CENTRE FOR
Women's Safety
and Wellbeing

Code of Practice

for Specialist Family and Domestic Violence Services for Victim Survivors in Western Australia

Disclaimer

The Code of Practice principles, standards and indicators have been formulated based on the most recent research and optimal practice guidelines. Although every attempt is taken to assure correctness, compliance with the Code does not ensure that services will be safe, acceptable, or of high quality, nor does it ensure that laws, policies, or financing requirements will be met. The Centre for Women's Safety and Wellbeing does not accept responsibility for any harm, loss, or damage brought about by using the Code of Practice or depending on its contents.

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Acknowledgement of Country

The Centre for Women's Safety and Wellbeing acknowledge Aboriginal people as the First Peoples and Traditional Owners and custodians of the land and water on which we rely. We pay our respects to Elders past and present and honour the survival of First Nation Australians. We acknowledge that this land was never ceded and support the Uluru Statement from the Heart.

We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on a rich and complex social and cultural order that has sustained up to 60,000 years of existence.

We recognise the continued impacts and violence of colonisation and our role in taking apart systems that cause harm. We acknowledge the ongoing leadership role of Aboriginal communities in addressing and preventing family violence and join with our First Peoples to end family violence in all communities.

Dedication

The Centre for Women's Safety and Wellbeing dedicates the Code of Practice to all victims and survivors and their families. We recognise those who are continuing to survive family and domestic violence and those who have lost their lives to it due to its profound harm and lethality. We honour your courage, your resilience, your hope and your voices. Your knowledge, experiences, and advocacy will remain at the heart of our responses to family and domestic violence.

Contributors and supporters

With profound thanks to the dedicated specialist women's services and advocates who have been developing best practice responses to family and domestic violence for more than four decades, and to the women and children victim-survivors on whose experiences this learning is sadly built.

The Centre for Women's Safety and Wellbeing is deeply grateful to all the people who have taken the time to contribute to the development of the Code of Practice. Specialist family and domestic violence services across the State have shown their support and commitment to the Code by taking time out of their busy days to engage in workshops and focus groups. We have also valued the generosity of Safe and Equal in Victoria. Their own Code of Practice has been a valuable source of information and guidance.

We would especially like to thank our Expert Reference Group, Aboriginal Advisory Group, Lived Experience Advisory Group, Advisory Group for Family and Domestic Violence in Refugee and Migrant Communities – all of whom provided rich and in-depth knowledge, expertise and guidance.

With thanks also for invaluable contributions from specialist family and domestic violence consultants, subject matter experts and the Office for the Prevention of Family and Domestic Violence.

Finally, we are hugely appreciative of the funding provided by the Department of Communities and Lotterywest for the development and initial implementation of the Code of Practice.

CAUTION:

Although the Code of Practice does not recount individual stories of violence, reading about family and domestic violence and its causes and consequences can be confronting and distressing. Recommended support services include:

- **WOMEN'S DOMESTIC VIOLENCE HELPLINE:** provides support for all Western Australians including women, with or without children, who are experiencing family and domestic violence in Western Australia (including referrals to women's refuges). Phone: 1800 007 339. *This helpline is operated by Department of Communities, and your call will be answered by a child protection worker.
- **MEN'S DOMESTIC VIOLENCE HELPLINE:** provides information and referrals for men who are concerned about their violent and abusive behaviours, and for male victims of family and domestic violence in Western Australia. Phone: 1800 000 599. *This helpline is operated by Department of Communities, and your call will be answered by a child protection worker.
- **KIDS HELPLINE:** provides 24/7 support for kids needing to talk to someone about what is going on in their life. Phone: 1800 55 1800. **Online chat** is available 24/7.
- **1800RESPECT:** (1800 737 732) or visit **www.1800respect.org.au**. National sexual assault, domestic and family violence counselling service. This service is free and confidential. Available 24/7.
- **FULL STOP AUSTRALIA:** (1800 943 539) or visit **www.fullstop.org.au**. National trauma counselling and recovery service for people of all ages and genders experiencing sexual, domestic and family violence. This service is free and confidential. Available 24/7.
- **RAINBOW:** Sexual, Domestic and Family Violence Helpline (1800 497 212). For anyone from the LGBTIQA+ community whose life has been impacted by sexual domestic and/or family violence. This service is free and confidential. Available 24/7.
- **WELL MOB:** **www.wellmob.org.au** Social, emotional and cultural well-being online resources for Aboriginal and Torres Strait Islander peoples.
- **13YARN:** (13 92 76) for Aboriginal and Torres Strait Islander people.
- **MEN'S REFERRAL SERVICE:** (1300 766 491) or visit **www.ntv.org.au**. For anyone in Australia whose life has been impacted by men's use of violence or abusive behaviours. Available 7 days.
- For information on available family and domestic violence services throughout Western Australia, please visit the CWSW Services and Supports Directory.

About the Centre for Women's Safety and Wellbeing

The Centre for Women's Safety and Wellbeing (CWSW) is the leading voice for women and children affected by gender-based violence in Western Australia. We are the peak body for domestic, family and sexual violence services and community-based women's health services in WA.

CWSW works to prevent domestic, family and sexual violence against women and their children; promote women's health and wellbeing; and advance gender equity. We work to ensure that the evidence is taken up in policy and practice and advocate for systems and structures that enable and support the safety, health, wellbeing and economic and housing security of women and their children.

We also work to promote non-violent and respectful attitudes and behaviours towards women and girls in the broader community, and community responsibility for violence prevention.

CENTRE FOR
Women's Safety
and Wellbeing

Preventing violence,
promoting health,
advancing gender equality

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Introduction
to the Code of Practice

The Code of Practice for Specialist Family and Domestic Violence Services for Victim Survivors in Western Australia establishes the standards, indicators, and guiding principles required for services to uphold the rights, dignity, and safety of adult and child victim-survivors, while promoting the accountability of those who use violence.

The Code of Practice is grounded in the understanding that family and domestic violence is a profound violation of human rights with serious, long-term impacts on individuals, families, and communities. It also recognises the systemic and structural contexts in which violence occurs, including gender inequality, colonisation, racism, ableism, and other intersecting forms of discrimination and oppression.

The Code of Practice applies to all specialist family and domestic violence services and practitioners working with victim-survivors. It reflects contemporary evidence-based practice, relevant legislative frameworks, and national and state policy directions, including Western Australia's Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020–2030, the Aboriginal Family Safety Strategy, and the Common Risk Assessment and Risk Management Framework (CRARMF).

Each principle articulates a core value of specialist practice, supported by standards and indicators that define service responsibilities, workforce expectations, and governance requirements. Collectively, the principles establish that:

- The risk and safety of victim-survivors is prioritised by services as the primary rationale for practice and service delivery.
- Responses to victim-survivors are trauma and violence informed and delivered in an environment of trust and collaboration.
- Confidentiality, privacy and information sharing ensure services uphold the confidentiality and privacy rights of victim-survivors, and that all information sharing is conducted in line with relevant legislation.
- Bringing the person using violence into view involves services making visible to the system the patterns of coercive and controlling behaviours of the person using violence.
- Having a child and young person focus requires services to recognise children and young people as victim-survivors in their own right, with their own unique experiences, risks, protective factors and strengths.
- Aboriginal-led family safety responses reflect a commitment by services to work in collaboration with Aboriginal people, services and communities, where self-determination, choice and cultural safety guide efforts to ensure safe and just outcomes for victim-survivors.
- Collaboration and advocacy involve services working alongside other providers to ensure holistic support and to reduce systemic barriers that impact victim-survivors' safety, health and wellbeing.
- Equity and access involve services committing to fair treatment of all people, removing discrimination, and promoting inclusive practice.
- A capable and sustainable workforce reflects a commitment by services to nurture a knowledgeable, skilled and diverse family and domestic violence sector, ensuring sustainability through prioritising the health, safety and wellbeing of its people.
- Governance structures, leadership practices, and accountability mechanisms move beyond compliance to create just, equitable, and empowering environments for all victim-survivors and staff.

Purpose

The Code of Practice is designed as both a practice guide and a benchmark for quality assurance. It supports services to embed a consistent approach across all areas of their work, from intake and assessment through to systemic advocacy. It provides a common language and a set of expectations for collaboration across the family and domestic violence response system, ensuring that every point of contact with a victim-survivor contributes to their safety, dignity, and wellbeing.

By aligning to the standards outlined in the Code services commit to reflective, ethical, and accountable practice that not only responds to immediate safety needs but also contributes to long-term prevention, healing, and social change. This shared commitment across the sector is essential for breaking the cycle of violence, strengthening communities, and realising a future in which all people can live free from violence, abuse and fear.

Code of Practice Implementation

The Code of Practice is intended to be embedded across all aspects of specialist family and domestic violence service delivery, from governance and strategic planning through to frontline practice and community engagement. Implementation requires leadership commitment, clear communication of expectations, and integration of the Code's principles into organisational policies, procedures, and quality assurance systems.

Services are encouraged to use the Code as a foundation for policy and procedure development, induction, supervision, professional development, and reflective practice, ensuring that all staff understand their responsibilities and can align with the principles into consistent, high-quality responses. Aligning service systems with the Code also supports compliance with relevant legislation, state and national policy frameworks, and funding requirements.

Successful implementation is an ongoing process that involves regular monitoring, evaluation, and adaptation to meet emerging needs, evidence, and best practice developments. Services are encouraged to establish mechanisms for gathering feedback from victim-survivors, staff, and partner organisations to assess the effectiveness of the Code in guiding practice and improving safety and wellbeing outcomes for victim-survivors.

Implementation must be collaborative, drawing on the expertise of Aboriginal community leaders, culturally diverse communities, people with lived experience, and sector partners to ensure the Code remains relevant, inclusive, and responsive.

By embedding the Code in everyday practice, services can strengthen consistency across the sector, enhance practitioner confidence and capability, and ensure that victim-survivor safety, dignity, and rights remain at the centre of all action.

Legislative, policy and strategic context of the Code of Practice

Specialist family and domestic violence services operate within a complex legal, policy, and strategic environment that aims to support the rights, safety and wellbeing of adult and child victim-survivors. This section provides a brief overview of the key legislation and policy relevant to specialist family and domestic violence service planning and delivery in Western Australia. More information can be found in Appendix 1.

Legislation

Restraining Orders Act 1997 (WA)

This Act enables courts to impose Family Violence Restraining Orders (FVROs) to prevent family violence and protect victim-survivors.

Family Court Act 1997 (WA)

This Act governs parenting matters and recognises the risks of children's exposure to family and domestic violence. Key 2013 amendments prioritise child safety, expand definitions of abuse and family and domestic violence, and improve the court's access to relevant information.

Criminal Law Amendment (Intimate Images) Act 2018 (WA)

This Act introduced new offences to better protect victim-survivors from technology-facilitated abuse such as:

- distributing an intimate image without consent
- threatening to distribute such images
- failing to comply with court-issued takedown orders

Family Violence Legislation Reform Act 2020 (WA)

This Act strengthened legal responses to family violence through key reforms:

- **New offences:**
  - *Suffocation and Strangulation* (section 298): criminalises impeding someone's breathing or blood flow
  - *Persistent Family Violence* (section 300): covers repeated acts of violence over time
- **Serial Family Violence Offender Declaration (Sentencing Act 1995, s124E):**

Courts may declare a person a serial offender if they have multiple convictions for family violence offences across different occasions.

Children and Community Services Act 2004 (WA) and Amendment Act 2021

This Act sets out Western Australia's legal framework for child protection and makes specific reference to family violence.

The amendment implemented recommendations from the *Royal Commission into Institutional Responses to Child Sexual Abuse*

Information Sharing

Key legislation that supports safe and lawful information sharing includes:

- Children and Community Services Act 2004 (particularly sections 23 and 28B)
- Restraining Orders Act 1997
- Privacy Act 1988 (Cth)
- Victims of Crime Act 1994
- Sentence Administration Act 2003
- Health Services Act 2016

Policy and strategy

Western Australia

- Path to Safety: Western Australia's Strategy to reduce Family and Domestic Violence 2020–2030
- Aboriginal Family Safety Strategy 2022–2032
- Strengthening Responses to Family and Domestic Violence: System Reform Plan 2024–2029
- Aboriginal Empowerment Strategy 2020
- WA Government Closing the Gap Implementation Plan
- Stronger Together: WA's Plan for Gender Equality

National

- National Plan to End Violence Against Women and Children 2022–2032
- National Principles to Address Coercive Control in Family and Domestic Violence
- National Agreement on Closing the Gap
- The National Framework for Protecting Australia's Children 2021–2031
- National Child Safe Principles and Standards

Family and domestic violence

The nature of family and domestic violence

Family and domestic violence is recognised as a serious, widespread human rights, public health and social justice issue that affects the lives of many women, children, families and communities (Australian Institute of Health and Welfare [AIHW], 2018, 2024; United Nations Women & World Health Organisation [UN Women & WHO], 2019). Family and domestic violence can be fatal. Intimate partner homicide is the most common form of domestic and family homicide with the majority involving a female victim (Campbell et al., 2020). One woman was killed every eight days on average in 2023–24 (AIHW, 2024). Family and domestic violence increases the risk of suicide and self-harm in women and children (Australian Institute of Family Studies [AIFS], 2020).

Violence against women is both a cause and consequence of gender inequality and a major barrier to the achievement of equality. It has been recognised as a form of discrimination that seriously inhibits women's ability to enjoy and exercise their human rights and fundamental freedoms (UN Women & WHO, 2019).

Family and domestic violence is a form of gender-based violence against women, which is defined as 'violence directed at a woman because she is a woman or acts of violence which are suffered disproportionately by women', and specifically as a pattern of coercive control (Toivonen et al., 2018). This framing does not exclude men as potential victims but recognises that repeated violence that results in fear and injury is disproportionately experienced by women and their children within intimate partner relationships and immediate family contexts (Bastian et al., 2023; Domestic Violence Victoria [DV Vic], 2020).

Family and domestic violence affects victim-survivors in a range of ways. It threatens their physical safety but also their psychological, emotional, and spiritual health; social, community, and professional connections; and financial safety and security. It causes chronic fear and everyday insecurity for women and children that can last well beyond immediate victimisation (Goodman et al., 2016; Varcoe et al., 2016).

Family and domestic violence can be criminal or non-criminal and can include:

- Jealous surveillance
- Verbal, emotional and psychological abuse
- Control of time, space and movement
- Continual monitoring, including by stalking
- Rape, sexual coerciveness and control of pregnancy
- Financial abuse and the denial of resources
- Isolation from sources of support
- Hurting, distressing or manipulating others to upset the victim-survivor
- Physical violence, intimidation and threats of violence against the victim-survivor, their loved ones (including pets) and property (Domestic Violence Service Management [DVSM], 2018; Department for Child Protection and Family Support [DCPFS], 2015)

A significant number of women and their children are killed by a partner or ex-partner or live in fear of being killed (Campbell et al., 2020).

Violence, intimidation and threat are key factors in how people using violence establish establish and maintain control (Stark and Hester, 2019). People using violence will ensure victim-survivors are aware of their willingness to deliver negative and harmful consequences, in addition to their ability to do so (Toivonen et al., 2018). This interplay between violence and coercive control makes their separation challenging.

People using violence may use physical violence to create and sustain control over victim-survivors. They may also create a fear of violence to enforce their regime, which means violence can often become a consequence of control (Campbell et al., 2020). Victim-survivors become susceptible to these forms of control out of a fear of violence if they do not comply. Although some perpetrators may use physical violence frequently, others will use little or none. Some people using violence will maintain control over their partner through psychological abuse and the control of time, movement and activities (Stark and Hester, 2019; Horton et al., 2014).

