

DOMESTIC AND FAMILY VIOLENCE SUPPORT IN SETTLEMENT

Sector needs analysis
June 2022





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EXECUTIVE SUMMARY

In 2019, Migration Council Australia (MCA) – now part of The Social Policy Group (SPG) – was appointed by the Australian Government as the facilitator of the community of practice (CoP) for the 112 lead settlement service providers delivering services under the Settlement Engagement and Transition Support (SETS) Program.

In 2021, MCA engaged inTouch Multicultural Centre Against Family Violence (inTouch) to undertake a needs analysis of SETSCoP participants to gauge the level of understanding of domestic and family violence (DFV) settlement support, including in the areas of:

- DFV, risk and safety
- DFV service system
- Intersection of DFV and migration regulations and
- Community-led education and prevention strategies for working with men.

The needs analysis methodology consisted of five consultations with the participants in the state-based SETSCoP sub-groups and a sector survey that was distributed to all SETS providers. 62 participants from 51 SETS providers from all states and territories joined the consultations. 67 participants from all states and territories except ACT completed the survey. Participants were from metropolitan and regional areas representing 75 SETS providers. State tools and directories were also compiled.

Key findings for the project are as follows:

- While there is training provided and accessed in the sector, there are a range of areas that would benefit from additional focus. Training which is focussed specifically on working with migrants and refugees in the context of DFV is necessary.
- Training must target both operational and managerial staff and should be delivered face to face where possible.
- In addition to training, the sector would benefit from the establishment of local communities of practice and the development of sector wide resources.



KEY CONSIDERATIONS

1. Training areas: Additional training materials are developed in targeted areas.

There is a need for the development of training in the following key areas as identified by the needs analysis:



Identifying DFV risk and safety

- Implementing DFV awareness and prevention programs in migrant and refugee communities.
- Influences of culture on DFV and understanding DFV experienced by migrant and refugee communities.
- Techniques for speaking to clients without making them feel uncomfortable or intimidated / how to build rapport and be accessible, while minimising repercussions.
- Specific strategies for working with migrants and refugees.
- How to work in the context of communities' beliefs and expectations that prevent women and children from leaving unsafe situations, seeking help and identifying unhealthy or unsafe relationships.
- DFV risk assessments, safety planning and intervention for migrant and refugee communities.
- Strategies for providing on-going support without alerting perpetrators.
- Community engagement strategies / how to talk about DFV issues and raise awareness.
- Working with perpetrators.
- Working with youth experiencing or perpetrating DFV.
- Police role and processes to ensure victim-survivor's safety.
- Suicide prevention.
- Forced marriage and dowry abuse.



DFV risk assessment and safety planning

- Promotion of available State and Territory tools.
- DFV risk and safety planning training with a specific focus on migrant and refugee communities.



DFV service system

- Training in building connections, co-case management approaches and collaboration between mainstream and migrant services.



Intersection of DFV and migration regulations

- Education on migration regulations and requirements for SETS providers to ensure they provide accurate information.



Community-led education and prevention strategies for working with men

- Training to improve the capacity of frontline practitioners to engage with men in the system.
- Strategies to engage men into the SETS workforce to support service delivery.

2. Training Focus: Training takes into consideration the needs of specific roles within organisations.

Training should be developed to respond to the differing levels of experience and responsibilities within organisations. This specifically should include training which is tailored to meet the needs of frontline staff and



training focussed on managerial levels within organisations. Training should be developed in a range of formats but should prioritise face to face options wherever possible.

3. Resource Development

	Identifying DFV risk and safety	<ul style="list-style-type: none">• Checklist for DFV risk assessment and safety planning that links to relevant state-based tools with additional questions for migrant and refugee communities.
	DFV risk assessment and safety planning	<ul style="list-style-type: none">• Risk and safety planning tools developed in multiple languages to better support engagement with communities.
	DFV service system	<ul style="list-style-type: none">• Continued advocacy to ensure that states and territories update their DFV directories and resources.
	Intersection of DFV and migration regulations	<ul style="list-style-type: none">• Support for delivering broader community sessions on DFV within communities.
	Community-led education and prevention strategies for working with men	<ul style="list-style-type: none">• Partnerships with mainstream men's behaviour change programs with clear roles and responsibilities to co-design and deliver in-language, culturally responsive programs for migrant and refugee men, and to streamline referral processes.• Resources and support to improve knowledge and awareness of services for perpetrators in the community.• In-language resources for migrant refugee men.

4. Sharing of practice.

Mechanisms should be established to support sharing best practice and building capability in local communities, as well as sector wide. Suggested opportunities for SETS service providers identified in the needs analysis include:

- Participation in local practitioner-level communities of practice, where there are opportunities for workshops, peer learning and mutual mentoring.
- Engagement in networks, consortiums and communities of practice to strengthen relationships with specialist DFV services, raise awareness about the role of SETS providers, and broaden existing networks.
- Development and implementation of professional mentoring support within the sector.

5. Diversity of staff

Services should be encouraged to recruit a greater diversity of staff who are bi-cultural and increase training.



INTRODUCTION

Background

In 2019, Migration Council Australia (MCA)—now part of The Social Policy Group (SPG)—was appointed by the Australian Government as the facilitator of the community of practice (CoP) for the 112 lead settlement service providers delivering services under the Settlement Engagement and Transition Support (SETS) Program. The purpose of SETSCoP is to facilitate ongoing sector engagement, capacity building, and the sharing of best practice—across all areas of settlement—to support better outcomes for migrant and refugee communities.

The 2021-22 Budget increased funding for SETS providers to deliver enhanced support to address the safety needs of vulnerable refugee and migrant women. MCA is supporting SETS providers to deliver these services through expanding the scope of SETSCoP and building the capacity of SETS providers to support migrant and refugee women experiencing, or at risk of experiencing, domestic and family violence (DFV), and to educate communities in this regard.

SETSCoP members are required to attend DFV sub-groups and have been formed for each state and territory. Membership varies from two SETS providers in the ACT sub-group to 24 SETS providers in the Victorian sub-group.

SETSCoP has partnered with inTouch Multicultural Centre Against Family Violence (inTouch) to ensure DFV capacity building initiatives align with DFV sector standards, including appropriate and correct information and a focus on safety-centric, gender-responsive, trauma-informed and culturally responsive approaches.

inTouch is a recognised part of the specialist DFV service system in Victoria and plays a crucial and unique role in supporting the sector to more effectively meet the needs of individuals from refugee and migrant backgrounds experiencing DFV. inTouch works across the family violence continuum.

SETSCoP engaged inTouch to undertake a needs analysis to establish the current level of understanding of DFV among SETS providers, to identify any gaps in knowledge, and to determine the most appropriate capacity building initiatives. Based on previous work of SETSCoP, the following areas were identified for investigation:

- DFV risk and safety
- DFV service systems
- Intersection of DFV and migration regulations and
- Community-led education and prevention strategies for working with men.

Results from the needs analysis will be used to inform the development of training and resources including risk assessment, safety planning tools and face-to-face and e-learning training course. The training courses will be aligned with the National Workforce Competencies for Settlement Practitioners.



