns that people in the family/community will find out about family violence.
- Concerns about ostracisation from family/community relationships.
- Dependency on perpetrator for financial needs (possibly due to visa status).
- Restricted from having contact with friends, family, and community in Australia or overseas.
- Experiences of forced marriage, dowry-abuse.
- Concerns about cultural or faith-based beliefs that prevent separation.

- Concerns about multi-perpetrator violence and retaliation from other family members.
- Fear of not being believed particularly if the perpetrator is highly regarded in the community.
- Language and communication barriers, including lacking access to interpreters.

*Trafficking, modern slavery and/or domestic servitude:*¹²⁰

- Confiscation of identity, visa, or passport documents or carrying false documents.
- Isolation, confinement or not knowing home or work address.
- Poor living conditions, lack of private space, lack of access to food, hygiene care and medical services.
- Surveillance/control of movements.
- Abduction, being sold or forced adoption.
- Distrust of authorities and/or threatened with being 'handed over' to authorities.
- Connected with a location/workplace that is known for exploitation.
- Deceived about the job or education opportunities.
- Debt bondage, and/or being forced to work or take clients.
- Excessive working days/hours
- suffering work-related injuries.

*Forced marriage:*¹²¹

- Education issues such as low motivation and performance, truancy, and absences.
- Employment issues such as low motivation and performance, restricted work options, not being permitted to work, financial control.
- Concerning health indicators, such as self-harm, suicidality, eating disorders, substance misuse, female genital mutilation/cutting.
- Family history of early or forced marriage, family conflict, running away, unreasonable restrictions (e.g., 'house arrest').
- Police involvement for missing family members, family violence history, or child protection concerns.

¹¹⁸ Ibid.

¹¹⁹ Australia's National Research Organisation for Women's Safety & State of Queensland (2020), Fact sheet 4; Family Safety Victoria (2019d), Appendix 11; Western Australian Department for Child Protection and Family Support (2015), Fact sheet 8.

¹²⁰ Please note that trafficking, modern slavery, and domestic servitude are not one in

the same, but may intersect with each other and family violence depending on individual circumstances. These risk factors are derived from Moore (2019) and International Labour Office (2009), which should be referred to directly for advice about how to make an assessment of these risks.

¹²¹ The Scottish Government (2014).

Appendix C:

Protective factors

Please note that the protective factors described here are a guide only and may not be relevant to every circumstance nor practical for mitigating the risks of perpetrator behaviours.¹²²

Protective Factors for Adult and Child Victim-Survivors	
Systemic interventions	<ul style="list-style-type: none"> • Perpetrator is incarcerated, on remand or prevented from contact. • Victim-survivor is registered with justice department (e.g., Victims Register) for notifications about perpetrators under corrective orders/incarceration. • Protective orders are in place and the perpetrator is complying. • Perpetrator is linked to behaviour change programs or services that address risk co-morbidities and coordinate to keep the perpetrator in view. • Other services involved in the perpetrator's circumstances prioritise victim-survivor's safety at all times, monitor and document risk, share information with other involved services/authorities, and encourage perpetrator accountability and responsibility.
Practical/environmental	<ul style="list-style-type: none"> • Safe housing/housing security. • Communication security (phone, online). • Financial security. • Food security. • Employment/education. • Secure immigration status. • Access to healthcare. • Access to transportation. • Involvement with professional support services.
Strengths-based	<ul style="list-style-type: none"> • Positive social and community supports. • Healthy relationships (e.g., friends, family, partner). • Positive cultural and faith-based connections. • Being able to enact cultural rights, including the specific cultural rights/connections for Aboriginal and Torres Strait Islander peoples. • Personal sense of agency and empowerment. • Individual skills and abilities. • Overt and subtle acts of resistance and responses to enable safety and self-preservation.

¹²² Family Safety Victoria (2019c).

Protective Factors for Adult and Child Victim-Survivors

Family/parenting

- Acknowledge how the violence has affected their child and is able and willing to work with the child to address these effects.
- Engages with professionals and services to discuss concerns about children and plan for safety interventions and therapeutic support.
- Supports children's healthy relationships (e.g., friendships, safe family members, other carers).
- Actively encourages children's interests, play and engagement in education and social opportunities.
- Another family member or friend is willing to support the adult victim-survivor and offer care for the children.
- There are healthy routines, boundaries, and structures in place to support children's safety and development.

Child-specific considerations

- Consider the age, stage and development of the child including intersectional background and how this relates to protective factors.
- School-age and older children with positive engagement with peers, education, activities, and supportive relationships outside the home.
- Secure attachment with primary, non-violent parent/carer.
- Basic needs for care, love and support are being met.
- Individual skills, interests, and abilities support self-preservation.
- Access to effective supports systems that monitor their health, safety, and wellbeing.
- A sense of personal agency, hope, and positive self-esteem.
- Active engagement and sense of belonging with their school, culture, and community.
- Appropriate and child-centred responses by services and systems involved in responding to family violence.



Appendix D:

Family violence frameworks and legislation

The information below lists the key family violence frameworks and legislation to support the National Family Violence Stream to access the appropriate guidance at the state and territorial levels.

The list is specific to family violence: it is not necessarily exhaustive and does not include frameworks and legislation that may intersect with family violence responses (such as housing policy, child wellbeing legislation, legal services, etc.).