Although many ask, 'why doesn't she just leave?', research shows that the act of leaving and post-separation are when women and their children are at most risk of being killed or seriously harmed (Campbell et al., 2020). Coercive and controlling behaviours usually continue throughout the leaving process, impacting on a victim-survivor's decision-making and capacity to exercise autonomy and agency (Bennett et al., 2015). A victim-survivor's fear for their own safety and/or that of their children underpins their decision to leave, yet their fear of the abuser and his retaliatory violence constrains their agency and can delay their leaving for some time. Above all, fear is a much more complex influencing factor in the leaving process than simply staying or leaving (Goodman et al., 2016).

Victim-survivors are not passive victims in the face of fear. They are active agents who recognise their fear and the risk to their safety. Managing safety and survival through strategic and often concealed measures, often over extended periods of time, aimed at limiting the threat of escalating and retaliatory violence is central to how victim-survivors exercise a degree of agency in this context (Bastian et al., 2023).

Family and domestic violence is also perpetrated against children and young people and they are victim-survivors in their own right. Children's and young people's experience of family and domestic violence can also include control of their time and movement within the home, deprivation of resources and isolation from the outside world (AIFS, 2020; Layton et al., 2009).

Sexual assault within the context of family and domestic violence

Intimate partner sexual violence is one of the most harrowing, degrading and humiliating experiences a person might endure (DVSM, 2018). Australian statistics estimate that more than a third of sexual assaults occur within the context of family and domestic violence (AIHW, 2018, 2024). Sexual assault within intimate relationships is often minimised because societal attitudes create a perception that such violence is less harmful or even different from rape committed by strangers. Victims may also internalise these views, finding it difficult to identify their experiences as sexual assault due to the complex nature of the relationship (Tarzia, 2022).

This minimisation is a significant barrier for victim-survivors, as it impacts their ability to report, seek help, and process the devastating emotional and physical consequences of the assault. Yet, sexual violence is a particularly damaging form of family and domestic violence, and indicates a higher risk of lethality (Campbell et al., 2020).

The impacts of family and domestic violence on victim-survivors

The impacts of family and domestic violence can be profound, long-lasting, and cumulative. It can result in fatal outcomes, either directly or indirectly, through suicide or cumulative harm (AIHW, 2024). Victim-survivors may experience a range of emotional, psychological, physical, and spiritual harms, including fear, shame and trauma (Varcoe et al., 2016). Health outcomes for victim-survivors can be short or long-term and may result in lifelong disability and complex trauma (Strand et al., 2015).

In Australia, one quarter of women subject to gendered violence report at least three different forms of interpersonal victimisation in their lifetime, such as child sexual abuse, domestic violence, sexual assault and stalking (Salter, et al, 2020). Being exposed to multiple, repeated forms of interpersonal victimisation may result in complex trauma, which involves a range of traumatic health problems and psychosocial challenges (Salter et al, 2020).

Trauma from violence affects the body and brain. Victim-survivors may experience a range of trauma responses such as dissociation, memory disruption, hypervigilance, anxiety, or emotional withdrawal. These responses are normal and adaptive survival mechanisms that are protective and expected in the context of trauma (Ferencik et al., 2019). Victim-survivors of family and domestic violence may use alcohol and/or drugs to cope with the

abuse and trauma they experience. The desire to dull emotional or physical pain is a normal human response, but this coping mechanism can have serious long-term consequences on a person's health and wellbeing (Wilson et al., 2013). Where mental health and alcohol and other drug issues are impacting victim-survivors, they are often incorporated into tactics of coercive control deployed by people using violence to induce, leverage and sustain mental health issues and/or alcohol and other drug use (Bastian et al., 2023; Horton et al., 2014).

Family and domestic violence is the leading cause of homelessness for women. Nearly half of all women and girls seeking homelessness support cite it as the primary cause (AIHW, 2018, 2024). Family and domestic violence can further compound the economic insecurity that women are exposed to due to gender inequity. This can limit a victim-survivor's access to safe housing, education, employment and childcare and contribute to women's poverty, poor health, social isolation and disempowerment (Sen, 2019). These impacts can be even more significant when victim-survivors face structural barriers which create and maintain social inequities by limiting access to essential services and opportunities, hindering community participation, and perpetuating disadvantages for marginalised groups (DV Vic, 2020).

It is important to reflect on and understand the complex and inter-connected political, social, cultural, and institutional histories, systems, and structures that constitute our local and global societies, and which are responsible for producing structural problems like sex-, race-, and class-based inequality, and family and domestic violence and other forms of gender-based violence (UN Women & WHO, 2019).

Family and domestic violence is a problem of structural violence as well as interpersonal violence, and without addressing this, approaches will have a limited preventative impact. It is therefore vital, amid targeted redress and prevention efforts, to keep sight of the historical, institutional, and structural roots of family and domestic violence and the consequent need for measures that target these dimensions of the problem (Bastian et al., 2023). Any structural approach is necessarily survivor-centred and must be informed by and activated at the grassroots level (Ponic et al., 2016).

Specialist family and domestic violence services

Specialist family and domestic violence services are underpinned by a gendered understanding of family and domestic violence and are rights-based and safety-focused (DV Vic, 2020). Through more than forty years of listening to and working with women, children and young people, the specialist family and domestic violence service provider sector has developed a deep, specialist understanding of family and domestic violence and its impacts (Horton et al., 2014). Specialist services work with the knowledge that these impacts are often interrelated and require holistic responses. They also understand the immense risk for women and children who cannot access appropriate support (AIHW, 2018, 2024).

Specialist services recognise the importance of safe, women-only spaces, led by women, for women, where those affected by family and domestic violence can find safety and support (DV NSW, 2022). Specialist practice is grounded in victim-survivor advocacy models, designed to foster agency, dignity and health and wellbeing (Bennett et al, 2015; Goodman et al., 2016).

Specialist family and domestic violence services know that if a non-abusive parent or carer is not safe, it is unlikely that the children will be and are victim-survivors in their own right (AIFS, 2020). This is why specialist family and domestic services provide specialist support for women, specialist support for children, and support for mothers and children together to help them rebuild their lives (Bastian et al, 2023).

Lived experience is central to specialist practice. Victim-survivors have long contributed to service design, evaluation, and system reform. Their advocacy and expertise continue to shape the sector and underpin this Code of Practice.

Family and domestic violence service landscape

Specialist family and domestic violence services for victim-survivors in Western Australia

Specialist family and domestic violence services work alongside women and children to support safety, informed decision-making and long-term safety, health and wellbeing. Funded by state and federal governments, they are primarily delivered by the non-government sector.

This section outlines key statewide and regional services available to victim-survivors. For a full listing, see the **CWSW Services and Supports Directory**. (Note: legal services are not included here.)

Diagram 1: Western Australian specialist family and domestic violence services for victim-survivors

Statewide Telephone Services

The Department of Communities funds two key 24/7 telephone services:
Family and Domestic Violence Helpline: Provides crisis support, safety planning, and referrals to women's refuges across WA.
Crisis Care: After-hours support for child safety concerns and general crisis assistance (Government of Western Australia [GoWA], 2020).

Accommodation Services

Women's refuges (also known as Safe Houses in some remote and regional areas) offer temporary accommodation for women and children at high risk of harm. Support typically includes, but is not limited to advocacy, case management, risk assessment and safety planning, counselling, financial and practical assistance, information and referral, outreach, therapeutic programs and children's services.

Safe at Home and domestic violence outreach service

The Safe at Home program is designed to help women and children experiencing family and domestic violence to stay safely in their homes or a home of their choosing after separation from their abuser.

Safe at Home provides home safety audits and security upgrades, risk assessment and safety planning, court support, liaison with police and other services, legal referral, counselling and case management.

Outreach services support women and children in the community who have escaped family and domestic violence in the following ways:

- Assisting with safety planning
- Liaison with services such as income support, health and education services
- Help with accessing support groups and other community services
- Support if you need to attend court or access other legal services

Mobile Outreach service

Mobile outreach allows refuge and safe house providers to support women and children:

- when they are living in the community, are experiencing family and domestic violence and are unable or choose not to access refuge accommodation;
- when they leave a refuge;
- when they move into a transitional home.

Counselling and Advocacy Services

Specialist counselling services support adults, children, and young people impacted by family and domestic violence through:

- Individual and group therapy
- Trauma-informed, client-centred approaches

Recovery-focused psychological and emotional support (Advocacy services provide:

- Court and legal support
- Liaison with police and other agencies
- Risk assessment and case management
- Emotional support and information.

Coordinated Response Service (CRS)

This role forms part of the Family and Domestic Violence Response Team (FDVRT) and participates in triage preparation, joint assessment and triage. The CRS delivers direct services to family and domestic violence victims and survivors to improve safety and hold perpetrators accountable (GoWA, 2020).

Family and domestic violence One Stop Hubs

These hubs co-locate family and domestic violence services with other community supports in a single, accessible location. They provide a "soft entry point" that reduces barriers and stigma for victim-survivors seeking help.

Partner contact services

For women whose partners or ex-partners are in Men's Behaviour Change Programs (MBCPs), partner contact services offer safety-focused support. These services operate only in locations where MBCPs are available and may be delivered directly or through partner organisations (DV NSW, 2022).

Recovery and healing services

Recovery and healing are one of the four pillars of the National Plan to End Violence Against Women and Children 2022–2032 (Australian Government, 2022). These services recognise the ongoing impacts of violence and focus on long-term health and wellbeing, including (re)building financial independence and reconnection with work, community, and social life.

While not yet universally funded in Western Australia, investment in recovery-focused supports is growing through both state and federal government programs (AIHW, 2024).

Integrated service delivery

Integrated service delivery is a highly co-ordinated approach that brings together multi-disciplinary services to provide effective and collaborative support. Multi-disciplinary services employ joint or shared case management, appropriate sharing of client information, and secondary consultations to support victim-survivors' varied needs, often in-situ. There are many forms of co-ordinated practice from referrals between service providers through to organisations delivering multi-disciplinary in-house services across the broader system (Bastian et al., 2023; Ponic et al, 2016).

The family and domestic violence system

Specialist family and domestic violence services work within a broader family and domestic violence system that includes government departments, statutory agencies and community services working across the continuum of prevention, early intervention, crisis response and recovery and healing.

The broader family and domestic violence system includes:

- Specialist family and domestic violence services for victim survivors
- Perpetrator interventions and behaviour change services
- Sexual assault services
- Police
- Courts
- Legal services
- Child and family services
- Child protection services
- Homelessness and housing services
- Mental health services
- Alcohol and drug services
- Universal services

All sectors have a role in identifying risk, promoting safety, and supporting the accountability of people using violence within the scope of their responsibilities (Horton et al., 2014).

The success of multi-agency efforts depends on strong governance, shared accountability, and structures for continuous review and improvement. This includes:

- Mechanisms to identify and address systemic issues
- Data collection, analysis and reporting
- Inclusion of victim-survivor voices in system reform
- Ongoing strategic coordination at the state level (Bastian et al., 2023).

Current multi-agency infrastructure

Common Risk Assessment and Risk Management Framework (CRARMF)

The CRARMF sets shared standards for screening, risk assessment, safety planning, information sharing, and referral across both government and community services in Western Australia. It prioritises victim-survivor safety and supports a consistent, integrated response to family and domestic violence. The CRARMF is the umbrella mechanism that underpins risk assessment and management, and recognises and values professional judgement, which is what the Code of Practice supports.

The CRARMF is embedded in service contracts managed by the Department of Communities and is increasingly used across legal, statutory, and mainstream services in Western Australia (GoWA, 2020).

Multi-agency case management

Multi-agency case management (MACM) is a critical element of the CRARMF. It is an integrated, interagency approach to support people identified as at high risk of serious injury, harm, or death by the person perpetrating the violence. MACM is a coordinated intervention between multiple agencies that includes information sharing, developing comprehensive risk assessments, planning strategies to mitigate risks, and working towards child and adult victim-survivor safety and perpetrator accountability.

Family and Domestic Violence Response Teams (FDVRT)

The Family and Domestic Violence Response Team (FDVRT) model is a partnership between the Department of Communities, Western Australia Police Force and community sector family and domestic violence services. They operate in every Department of Communities district and focus on timely and early intervention following a police call out to a domestic violence incident (GoWA, 2020).

These teams work collaboratively to:

- Respond early following police call-outs
- Conduct joint risk assessments
- Tailor responses to identified needs and risks
- Coordinate service pathways and safety planning
- Streamline client access to support

A shared database is used to record outcomes and support operational coordination.

Family Safety Service

The Family Safety Service places Family Safety Coordinators and Support Workers in each FDVRT team. They focus on high-risk cases, enhance links with local services, and strengthen victim-survivor safety and recovery outcomes.

Department of Justice – Adult Community Corrections

Adult Community Corrections officers are currently being embedded in the FDVRTs across WA, through phased implementation from 2024–2028 to improve information sharing and collaborative practice, including the identification of perpetrators' patterns of behaviour and increasing perpetrator visibility to improve family safety (GoWA, 2024).

Foundational frameworks and approaches to practice

Frameworks

Individually, specialist family and domestic violence services are a lifeline for victim-survivors. As a movement, they have the potential to be transformative by using their collective power to dismantle the structural enablers of family and domestic violence and to change the laws, systems and social norms that foster it (UN Women & WHO, 2019).

The following frameworks underpin the long-term work required for transformative, long-lasting change. They are deeply interconnected approaches that help us to better understand and to challenge the complex systems of power, privilege, and oppression that enable family and domestic violence, shape people's experiences of it and seriously constrain and undermine people's capacity to live lives free from violence and fear and to thrive (Bastian et al., 2023).

The frameworks share core principles of addressing systemic injustice, promoting the empowerment of marginalised people and communities, and recognising how various forms of oppression intersect to affect individuals and groups.

In essence, these frameworks are not mutually exclusive but are interconnected approaches that, when used together, create a more comprehensive and effective way of addressing systemic inequities and promoting a just and equitable society for all (Varcoe, et al., 2016).

Feminist

A feminist framework analyses and challenges gender inequality, understanding it as a system where women and other marginalised genders experience unequal power and opportunities compared to men. This inequality enables violence against women and gender-based violence, and this violence further entrenches gender inequality (UN Women & WHO, 2019). Core to this framework is the recognition that gender is often socially constructed, not biologically determined, and that various power structures (like patriarchy) create and maintain these inequalities (Sen, 2019).

A feminist approach generally aims to understand and dismantle gender-based oppression. This often involves:

- Challenging patriarchy by recognising and critiquing a system of male-dominated power structures that affects everyone.
- Promoting equality by working to achieve equal access to opportunities, rights, and resources for all genders.
- Expanding choices by fighting against restrictions that limit what individuals can do based on their gender.
- Ending violence and exploitation by addressing issues like sexual violence and discrimination that disproportionately affect women and other marginalised groups (Campbell et al., 2020).
- Understanding Intersectionality by acknowledging that gender inequality is intertwined with other forms of oppression, such as those based on race, class, sexuality, or ability (Crenshaw, 1989).

Human Rights

A human rights framework provides an overarching ethical and legal imperative that aligns with and supports the goals of feminist, social justice, and anti-oppressive efforts by demanding that all forms of discrimination and oppression be challenged in the name of universal rights (UN Women & WHO, 2019).

Human rights are universal rights for all people, regardless of race, ethnicity, sex, nationality, language, religion, or any other status. They are the basic rights and freedoms that allow people to live with dignity and participate fully in civil, political, economic, social, and cultural life. Family and domestic violence is a fundamental violation of human rights that reinforces inequalities between men and women and compromises the health, dignity, security and autonomy of victim-survivors (AIHW, 2018, 2024).

Australia has ratified and endorsed human rights frameworks where the right to safety is foundational. This includes the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Elimination of Race Discrimination (CERD), the Convention on the Rights of the Child (CRC), the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (UN Women & WHO, 2019). Progressing implementation of these treaties and fulfilling Australia's international obligations is foundational to ending violence against women and children (Australian Government, 2022).

Embedding a human rights approach to family and domestic violence requires an understanding of essential rights-based concepts. For specialist family and domestic violence services this involves providing respectful, inclusive and equitable services that uphold victim-survivors' autonomy, while also ensuring cultural safety and supporting Aboriginal self-determination (Bastian et al., 2023; Ponic et al., 2016).