METHODOLOGY

A Project Management Group was formed with representation from SETSCoP and inTouch. The group met weekly to design and implement the needs analysis methodology which consisted of:

- Five consultations with the participants in the SETSCoP sub-groups.
- Sector survey that was distributed to all 120 active SETSCoP participants.

To conduct the consultations, the existing state and territory SETSCoP sub-groups were grouped as follows:

1 New South Wales and Australian Capital Territory

2 Victoria

3 Queensland

4 South Australia and Tasmania

5 Northern Territory and Western Australia

An invitation for the consultation, including a description of its purpose and the areas to be covered, was sent in advance and the consultations were conducted via videoconference over four consecutive days in November and December 2021. Prompt questions were developed to guide the consultations (Appendix A); however, they were facilitated as an open inquiry and cross-learning was encouraged within the discussion. The consultations were recorded and documented.

62 participants—mostly those in management and team leadership positions—joined the consultations from all states and territories. During the consultations, participants were invited to share any tools, directories or further information. They were also provided a comprehensive online survey and managers were requested to circulate it to all frontline practitioners.

The comprehensive survey consisted of approximately 50 questions divided into the four areas identified for investigation (Appendix B). Since the survey allowed for organisations to upload tools and resources, two surveys were developed, one for frontline practitioners and the other for managers and team leaders that included additional questions targeted at the organisational level. 47 frontline practitioners and 20 managers and team leaders completed the survey from all states and territories except ACT. Participants were from metropolitan and regional areas, representing 75 of the 120 active SETSCoP members. Frontline practitioners who completed the survey were mostly SETS settlement workers. Case managers and coordinators were also represented, along with community development workers and more specific roles such as youth and employability skills workers.

The collaboration between SETSCoP and inTouch proved a great strength in the needs analysis. The state and territory SETSCoP sub-groups were already formed, engaged, and members have a good working relationship with the SETSCoP Secretariat. This allowed smooth flow of information and prompt organisation of the sub-group consultations. Since all states and territories participated in the consultations and 67 SETS provider staff completed the survey, sufficient data was collected for the needs analysis.



FINDINGS

Identifying DFV risk and safety

The majority of SETS workers have undertaken training on identifying DFV risk indicators (79% of frontline practitioners and 90% of managers and team leaders). Lifeline Australia (delivering DV-Alert training) was commonly cited as the training provider in all states, except Victoria, where training was provided by Domestic Violence Resource Centre (now Safe and Equal) and Box Hill Institute.

The number of staff having undertaken training in identifying DFV risk indicators specifically in migrant and refugee communities was considerably lower (52% of frontline practitioners and 67% of managers and team leaders). Confidence levels in identifying DFV risk with clients was higher for managers and team leaders. An assumption of this report is that this would be as a result of them likely having more experience than frontline workers.

Many workers found the most challenging aspect of identifying DFV risk in refugee and migrant communities to be the shame and stigma associated with it and therefore hesitancy to disclose that DFV is occurring. This fear of speaking out about a 'taboo' subject or 'private issue' relates to repercussions not only from their immediate family, but from the whole community. Many workers also stated that the various religious and cultural norms and practices and different approaches to family structure and relationships make it difficult to identify DFV.

These practices make it difficult for victim-survivors to recognise that what they are experiencing is DFV "as it is common practice in their country." Therefore, "you need to be much more aware of subtle indicators that come up incidentally as clients are less likely to be aware of forms of DFV other than physical violence".

Workers state that a challenge is "in engaging community members in understanding and recognising DFV within their lives, their families and wider community. This is generally due to limited and varied understanding of what constitutes DFV."

The reluctance to disclose DFV is also due to the potential that clergy, medical professionals, or community leaders will provide more support to

"IT CAN BE DIFFICULT TO DISCUSS DFV WITH AT RISK CLIENTS IF THERE ARE CULTURAL NORMS THAT ARE CLOSELY LINKED WITH SOME FORM OF VIOLENCE, FOR EXAMPLE, FINANCIAL ABUSE WHERE THE HUSBAND HAS CONTROL OF ALL FINANCES, PATRIARCHAL SYSTEMS WHERE THE HUSBAND HAS THE FINAL WORD AND CONTROL OF ALL FAMILY AFFAIRS. "



the perpetrator than the victim-survivor due to 'cultural norms'. In some cases, victim-survivors request that SETS workers take no action, claiming children are not in danger. They are concerned that acting will place them in more danger and isolate them from the community.

Other challenges cited are gaining trust (particularly when the client is not seen regularly), language barriers, gaining access to women individually, being able to talk about DFV in a culturally sensitive way, lack of knowledge of workers regarding different cultural backgrounds, lack of proper assessment tools, countering colluding narratives by perpetrators, family and community, and responding to suicidal thoughts.

That many migrants and refugees are isolated and do not know where to seek help is another factor that makes it difficult to identify DFV in their lives. There are insufficient community resources to meet the demand and mainstream DFV services lack the knowledge and cultural understanding to work with migrants and refugees. In some cases, interpreters are not engaged, and people may be moved away from important community connections. Systemic issues include a significant lack of support for those on temporary visas or for women who do not want to leave the relationship. Lack of crisis accommodation, especially for women who have more than two children or have young adult children, is a well-documented systemic issue.

In regional areas, workers face additional challenges in identifying and addressing DFV risk: "The challenge for bicultural workers who work and live in the community can't be underestimated, and whether that inhibits people from disclosing. This poses challenges for both clients and workers." This point is also relevant in metropolitan areas where high community expectations are placed on workers who are actively engaged in their own community groups.

Clients face additional barriers in regional areas such as physical isolation, no driver license, limited or no public transport and few friends or family members for support. This means there are fewer opportunities for SETS practitioners, or other services, to engage with them to identify risk indicators.

When asked what support or training would help in identifying DFV risk and safety, there was a unanimous request for training in identifying DFV risk indicators specifically in migrant and refugee communities.

"THE CHALLENGE FOR BICULTURAL WORKERS WHO WORK AND LIVE IN THE COMMUNITY CAN'T BE UNDERESTIMATED, AND WHETHER THAT INHIBITS PEOPLE FROM DISCLOSING. THIS POSES CHALLENGES FOR BOTH CLIENTS AND WORKERS."



Specific training topics requested include:

- Influences of culture on DFV and understanding DFV experienced by migrant and refugee communities.
- Techniques for speaking to clients without making them feel uncomfortable or intimidated / how to build rapport and be accessible, while minimising repercussions.
- Specific strategies for working with migrants and refugees.
- How to work in the context of communities' beliefs and expectations that prevent women and children from leaving unsafe situations, seeking help and identifying unhealthy or unsafe relationships.
- DFV risk assessments, safety planning and intervention for migrant and refugee communities.
- Strategies for providing on-going support without alerting perpetrators.
- Community engagement strategies / how to talk about DFV issues and raise awareness.
- Working with perpetrators.
- Working with youth experiencing or perpetrating DFV.
- Police role and processes to ensure the victim/survivor's safety.
- Suicide prevention.
- Forced marriage and dowry abuse.