NATIONAL

[National Plan to Reduce Violence against Women and their Children 2010–2022](#)

[National Action Plan to Combat Human Trafficking and Slavery 2020–2025](#)

[National Plan to Respond to the Abuse of Older Australians \(Elder Abuse\) 2019–2023](#)

[Change the story: a shared framework for the primary prevention of violence against women and their children in Australia \(OurWatch\)](#)

[National Outcome Standards for Perpetrator Interventions \(NOSPI\): Baseline Report, 2015–16](#)

[National Risk Assessment Principles for Domestic and Family violence \(ANROWS\)](#)

[Strong families, safe kids: family violence response and prevention for Aboriginal and Torres Strait Islander children and families.](#)

[Family Court of Australia Family Violence Best Practice Principles 2016](#)

[Family Law Act 1975 \(Cth\)](#)

[Modern Slavery Act 2018 \(Cth\)](#)

[Migration Amendment \(Family Violence and Other Measures\) Act 2018 \(Cth\)](#)

AUSTRALIAN CAPITAL TERRITORY

[ACT Government Response to Family Violence 2016](#)

[ACT Prevention of Violence against Women and Children Strategy 2011–2017](#)

[ACT Common Risk Assessment and Management Framework \(in development\)](#)

[Family Violence Act 2016 \(ACT\)](#)

NEW SOUTH WALES

[NSW Domestic and Family Violence Blueprint for Reform 2016–2021: Safer Lives for Women, Men and Children](#)

[NSW Domestic and Family Violence Prevention and Early Intervention Strategy 2017–2021](#)

[DVNSW Good Practice Guidelines for the Domestic and Family Violence Sector in NSW](#)

[NSW Compliance Framework for Men's Behaviour Change Programs](#)

[NSW Practice Standards for Men's Domestic Violence Behaviour Change Programs](#)

[NSW Not to Violence Risk, Safety and Support Framework: a guide for responding to men who use domestic and family violence](#)

[NSW Domestic Violence Information Sharing Protocol](#)

[NSW Domestic Violence Safety Assessment Tool and accompanying Guide](#)

[Crimes \(Domestic and Personal Violence\) Act 2007 \(NSW\)](#)

NORTHERN TERRITORY

[NT Domestic, Family and Sexual Violence Reduction Framework 2018–2028](#)

[NT Domestic and Family Violence Risk Assessment and Management Framework](#)

[NT Domestic and Family Violence Information Sharing Scheme](#)

[Domestic and Family Violence Act 2007 \(NT\)](#)

QUEENSLAND

[Domestic and Family Violence Prevention Strategy 2016–2026: Queensland's reform program to end domestic and family violence](#)

[Queensland's Framework for Action — Reshaping our Approach to Aboriginal and Torres Strait Islander Domestic and Family Violence 2019–2021](#)

[Queensland's plan to respond to domestic and family violence against people with a disability 2019](#)

[Queensland practice principles, standards, and guidance for responding to victim-survivors and perpetrators of family violence \(multiple documents provided\)](#)

[QLD Domestic and Family Violence Common Risk and Safety framework](#)

[QLD Domestic and Family Violence information sharing guidelines](#)

[Domestic and Family Violence Protection Act 2012 \(Qld.\)](#)

SOUTH AUSTRALIA

[Committed to Safety – A framework for addressing domestic, family, and sexual violence in South Australia](#)

[South Australia Family Safety Framework](#) (includes risk assessment, risk management and information sharing guidance and tools).

[Intervention Orders \(Prevention of Abuse\) Act 2009 \(SA\)](#)

[Statutes Amendment \(Domestic Violence\) Act 2018 \(SA\)](#)

TASMANIA

[Safe at Home: Tasmanian Government's integrated criminal justice response to family violence](#)

[Safe Homes, Families, Communities: Tasmania's action plan for family and sexual violence 2019–2022](#)

[Taking Action: Tasmania's Primary Prevention Strategy to Reduce Violence Against Women and Children 2012–2022](#)

[Responding to Family Violence: A guide for service providers in Tasmania](#)

[Family Violence Act 2004 \(TAS\)](#)

[Standardised risk assessment process](#) – in development.

VICTORIA

[Ending family violence - Victoria's 10-year plan for change and Rolling Action Plans.](#)

[Free from Violence: Victoria's Strategy to Prevent Family Violence and All Forms of Violence Against Women](#)

[Family Safety Victoria, Preventing and responding to family violence capability frameworks](#)

[VIC Dhek Dja: Safe Our Way – Strong Culture, Strong People, Strong Families](#)

[VIC Everybody Matters: Inclusion and Equity Statement](#)

[Victorian Equal Opportunity & Human Rights Commission Guideline: Family violence services and accommodation > Complying with the Equal Opportunity Act 2010](#)

[Domestic Violence Victoria Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors \(2nd Edition\)](#)

[VIC Interventions for people who use violence](#) (guidelines for MBCPs and Perpetrator Case Management Services).

[VIC No to Violence Men's Behaviour Change Minimum Standards and Implementation Guide](#)

[VIC Family Violence Multi-Agency Risk Assessment and Risk Management Framework](#)

[VIC Family Violence Information Sharing Scheme](#)

[Family Violence Protection Act 2008 \(Vic\)](#)

WESTERN AUSTRALIA

[Path to Safety: Western Australia's strategy to reduce family and domestic violence 2020 – 2030](#)

[Western Australia's Family and Domestic Violence Prevention Strategy to 2022](#)

The Code of Practice for Women's Refuges in Western Australia - requires purchase from <https://womenscouncil.com.au/>

[Western Australian Practice Standards for Perpetrator Intervention: Engaging and Responding to Men who are Perpetrators of Family and Domestic Violence](#)

[The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework](#) (includes multiple resources and information sharing guidance)

[Restraining Orders Act 1997 \(WA\)](#)