Social justice

Social justice is about equity and equality and ensuring everyone has access to the resources and opportunities they need. It recognises that society's systems and structures often create or reinforce disadvantages for certain groups, such as Aboriginal people, women, people with disabilities, and those facing poverty or discrimination (Layton et al, 2009). A social justice approach means actively working to remove these barriers and challenge the unequal power dynamics that enable family and domestic violence (DV Vic, 2020).

This includes designing services that are accessible and relevant to diverse communities and advocating for systemic changes that improve safety and wellbeing for victim-survivors. Practitioners using a social justice framework support victim-survivors by addressing their individual needs, whether legal, financial, housing, health, or emotional support, while also working to change unfair policies and practices that limit people's choices and safety (Wilson et al., 2013).

Anti-oppressive

This is a practical framework that uses critical consciousness to reflect on and dismantle oppressive systems and power structures at personal, relational, and systemic levels (Strand et al., 2015).

An anti-oppressive approach questions oppressive structures, recognises how power operates in different forms (race, class, gender, and so forth), and seeks to empower those who have been disempowered (Bastian et al., 2023). This approach recognises how power and inequality shape people's experiences, including their experience of violence. It includes understanding how personal, cultural and systemic barriers can impact victim-survivors' safety and access to support (Ferencik et al., 2019).

Specialist family and domestic violence services can apply anti-oppressive principles by centring victim-survivors' voices and treating them as experts in their own lives, being transparent in decision-making, using critical self-reflection to avoid recreating power imbalances, and applying an intersectional lens to understand the compounding impacts of gender, race, class, ability and other identities (Ponic et al., 2016).

APPROACHES TO PRACTICE

Intersectionality

Introduced by Kimberlé Crenshaw and rooted in Black feminist thought, intersectionality focuses on how multiple aspects of identity (race, gender, class, etc.) create unique experiences of discrimination and privilege that cannot be understood in isolation (Crenshaw, 1989). It is the crucial link that connects the other frameworks, allowing for a deeper, more nuanced understanding of how various systems of oppression (for example, racism, sexism, colonialism) interlock and shape individual lives and societal structures (Varcoe et al., 2016).

Despite the universal impact of family and domestic violence on women and children from diverse backgrounds, not all victim-survivors receive equal treatment in society. Biases ingrained in our social fabric unfairly shape perceptions of victim-survivors, creating daunting barriers that hinder their access to much needed support (AIHW, 2018, 2024).

Locating practice approaches within intersectionality enables specialist family and domestic violence services to understand victim-survivor experiences within societal perceptions. This understanding is crucial in unravelling the, at times formidable, barriers victim-survivors face in accessing support amidst complex traumas and oppressive systems that pervade their everyday lives (Goodman et al., 2016). Delving into these layers equips services with insights into how a person using violence might exploit societal factors to exert control and hinder a victim-survivor's ability to seek help.

Aboriginal-led research and advocacy consistently point to the ongoing impacts of colonisation, dispossession, forced child removals, and intergenerational trauma as both causes and consequences of family violence (Layton et al., 2009). Policies and systems can unintentionally perpetuate harm, including through criminalisation or misidentification of Aboriginal women as perpetrators (Bastian et al., 2023).

Recurring findings and recommendations across national inquiries and research include the need for:

- A whole-of-system response to family and domestic violence
- Recognition of the structural and intersectional drivers of violence, including colonisation and trauma
- Improved data and evaluation led by First Nations peoples
- Systems and services that do not perpetuate violence, but are reformed in line with community-controlled models
- Investment in holistic healing approaches that address the needs of the whole family, including men
- Trauma- and healing-informed practices embedded across all responses to violence (Varcoe et al., 2016)
- Development of culturally grounded services that prioritise safety and cultural security
- Mechanisms for First Nations women and children to co-design relevant laws, policies and programs (Australian Government, 2022)

Response-based practice

Victim-survivors do not simply comply with violence. They usually try to reduce, prevent or stop the abuse in some way. Resistance can take many forms – from overtly challenging the person using violence to small acts or thoughts that go unnoticed by others. These acts of resistance represent a victim-survivor's efforts to resist, defy or strive against the abuse and their efforts to maintain their dignity and manage a situation. A focus on victim-survivors' responses to adverse situations is known as response-based practice (DVSM, 2018).

Social responses are emphasised in response-based practice. Social responses are provided by:

- people in a victim-survivor's social network
- members of institutions charged with responding (e.g., child protection, police, judges)
- others whose actions influence societal standards (e.g., law, policy, media, curriculum) or norms (e.g., racism, homophobia)
- conditions (e.g., geographic isolation, poverty) that enable or prevent violence and that limit or promote justice and individual freedoms (Bastian et al., 2023).

Social responses from social networks and public institutions are closely tied to the level of victim-survivor distress and the likelihood the person using violence will desist (Ponic et al., 2016).

Victim-survivors respond physically, emotionally, mentally, and spiritually to the positive or negative response they receive from others, including service providers. Victim-survivors who receive positive social responses tend to recover more quickly and fully; are more likely to work with authorities; are more likely to report violence in the future. Victim-survivors who receive negative social responses are less likely to co-operate with authorities; are less likely to disclose violence again; are more likely to receive a diagnosis of mental disorder (Wilson et al., 2013).

It is important that service providers look at how women and children respond to and resist violence, and see their existing capacities, their knowledge, skills, and their strength of spirit. These strengths and capacities should be the foundations of conversations, planning and relationships with women and children (DVSM, 2018).

Response-based practice is not just about being positive and strengths-based, it is about being accurate. In being blind to a victim-survivor's resistance, some people assume that victim-survivors have not done enough to protect themselves and their children, believe that the victim-survivor creates their own misfortune, or that the victim-survivor is in some way responsible for the abuse (Ponic et al., 2016). It is important that the person using violence is made explicit by getting an accurate and detailed picture of the patterns of abuse and the patterns of resistance to that abuse.

'Honouring' acts of resistance does not mean downplaying risk or romanticising resistance – not all acts of resistance are strengths based. If a woman or child's resistance places them at higher risk or is harmful, it's important that they are encouraged, and supported to use other forms of resistance and ways to maintain or expand their dignity and control of their life (Ferencik et al., 2019).

Specialist family and domestic violence services can uphold the dignity of victim-survivors by:

- showing their respect by being courteous, communicating regularly, and using the language of the family
- taking time to listen to and reflect on what women and children say and thanking them for sharing their experiences
- appreciating a mother's efforts and capacity to parent in the face of violence
- recognising a child's efforts to keep themselves and others safe
- making sure women and children know they are not responsible for the violence, that the abuse is not because of something they did or said
- listening and taking seriously where mothers and children are at and what they think will make things better.

Code of Practice Principles

The immediate and ongoing safety and wellbeing of the adult and child victim is the highest priority of service and system responses

Number	Principle	Descriptor
ONE	**Risk and Safety focused**	The service engages in continuous and collaborative risk assessment, and safety planning with the victim-survivor.
TWO	**Victim-survivor centred and trauma and violence informed**	Services are delivered in an environment of trust and collaboration to promote safety, empowerment, and strengths-based approaches.
THREE	**Confidentiality, privacy and information sharing**	The confidentiality and privacy rights of victim-survivors are upheld and all information sharing is conducted in line with relevant legislation.
FOUR	**Bringing the person using violence into view**	The patterns of coercive and controlling behaviours of the person using violence are made visible to the system.
FIVE	**Child and young person focused**	Children and young people are recognised as victim-survivors in their own right, with their own unique experiences, risks, protective factors and strengths.
SIX	**Aboriginal-led family safety responses**	The unique knowledge, strengths, and cultural perspectives of Aboriginal victim-survivors, families and communities are recognised, valued and respected.
SEVEN	**Collaboration and advocacy**	Services work alongside other providers to ensure holistic support and to reduce systemic barriers that impact victim-survivors' safety, health and wellbeing.
EIGHT	**Equity and access**	Services are inclusive, equitable and accessible to all victim survivors.
NINE	**Capable and sustainable workforce**	Services nurture a knowledgeable, skilled and diverse family and domestic violence sector, ensuring sustainability through prioritising the health, safety and wellbeing of its people.
TEN	**Governance, Leadership and Accountability**	Services provide quality governance and leadership that is accountable to victim-survivors and advocates for systemic and social change.

Principle 1

Risk and Safety focused

The service engages in continuous and collaborative risk assessment, and safety planning with the victim-survivor.

Creating safety has long been a central part of responses to family and domestic violence (AIHW, 2018, 2024). Safety is generally understood as a state in which a person experiencing family and domestic violence is no longer facing danger, threat or risk of harm from the person using violence (Campbell et al., 2020). While practices such as risk assessment and monitoring of safety concerns are essential because they provide immediate protection (DCPFS, 2015), it is also recognised that ensuring victim-survivors feel safe – for example, offering a safe environment in which to speak about their experiences or strengthening support networks – is also important (Bennett et al, 2015).

Providing wrap around support and facilitating access to other appropriate services can also help to create longer-term safety (Goodman et al., 2016). Another aspect of safety within specialist services is that of service providers themselves. This includes ensuring staff are equipped to work with victim-survivors and engage in safe working practices – through being appropriately recruited, trained and supported – and ensuring that workplaces are secure environments, including where staff must conduct home visits and other forms of lone working (Department of Mines, Industry Regulation and Safety [DMIRS], 2022).

Specialist family and domestic violence services have a shared role within a larger family and domestic violence response system to prioritise and address the safety and support needs of adult and child victim-survivors (Australian Institute of Family Studies [AIFS], 2020). They have multiple responsibilities within Western Australia's Common Risk Assessment and Risk Management Framework (CRARMF) (DCPFS, 2015).

The CRARMF promotes a joined-up, multi-agency approach that prioritises the safety of adult and child victim-survivors while holding the person using violence accountable for their use of violence (DCPFS 2015). The responsibilities of specialist family and domestic violence services include risk assessment, risk management, safety planning, the sharing of risk relevant information and effective referral (DCPFS 2015). It is critical that all specialist family and domestic violence practitioners are trained in using the CRARMF and understand the responsibilities relevant to their roles.

The CRARMF is intended to assist practitioners in assessing current and future risks to indicate and support risk management strategies, actions, and approaches to increase safety (DCPFS 2015).

Risk assessment is not a one-off event but a dynamic process that requires ongoing assessment and monitoring (Campbell et al., 2020). It should include assessing static and dynamic risk factors and patterns of coercive and controlling behaviours. Risk assessment is part of an overall risk management plan for adult and child victim-survivors (Bastian et al., 2023).

Victim-survivors are considered the experts of their own experience. They are good predictors of their own level of safety and risk. Victim-survivor self-assessment of risk is an essential approach in the risk assessment process (Goodman et al., 2016). Evidence reveals victim-survivor self-assessment, actuarial tools, and professional judgment are the three critical elements that form a risk assessment approach (Campbell et al., 2020).

Risk management (responding to risk) is a dynamic and collaborative process within an integrated family and domestic violence response system, where practitioners use various risk management strategies to respond to, reduce and prevent family and domestic violence (Horton et al., 2014).

Risk relevant information sharing is an essential component of risk assessment and risk management (Bastian et al., 2023). Information sharing in Western Australia is underpinned by legislative and formal agreements where services and practitioners must know their responsibilities within each of these (DCPFS, 2015).

One of the most crucial risk management strategies is safety planning (Toivonen et al, 2018). This involves practitioners working in partnership with adult victim-survivors and their children to develop strategies and actions that support safety (DV Vic, 2020). Victim-survivors have been using various safety strategies to keep themselves and their children safe. Therefore, it is essential that safety planning is client-led and informed by the views of the victim-survivor (Ponic et al., 2016).

Safety plans should be tailored to the individual circumstances of both adult and child victim-survivors. It may be optimal for children and young people to have separate safety plans if age and developmentally appropriate (AIFS, 2020).

Safety planning is tailored to the circumstances of each victim-survivor, however it requires trauma- and violence-informed, client-led discussion based on a standardised safety planning tool (Varcoe et al., 2016). This discussion should be documented in a written safety plan identifying actions, individuals, and organisations responsible, with timelines. All parties supporting the victim-survivor should have a copy of the safety plan, however, if it is unsafe for the victim-survivor to keep a copy at home, an alternative storage location must be found (DVSM, 2018).

As risk situations are constantly changing, safety planning must be adaptable (Victoria State Government, 2023). Practitioners need to treat safety planning as an evolving process, adjusting plans based on the victim-survivor's circumstances and risks. Victim-survivors need to be supported with their risk management strategies. This includes coordination with other services to manage risk from the person using violence and meet the victim-survivor's individual support needs (DV NSW, 2022).

This may also include referral to a range of support services for victim-survivors, preferably as part of an integrated, multi-agency response that addresses multiple needs, including protection, child safety, counselling, legal services, housing and financial support (UN Women & WHO, 2019).

All practitioners must focus on gathering critical information and consistent documentation when responding to risk and safety management with victim-survivors. This information enables practitioners to better support and advocate for victim-survivor safety within their service and across systems (Strand et al., 2015).

This information must be gathered and documented during intake, risk assessment, risk management, safety planning, multi-agency case management (MACMs), and coordinated case management in partnership with the adult victim-survivor.

A consistent approach to recognise and gather critical information and documentation includes the following (Wilson et al., 2013):

- the perpetrator's abusive actions and coercive and controlling behaviours intended or taken to harm child and adult victim-survivors
- the impacts of these actions and behaviours on child and adult victim-survivors, their parenting, family functioning and wellbeing
- victim-survivor's actions and strategies already taken to increase their and their children's safety.

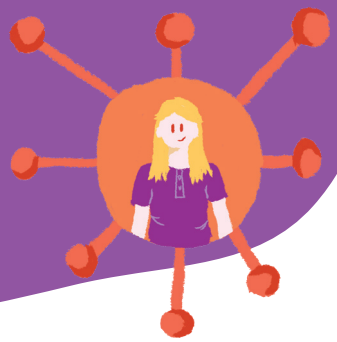
Practitioner safety

All services have responsibilities under work health and safety (WHS) legislation to ensure staff members' health and safety requirements are met (DMIRS, 2022). Workplace health and safety obligations, including psychosocial factors, require employers to proactively manage risks that may lead to psychological harm such as stress, anxiety, or depression, alongside traditional physical hazards (Williams et al, 2008). This includes identifying, assessing, and controlling psychosocial hazards, ensuring a safe and healthy work environment for all employees.

Services must manage the risk of workplace violence and aggression toward practitioners and others according to WHS legislation, workplace policies and procedures and as required under government service contracts (DMIRS, 2022). This includes managing and responding to violence and aggression in the workplace and ensuring post-incident support is available.