Face-to-face training is the preferred method including role play activities. Workers want peer learning opportunities, workshops and group discussions so they can discuss issues they are facing and learn from each other. Trainers themselves ought to be women or community leaders from diverse backgrounds and workers want to hear from champions with lived experience. Further, workers asked for e-learning courses, which could be undertaken in the worker's own timeframe. Other support that would assist includes professional mentoring, risk assessment and safety planning tools (to be addressed in the next section) and clearer and more practical organisational DFV policies.

Key to supporting victim-survivors to recognise DFV in their own lives are women's and men's wellbeing groups and community programs to educate multicultural communities about respectful relationships, different forms of DFV, their legal rights and the services available to support them. Funding for such programs and training to support staff to deliver them are equally essential, bearing in mind the need for clear definitions of the roles of SETS workers and DFV specialist workers in these programs.



The following needs were established in relation to identifying DFV risk and safety:

SUMMARY OF NEEDS

- Training for SETS workers in identifying DFV risk indicators in migrant and refugee communities and additional programs to raise awareness about DFV within communities. Workers also requested peer learning opportunities and workshops led by women or community leaders from diverse backgrounds. Sector survey that was distributed to all 120 active SETSCoP participants.
- There is a need to continue to develop training across a wide range of subject areas. Specific topic areas of consideration include:
 - Influences of culture on DFV and understanding DFV experienced by migrant and refugee communities.
 - Techniques for speaking to clients without making them feel uncomfortable or intimidated/ How to build rapport and be accessible, while minimising repercussions.
 - Specific strategies for working with migrants and refugees.
 - How to work in the context of communities' beliefs and expectations that prevent women or children from leaving unsafe situations, seeking help and identifying unhealthy or unsafe relationships.
 - DFV risk assessments, safety planning and intervention for migrant and refugee communities.
 - Strategies for providing on-going support without alerting perpetrators.
 - Community engagement strategies / how to talk about DFV issues and raise awareness.
 - Working with perpetrators.
 - Working with youth experiencing or perpetrating DFV.
 - Police role and processes to ensure the victim/survivor's safety.
 - Suicide prevention.
 - Forced marriage and dowry abuse.
- A variety of methods are needed to deliver training and support, with a focus on face-to-face support where possible.
- Resources should take into account the variation in needs between frontline staff and management.
- Professional mentoring is required.



DFV RISK ASSESSMENT AND SAFETY PLANNING

The majority of staff undertake DFV risk assessment and safety planning with clients who disclose DFV (65% of frontline practitioners and 70% of managers and team leaders) and, of those who do, most have been trained (76% of frontline practitioners and 93% of managers and team leaders). Confidence levels in undertaking this varied, with managers and team leaders again being more confident.

of state-wide information sharing schemes. Even if there are state tools, some organisations use their own tools. Workers are aware of the mandatory reporting requirements related to child abuse.

Although these tools exist, with the exception of SETS providers in Victoria, few SETS workers know they exist

Do you feel confident undertaking family violence risk assessment and safety planning with your clients? Scaled from 1-5, 1 being not confident to 5 being very confident



These figures indicate that, at the practitioner level, confidence could be strengthened through the provision of risk assessment and safety planning tools and training.

All states and territories have tools in place, except for Tasmania where a tool is being developed (Appendix C). In some states, tools are mandated for government and DFV-specialist agencies, but not for all community organisations. In Victoria, a tier system exists to describe responsibilities for different service providers under the framework. In Western Australia, there are requirements for SETS providers with regard to screening and, in the Northern Territory, there are requirements for SETS providers for information sharing if they have applied to become part of the Information Sharing Scheme. State and territory tools are often part

and have been trained to use them. In Victoria, 67% of SETS workers have received training on MARAM (Family Violence Multi-Agency Risk Assessment and Management Framework). In all other states and territories, only 21% of SETS workers are aware of existing tools.

Managers and team leaders reported that 25% of agencies (five organisations) that participated in the survey, along with two organisations that participated in the consultations, have developed organisational tools for DFV risk assessment and safety planning. In WA, a consortium of settlement service providers is currently developing guidelines for recognising, assessing, and triaging clients experiencing or at risk of DFV in response to an acknowledged lack of expertise in this area.



Confidence levels in using either state mandated or organisational tools varied, necessitating further capacity building. In Victoria, confidence levels are higher given the ongoing roll out of MARAM training to service providers depending on their proscribed tier.

All managers and team leaders requested training on risk assessment and safety planning tools for their staff and opportunities for staff to better familiarise themselves with the process of using the tools. They also requested training on opening questions to ask during an initial

client who may not want to participate in the process of completing it." Participants stressed the importance of asking soft introductory questions with a cultural lens during the rapport building phase to help establish a foundation with the client and open a door for further support down the track when/if the client is ready.

Six workers suggested that tools should be available in multiple languages so that clients can understand and use the tools themselves. A couple of practitioners suggested that they be shorter given the high caseloads

Do you feel confident using either the state mandated tools or your own organisation's tools for family violence risk assessment and safety planning? Scaled from 1-5, 1 being not confident to 5 being very confident



needs assessment that touch on family wellbeing without being too confronting. The aim would be to open the conversation with families without being too direct which can lead to disengagement. Training was requested that focuses on barriers faced by newly arrived migrant and refugee communities and in particular, strategies to support them when they do not want police involvement or family breakdown has occurred. In addition, training from police or child protection authorities on how the information provided in the tools is assessed and actioned when shared with the authorities was requested. Identifying appropriate training providers for the above-mentioned training would be useful. During the consultations, it was highlighted that risk assessments are a westernised tool, therefore "you have organisational requirements and expectations verses engaging with a

and time needed to complete the risk assessments which can be difficult for case workers to manage. Acknowledging that, in some states, reviews are underway, including incorporating specific pathways for clients from migrant and refugee backgrounds, it was recommended that the tools should be more specific to migrant and refugee communities. One provider stated that they have adjusted the tools for organisational use, adding cultural aspects. A child safety risk assessment tool was requested, noting that in some states these exist. Further, some SETS providers suggested that, in order to better understand the impacts of DFV in migrant and refugee communities, a nationally consistent risk assessment and data collection (including migrant and refugee specific data) framework should be developed and implemented.



SUMMARY OF NEEDS

The following needs were established in relation to DFV risk assessment and safety planning:

- Raising awareness of available state and territory tools to facilitate their use.
- DFV risk and safety planning training with a specific focus on migrant communities.
- DFV risk and safety planning tools in multiple languages to better support engagement with communities.



DFV SERVICE SYSTEM

Some SETS providers have in-house services where they refer clients for specific support, such as: DFV risk assessment, safety planning and crisis support; DFV case management; emergency housing; migration advice and assistance; legal support; financial support; and, to a lesser extent (12%), perpetrator behavior change programs. Around 60% of providers refer internally for DFV assessment and support.