Standard 1.1	Indicator
An integrated approach to risk assessment and management informs the policies and practice models of the service.	**a.** All components of the Common Risk Assessment and Risk Management Framework (CRARMF) are integrated into the services for a whole of service system response **b.** Family and domestic violence risk is screened, assessed and responded to in a timely and efficient manner and includes priority responses for those at high risk of serious harm. **c.** Responsibilities for crisis and high-risk management responses are assigned and achieved using multi-agency case management (MACM). **d.** The services ensure all practitioners are inducted, trained, and supervised to undertake ongoing risk assessment and management, including safety planning with child and adult victim-survivors. **e.** The service integrates a consistent approach to recognise and gather critical information and consistent documentation when responding to risk and safety management with victim-survivors. **f.** The service supports practitioners to complete training on guided yarning and Social and Emotional Wellbeing (SEWB) framework for culturally safe risk assessment.
Standard 1.2	**Indicator**
Victim-survivor safety and wellbeing are prioritised and responded to in a timely and effective manner.	**a.** The service has policies and procedures in place to support victim-survivor safety and wellbeing that is prioritised through practice in a timely and effective manner. **b.** The service operates a “no wrong door” approach and are responsive to victim-survivor risk and needs. **c.** The services ensure practitioners are provide regular person-centred case management support to enhance the safety and wellbeing of victim-survivors (including children). **d.** The service has policies and procedures in place to provide practitioners with clear expectations on their duty of care, legal and statutory obligations when responding to adult and child victim-survivors. **e.** Practitioners arrange and/or refer victim-survivors and their children to safe accommodation when unable to stay at home due to a high risk of serious harm posed by the person using violence. **f.** Processes are in place to support victim-survivors to access justice and legal responses to enhance protection from family and domestic violence, if desired.
Standard 1.3	**Indicator**
The safety of practitioners and others is prioritised and responded to effectively.	**a.** The service has policies and procedures for identifying, monitoring, and mitigating potential safety risks and hazards for clients and staff. **b.** The service has critical incident response policies and procedures, and practitioners are trained in their response. **c.** The service has safety and support mechanisms in place for practitioners that address physical and psychological safety. **d.** The service has safety and monitoring systems in place that support practitioner safety in outreach work and geographical/remote areas with limited phone or internet coverage. **e.** The service provides safe, private and confidential environments for service user

Principle 2



Victim-survivor centred and trauma and violence informed

Services are delivered in an environment of trust and collaboration to promote safety, empowerment, and strengths-based approaches.

Victim-survivor centred practice and empowerment

Victim-survivor centred (or 'defined') practice is widely regarded as best practice for facilitating victim-survivors' trajectory toward healing and safety (DV Vic, 2020; Goodman et al., 2016). Victim-survivor centred practices predict increased safety-related empowerment (Bennett et al., 2015).

Victim-survivors require individually tailored responses that are based on their own individual goals, needs, and circumstances, such that a one-size-fits-all model for serving such a diverse group would be impossible (Australian Institute of Health and Welfare [AIHW], 2018). Therefore, most interventions cannot be standardised. Nonetheless, a victim-survivor centred approach to the work can be upheld irrespective of the particular context, setting, or victim-survivor presentation (Goodman et al., 2016).

The promotion of victim-survivor empowerment has long been a core aim of family and domestic violence advocacy work (Sen, 2019). Empowerment has been defined as "a process of increasing personal, interpersonal, or political power so that individuals can take actions to improve their lives" (Bennett et al., 2015, p. 84). It is important to note that empowerment is constrained and enabled by a victim-survivor's access to resources and by broader social conditions such as racism, poverty, ableism, and discrimination (Strand et al., 2015).

Safety-related empowerment refers to victim-survivors' knowledge of their safety goals, their capability to pursue them, their perception of access to necessary resources to support these goals, and their ability to prioritise safety in situations where safety conflicts with other goals (Goodman et al., 2016). In this approach, practitioners collaboratively work with victim-survivors to identify risks and needs, help them identify potential safety options, discuss their priorities, and provide information and referrals as needed (DV NSW, 2022).

A victim-survivor centred approach may not be able to address the range of trade-offs victim-survivors face when they seek help – for example, the potential loss of financial security, housing, and community support (AIHW, 2024). Trade-offs likely cannot be addressed solely in individual work with victim-survivors, but require advocacy, coalition building, and policy change (UN Women & WHO, 2019).

A specific skill set facilitates victim-survivor empowerment. Those skills include the ability to demonstrate respect and to work collaboratively with victim-survivors in shaping goals, identifying needed services, and making safety-related decisions (Bennett et al., 2015). It's important that organisations are able to invest resources into training, supervision, and practice to increase practitioners' ability to utilise a victim-survivor-centred approach to their work (Horton et al., 2014).

Trauma informed approaches

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being (Varcoe et al., 2016).

Trauma-informed practice is an approach to service provision which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development (Wilson et al., 2013). Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?' (SAMHSA, 2014). It aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with services and their staff (Ferencik et al., 2019).

Trauma informed services aim to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use (Ponic et al., 2016). They seek to prepare practitioners to work in collaboration and partnership with people. Unlike trauma-specific care, it is not about eliciting or treating people's trauma histories but about creating safe spaces that limit the potential for further harm for all people (SAMHSA, 2014).

The following are five principles of trauma-informed approaches:

1. **Awareness** of the effects of trauma on victim-survivors
2. **Safety** for victim-survivors on a physical and emotional level
3. **Trustworthiness** in processes and relationships
4. **Empowerment** in decision-making processes
5. **Inclusiveness for all**, including individuals from historically marginalised groups and people with disabilities.

Trauma and violence-informed approaches

'Violence' was added to trauma-informed approaches to emphasise the broader structural violence that influences and shapes interpersonal experiences of trauma, an individual's health and wellbeing and engagement with services.

Trauma and violence-informed approaches lessen the potential to locate 'the problem' only in the psyche of those who have experienced violence, rather than in the acts of structural violence and conditions that support those acts (Bastian et al., 2023). Structural violence (for example, colonialism, racism, ableism, cisnormativity, heteronormativity) and intergenerational trauma compound the impacts of exposure to family and domestic violence (UN Women & WHO, 2019).

Trauma and violence informed approaches bring an explicit focus to:

- broader structural and social conditions, to avoid seeing trauma as happening only "in people's minds"; for example, discriminatory systems will break the bonds of trust that need to exist in a service context (Varcoe et al., 2016)
- ongoing violence including "institutional violence", that is, policies and practices that perpetuate harm ("system-induced trauma"), for example, making people re-tell their trauma to satisfy the needs of the system, rather than those of the person (Ponic et al., 2016)
- the importance of organisational-level actions, such as changes to policies that take clients' safety and experiences of violence into account and that recognise how broader conditions of people's lives (e.g., poverty or unstable housing) increase risk of multiple forms of violence (Strand et al., 2015). These could include staff/client ratios, waiting area policies and social policies.

Intergenerational trauma

Intergenerational trauma refers to the kind of trauma that "is passed down from the first generation of survivors who directly experienced or witnessed traumatic events to future generations" (Wilson et al., 2013, p. 2).

The combined effects of colonisation and oppressive policies and practices have had a profound and enduring impact on Aboriginal peoples' health and social and emotional wellbeing (Layton & Moore, 2009). The devastating impacts of past events, including massacres and forced removals from family and Country, remain in the minds of Aboriginal people (Bastian et al., 2023). Current policies are still contributing to the over-representation of Aboriginal children and young people in out-of-home care and the justice system, which contributes to continuing intergenerational trauma (AIHW, 2018, 2024).

Aboriginal Elders and leaders have long asserted that the trauma resulting from colonisation is at the root of many challenges experienced by individuals, families, and communities. These challenges include family violence, increase in suicide attempts and deaths, and alcohol and drug use (Ponic et al., 2016). These in turn lead to further trauma and intergenerational trauma.

People are more likely to overcome trauma if:

- Communities are supported and empowered to identify their own ways to support their healing (Varcoe et al., 2016).
- Programs draw on local cultural knowledge to build cultural awareness and a positive sense of identity (Layton & Moore, 2009).
- Healing programs restore, reaffirm, and renew a sense of pride in cultural identity, connection to Country and participation in community.
- There is a focus on connecting Stolen Generations members to their families and communities, truth telling, acknowledgement, and apology (Bastian et al., 2023).

Intergenerational trauma related to colonisation (past and present) continues to have devastating health and wellbeing implications for Aboriginal women, children, families and communities across Western Australia (AIHW, 2024).

When we work from a trauma and violence-informed approach, we understand intergenerational trauma and its impact on Aboriginal people.

Vicarious trauma

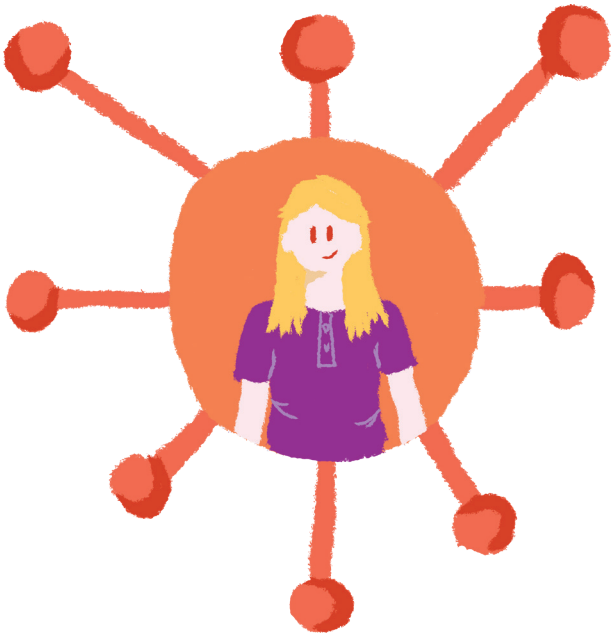
Being trauma and violence-informed requires acknowledging, preventing, and responding to vicarious trauma (Strand et al., 2015).

Organisations can help reduce vicarious trauma for practitioners. The negative impacts of vicarious trauma are associated with employee burnout and high turnover, both common in sectors where service providers work directly with people who experience violence (Ferencik et al., 2019).

Organisations can help reduce vicarious trauma for their employees with trauma and violence-informed policies and practices that:

- actively support the well-being and self-care of service providers who are repeatedly exposed to others' stories of violence (Williams et al., 2008)
- help providers to understand peoples' responses to violence, including their own (Wilson et al., 2013)
- help to prevent 'trigger responses' for both clients and providers (Varcoe et al., 2016).

When they are well-supported by trauma and violence-informed approaches and workplace wellness programs, service providers can find satisfaction and growth in their work, despite the challenges (SAMHSA, 2014).



Standard 2.1	Indicator
Victim-survivors are supported through person-centred and empowerment responses	**a.** The service has policies and practice procedures that support a person-centred, empowerment approach **b.** The service ensures practitioners are inducted, trained and supervised to work with victim-survivors in a way that respects their autonomy, decision-making, and personal empowerment **c.** Services have resources available for practitioners to provide information to victim-survivors on family and domestic violence risk, drivers and impacts to support their safety, well-being and decision-making when required
Standard 2.2	**Indicator**
The service partners with victim-survivors to ensure they are at the centre of all decisions and receive a flexible and tailored service that meets their needs	**a.** The service has policies that promote the rights and responsibilities of victim-survivors, i.e. a Client Charter of Rights and Responsibilities. **b.** Flexible service provision (frequency and duration) is tailored to victim-survivors' assessed safety and support needs, which are reviewed regularly as part of risk management practices. **c.** The practitioner reviews case plans with victim-survivors regularly and ensures that their decisions and desires remain current, with goal setting centred on their expressed needs. **d.** The service has processes to ensure services are tailored for victim-survivors who wish to maintain relationships and connections with the person using violence r, family, community, culture and pets/animals.
Standard 2.3	**Indicator**
The service commits to being trauma and violence-informed and demonstrates leadership and dedicated support.	**a.** The service develops and implements trauma-informed frameworks, practices, policies and procedures **b.** The service ensures the physical environment is a welcoming, approachable and appropriately safe space for all victim-survivors. **c.** The service offers all staff ongoing training and professional development in trauma and violence-informed practice, including culturally safe responses that promote competence and confidence to apply in practice. **d.** The service has feedback and quality assurance systems in place to measure the impact of trauma and trauma-informed approaches in practice. **e.** The service recognise the impact of cumulative trauma in , including racism, poverty and systemic violence
Standard 2.4	**Indicator**
The service has prevention and intervention strategies in place to address vicarious trauma in the workplace.	**f.** The service has policies and procedures in place that promote an organisational culture that takes responsibility and steps to protect the wellbeing of all staff, including identifying and minimising psychosocial hazards in the workplace. **g.** The service provides training opportunities for practitioners to gain knowledge and skills in recognising and responding to vicarious trauma

Principle 3

Confidentiality, privacy and information sharing

The confidentiality and privacy rights of victim-survivors are upheld and all information sharing is conducted in line with relevant legislation.

Respecting and upholding victim-survivor confidentiality and privacy is fundamental for specialist family and domestic violence services (DV Vic, 2020). Maintaining confidentiality and privacy enhances safety, preserves dignity, and empowers victim-survivors. Additionally, it reinforces the victim-survivors' trust in the service (Bennett et al., 2015). Specialist family and domestic violence services must comply with legislative and statutory obligations regarding the confidentiality and privacy of victim-survivors (DCPFS, 2015).

Information sharing is guided by legislation and must be conducted with informed consent, and contribute to victim-survivor safety, risk management, needs assessment, and case plans. The CRARMF defines information sharing as the "exchange of relevant information within or between services for the purpose of preventing or reducing a serious threat to a person's safety." It is a central component of Western Australia's integrated response system that aims to increase capacity to assess and manage risk for victim-survivors of family and domestic violence (DCPFS, 2015).

Practitioners must fully inform all victim-survivors:

- how sensitive and private information, including digital records, is managed
- the limits to confidentiality and privacy (due to, for example, mandatory reporting) (Toivonen et al., 2018)
- how they can access their personal information held by the service
- how the service uses their information
- how the service obtains ongoing and informed client consent
- how to make a complaint if they have concerns about how their information is handled
- how information sharing works under legislative requirements and for MACM purposes (DCPFS, 2015).

Specialist family and domestic violence services have a role in coordinating safe and appropriate information sharing and referrals that support victim-survivors' safety and support needs. This includes seeking informed consent to safely share client information, such as current risk assessments, risk relevant information, safety plans, referrals, case plans, and other relevant documents with other providers involved in coordinated responses (Bastian et al., 2023).

It is best practice to seek informed consent from victim-survivors. Practitioners must be familiar with consent requirements (and its limited exceptions), which must be explained to the victim-survivor at intake (Goodman et al., 2016). Consent-seeking practices promote victim-survivors' autonomy and agency (Sen, 2019). By consulting with victim-survivors about their wishes and providing choices, practitioners empower them to make decisions that align with their own safety planning and goals (Ponic et al., 2016). Even in situations of immediate harm, victim-survivors should always be consulted, and informed consent should be sought where it is safe to do so (UN Women & WHO, 2019). Victim-survivors have the right to receive specialist family and domestic violence support services without having to consent to information sharing (DVSM, 2018).

Practitioners must explain the concept of informed consent to victim-survivors. Informed consent is letting the victim-survivor know:

- what information will be shared
- with whom
- for what purpose
- what the consequences of that information sharing might be (in case of negative consequences for them) (Strand et al., 2015)..

Some victim-survivors may feel particularly concerned about their privacy. People living in rural and remote areas may not want to be observed seeking local support services or are known to practitioners who work in local services (AIFS, 2020). Aboriginal victim-survivors and others may have concerns agencies will breach confidentiality through reports made to authorities and may fear having their children removed (Bastian et al., 2023). Mistrust, loss of confidence in government agencies and fears that children may be removed contribute to the under-reporting of family and domestic violence for Aboriginal victim-survivors (AIHW, 2018, 2024). Specialist family and domestic violence services must address any concerns with victim-survivors at intake of service provision, to ensure victim-survivors are fully informed of their confidentiality and privacy rights (Layton, 2009). Additionally, services should have policies and procedures in place to manage any conflict of interest or breach of confidentiality (DV NSW, 2022).

Standard 3.1	Indicator
The confidentiality and privacy rights of victim-survivors are respected and upheld and they are informed when their right to confidentiality may be limited.	**a.** The service has confidentiality and consent policies and procedures in place that outline confidentiality, extent and limits of confidentiality which supports practitioners to maintain confidentiality and privacy for victim-survivors in line with legislative and statutory requirements. **b.** The service has privacy policies and procedures that outline how personal information is managed in accordance with relevant legislation and statutory obligations. **c.** Practitioners inform victim-survivors how their personal information is collected, stored and shared, the extent and limits of confidentiality, and how they can request access and make amendments to personal records held by the service. **d.** Practitioners maintain confidentiality in all aspects of service delivery and practice, including client data, files, and records, which align with organisational policies and legislative requirements. **e.** Practitioners consider strategies to enhance victim-survivors' privacy during service provision in regional, rural and remote areas or with other social or cultural communities and groups where fears regarding confidentiality may exist.
Standard 3.2	**Indicator**
Information sharing is guided by legislation, is done with informed consent and contributes to victim-survivor safety, risk, needs assessment and case plans.	**a.** The service has policies and protocols in place that facilitate information sharing relevant to risk and safety in accordance with the CRARMF and privacy and information-sharing legislation. **b.** The service has information sharing and management protocols that respect victim-survivors' autonomy and promote their involvement in decision-making processes, where informed consent is prioritised. **c.** Practitioners seek victim-survivors involvement when safe to do so, when intending to do so, or when they have shared personal information without consent due to duty of care or other legal obligations. **d.** Practitioners receive training on safe and appropriate information sharing to promote the well-being and safety of children and adult victim-survivors and assess and manage family and domestic violence risk.

Principle 4

Bringing people who use violence into view

The patterns of coercive and controlling behaviours of the person using violence are made visible to the system.

Specialist family and domestic violence services for victim-survivors should view themselves as being located within a wider integrated family and domestic violence response system. All agencies share the responsibility of ensuring that abusive behaviour is visible, promoting accountability and enhancing the safety and freedom of adult and child victim-survivors (Horton et al., 2014; UN Women & WHO, 2019).

Accountability of the person using violence relies on a range of strategies including legal and social interventions (DV NSW, 2022). Accountability of the person using violence is the process by which the person acknowledges and takes responsibility for their choices to use family and domestic violence and works to change their behaviour (Mandel, 2022). Accountability of the person using violence can occur across multiple domains, including becoming accountable to one's (ex)partner, family, to their community, or to systems (Bastian et al., 2023).

For specialist family and domestic violence services working with victim-survivors, their role in promoting the accountability of the person using violence is informed by a victim-survivor centred empowerment approach (see Principle two) (Bennett et al., 2015). This involves learning about victim survivors' experiences with the person using violence, including the history and nature of their relationship, assessment of the person using violences' risk factors and patterns of behaviour, and any interventions that may or may not have had a positive impact on accountability (Campbell et al., 2020).

Specialist family and domestic violence services learn from victim-survivors about how the person using violence avoids accountability through tactics such as minimising or denying their use of violence, blaming the victim-survivor, attacking the victim-survivor's credibility, and using the system to position themselves as the victim (DVSM, 2018). Importantly, practitioners should be trained to discuss and assess the behaviour of the person using violence with the victim-survivor in a respectful and understanding way that accounts for the complexities of their relationship and personal agency to define the relationship into the future (Mandel, 2022).

Through undertaking ongoing risk assessments with victim-survivors, specialist family and domestic violence practitioners document a significant amount of information about people using violence that informs safety planning, risk management, information sharing and coordinated responses (DCPFS, 2015). This may involve advocating for interventions by services that work directly with people who use violence to lift the burden of managing risk from the victim-survivor, including police, courts, corrections, child protection, perpetrator case management and behaviour change programs (DV NSW, 2022). On a case-by-case basis, there may be other services involved with the people who use violence that need to be a part of coordinated action planning, such as mental health services, drug and alcohol services and housing services (AIHW, 2024).

Importantly, any action undertaken by specialist family and domestic violence services to promote the accountability of the person using violence must prioritise victim-survivor safety, consent and decision-making (in accordance with privacy and information sharing legislation – see Principle 3) to prevent the exacerbation of risk and further harm by the person using violence.

The power of language

In keeping the person using violence accountable for their actions, language plays a powerful role (DVSM 2018). This relates to the way we speak with and about relationships and families, the questions we choose to ask or not to ask, and the decisions we make about the way to record and document interactions with victim-survivors (Mandel, 2022).

Language is an immensely powerful instrument that can influence, affect, and change outcomes. Language can also result in victim-blaming or victim-shaming (the most common being the mother's 'failure to protect') (Wilson et al., 2013). However, language can also give agency to women's resistance or women's protective behaviours (Ponic et al., 2016).

Abuse is often talked about and documented in passive ways, for example 'the victim-survivor reports ...' or 'the victim-survivor is experiencing...' as opposed to naming the person carrying out these acts, for example, 'the person using violence has...' or 'the person using violence continues to...' Using an active voice gives clarity around accountability. Starting case notes, reports, or any written documentation with a focus on the person using violence helps shift our focus towards that person (DV Vic, 2020). Information documented in this way provides important evidence of patterns of coercive and controlling behaviours (Bastian et al., 2023). It also helps practitioners and the wider system put into context the victim-survivors decision-making and to manage family and domestic violence risk.

Standard 4.1	Indicator
The service takes a victim-centred approach to advocate for and monitor person using violence accountability within coordinated and integrated multi-agency approaches.	**a.** The service supports practitioner induction, training and supervision to discuss family and domestic violence with victim survivors in a way that respects their relationship and conveys person using violence responsibility and accountability. **b.** Information about the person using violence, including the risks and impacts of their use of family and domestic violence, is documented in client records and shared with victim survivors and other services, guided by service policies and procedures and information sharing legislation. **c.** Processes are in place to proactively involve victim survivors in decision-making and safety planning for coordinated responses that activate direct interventions with people who use violence. **d.** The service has practice guidance that supports practitioners in partner/mother contact roles linked with men's behaviour change programs and/or person using violence response programs, ensure victim-survivors are empowered to make decisions on how communications and responses are coordinated, prioritising safety. **e.** The service has a record keeping process to record systemic failures to adequately address the person using violence responsibility and accountability to inform advocacy approaches to improve the family and domestic violence response system.

Principle 5

Child and young person focused

Children and young people are recognised as victim-survivors in their own right, with their own unique experiences, risks, protective factors and strengths.

It is well-documented that family and domestic violence is a significant issue that can have short and long-term impacts on the social, physical, emotional and psychological wellbeing of children and young people (AIHW, 2018, 2024; AIFS 2020). Family and domestic violence may also put children's and young people's lives at risk. Some are killed; others may be present during the homicide of their mother or other family members. Whether present or learning what happened later, children and young people are left with the loss and trauma resulting from domestic homicide (Bastian et al., 2023).

It is important to note that not all children and young people living with family and domestic violence experience negative adjustment following exposure, and that no child or young person should be defined by the violence and trauma they experience (Ponic et al., 2016). Children and young people are complex, whole beings with different temperaments, relationships, family and social values, interests and so much more. It is important to recognise that every child and young person surviving family and domestic violence is capable of health, resilience, and growth following trauma, while respecting and validating that many children and young people are struggling to navigate and manage the impacts of their experiences (Varcoe et al., 2016).

Research has identified key principles for child-centred practice (Layton & Moore, 2009):

- children and young people's safety and well-being are prioritised
- specialist family and domestic violence services must incorporate considerations relating to children and young people's imminent risk, and holistic support needs, as well as provide options for suitable referrals to other services
- children and young people are individuals with unique needs and wishes
- children and young people are usually best supported within families, every effort should be made to assist families to support their children (UN Women & WHO, 2019)
- service environments need to be safe, approachable and inclusive to children and young people (Strand et al., 2015)
- children and young people need to be provided with information and given opportunities to participate in decision-making (in a child-centred and developmentally appropriate way) with decisions that affect their lives (Goodman et al., 2016)
- the best outcomes for children and young people are often achieved in partnership with other services who can assist children and young people (Bastian et al., 2023).

Many children and young people are in contact with abusive parents, and this may have repercussions for them and the non-abusive parent if it is exposed that the child is talking about the violence in a service setting (DVSM, 2018). Practitioners must consider this risk when offering child-centred support and interventions and have safety strategies to ensure no adverse effects on children's safety and wellbeing (Mandel, 2022).

Also, relationships with key people who can promote a child victim-survivor's long-term safety, health and wellbeing can be damaged. Relationships with mothers, and siblings, for example, may need to be repaired, rebuilt, and nurtured (Ferencik et al., 2019).

Practitioners working with the parent/carer of the child victim-survivor must apply person-centred and culturally appropriate practice that provides:

- consistent risk assessment and management processes (using the CRARMF) for both the adult victim-survivor and their children (DCPFS, 2015)
- assessment of risk and impact of the person's use of violence and coercive control on their children and parenting roles (Mandel, 2022)
- acknowledgement of strategies used to manage and mitigate harm to children (DV NSW, 2022)
- supports, intervention or referral to a specialist agency to rebuild the mother-child relationship and strengthen the mother's capacity to parent effectively (as required) (Wilson et al., 2013)
- referral to therapeutic counselling and parenting programs (as required) (Varcoe et al., 2016).

Culturally appropriate practice requires an understanding of, and respect for, diverse parenting styles across all cultures and diversities, including Aboriginal families, culturally and linguistically diverse families, LGBTIQA+ families and parents or carers with disabilities (Layton et al., 2009; Bastian et al., 2023).

National child safe principles

Specialist family and domestic violence services must adopt and apply the National Child Safe Principles in their organisation, have policies and procedures in place for responding to and reporting child wellbeing, safety or protection concerns and respond to any legal requirements for mandatory reporting in adherence with the Children's and Community Services Act 2004 (WA) (Victoria State Government, 2023).

Adolescent violence in the home

A young person who is a victim-survivor may also be engaging in a pattern of violent or abusive behaviour within their family, usually against parents, other carers or siblings (Horton et al., 2014). Risk assessment and risk management processes are required to ensure the safety of all subjected to the adolescent using violence in the home and refer to specialised therapeutic supports for children and young people (DV Vic, 2020).

Standard 5.1	Indicator
The service prioritises children and young people's safety and wellbeing.	**a.** All risk assessment and management processes for children and young people are guided by the CRARMF. **b.** The service has policies and procedures for responding to and reporting child wellbeing, safety or protection concerns and responding to any legal requirements for mandatory reporting in adherence with the Children's and Community Services Act 2004 WA. **c.** The service has a Child-Safe Policy and has adopted and applied the National Child Safe Principles across all areas of its organisation. **d.** The service has a policy that states seeking consent to share information relating to a child and young person.
Standard 5.2	**Indicator**
The service elevates the status of children and young people's interests, rights and views.	**a.** The service has policies, procedures and practices that support the physical, cultural, social and emotional well-being of children and young people. **b.** The service supports practitioners training to work sensitively and safely with children and young people. **c.** Practitioners support the view of children and young people's experiences of family and domestic violence and safety, and wherever possible, provide (in age-appropriate ways) information and support them with case goals, plans, safety planning and referral options. **d.** Practitioners collaborate with partner agencies to ensure referral pathways are available for children and young people who require specialised support. **e.** The service ensures trauma-informed processes are built into policy and procedures when addressing children and young people who use family and domestic violence in the home, and appropriate referrals to support services are actioned.

Standard 5.3	Indicator
The service environment is child-friendly and supports children's participation in decision-making processes	**a.** The service ensures that children's and young people's inclusion is championed at all levels of the organisation, from policies to practitioner practice guidance and training. **b.** The service provides practitioners with training and practice direction to build positive relationships with children and young people, and their engagement strategies and communication styles are age-appropriate and developmentally appropriate. **c.** The service involves children in decision-making regarding service design and includes them in formal and informal feedback mechanisms relating to service delivery.

Standard 5.4	Indicator
The service actively provides support to adult victim-survivors in their parenting role to support children and young people's ongoing safety and well-being.	**a.** Practitioners gain parental consent from the adult victim-survivor parent/carer to support children and young people, advocate on their behalf, and provide referrals. **b.** Practitioners are trained and provided practice directions and guidance to work with adult victim-survivor parents/carers to sensitively discuss the impacts of family and domestic violence on children and young people and identify support required to enable ongoing safety and well-being. **c.** Practitioners have a comprehensive understanding of the impacts of violence on adult victim-survivor parents/carers, including child attachment and capacity to parent effectively and ensure support and referrals are provided. **d.** Practitioners are trained and supervised to respect and work collaboratively with diverse parent styles, including parents/caregivers from Aboriginal communities, CALD communities, LGBTIQA+ families and parents/caregivers with disabilities. **e.** The service has policies and procedures to support and advocate victim-survivors involved in the family law system to promote children's safety, rights and voice.

Principle 6

Aboriginal-led Family Safety Responses

The unique knowledge, strengths, and cultural perspectives of Aboriginal victim-survivors, families and communities are recognised, valued and respected.

The right of Aboriginal people to self-determination is enshrined in multiple international and domestic human rights instruments (UN Women & WHO, 2019). Aboriginal self-determination based on Aboriginal systems, structures, knowledge, and expertise is critical for informing safety and wellbeing in Western Australia's diverse Aboriginal families and communities (Bastian et al., 2023).

Aboriginal self-determination requires a systemic shift from government and the non-Aboriginal service sector, that requires the transfer of power, control, decision making and resources to Aboriginal communities and their organisations (Layton et al., 2009).

Western Australia's Path to Safety Strategy acknowledges:

- the disproportionate impact of family violence on Aboriginal women, children, families, and communities and the devastating toll it takes on families and communities (AIHW, 2018, 2024),
- the legacy of colonisation, dispossession, the Stolen Generations, and the impact of policies from successive governments and how this has contributed to the significant disadvantage and intergenerational trauma experienced by Aboriginal people, their families, and communities (Layton et al., 2009; Bastian et al., 2023),
- the need to respond to the different drivers of violence experienced by Aboriginal people, which may include poor or inadequate housing, barriers to accessing services, high rates of imprisonment, unemployment and alcohol and other drug use, and
- the ability to respond to these circumstances through Aboriginal-led, community-controlled initiatives is a priority (Bastian et al., 2023).

Further, family violence has been identified as:

- placing at risk, people's sense of wellbeing and mortality due to family violence-related homicide
- a factor in the lives of young people who suicide
- a contributing factor to placing families and children at high risk of contact with child protection and juvenile justice systems (AIHW, 2018).

Family violence is not part of Aboriginal culture, and these impacts must be understood in the context of historic and ongoing impacts of colonisation, genocide, systemic violence, racism, family separation and intergenerational trauma (Layton et al., 2009; Varcoe et al., 2016).

While the social disadvantage experienced by Aboriginal people cannot be ignored, “there are strengths, capacities, and resources that exist within families, communities, and the Aboriginal Community Controlled Organisations sector, which can be utilised as the basis for further positive capability-building” (Bastian et al., 2023, p. 14).

Aboriginal family violence services and programs provide a direct response to this context with holistic, culturally safe and trauma-informed approaches (Ponic et al., 2016).

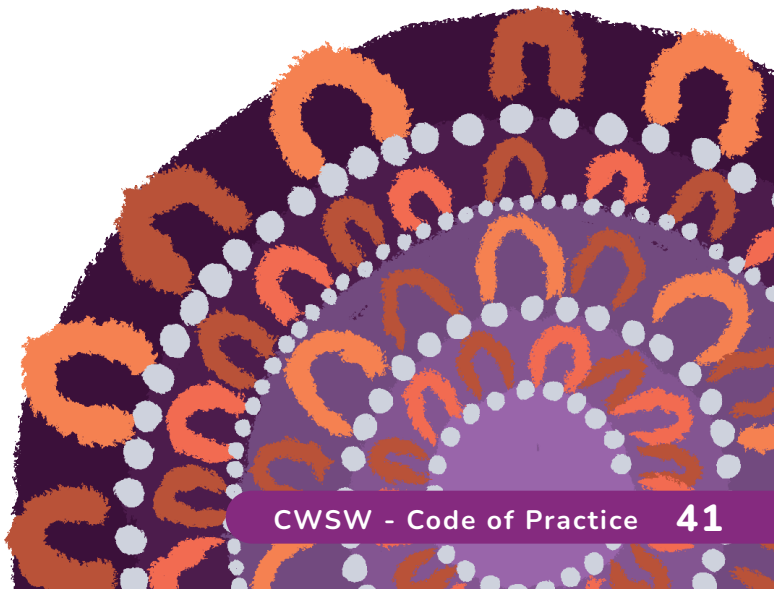
It is also the responsibility of mainstream family and domestic violence services to critically reflect on where they may be perpetuating colonising approaches and discriminatory practices (Wilson et al., 2013). Mainstream specialist family and domestic violence services should work to promote culturally safe service responses and develop practices that are aligned with the leadership and goals of Aboriginal communities. As such, respect for Aboriginal self-determination, choice and cultural safety is an essential component of specialist family and domestic violence service provision and advocacy (UN Women & WHO, 2019).