The majority of SETS providers (95%) also refer clients externally for DFV assessment and support. Some SETS providers then undertake co-case management with DFV-specialist organisations (57% of frontline practitioners and 63% of managers and team leaders). They frequently refer externally for emergency housing (92%), migration advice and assistance (86%), legal support (93%), financial assistance (86%), and perpetrator behavior change programs (50%).

The main challenges in undertaking co-case management with DFV-specialist organisations are as follows:

- Lack of clarity on client eligibility and referral processes (agency websites and directories are not updated regularly).
- Waitlists and limited capacity to take new clients.
- DFV services reluctance to take on SETS referrals, suggesting that SETS services are better to assist despite limited funding and capacity to provide the necessary support.
- DFV services' lack of understanding of cultural sensitivities or willingness to engage with cultural nuances, and limited experience working with clients from migrant and refugee backgrounds.
- DFV services' inadequate response to language needs, including lack of bilingual workers, engaging inappropriate interpreters or not engaging interpreters at all.
- DFV services' high caseloads resulting in delayed response times.
- Lack of clarity between case managers on what areas they will lead on and expectations for each other's role.
- Difficulty measuring outcomes.
- Systemic lack of crisis, transitional and long-term accommodation.
- Limited capacity of men's groups to work with migrants and refugees, and address cultural and language needs.

SOME OF THE ISSUES ARE SUMMARIZED WELL BY THIS MANAGER: "CLIENTS REPORT BACK THAT THEY ARE NOT GETTING THE SUPPORT NEEDED FROM THEIR SPECIALIST SERVICE CASE MANAGER AND ARE CONTEMPLATING OR HAVE RETURNED BACK TO THE PERPETRATOR OR LEFT THE WOMEN'S REFUGE AND ARE COUCH-SURFING WITH YOUNG CHILDREN. THE CLIENTS REPORT THEY FIND IT DIFFICULT TO ENGAGE WITH THESE SERVICES DUE TO LANGUAGE BARRIERS AND ALTHOUGH AT TIMES THERE ARE INTERPRETERS, THEY STILL FIND IT DISENGAGING AND WOULD PREFER TO COMMUNICATE WITH A QUALIFIED BI-LINGUAL WORKER"



More effective communication and partnerships between SETS providers and DFV services would be beneficial and improve mutual understanding of each service's remit and limitations. A shared case management system and understanding of the co-case management model would ensure that case managers are on the same page and share expectations.

Mainstream DFV-specialist services require more training about the role of services which work solely with migrants and refugees and should embed workers from a variety of multicultural backgrounds who have a good understanding of, and relationship with, communities. Further investment in training and developing as well as culturally and language responsive DFV would support better outcomes for migrants and refugees.

Some states and territories have common DFV online service directories. These may be state-wide or local, and are often managed by state or local governments or peak bodies (Appendix D). Only 30% of SETS providers have an organisational DFV service directory. Providers state that they train their staff and make resources available, however, there is a gap in comprehensive, easily attainable, up-to-date information. Some providers are well aware of the services in their area and therefore know where to refer clients. Barriers in referring clients to mainstream DFV services such as waitlist times, their lack of cultural and language responsiveness and lack of clarity with regard to eligibility criteria were noted in the context of co-case management.

What are the barriers and challenges in referring your clients to other DFV services?





“FROM A REGIONAL AND RURAL PERSPECTIVE, THERE ARE VERY LIMITED SERVICES FOR WOMEN ON TEMPORARY VISAS. SERVICES WORK OUTSIDE THEIR ELIGIBILITY AND FUNDING CRITERIA TO MEET THE NEEDS OF THESE WOMEN AND SERVICES WORK AD-HOC. TRYING TO FIND SERVICES WHO CAN PHYSICALLY REACH WOMEN ON PROPERTIES IS A HUGE ISSUE FOR WOMEN FROM CALD [CULTURALLY AND LINGUISTICALLY DIVERSE] BACKGROUNDS”.

Other barriers include:

- Limited capacity to take new clients.
- Limited capacity to accommodate large families (in crisis accommodation).
- Lack of crisis accommodation in regional areas and, where available, inability of state services to take temporary visa holders.
- Clients' reluctance to engage with the service.
- Clients' temporary visa status.
- SETS provider frontline staff lack of awareness about referral pathways.
- Lack of cultural and language responsiveness in policing.

SETS providers highlighted the lack of services in regional areas, particularly those that are culturally responsive, necessitating further investment specifically to address the needs of migrant and refugee communities. Participants in the NSW consultation noted: “From a regional and rural perspective, there are very limited services for women on temporary visas. Services work outside their eligibility and funding criteria to meet the needs of these women and services work ad-hoc. Trying to find services who can physically reach women on properties is a huge issue for women from CALD [culturally and linguistically diverse] backgrounds”.

SETS workers suggested that local, state-wide and national directories specific for migrant and refugee communities would be useful. As new services are funded by state and federal government initiatives, these need to be added to the directories; likewise, when programs finish, directories need to be updated to reflect this. These directories should indicate which services have language support. Other suggestions included the possibility of state government and council websites hosting and maintaining these directories as well as directories being translated into different languages so that they can be provided to clients. Noting the reliance of SETS providers on available local and state-wide DFV directories in particular, sustained investment is required towards their ongoing maintenance, including featuring local level migrant and refugee specific and DFV support services.



SUMMARY OF NEEDS

DFV-specialist services should have clear referral processes detailed on their websites and state if interpreters will be engaged to address language needs. They should also include clear information about what they can and cannot provide. Network meetings and events, and service contact brochures were suggested beneficial for discussing available services and programs. To support enhanced orientation for new staff, cross-sector training was suggested, along with establishing communities of practice. Further, memoranda of understanding could support the establishment of referral pathways with mainstream services as well as police.

The following needs were established in relation to DFV risk assessment and safety planning:

- Training in building connections, co-case management approaches and collaboration between mainstream and migrant services.
- Design and implementation of formal and consistent referral and information pathways between SETS providers, ethno-specific agencies, and specialist DFV services. These may include memoranda of understanding. As a precursor to success, a common understanding of each agencies' core responsibilities and scope should be established.
- Continued advocacy to ensure that states and territories update DFV directories and resources.
- Additional services in regional areas, particularly with a focus on supporting migrant women.

INTERSECTION OF DFV & MIGRATION REGULATIONS

Migration-related abuse is a common form of coercion and control used by perpetrators against temporary visa holders. 87% of frontline practitioners and 100% of managers and team leaders have seen migration-related abuse perpetrated against their clients. SETS workers described common examples of migration-related abuse, which included perpetrators threatening to send their partners back to their home countries, take their children away and cancel their visas or revoke their sponsorship and have them deported. Many victim-survivors are unaware about the details of their visa as this information is purposely kept from them. They are unaware of their rights and what support is available and are told that they have no rights because they are not Australian citizens. Sometimes their passports are taken from them. If temporary visa holders are not working and have no source of income, they are particularly vulnerable to financial abuse. It is also common for perpetrators to keep them isolated and prevent their integration into Australian life by not allowing them to learn English, develop connections outside the household or make friends. SETS workers stated that in some cases clients are reluctant to report DFV or apply for a DFV intervention order because they are worried this would affect the perpetrator's visa. Family law courts can be used to disempower victim-survivors by demonstrating their likelihood to lose custody of their children if they do not have financial support, housing stability or cannot earn an income to support the family. Some temporary visa holders who have been subjected to migration-related abuse are ineligible for SETS services.