Specialist family and domestic violence service responses with respect to Aboriginal self-determination includes supporting all victim survivors who identify as Aboriginal (including Aboriginal children of parents/carers who do not identify as Aboriginal) to exercise their choices to maintain connections to Country, culture, family and community and access either mainstream and/or Aboriginal services in a way that is safe and appropriate for them (Bastian et al., 2023).

Referral pathways and coordinated responses with Aboriginal services is a fundamental part of specialist service design and should be tailored through partnership work with Aboriginal services (Layton et al., 2009).

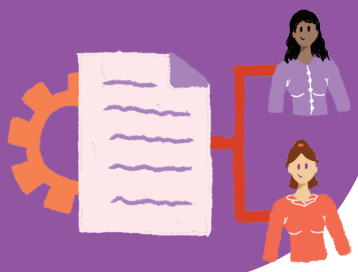
Aboriginal women and their children are also regular users of specialist family and domestic violence services that are not Aboriginal Community Controlled Organisations (ACCOs). Enablers of help-seeking for Aboriginal women include trust, a working knowledge of what the services do and an expectation that the services will be able to respond in a helpful and non-judgemental way (AIHW, 2024).

Incorporating Aboriginal women’s views into service practice and delivery can enhance knowledge and understanding. This can be done through collaboration with local Aboriginal organisations and leaders, building and sustaining informal networks and contacts, and constantly learning, reflecting, and having discussions with Aboriginal women in ways that are ethical, safe and valued by them (Bastian et al., 2023).



Standard 6.1	Indicator
The service demonstrates respect for Aboriginal people and culture	**a.** The self-determination rights of Aboriginal people are acknowledged and made visible in the service environment, communication materials and public engagements. **b.** Supporting the goals of the Aboriginal Family Safety Strategy is incorporated into service design and strategic planning. **c.** The provision of culturally safe services for Aboriginal people is regularly reviewed and addressed, using guidance provided by Aboriginal organisations and resources. **d.** Professional development includes cultural safety training provided by Aboriginal organisations to ensure that responses to family and domestic violence are holistic and trauma-informed to respond effectively to the ongoing impacts of colonisation and intergenerational trauma that exists within Aboriginal communities.
Standard 6.2	**Indicator**
The service is responsive to family violence against Aboriginal people.	**a.** Policies, practice guidance and other relevant documents incorporate the Aboriginal definition of family violence and is used alongside the mainstream/legal definition. **b.** The service to ensure family violence risk assessment and risk management processes align with CRARMF practice guidance and Aboriginal Family Violence Risk Assessment Tool. **c.** The service has built in processes to ensure that all victim survivors are asked if they, and/or their children, identify as Aboriginal and referral options are provided for either mainstream or Aboriginal organisations. **d.** The service responds to Aboriginal victim survivors' rights to maintain or restore connections with culture, Country, family, kinship and community networks. **e.** The services have partnerships with Aboriginal organisations are developed to inform service design and enable effective referral pathways and coordinated responses for Aboriginal people.

Principle 7



Collaboration and advocacy

Services work alongside other providers to ensure holistic support and to reduce systemic barriers that impact victim-survivors' safety, health and wellbeing.

Victim-survivors may require referrals to a broad range of services to address their safety, health and wellbeing needs, including generalist services to address other holistic needs. It is generally understood that coordinated multi-agency and multi-disciplinary programs can improve the safety, health and wellbeing of adult and child victim-survivors (Horton et al., 2014; UN Women & WHO, 2019).

Partnerships and links with other organisational supports and services, may include:

- local police
- legal services,
- court support,
- child protection,
- health services (including mental health and alcohol and other drug services),
- housing or specialist homelessness services,
- disability support,
- sexual assault support services,
- youth services and
- other relevant services (AIHW, 2024)..

Collaboration with other services includes facilitating referral pathways, shared case management, co-location responses, secondary consultations, information sharing, participation in local interagency meetings and multi-agency case management meetings (DCPFS 2015).

Effective collaboration among service providers requires a shared commitment to enhancing service delivery and outcomes for all victim-survivors.

This involves:

- Building trust and respecting the roles, responsibilities, and practices of all professionals involved (DV Vic, 2020)
- Drawing on the expertise of others, particularly in the contexts of diverse communities, Aboriginal and Torres Strait Islander communities, CALD, LGBTIQA+ communities (Layton et al., 2009; Bastian et al., 2023)
- Supporting one another's work, acknowledging that no single agency can address all needs independently (Horton et al., 2014).

To support collaboration, practitioners need opportunities to develop and maintain working relationships with other organisations that offer services to victim-survivors (DV NSW, 2022).

Individual and systemic advocacy

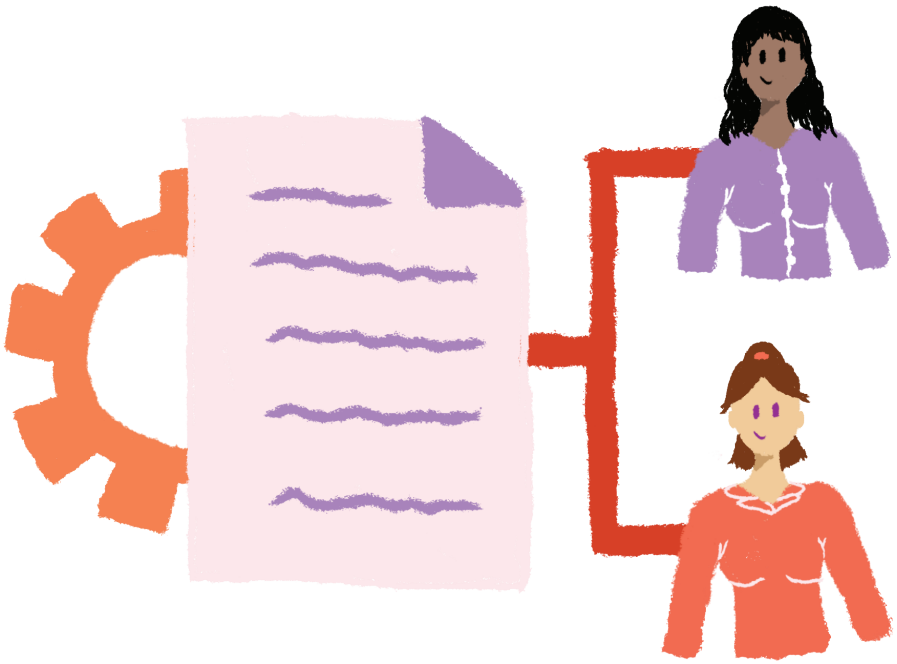
Under the CRARMF the responsibility of the specialist family and domestic violence services' leadership is coordinating the response in leading case management with other services. This ensures victim-survivors receive dedicated support, a primary contact and coordinated risk assessment, safety planning and outcome tracking of coordinated action plans (DCPFS, 2015).

Additionally, specialist family and domestic violence services provide secondary consultation to other services across the family and domestic violence response system. This can include professional advice on family and domestic violence issues and guidance on referral options and assistance with assessing and managing risk, and providing advice for safety planning, referral options and coordinating responses (DV Vic, 2020).

In a multi-agency context, family and domestic violence services are the only program partner whose objectives are concerned solely with meeting the specific needs of, and seeking outcomes for, victim-survivors of family and domestic violence. This gives them a central role in any multi-agency or multi-disciplinary program that is survivor-centred (UN Women & WHO, 2019). Specialist family and domestic violence practitioners travel alongside the victim-survivor to observe the strengths and weaknesses of the response, including any unintended effects of the interface of multiple service providers and agencies (Goodman et al., 2016).

A key role of specialist family and domestic violence services in multi-agency programs is individual and systemic advocacy. In collaborative programs that seek to provide victim-survivor-centred services and to effect systemic improvements, this important role is recognised and valued (Strand et al., 2015). System advocacy work is informed by the experiences of victim-survivors and what their advocates learn about systemic issues in the process of supporting them (Bastian et al., 2023).

Systemic advocacy acknowledges that barriers to safety, health and wellbeing can lie beyond the control of individuals. Systemic factors need to be addressed if family and domestic violence is to be reduced and prevented. This includes influencing public policy and resource allocation within political, economic and social systems and institutions (Sen, 2019). Individual and systemic advocacy is an essential function of specialist family and domestic violence services and aims to improve the long-term safety and wellbeing of victim-survivors (DVSM, 2018).



Standard 7.1	Indicator
The service collaborates to provide coordinated and integrated multi-agency responses that address family and domestic violence risk and case plan goals.	**a.** The service commits to working with Family and Domestic Violence Response Teams (FDVRT) agency members and other service providers to participate in Multi-Agency Case Management (MACM) and other shared case management coordination arrangements. **b.** When multiple service providers are involved in a MACM response, the service takes victim-survivor centredlead role in providing support and case coordination for victim-survivors. **c.** The service has practice procedures enforcing shared case management plans that have clear roles and responsibilities for each service provider and are documented and reviewed to ensure outcomes respond appropriately to victim-survivors' safety and support needs. **d.** Advocacy approaches are used when collaborative responses are not improving safety and wellbeing outcomes for victim-survivors or when other services and systems are not fulfilling their responsibilities.
Standard 7.2	**Indicator**
The service works actively to create professional relationships and alliances with others to create safety and address victim-survivor needs.	**a.** The service has practice procedures with referral processes, and pathways with generalist and specialist providers including Aboriginal Community Controlled Organisations, refugee and migrant services, women's health services, disability services, mental health and alcohol and other drug services, LGBTIQA+ organisations and sexual assault support services. **b.** The service supports practitioners to develop and maintain professional relationships with key stakeholders and relevant service providers in their local area and attend interagency network meetings where appropriate and available. **c.** The service has policies and procedures in place to support practitioners to seek secondary consultations from other specialists and support other service providers to enhance their practices to respond to victim-survivors' safety and well-being needs. **d.** The service has avenues to identify and raise systemic barriers impacting victim-survivors. **e.** The service has policies and procedures in place to support external secondary consultations with other agencies and are completed in a timely manner by qualified practitioners within the service.

Principle 8

Equity and Access

Services are inclusive, equitable and accessible to all victim-survivors.

Power and privilege are central to how oppression operates in society (Sen, 2019). Power is reinforced by social institutions, cultural norms and assumptions, which in turn legitimise inequality between groups (Varcoe et al., 2016). Privilege refers to the unearned benefits some individuals receive due solely to their membership in a particular social group. It is often invisible to those who possess it, freely or readily available to dominant groups and enjoyed regardless or intent or awareness. Even when not intentionally used to disadvantage others, privilege can result in economic, political and social advantages at the cost of marginalised groups (Ponic et al., 2016).

The impact of oppressive systems

Oppressive rules and standards can often be subtle and go unnoticed. Overtime, they may become widely accepted and rarely questioned and may lead to the creation and reinforcement of oppressive institutions and structures. People and organisations may unknowingly support these systems, for example, by upholding services that exclude marginalised groups and fail to meet the needs of those with less power and privilege (UN Women & WHO, 2019). Forms of oppression include racism, ableism and classism, all of which maintain system inequality (Bastian et al., 2023).

To create meaningful change, we must:

- Acknowledge how oppression operates in our organisation and systems (Strand et al., 2015)
- Reflect deeply on our own roles and responsibilities within these systems (Wilson et al., 2013)
- Understand how our actions may unintentionally uphold inequalities (Ponic et al., 2016)

Recognition of oppression is fundamental to its dismantling and to fostering inclusive and equitable environment for all.

Equitable and inclusive specialist family and domestic violence services

Specialist family and domestic violence services have a legal and ethical responsibility to provide inclusive, equitable, responsive and culturally safe services for all adult and child victim-survivors in Western Australia. This is important not only from a human rights perspective, but to address the disproportionate impact of family and domestic violence on diverse populations who experience intersecting forms of marginalisation, discrimination and oppression (UN Women & WHO, 2019). For some victim-survivors their experiences of family and domestic violence intersect with experiences of racism, ableism, homophobia, and other forms of oppression, making accessing support more complex (Ponic et al., 2016).

Under the Equal Opportunity Act 1984 (WA), services must actively eliminate discrimination on the basis of sex, marital status, pregnancy, sexual orientation, family or carer responsibilities, race, religion, political beliefs, impairment, or age. Services that limit their eligibility criteria and employment practices must ensure there is evidence to justify and determine that it satisfies the criteria for an exemption under the Equal Opportunity Act 1984 (WA) (AIHW, 2018).

A whole-of-organisational approach is required to embed equity and inclusion within service design, eligibility criteria, and practice (DV NSW, 2022). This will ensure that organisations are responsive and meet the needs of all individuals, groups, and communities.

Specialist family and domestic violence services must support practitioners to adopt intersectional approaches recognising how gender intersects with other inequalities and oppressions that create unique experiences of violence and barriers to safety for victim-survivors (Ponic et al., 2016). This can assist practitioners to understand the individual impacts of violence, barriers to support and the choices victim-survivors make. Additionally, practitioners can tailor context-specific responses to women's experiences of family and domestic violence (Bastian et al., 2023).

Specialist family and domestic violence services can take an intersectional approach by:

- expanding their understanding of family and domestic violence to consider how power, privilege and oppression interact in people's experience of family and domestic violence (Varcoe et al., 2016)
- developing partnerships and collaborations with a range of equality-led organisations, including those working with Aboriginal women, women with disability, older women, LGBTIQA+ women and refugee and migrant women's services (Layton et al., 2009)
- undertaking reflective practice at the service and practitioner level, to increase understanding of how power dynamics inform service delivery and prevent victim-survivors from accessing safety and support needs (Strand et al., 2015)
- reviewing service design and delivery to ensure responses are culturally safe, accessible, inclusive, non-discriminatory, nonjudgmental and informed by lived expertise (DVSM, 2018).

Culturally responsive practice

Culturally responsive practice involves creating and maintaining a specialist family and domestic violence service that is safe and accessible for all victim-survivors. Culturally responsive practice involves not just respecting culture but understanding the diversity within and across communities to tailor services that meet their specific needs (Bastian et al., 2023).

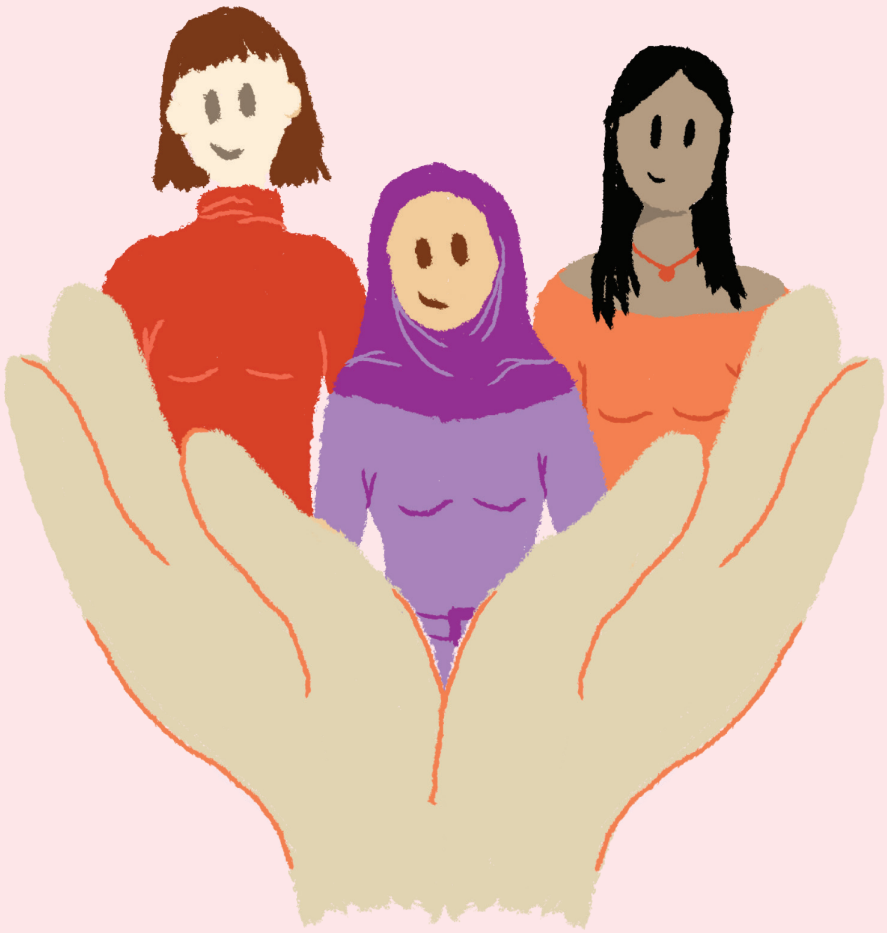
Cultural responsiveness requires organisational commitment, leadership, workforce development, inclusion of the diverse views of victim-survivors and collaboration and partnerships with others (UN Women & WHO, 2019).

Cultural safety is a core component of cultural responsiveness. Cultural safety is built on the understanding that 'culture' is not static nor superficial. Rather, it is fluid, dynamic, and complex. Culture is integral to social structuring, knowledge systems, and relationships (Layton et al., 2009). It is both a process and an outcome. Cultural safety therefore encompasses the planning, delivery, evaluation and outcomes of services. Whereas culturally unsafe service provision includes "any actions (or omissions) that demean, diminish or disempower the cultural identity and wellbeing of the individual" and is enabled by systems of oppression (Varcoe et al., 2016).

Cultural safety attends to and challenges service provider power imbalances that give few opportunities for service user experiences to drive change. It is vital that service providers engage in a lifelong process of critical self-reflection, learning, and growth related to their sociopolitical identities and locations (Wilson et al., 2013). This will ensure genuine progress towards equity and equality.

Standard 8.1	Indicator
The service meets its obligations to prevent discrimination and promote equal opportunity.	**a.** The service is responsible for preventing discrimination and enabling equitable, inclusive, culturally safe service provisions and employment practices are provided in accordance with Federal and State Equal Opportunity and Human Rights Legislation. **b.** The service has equity and inclusion policies and procedures to achieve an equitable working and service provision environment. **c.** If the service limits eligibility criteria or employment practices, evidence requirements are met and meet criteria for an exemption under the Equal Opportunity Act 1984 (WA). **d.** The service clearly communicates any service criteria eligibility and any limitations in service material to the general public through their website and social media. **e.** The service provides a minimum response to victim-survivors who are ineligible for the service and ensures a referral is facilitated to an appropriate support service. **f.** Staff understand how intersecting identities (e.g. race, gender, disability, sexuality) influence a person's experience of violence and service access
Standard 8.2	**Indicator**
The service adopts a whole-of-organi-sational approach to embed inclusion and equity within service design and practice.	**a.** The service has policies and procedures or guidelines for working with victim-survivors from a diverse range of backgrounds, cultures and experiences, including: - Aboriginal victim-survivors - Women and children with disabilities - Culturally linguistically diverse victim-survivors (CALD) and faith-diverse communities - Victim-survivors living in regional, rural and remote locations - Victim-survivors with mental health concerns - Victim-survivors who use alcohol and other drugs - Sexuality and gender-diverse clients. **b.** The service has policies and procedures in place to support practitioners to respond to diversity when conducting CRARMF risk assessment and risk management processes involving people from diverse communities. **c.** Practitioners understand the social model of disability and work in partnership with victim-survivors with disabilities to address their accessibility requirements and implement flexible responses.

Standard 8.3	Indicator
The service provides strategies for inclusive and accessible communication.	**a.** The service has policies, procedures, and guidelines for working with interpreters. **b.** Professional and accredited interpreters are provided to victim-survivors from non-English backgrounds and, where practical and available, are engaged in person or by phone. **c.** The service has policies and procedures in place to support people with disabilities to be provided with Auslan interpreters or access to communication support professionals to support informed decision-making and to communicate their needs.
Standard 8.5	**Indicator**
Services provide culturally responsive practice that supports victim-survivors from all cultural backgrounds.	**a.** The service has policies and practices that reflect culturally responsive approaches to engaging staff and service users. **b.** The service delivery design includes consumer participation of clients from diverse backgrounds to ensure inclusive service design and culturally appropriate services. **c.** The service leads advocacy, collaboration and cultural community connections to enable access to cultural expertise to enhance culturally responsive service provision. **d.** The service supports practitioners to have ongoing access to cultural safety and responsiveness training and other professional development to improve understanding of respectful and culturally sensitive responses to victim-survivors from all cultural backgrounds.



Principle 9

Capable and sustainable workforce

Services nurture a knowledgeable, skilled and diverse family and domestic violence sector, ensuring sustainability through prioritising the health, safety and wellbeing of its people.

The specialist family and domestic violence workforce is the bedrock of the family and domestic violence system, made up of committed and dedicated professionals whose important role deserves recognition, sustainability and support (Horton et al., 2014). There are diverse roles and responsibilities in this workforce, including direct service practitioners, service leaders, and specialist family and domestic violence policy and practice professionals working at local and statewide levels (AIHW, 2024).

The significant impact of domestic and family violence in Australia calls for a workforce that is both highly skilled and capable of meeting the demands of complex and challenging jobs (AIFS, 2020). Achieving a sustainable family and domestic violence workforce requires attention to the physical safety, security, health and wellbeing of all staff (DMIRS, 2022). Specialist family and domestic violence practitioners work under constant pressure in high-risk and high-harm situations and are continuously exposed to the traumatic material from victim-survivors. They are more susceptible to vicarious trauma, compassion fatigue, burnout and increased safety needs due to the nature of the work (Ferencik et al., 2019; SAMHSA, 2014).

The gendered nature of the specialist family and domestic violence workforce and the prevalence of family, domestic and sexual violence means that many practitioners will have their own lived experience of violence (Goodman et al., 2016). This experience can exacerbate the impact of the work on health, safety and wellbeing.

There are additional health, safety and wellbeing impacts experienced by Aboriginal workers and workers from culturally diverse communities. For example, Aboriginal practitioners who remain in this challenging work build resilience but also work with heightened cultural loads – working for their communities, at any time of the day and weekends if needed. Tailored responses that consider these additional impacts are required (Bastian et al., 2023; Layton et al., 2009).

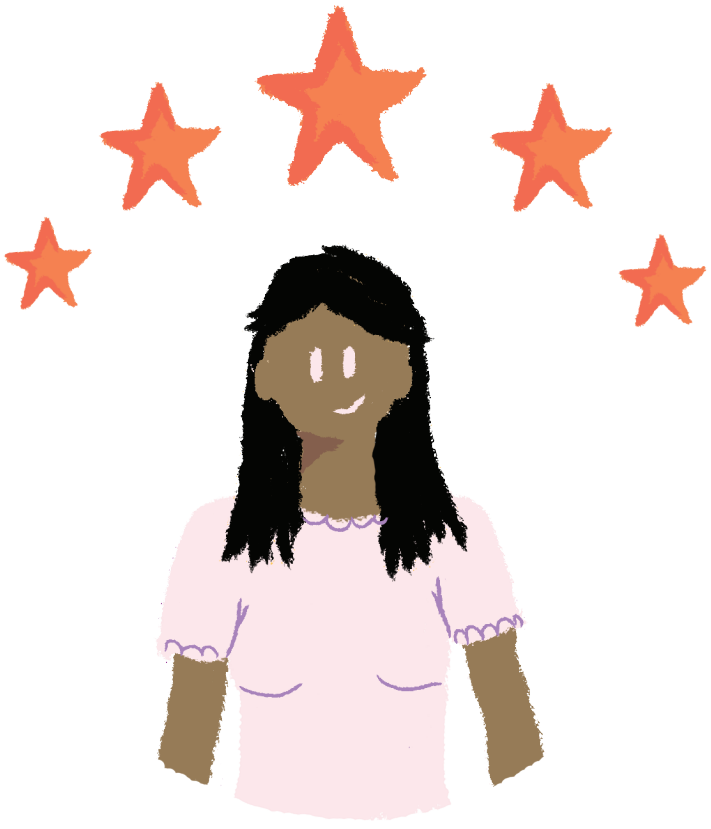
Organisations delivering specialist family and domestic violence services must take a proactive role in reducing the adverse effects of working in the context of violence and social injustice (Ponic et al., 2016). This includes implementing trauma-informed health and wellbeing strategies, regular supervision, reflective practice, informal debriefing, and fostering a workplace culture of hope, resilience, activism and continuous improvement (Varcoe et al., 2016).

Specialist practitioners should receive consistent and regular supervision from qualified senior leaders and managers, supported by opportunities for reflective practice that uses a trauma and violence informed model (Wilson et al., 2013). Supervision should be tailored to the context of responding to violence and oppression. Access to professional supervision is linked to the retention of staff in the family and domestic violence sector (DV NSW, 2022).

Additionally, practitioners' everyday work with victim-survivors must continue to inform specialist family and domestic violence praxis through opportunities to engage in systemic advocacy, reforms and social change campaigning (Sen, 2019).

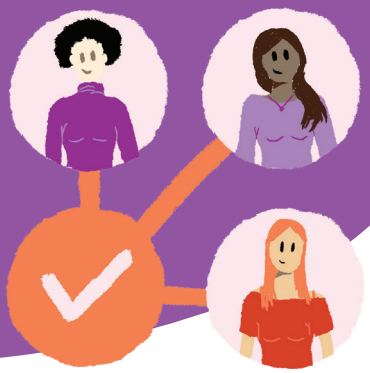
Enabling sustainability requires dedicated workplace policies that recognise the reality of lived experience that includes confidential support strategies and family and domestic violence leave provisions.

The capabilities of the specialist family and domestic violence workforce are described as Domain 1 in Western Australia's Family and Domestic Violence Workforce Capability Framework, which should be used in tandem with this Code of Practice to guide the development of this workforce (DCPFS, 2015).



Standard 9.1	Indicator
The service is committed to developing the skills, knowledge and capabilities of the specialist family and domestic violence workforce.	**a.** The Code of Practice is used to guide the induction and professional development of executives, managers, staff and board members. **b.** The Family and Domestic Violence Workforce Capability Framework is used to create clearly defined and consistent position descriptions and develop career pathways and professional development strategies. **c.** The Family and Domestic Violence Workforce Capability Framework is used to assess whether practitioners have the requisite Domain 1 knowledge and skills prior to working directly with victim survivors. **d.** Regular supervision is provided for all practitioners by appropriately qualified senior staff to monitor progress and outcomes of case work, review risk assessments and risk management plans, and undertake reflective practice. **e.** Managers and executives are supported to engage in supervision and leadership development opportunities. **f.** Regular performance appraisal and professional development planning are provided for all staff and managers.
Standard 9.2	**Indicator**
The service is committed to creating a positive, empowering and safe work environment.	a. Workplace health and wellbeing strategies are embedded into policies and practice guidance and are implemented to recognise the impacts of responding to family and domestic violence and working within the context of structural oppression and social injustice. **b.** The service supports a culture of mutual respect, teamwork and recognition of individual and collective achievements is fostered across the service. **c.** The service supports practitioners to participate in opportunities that connect their everyday work to broader family and domestic violence advocacy and social change campaigns. **d.** The service monitors workload and stress to prevent burnout and vicarious trauma. **e.** The service complies with paid and unpaid family and domestic violence leave entitlements and confidential support strategies are implemented for staff who experience family and domestic violence and is outlined in policy **f.** The service has access to an external Employee Assistance Program and debriefing processes for reportable and critical incidents are provided **g.** The service fosters positive and empowering working relationships between all staff and promotes interaction with local and broader social change projects.

Principle 10



Governance, Leadership and Accountability

Services provide quality governance and leadership that is accountable to victim-survivors and advocates for systemic and social change.

Governance and Leadership in Family and Domestic Violence Services

The specialist family and domestic violence sector is fundamentally built upon the self-advocacy of victim-survivors (DVSM, 2018). The governance processes and leadership role of specialist family and domestic violence services must be accountable to both adult and child victim-survivors. This is part of the ongoing development of specialist family and domestic violence practice, which must always be informed by victim-survivors' own voice, lived experiences, knowledge and expertise (Bennett et al., 2015). This forms an integral part of developing quality services and engaging in broader systemic and social change advocacy (Sen, 2019).

Continuous quality improvement can involve any element of service, including organisational governance, the service environment, quality of the service provision, inclusion and equity, or client experience of the service. Policies and procedures should be reviewed regularly with input from Aboriginal staff, clients and communities.

Governance and leadership play important roles in ensuring that the services provided are safe, effective and centred around the evolving needs of victim-survivors and the community (DV Vic, 2020). Services must have policies and procedures that define the service's commitment to quality management and the processes required for continuous quality improvement.

These processes include:

- data collection and analysis
- actively seeking feedback from victim-survivors, community members, agencies and other stakeholders
- ensuring the service aligns with standards and indicators in this Code of Practice and other relevant standards (for example, the National Principles for Child Safe Organisations).

The organisation must also provide complaints and grievance processes for victim-survivors who feel they have been wronged or are dissatisfied with the organisation's services or actions. These processes should aim to resolve issues fairly and in a way that promotes accountability and continuous improvement within the organisation (Strand et al., 2015).

Cultural governance and Aboriginal self-determination

Cultural governance is central to culturally safe family and domestic violence responses for Aboriginal people. This means placing Aboriginal leadership, knowledge systems, and decision-making at the core of governance processes in services supporting Aboriginal victim-survivors (Layton et al, 2009).

Organisations must actively:

- Partner with local Aboriginal communities to co-design values, strategies, governance, operations, and outcomes (Bastian et al., 2023).
- Establish governance structures that include and are informed by Aboriginal leaders and organisations (Varcoe et al., 2016).
- Embed cultural safety as a core organisational value, reflected in strategic plans, service design, workforce development, and daily practices (Ponic et al., 2016).
- Learn how to work with local Aboriginal people in culturally respectful ways and to collaborate and ensure accountability through shared measures of success (UN Women & WHO, 2019).
- Embed data collection and analysis.

Cultural governance emphasises the need for Aboriginal-led initiatives and decision-making in all aspects of family and domestic violence prevention and response. It incorporates Aboriginal-led solutions and culturally relevant approaches that acknowledge the historical and ongoing impacts of colonisation, dispossession, and intergenerational trauma (Varcoe et al., 2016).

Cultural governance is at the heart of Aboriginal Community Controlled Organisations and is defined as the cultural guidance and decision making that ensures the organisation follows cultural protocols and provides culturally-centred care. Cultural governance is provided by local Aboriginal people and reflects and promotes community self-determination and actively involves community members in the design, implementation, and evaluation of programs and services (Bastian et al., 2023).