An issue that was repeatedly raised during the consultations is that SETS providers are funded to

assist clients who have been in Australia under five years, however, many migrants and refugees who have crossed the five-year period approach their services for assistance. Even if they do not meet eligibility criteria, SETS services provide them with information, advice and refer them to internal and external programs that can assist them. Since SETS providers are not funded to support this cohort, this support is not reported through the Data Exchange and is therefore not captured.

SETS providers consistently noted that the settlement process does not stop after five years, and demand for services from people who have been here over five years is common across the settlement sector. In particular, it was reported that, in their first five years of settlement, women often focus their efforts on settling their family, seeking stable housing, ensuring children are connected to education, learning about their new country, how and where to go to meet their needs, and learning about the laws and services available. Once this is done, they begin to turn their attention to themselves, become aware of the legal definition of DFV and support services, build their confidence and self-efficacy skills and often after five years are ready to seek support and act. Examples were provided of "women who are not allowed to leave their houses, are unaware of what's happening outside the door, and they've been here for six years." SETS providers do not have adequate resources to support them, nor can they report on those individuals. This should be considered as part of the program design and incorporated into a new funding model. The five-year limitation should be extended or changed to the date the visa was granted, rather than the date of entry. As noted by a participant in the WA consultation, "If I don't help them, where they will go then? They fall through the cracks."



SETS workers address these issues by providing information, educating clients about their legal rights in Australia, referring them to correct services such as the Department of Home Affairs, police or state and territory justice agencies, and supporting them through their decision making. They also refer them to legal and immigration services such as the Multicultural Women's Advocacy Service (WA), Central Australia Women's Legal Service Migration Hub (NT), Refugee and Immigration Legal Service (Queensland), inTouch (Victoria) and other community legal services and private migration agents. The lack of free legal support for male victim-survivors of DFV was further highlighted.

SETS providers also raise awareness in the wider community and among faith leaders through information sessions, workshops, programs and events that focus on what constitutes DFV, respectful relationships, gendered drivers of DFV, and individual rights and responsibilities. These sessions include information on migration-related abuse, rights and entitlements. Other preventative work includes posting content in migrant and multicultural Facebook groups to educate through social media. This presents an opportunity for collaboration with the DFV prevention sector.

SETS providers assist clients on visa types that place them in particularly disadvantaged circumstances. These include those who arrived by boat and lodged protection visas (assisted by 65% of services), those who hold bridging visas C or E with very strict conditions (assisted by 50% of services), women who arrived in Australia on tourist, student or working visas and now have children who are Australian citizens, i.e., were never sponsored by the fathers of their children and cannot return to their home countries due to a family law order (assisted by 46% of services). All SETS providers help these clients as much as they can and refer them to external services such as Australian Red Cross (Australia-wide), Asylum Seeker Resource Centre (Victoria), Refugee Legal (Victoria), Refugee Advice and Casework Service (NSW), Study Melbourne (for student visa-holders, Victoria), Immigrant Women's Speakout Association (NSW), Immigration Advice and Rights Centre (NSW), Immigrant Women's Support Service (Queensland), migrant resource centres, legal and migration services and other organisations for DFV support, counselling, financial support and crisis accommodation, depending on the clients' needs. Some SETS providers emphasised the importance of creating visa pathways for people on temporary visas experiencing DFV in Australia to engage in crisis recovery and access necessary social security and housing support.



SUMMARY OF NEEDS

"I DO NOT TURN THEM AWAY AS MY PROGRAM IS THE ONLY FUNDED SETTLEMENT PROGRAM, AND THE ONLY PROGRAM THAT IS SPECIFIC TO CALD/MIGRANT/REFUGEE PEOPLE. IN THE ENTIRE SOUTH WEST WA, I PROVIDE PRETTY MUCH THE SAME SUPPORT AS WITH ELIGIBLE SETS CLIENTS DUE TO THAT, AND REFER TO OTHER AGENCIES FOR SIMILAR SUPPORT."

The following needs were established in relation to the intersection of DFV and migration regulations:

- Support for community information sessions on DFV.
- Education on migration regulations and requirements for SETS providers to ensure they provide accurate information.

COMMUNITY-LED EDUCATION AND PREVENTION STRATEGIES FOR WORKING WITH MEN

33% of SETS providers deliver community-based DFV prevention programs working with men. Some providers deliver community programs open to men, but not specific men's only programs. Others deliver programs working with community leaders on DFV prevention and education. Men's programs include workshops to raise awareness about DFV and women's rights in Australia, wellbeing groups, guest speaker sessions, discussion groups and parenting programs. Some providers deliver culturally responsive, ethno-specific, in-language DFV prevention programs with men. Again, this presents an opportunity for collaboration between the DFV sector and SETS providers.

Some SETS providers are interested in undertaking more work with men. Some have received funding to start programs and are in the initial stages, hoping

to develop them further. Others feel that, rather than setting up parallel programs, it is important to build the capacity of the mainstream system, and build the visibility of cultural and linguistic needs within the system. Therefore, they see the role of SETS providers as contributing expertise in a service response that meets the needs of migrant and refugee communities. Around 50% of SETS providers refer male perpetrators to counselling and support services. When it comes to perpetrator behavior change programs, SETS providers are often aware of men's programs for referring their clients. Common referral organisations are Mensline, Relationships Australia, CatholicCare, No To Violence, and private counselling services. Justice, corrections and child protection agencies also refer clients to men's behavior change programs. However, there are often no men's behavior change programs in regional areas.

If you don't refer male perpetrators to counselling and support services, what are the barriers?





SETS providers noted that many mainstream men's programs are delivered in English and do not engage interpreters. They are therefore unsuitable for SETS clients. Further, it is an eligibility requirement for most men's behavior change programs that participants are able to communicate effectively in a group in English, therefore many people with limited English would be screened out at an initial assessment, even if they are successfully referred to a men's behavior change program. There is a need for more accessible men's behavioral support groups, as men's services are "limited to non-existent when there are language barriers, as education programs are in groups."

The above graph confirms the perception that mainstream services are ineffective for clients from migrant and refugee backgrounds. Frontline practitioners are more likely to be unaware of services where they can refer perpetrators and often (35% of participants in the consultations) feel uncomfortable talking to a perpetrator about options. When behavior change programs are suggested, perpetrators often decline (32% frontline practitioners and 38% managers and team leaders). Some practitioners without adequate supports are unable to provide appropriate referral pathways for new communities. Unconscious bias also impacts direct client work. Mainstream services may unknowingly contribute to systemic racism while initially assessing a client, applying Western notions and frameworks.