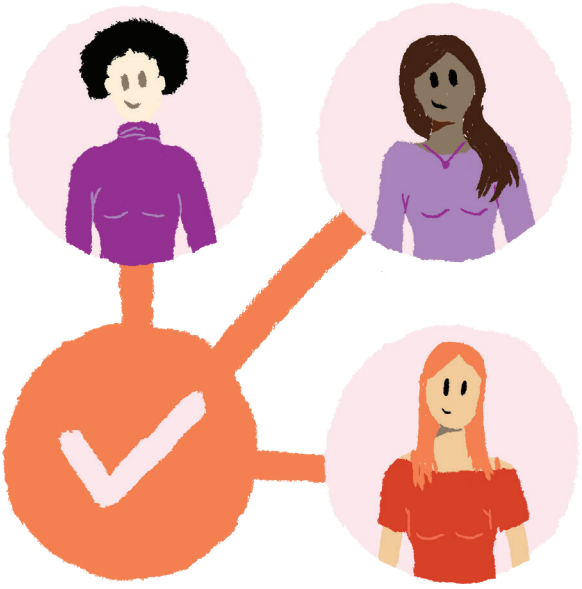
Western Australia's Aboriginal Family Safety Strategy prioritises Aboriginal-led action and solutions, holding Aboriginal values, beliefs, culture, identity, and knowledge systems at the heart of holistic responses

Leadership and accountability

The safety of adult and child victim-survivors relies on many systems. Service provision is situated within larger structures and histories of gendered inequalities, colonisation, and other forms of oppression (Wilson et al., 2013). Leadership and advocacy for systemic and social change involves organisations using their influence and voice to address family and domestic violence and promote positive, large-scale transformation (Horton et al., 2014). This can include advocating for policy changes, raising public awareness, and empowering individuals and communities to drive change (UN Women & WHO, 2019).

Effective leadership in this context requires understanding complex systems and taking a strategic role in advocating with other agencies for improved responses to men's violence against women and children. This includes contributing to evidence-gathering on violence against women and children and ensuring that victim-survivor voices lead the development of strategic responses (Goodman et al., 2016).

Leaders must champion gender equity, cultural safety and anti-racism throughout their organisation's policies and practice (Ponic et al., 2016). Additionally, leaders must foster a culture of reflective practice, continuous learning and empower both Aboriginal and non-Aboriginal staff to contribute to culturally safe, inclusive work environments (Varcoe et al., 2016).



Standard 10.1	Indicator
Governance structures ensure a specialist family and domestic violence response for victim-survivors, including culturally safe responses for Aboriginal people	**a.** A commitment to the Code of Practice is implemented throughout the service's organisational systems (e.g. governance, values, strategic planning, policies, workforce development). **b.** The service has a stakeholder governance framework that incorporates the voices of victim-survivors, including Aboriginal people, in governance processes, strategic decision-making, service design and delivery, continuous quality improvement activities, service reviews and advisory roles. **c.** The service has organisational risk management systems are implemented to identify, mitigate and review potential risks to quality and sustainable service provision, including systemic racism and barriers faced by Aboriginal communities. **d.** The services governance protocols reflect culturally safe practices and embed principles of Aboriginal self-determination. **e.** Policies and practices are reviewed and adapted based on feedback from Aboriginal communities, clients and staff.
Standard 10.2	**Indicator**
The service is committed to providing high-quality services to victim-survivors	**a.** The service design is informed by an evidence-based understanding of family and domestic violence, gendered analysis, an intersectional framework, and person-centred approaches. **b.** The service is committed to maintaining the distinct role of specialist family and domestic violence services and practitioners as dedicated advocates working for the rights and interests of victim-survivors of family and domestic violence. **c.** The service is committed to building the family and domestic violence evidence base through quality data collection, and contributing to relevant and ethical research initiatives, where possible. **d.** Aboriginal people co-design measures of success and participate in reviewing quality improvement initiatives
Standard 10.3	**Indicator**
The service provides leadership and advocacy for systemic social, and cultural change.	**a.** The service participates in regional partnerships, peak body and Aboriginal-led networks and advisory committees (as required) to inform improvements to the specialist family and domestic violence response system. **b.** The service engages with credible evidence and expertise to advocate for systemic, policy and legislative changes that benefit the safety of victim survivors, promote Aboriginal self-determination and culturally safe responses, and accountability of the person using violence. **c.** The service contributes to coalitions, campaigns and media opportunities to advocate for victim survivor rights and accountability of the person using violence. **d.** The service contributes to family and domestic violence prevention and early intervention strategies by promoting an understanding of the family and domestic violence evidence base and the gendered and intersectional drivers of family and domestic violence. **e.** The service champions cultural safety and actively contributes to leadership and advocacy with Aboriginal partners.

Acronyms and definitions

Acronyms

ACCO	Aboriginal Community Controlled Organisation
CRARFM	Common Risk Assessment and Risk Management Framework
CRS	Coordinated Response Service
FVRO	Family Violence Restraining Order
FDVRT	Family and Domestic Violence Response Team
MBCP	Men's Behaviour Change Program
MACM	Multi-Agency Case Management

Definitions

Victim-survivor

This Code uses the term 'victim-survivor' to describe the person who has experienced family and domestic violence within an intimate or family relationship, including children and young people. We recognise that people who have experienced violence may have different preferences regarding the terms used to describe them. It is important that practitioners are guided by their client's chosen language or term (Goodman et al., 2016).

When working with victim-survivors, it is essential to be guided by the language they use to describe themselves. For some, identifying as a survivor acknowledges their strength and resilience. For others, this term may feel dismissive of the coercion, control and entrapment that they continue to face or their life long injuries and trauma. Respecting individual preferences helps ensure that support is person-centred and empowering (Goodman et al., 2016).

Binary terms such as 'women' and 'men' appear in some parts of the Code. These reflect the gendered nature of family and domestic violence, particularly the disproportionate impact of men's violence against women (UN Women & WHO, 2019). The use of binary language aligns with the current evidence base while acknowledging that experiences of violence are not limited to these categories.

Perpetrator

The term perpetrator is used to refer to people who have used violence to harm another person (Mandel, 2022). This refers to any person inflicting harm within an intimate or family relationship. We acknowledge that the term perpetrator does not reflect the person's identity or capacity for change. The phrase 'people who use violence' is used as an alternative to 'perpetrator'; this is common in men's intervention work (DV NSW, 2022). In Western Australia, the term 'offender' is used in legal contexts to define who is being held accountable for the violence (Restraining Orders Act 1997 [WA], 1997).

People who use violence

'People who use violence' is the preferred term used by many Aboriginal people and communities, recognising that the term 'perpetrator' can create a barrier to engagement with people who use violence.

Aboriginal-led prevention and response work with people who use violence often uses approaches that acknowledge the impact of intergenerational trauma, colonisation and racism, and the need for healing to be incorporated into behaviour change programs (Bastian et al., 2023).

Family and domestic violence

In Western Australia, the Restraining Orders Act 1997 defines 'family violence' as:

1) A reference in this Act to family violence is a reference to

a. Violence, or a threat of violence, by a person towards a family member of the person; or

b. Any other behaviour by the person that coerces or controls the family member or causes that member to be fearful (Restraining Orders Act 1997 [WA], 1997).

Family and domestic violence is an ongoing pattern of behaviour intended to coerce, control, and dominate a person and make them fearful for their own and/or other people's safety. This includes, but is not limited to, physical harm or threats of physical harm, sexual violence, financial, social, spiritual, cultural, emotional, psychological and verbal abuse (Australian Institute of Health and Welfare [AIHW], 2018, 2024). Family and domestic violence can occur in intimate or familial relationships (UN Women & WHO, 2019).

Family and domestic violence is considered an umbrella term and is inclusive of other related terms that refer to the different types of relationships and contexts in which family and domestic violence occurs (World Health Organization [WHO], 2012).

Intimate partner violence or domestic violence refers to any behaviour within an intimate relationship, current or past, that results in physical, sexual or psychological harm. It also refers to violence in an intimate relationship that occurs outside of a domestic setting, such as dating or two people in a relationship who do not cohabitate. Domestic violence is the most common form of violence against women (WHO, 2012).

Family violence is a term that aligns with the preferred terminology for violence in Aboriginal and Torres Strait Islander communities and encapsulates a range of survivor-perpetrator relationships, including forms of intimate partner violence, violence against children, and the extended nature of Aboriginal and Torres Strait Islander communities, families and the kinship relationship within which a range of forms of violence occur (Secretariat of National Aboriginal and Islander Child Care [SNAICC], 2019).

Coercive control is almost always an underpinning dynamic of family and domestic violence. It describes someone's use of abusive behaviours to dominate and control another person over time, which creates fear and denies liberty and autonomy. Behaviours used by perpetrators as part of a pattern of abuse include, but are not limited to, physical abuse, sexual violence and coercion, monitoring a victim-survivor's actions, threats and intimidation, psychological abuse, social abuse, micromanaging, financial abuse and restricting a victim-survivor's freedom, bodily autonomy or independence (Stark, 2007; Walklate et al., 2018).

Sexual violence refers to sexual actions that occur without consent when a person is forced, coerced or manipulated into sexual activity. These activities may include coercion, physical force, rape, sexual touching and abuse, sexual harassment and intimidation and forced watching or engagement in pornography. Sexual violence can also be non-physical, such as unwanted sexualised comments or harassment of a sexual nature (WHO, 2002; Australian Institute of Family Studies [AIFS], 2020).

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Appendix 1

The legislative context of the Code of Practice

Restraining Orders Act 1997 (WA)

This Act enables courts to impose Family Violence Restraining Orders (FVROs) to prevent family violence and protect victim-survivors. Its purpose is to:

- maximise safety and wellbeing for people experiencing or at risk of family violence
- protect children from exposure to violence
- promote perpetrator accountability
- reduce the incidence and consequences of family violence

The Act also includes a definition of children's exposure to family violence and aligns with other Western Australian laws.

Family Court Act 1997 (WA)

This Act governs parenting matters and recognises the risks of children's exposure to family and domestic violence. Key 2013 amendments prioritise child safety, expand definitions of abuse and family and domestic violence, and improve the court's access to relevant information. Practitioners such as family consultants and legal professionals must prioritise safety in all processes.

Criminal Law Amendment (Intimate Images) Act 2018 (WA)

This Act introduced new offences for:

- distributing an intimate image without consent
- threatening to distribute such images
- failing to comply with court-issued takedown orders

These laws aim to better protect victim-survivors from technology-facilitated abuse.

Family Violence Legislation Reform Act 2020 (WA)

This Act strengthened legal responses to family violence through key reforms:

- **New offences:**
  - Suffocation and Strangulation (section 298): criminalises impeding someone's breathing or blood flow
  - Persistent Family Violence (section 300): covers repeated acts of violence over time
- **Serial Family Violence Offender Declaration (Sentencing Act 1995, s124E):**
  Courts may declare a person a serial offender if they have multiple convictions for family violence offences across different occasions. Consequences include:
  - indefinite declaration
  - restricted access to firearms or dangerous goods licences
  - stricter bail conditions
  - formal recognition of the offender's pattern of violence

Children and Community Services Act 2004 (WA)

This Act sets out Western Australia's legal framework for child protection. It:

- defines exposure to family violence as a form of emotional abuse
- outlines circumstances where children are in need of protection
- governs mandatory reporting of child sexual abuse
- supports information sharing to safeguard children and families
- reinforces the role of families, especially in Aboriginal communities, in promoting children's wellbeing

Amendment Act 2021

This amendment implemented recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse, including:

- expanding categories of professionals required to report abuse
- improving protections for children in state care, with a focus on Aboriginal children

Information Sharing

Sharing information about risk is essential for effective responses to family and domestic violence. Key legislation that supports safe and lawful information sharing includes:

- Children and Community Services Act 2004 (particularly sections 23 and 28B)
- Restraining Orders Act 1997
- Privacy Act 1988 (Cth)
- Victims of Crime Act 1994
- Sentence Administration Act 2003
- Health Services Act 2016

Formal agreements—such as the Bilateral and Tripartite Schedules and the Information Sharing MOU—govern information exchange between agencies involved in family and domestic violence prevention and response.

Services funded to assess or manage risk have a responsibility to understand their legal obligations and share information in accordance with these frameworks.

Policy, strategic and legislative context of the Code of Practice

Western Australia

Path to Safety: Western Australia's Strategy to reduce Family and Domestic Violence 2020–2030 (Department for Child Protection and Family Support, 2015; Government of Western Australia, 2020)

Path to Safety provides Western Australia with a 10-year strategy to realise the vision of a State where all people live free from family and domestic violence. Key focus areas include:

- Work with Aboriginal people to strengthen Aboriginal family safety
- Act now to keep people safe and hold perpetrators to account
- Grow primary prevention to stop family and domestic violence
- Reform systems to prioritise safety, accountability and collaboration.

Aboriginal Family Safety Strategy 2022–2032 (Government of Western Australia, 2022)
The Strategy provides WA with a 10-year strategy to realise the vision for Aboriginal families and communities that are safe, strong and happy, enabling future generations to thrive. Key focus areas include:

- Healing
- Recognise and support men and boys
- Transformative prevention and response
- Aboriginal-led prevention and early intervention.

Strengthening Responses to Family and Domestic Violence: System Reform Plan 2024–2029 (Government of Western Australia, 2024)
The Family and Domestic Violence System Reform Plan sets out four pillars to embed consistent, quality, safe and effective responses to family and domestic violence that safeguard victim-survivors and hold perpetrators to account. The four pillars are: workforce development, information sharing, risk assessment, and risk management.

Aboriginal Empowerment Strategy 2020 (Government of Western Australia, 2020)
A high-level framework for future State government policies, plans, and programs that promotes genuine partnerships and engagement with Aboriginal stakeholders, strong accountability, and culturally responsive ways of working. It represents a change for new beginnings in some areas, and for consolidation and improvement of what is currently working well in others to contribute to better outcomes for Aboriginal people.

WA Government Closing the Gap Implementation Plan (Government of Western Australia, 2021)

Since the signing of the National Agreement in 2020, the WA Government has released two Implementation Plans developed in consultation with the Aboriginal Advisory Council WA and the Coalition of Peaks jurisdictional partner, the Aboriginal Health Council of WA. The two implementation plans align closely with the Aboriginal Empowerment Strategy 2021–2029, which sets the WA Government's approach for working with Aboriginal people towards empowerment and better outcomes.

Stronger Together: WA's Plan for Gender Equality (Government of Western Australia, 2020)

The Stronger Together plan in WA aims to promote gender equality through coordinated action by the government, businesses, organisations, and individuals. Delivered through four Action Plans from 2020–2030, the Second Action Plan 2021–2025 builds on the initial phase's progress, focusing on safety, justice, health, wellbeing, leadership, and economic independence.

National

National Plan to End Violence Against Women and Children 2022–2032 (Australian Government, 2022)

This overarching national framework sets the direction for ending gender-based violence within one generation. It calls for action across all sectors of society, from government and media to workplaces, schools, communities and the domestic and sexual violence sector.

National Principles to Address Coercive Control in Family and Domestic Violence (Australian Government, 2023)
These principles promote a shared understanding of coercive control and its impact and guide more consistent, safe, and effective responses by services and systems. They also aim to raise public awareness and promote more consistent and safer outcomes for victim-survivors.

National Agreement on Closing the Gap (Coalition of Peaks & Australian Government, 2020)

This National Agreement was developed in partnership with Aboriginal and Torres Strait Islander people, through their representatives on the national Coalition of Aboriginal and Torres Strait Islander Peak Organisations.

All parties to the agreement have committed to working with Aboriginal and Torres Strait Islander people towards a future where policies and programs that impact on their lives are carried out in genuine partnership.

It contains the target: By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced by at least 50 per cent, as progress towards zero.

The National Framework for Protecting Australia's Children 2021–2031 (Safe & Supported) (Australian Government, 2021)

This framework aims to improve outcomes for children and families with complex needs and focuses on four priority groups disproportionately represented in child protection systems, many of whom are impacted by family and domestic violence. They include Aboriginal and Torres Strait Islander children and young people, children and young people and/or parents/carers with disability, children and young people who have experienced abuse and/or neglect, including children in out-of-home care and young people leaving out-of-home care and transitioning to adulthood.

National Child Safe Principles and Standards (Australian Human Rights Commission, 2018; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017)

Developed in response to the Royal Commission into Institutional Responses to Child Sexual Abuse, these principles support child-safe cultures in organisations. In WA, the Commissioner for Children and Young People oversees implementation. Specialist family and domestic violence services are expected to embed the Child Safe Principles as part of their commitment to the safety and wellbeing of all children and young people.

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