Other barriers include the perception that newly arrived refugee men have limited time to participate in groups, given their employment responsibilities to support the family. One respondent felt that if perpetrator behavior change was addressed, the family would go "underground" and no longer access the service. Poor referral processes and exorbitant wait times were also noted, leading to missed opportunities as programs are available after men are willing to engage.

"SPECIALIST SERVICES
NEED TO PARTNER UP
WITH CALD SERVICES
AND COLLABORATE TO
DELIVER PROGRAMS
THAT ARE ADDRESSING
THE ISSUE IN A
CULTURALLY SAFE
WAY."



SETS providers suggested programs designed specifically for perpetrators from migrant and refugee backgrounds with access to interpreters and skilled staff as the most appropriate response. Ideally groups would be facilitated by skilled culturally and language responsive workers, with a case manager and family safety contact worker. This could be developed through a partnership approach where organisations who deliver mainstream behavior change services partner and collaborate with multicultural services to co-design and co-deliver programs: "Specialist services need to partner up with CALD services and collaborate to deliver programs that are addressing the issue in a culturally safe way." It is imperative that agencies have a shared understanding of the work, clear roles and responsibilities and utilise state Information Sharing Schemes where they exist. Supporting male perpetrators is challenging work and more support and training needs to be provided to SETS workers. Another challenge is recruiting local male workers in this field.

Training that was suggested to assist SETS provider staff in working with men, both in community prevention programs and perpetrator behavior change programs, includes:

- Migrant and refugee specific training on working with men who use violence.
- Avoiding collusion when working with perpetrators.
- Strategies to encourage men to open up and speak about DFV.
- Working with men from new and emerging communities.
- Working with community narratives.
- In-language training videos and resources.
- Motivational interviewing.

Targeted investment is required to address this need.



SUMMARY OF NEEDS

The following needs were established in relation to community-led education and prevention strategies for working with men:

- Resources and support to improve knowledge and awareness of services for perpetrators in the community.
- Training to improve the capacity of frontline practitioners to engage with men in the system.
- Strategies to engage men into the SETS workforce to support service delivery.
- In-language resources for migrant and refugee men.



APPENDIX A: SETSCoP sub-group consultation guide

Identifying DFV risk and safety, DFV risk assessment and safety planning

1. What systems do you have in place to identify DFV and undertake risk assessment and safety planning?
2. Do you use specific tools? Are there mandated tools in [insert State]? Has your agency developed tools? Are you aware of any network-developed tools?
3. What are the barriers and challenges you are facing in recognising DFV risk indicators, and undertaking risk assessment and safety planning?

DFV Service System

4. Do you refer internally or externally to DFV support services? Which external services? Do your internal DFV support services accept referrals from outside your organisation?
5. If you refer externally, do you use directories to guide your decision making? If so, internally developed and/or external?
6. Have you identified gaps in resources and support available in your area?
7. What are the barriers and challenges you are facing in navigating the DFV service system and making referrals to specialist DFV agencies?

Intersection of DFV and migration regulations

8. What is your understanding of migration-related abuse?
9. How does a woman's visa situation impact on the services available to her?
10. Where do you refer clients on visas with limited entitlements for DFV support? What are the service access points for women in various visa situations?

Community-led education and prevention strategies for working with men

11. Do you know of any local community-led education and prevention strategies for working with men? How do you engage with them?
12. Do you know of any men's behaviour change programs? Do you refer to these organisations?
13. What are the barriers and challenges you are facing in working with men on DFV?



APPENDIX B: SETS provider survey

Survey for front line staff supporting SETS clients experiencing DFV

1.	What state do you work in?	Australian Capital Territory
		New South Wales
		Northern Territory
		Queensland
		South Australia
		Tasmania
		Victoria
		Western Australia
2.	What organisation do you work at?	
3.	Do you work in a:	Metro area
		Regional area
4.	What is your role?	
5.	Have you done training on identifying DFV risk indicators (in the general population)? If so, who provided this training?	
6.	Have you done training on identifying DFV risk indicators in migrant and refugee communities? If so, who provided this training?	



7.	Do you feel confident identifying DFV risk with your clients? (1 being not confident, 5 being very confident)		
8.	What do you find challenging in identifying DFV risk in refugee and migrant communities?		
9.	What support or training would help you in this area?		
10.	In your role, do you undertake DFV risk assessment and safety planning with clients who have disclosed family violence? Metro area?	Yes	No
11.	If yes, have you done risk assessment and safety planning training? If so, who provided the training?		
12.	Do you feel confident undertaking DFV risk assessment and safety planning with clients? (1 being not confident and 5 being very confident)		
13.	Are you aware of any mandated tools in your sector for DFV risk assessment and safety planning?	Yes	No
14.	If yes, what are these tools?		
15.	Have you received training on these tools? If so, who provided this training		
16.	Do you feel confident using either the state mandated tools or your own organisation's tools for DFV risk assessment and safety planning? (1 being not confident, 5 being very confident)		



17.	Do you have any feedback on how these tools could be improved?		
18.	Do you refer clients internally for:	Yes	No
	DFV risk assessment, safetyplanning, and crisis support?		
	DFV case management?		
	Emergency housing?		
	Migration advice and assistance?		
	Legal support?		
	Financial support?		
	Perpetrator behaviour change programs?		
	Other		
19.	Do you refer clients externally for DFV risk assessment, safety planning and crisis support? If yes, who do you refer to?	Yes	No
20.	Do you refer clients externally for DFV case management? If yes, who do you refer to?	Yes	No
21.	Do you undertake co-case management with DFV specialist organisations? If yes, which organisations?	Yes	No
22.	If yes, what are the challenges in undertaking co-case management with these organisations? What would assist with this process?		



23.	Do you refer clients externally for emergency housing? If yes, who do you refer to?	Yes	No
24.	Do you refer clients externally for migration advice and assistance? If yes, who do you refer to?	Yes	No
25.	Do you refer clients externally for legal support? If yes, who do you refer to?	Yes	No
26.	Do you refer clients externally for financial assistance? If yes, who do you refer to?	Yes	No
27.	Do you refer clients externally for perpetrator behaviour change programs? If yes, who do you refer to?	Yes	No
28.	What are the barriers and challenges in referring your clients affected by DFV to other services? (Select all that apply)	Yes	No
	Lack of appropriate services in your local area		
	Services have long waitlist periods before support is provided		
	Mainstream DFV services are not responsive to the specific needs of migrants and refugees		
	Clients do not meet the eligibility criteria for other services		
	Other (please specify)		
29.	What would assist you to more easily identify services within your local area to support your clients affected by DFV and make referrals?		



30.	Do you have any feedback on how these tools could be improved?		
31.	How do you address these issues?		
32.	Do you provide services to clients on visa types that place them in particularly disadvantaged circumstances, such as:	Yes	No
	Those who arrived in Australia and lodged protection visas?		
	Women who arrived in Australia on tourist, student, or working visas and now have children who are Australian citizens (i.e., were never sponsored by the fathers of their children and cannot return to their home countries due to a family law order)?		
	Other		
33.	Do you refer the clients described above to external services?	Yes	No
	If so, which organisations do you refer them to?		
34.	Do you get inquiries from people seeking support who have been in Australia over five years? If so, what support do you provide and who do you refer these people to?		
35.	Do you refer male perpetrators to counselling and support services? If yes, who do you refer to?		



36.	If not, what are the barriers?		Unaware of services in your area
			No services exist in your area
			You do not feel confident having a conversation about this with a male perpetrator
			When you suggest it to a male perpetrator, they mostly decline
			Mainstream services do not meet the specific needs of migrant and refugee men
			Other (please specify)
37.	Do you have any other comments you would like to make about DFV supports provided by SETS service providers or what would help you in supporting your clients in this area?		



Survey for team leaders and managers with oversight of support for SETS clients experiences DFV

1.	What state do you work in?	Australian Capital Territory
		New South Wales
		Northern Territory
		Queensland
		South Australia
		Tasmania
		Victoria
		Western Australia
2.	What organisation do you work at?	
3.	Do you work in a:	Metro area
		Regional area
4.	What is your role?	
5.	Have you done training on identifying DFV risk indicators (in the general population)? If so, who provided this training?	
6.	Have you done training on identifying DFV risk indicators in migrant and refugee communities? If so, who provided this training?	



7.	Do you feel confident identifying DFV risk with your clients? (1 being not confident, 5 being very confident)		
8.	What do you find challenging in identifying DFV risk in refugee and migrant communities?		
9.	What support or training would help you in this area?		
10.	In your role, do you undertake DFV risk assessment and safety planning with clients who have disclosed family violence? Metro area?	Yes	No
11.	If yes, have you done risk assessment and safety planning training? If so, who provided the training?		
12.	Do you feel confident undertaking DFV risk assessment and safety planning with clients? (1 being not confident and 5 being very confident)		
13.	Are you aware of any mandated tools in your sector for DFV risk assessment and safety planning?	Yes	No
14.	If yes, what are these tools?		
15.	Have you received training on these tools? If so, who provided this training		
16.	Has your organisation developed its own tools for DFV risk assessment and safety planning?	Yes	No
17.	If yes, could you please upload examples of these? Choose File		



18.	Do you feel confident using either the state mandated tools or your own organisation's tools for DFV risk assessment and safety planning? (1 being not confident and 5 being very confident)		
19.	Do you have any feedback on how these tools could be improved?		
20.	What support or training would help you or your staff in this area?		
21.	Do you or your team refer clients internally for:	Yes	No
	DFV risk assessment, safetyplanning, and crisis support?		
	DFV case management?		
	Emergency housing?		
	Migration advice and assistance?		
	Legal support?		
	Financial support?		
	Perpetrator behaviour change programs?		
	Other		
22.	Do you or your team refer clients externally for DFV risk assessment, safety planning and crisis support? If yes, who do you refer to?	Yes	No
23.	Do you or your team refer clients externally for DFV case management?	Yes	No
24.	Do you or your team undertake co-case management with DFV specialist organisations? If yes, which organisations?	Yes	No



25.	If yes, what are the challenges in undertaking co-case management with these organisations? What would assist with this process?		
26.	Do you or your team refer clients externally for emergency housing?	Yes	No
	If yes, who do you refer to?		
27.	Do you or your team refer clients externally for migration advice and assistance?	Yes	No
	If yes, who do you refer to?		
28.	Do you or your team refer clients externally for legal support?	Yes	No
	If yes, who do you refer to?		
29.	Do you or your team refer clients externally for financial assistance? If yes, who do you refer to?		
30.	Do you or your team refer clients externally for perpetrator behaviour change programs?	Yes	No
	If yes, who do you refer to?		
31.	Do you have a common DFV service directory in your state? If yes, please include a link to any online service directories.	Yes	No
32.	Do you have an organisational DFV service directory in your organisation?	Yes	No
34.	What are the barriers and challenges in referring your clients affected by DFV to other services? (Select all that apply)	Yes	No
	Lack of appropriate services in your local area		



	Services have long waitlist periods before support is provided		
	Mainstream DFV services are not responsive to the specific needs of migrants and refugees		
	Clients do not meet the eligibility criteria of other services		
	Other (please specify)		
35.	What would assist you to more easily identify services within your local area to support your clients affected by DFV and make referrals?		
36.	Among your clients, are you seeing visa status used for coercion and control? If yes, please describe what you are seeing.		
37.	How do you address these issues?		
38.	Do you or your team provide services to clients on visa types that place them in particularly disadvantaged circumstances, such as:		
	Those who arrived in Australia and lodged protection visas?		
	Those with very strict conditions, who hold bridging visas C or E?		
	Women who arrived in Australia on tourist, student, or working visas and now have children who are Australian citizens (i.e., were never sponsored by the fathers of their children and cannot return to their home countries due to a family law order)?		
	Other?		




39.	Do you refer the clients described above to external services? If so, which organisations do you refer them to?	Yes	No
40.	Do you get inquiries from people seeking support who have been in Australia over five years? If so, what support do you provide and who do you refer these people to?		
41.	Does your organisation deliver a community-based DFV prevention program working with men? If so, please describe.		
42.	Is this an area of work you would like to see your organisation develop? If yes, what would assist, i.e., what kind of training, tools, resources, information would assist you?		
43.	Do you refer male perpetrators to counselling and support services? If yes, who do you refer to?		
44.	If not, what are the barriers?	Yes	No
	Unaware of services in your area		
	No services exist in your area		
	You do not feel confident having a conversation about this with a male perpetrator		
	What you suggest it to a male perpetrator, they mostly decline		
	Mainstream services do not meet the specific needs of migrant and refugee men		
	Other (please specify)		
45.	Do you have any other comments you would like to make about DFV supports provided by SETS service providers or what would help you in supporting your clients in this area?		



APPENDIX C: Summary of state and territory tools

- **Australian Capital Territory (ACT):** The ACT government has developed a draft Domestic and Family Violence Risk Assessment and Management Framework (October 2020) which outlines a shared understanding of the nature of DFV and establishes a common approach to screening, assessing, and managing DFV risk. It was developed by the Office of the Coordinator-General for Family Safety in partnership with a working group of key DFV services in the ACT. The final framework was scheduled to be released in late 2021, however it's not yet available. In the meantime, the draft is available for use. The draft framework is not yet mandated. It is expected that workers who have undertaken ACT government DFV Tier 2 training – that is, workers who undertake case management or similar with clients but for whom DFV is not their only or primary target group – will undertake risk management planning, referring victim/survivors to specialist services only where risk is imminent and extreme. (https://www.communityservices.act.gov.au/__data/assets/pdf_file/0007/1665205/Risk-Assessment-Framework-for-November-2020-publication-online.pdf).
- **New South Wales (NSW):** The NSW government has developed the Domestic Violence Safety Assessment Tool (DVSAT). This is a tool developed to help service providers consistently and accurately identify the level of threat to domestic violence victim/survivors. The DVSAT risk assessment tool is currently being redesigned to incorporate the findings from an evaluation and review and evidence on best practice in DFV risk assessment. This tool is not mandated but has been designed for use by non-government service providers and government agencies other than NSW Police Force for intimate partner violence situations. (https://www.legalaid.nsw.gov.au/__data/assets/pdf_file/0005/41873/Domestic-Violence-Safety-and-Assessment-Tool-DVSAT.pdf).
- **Northern Territory (NT):** The NT government has developed the Northern Territory Domestic and Family Violence Risk Assessment and Management Framework (RAMF). The RAMF covers identification, screening, risk assessment, risk management (including safety planning), mandatory reporting, referrals, and worker safety. The RAMF is a key component of the NT's DFV Information Sharing Scheme. The RAMF includes nine practice guides and tools, including the Common Risk Assessment Tool (CRAT). The RAMF and CRAT are for use by all services responding to DFV including universal, statutory and specialist services. An Information Sharing Scheme Entity (ISE) is legally required to align their policies, procedures, practice guidance and tools with the RAMF. SETS providers are not required to be ISEs, however they may apply to become an ISE to participate in the scheme. The use of the RAMF and its tools, including the CRAT, is supported by free training for workers and services across the NT. (https://tfhc.nt.gov.au/__data/assets/pdf_file/0007/968290/RAMF-Practice-Tool-7-Common-Risk-Assessment-Tool-CRAT.pdf).
- **Queensland:** In Queensland the Domestic and Family Violence Common Risk and Safety Framework is used. This framework is currently being revised in response to an independent evaluation in 2019. The framework was developed by Australia's National Research Organisation for Women's Safety (ANROWS) in 2017. It has been developed for use by government and non-government community service agencies. It articulates a shared understanding, language, and common approach to recognizing, assessing and responding to DFV risk and safety action planning, including common minimum standards and approaches. It includes a common tiered approach to risk assessment, risk management and safety action planning. It is mandatory for DFV specialist services and optional for SETS providers. The framework should be used alongside the Information Sharing Guidelines to support sharing of information for the purpose of risk assessment and management. (<https://www.justice.qld.gov.au/initiatives/end-domestic-family-violence/our-progress/enhancing-service-responses/dfv-common-risk-safety-framework>).

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- **Australian Capital Territory (ACT):** The ACT government has developed a draft Domestic and Family Violence Risk Assessment and Management Framework (October 2020) which outlines a shared understanding of the nature of DFV and establishes a common approach to screening, assessing, and managing DFV risk. It was developed by the Office of the Coordinator-General for Family Safety in partnership with a working group of key DFV services in the ACT. The final framework was scheduled to be released in late 2021, however it's not yet available. In the meantime, the draft is available for use. The draft framework is not yet mandated. It is expected that workers who have undertaken ACT government DFV Tier 2 training – that is, workers who undertake case management or similar with clients but for whom DFV is not their only or primary target group – will undertake risk management planning, referring victim/survivors to specialist services only where risk is imminent and extreme. (https://www.communityservices.act.gov.au/__data/assets/pdf_file/0007/1665205/Risk-Assessment-Framework-for-November-2020-publication-online.pdf).
 - **New South Wales (NSW):** The NSW government has developed the Domestic Violence Safety Assessment Tool (DVSAT). This is a tool developed to help service providers consistently and accurately identify the level of threat to domestic violence victim/survivors. The DVSAT risk assessment tool is currently being redesigned to incorporate the findings from an evaluation and review and evidence on best practice in DFV risk assessment. This tool is not mandated but has been designed for use by non-government service providers and government agencies other

than NSW Police Force for intimate partner violence situations. (https://www.legalaid.nsw.gov.au/__data/assets/pdf_file/0005/41873/Domestic-Violence-Safety-and-Assessment-Tool-DVSAT.pdf)

- **Northern Territory (NT):** The NT government has developed the Northern Territory Domestic and Family Violence Risk Assessment and Management Framework (RAMF). The RAMF covers identification, screening, risk assessment, risk management (including safety planning), mandatory reporting, referrals, and worker safety. The RAMF is a key component of the NT's DFV Information Sharing Scheme. The RAMF includes nine practice guides and tools, including the Common Risk Assessment Tool (CRAT). The RAMF and CRAT are for use by all services responding to DFV including universal, statutory and specialist services. An Information Sharing Scheme Entity (ISE) is legally required to align their policies, procedures, practice guidance and tools with the RAMF. SETS providers are not required to be ISEs, however they may apply to become an ISE to participate in the scheme. The use of the RAMF and its tools, including the CRAT, is supported by free training for workers and services across the NT. (https://tfhc.nt.gov.au/__data/assets/pdf_file/0007/968290/RAMF-Practice-Tool-7-Common-Risk-Assessment-Tool-CRAT.pdf).
- **Queensland:** In Queensland the Domestic and Family Violence Common Risk and Safety Framework is used. This framework is currently being revised in response to an independent evaluation in 2019. The framework was developed by Australia's National Research Organisation for Women's Safety (ANROWS) in 2017. It has been developed for use by government and non-government community service agencies. It articulates a shared understanding, language, and common approach to recognizing, assessing and responding to DFV risk and safety action planning, including common minimum standards and approaches. It includes a common tiered approach to risk assessment, risk management and safety action planning. It is



APPENDIX D: Selected online service directories

- Ask Izzy - <https://askizzy.org.au/> (Australia-wide)
- ACT Government Community Services Domestic and Sexual Violence Directory - https://www.communityservices.act.gov.au/women/services/womens_directory/domestic_and_family_violence (ACT)
- Sutherland Shire Domestic Violence Information and Support Guide - https://images.com.au/published/sutherland_shire_domestic_violence/ (Sutherland Shire, NSW)
- NGO Domestic and Family Violence Services Map - <https://tewls.org.au/wp-content/uploads/2019/06/DFV-Services-Map-of-the-Northern-Territory1.pdf> (NT)
- One Place Community Services Directory - <https://www.oneplace.org.au/> (Queensland)
- Queensland Government Domestic and family violence helplines - <https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/domestic-family-violence/helplines> (Queensland)
- Tasmanian Government Safe at Home Services - <https://www.safeathome.tas.gov.au/services> (Tasmania)
- Victorian Government Family violence statewide support services - <https://www.vic.gov.au/family-violence-statewide-support-services> (Victoria)
- Safe and Equal directory of specialist family violence services in Victoria - <https://safeandequal.org.au/find-a-service/> (Victoria)
- Domestic Violence Resource Centre Domestic and Family Violence Referral Options - <https://www.dvrcv.org.au/sites/default/files/DVRCV-Referral-Options-Booklet-Aug%202019.pdf> (Victoria)
- Western Australian Government Family and Domestic Violence Services and Resources - <https://www.wa.gov.au/organisation/department-of-communities/family-and-domestic-violence-services-and-resources> (WA)
- Centre for Women's Safety and Wellbeing Support and Services Directory - <https://csw.org.au/directory/> (WA)