

Aligning Practice:

A GUIDE TO
FAMILY VIOLENCE
COUNSELLING

Counselling and Support Alliance

Northern Integrated Family Violence
Services Partnership

DECEMBER 2020



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ACKNOWLEDGEMENTS



Women's Health In the North acknowledges Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services. We pay our respects to their Elders past and present and recognise the ongoing living culture of all Aboriginal people. We express commitment to Aboriginal self-determination and our hope for reconciliation and justice.



We acknowledge the strength and resilience of victim survivors who have experienced or currently live with family violence.

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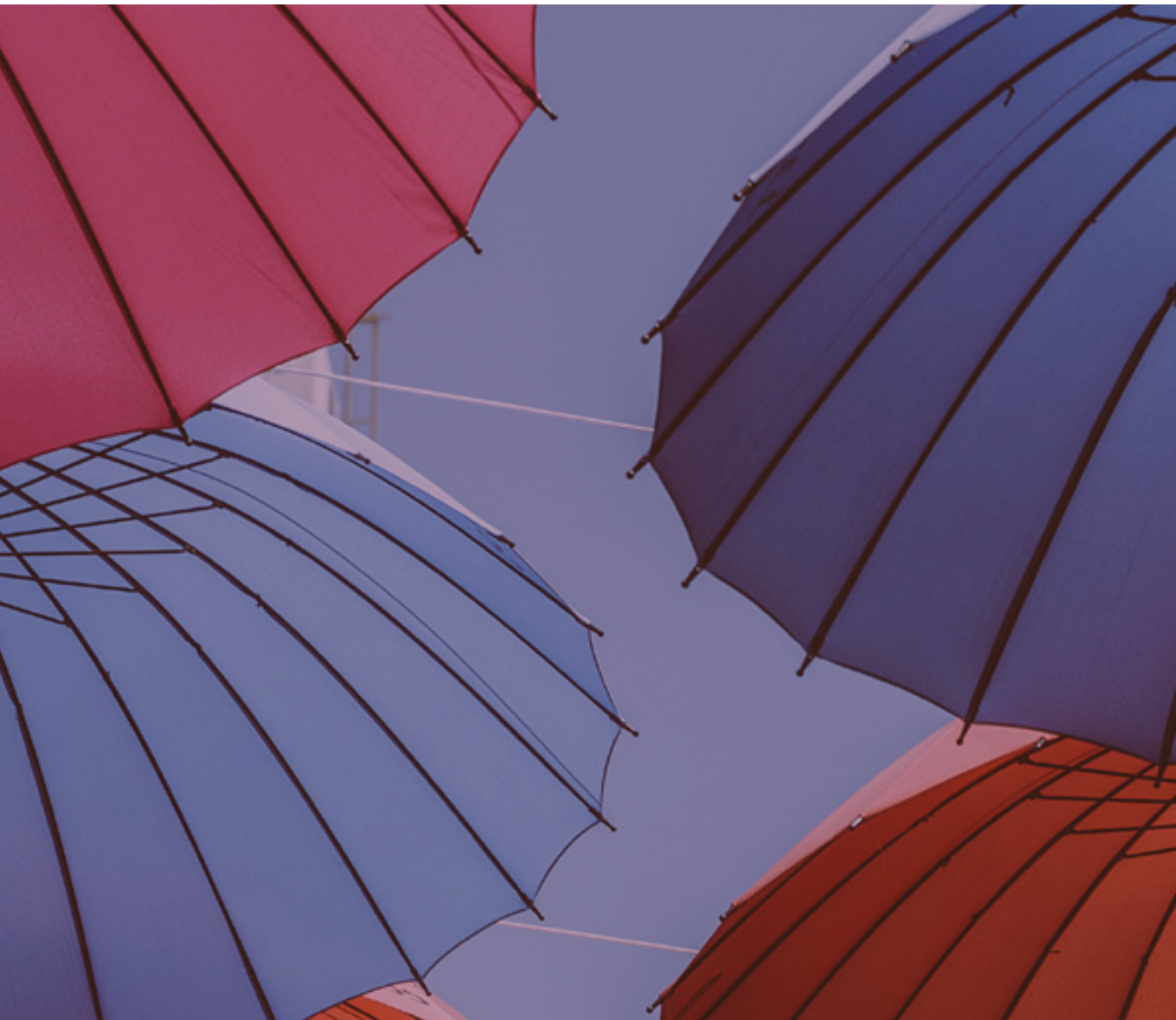
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ABOUT THE ALLIANCE

Northern Integrated Family Violence Services (NIFVS) is the partnership that provides family violence system leadership across Melbourne's northern metropolitan region (NMR). Our mission is to provide regional leadership that increases the safety of victim survivors, the accountability of perpetrators and strengthens Victoria's family violence reforms.

The NIFVS Counselling and Support Alliance (CSA) involves local community health services in providing family violence counselling and group work for victim survivors. Eight community health services are part of this funded alliance with Berry Street, Anglicare, inTouch Multicultural Centre Against Family Violence with Women's Health In the North as the lead agency.



Purpose

Aligning Practice provides family violence counsellors with clarity and direction to ensure a consistent, evidence-based approach to family violence counselling across the NMR.

Informed by the Domestic Violence Victoria (DV Vic) Code of Practiceⁱ, *Aligning Practice* outlines how key aspects of the Code can be used to ensure an effective family violence counselling response. *Aligning Practice* presents the Code's foundational framework, supporting frameworks, and principles along with practice examples and questions for critical self-reflection. Suggestions in this guide can be adapted to practitioners' own language and style.

Aligning Practice can be used by counsellors from specialist family violence services, as well as those in community health and other universal settings.

Supporting Resources

Aligning Practice is aligned with the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Frameworkⁱⁱ which is legislated under the Family Violence Protection Act 2008 (Vic). Prescribed organisations must use the MARAM Framework to identify, assess and manage family violence risk, as well as to keep perpetrators in view and held accountable for their use of violence. *Aligning Practice* must also be used in conjunction with legislative permissions including the Family Violence Information Sharing Schemeⁱⁱⁱ and Child Information Sharing Scheme.^{iv}



History of Family Violence Work

Family violence work has its roots in feminist direct action and social justice. Since the 1970s family violence workers have fostered the empowerment of victim survivors by engaging with them in self-assessment of safety and risk, alongside a feminist analysis of violence against women.

Today family violence counselling practice remains true to these roots, by using an intersectional feminist framework, offering a safe response that understands and challenges the political context of victim survivors' experiences, supporting them to reclaim their dignity and independence, and honouring their strength and resistance to the violence.


Family Violence Counselling


Family violence counselling prioritises safety and recognises, addresses, and challenges power. Practitioners may draw on a variety of therapeutic frameworks and principles but will also follow the lead of the victim survivor, offering responses that are feminist, anti-oppressive, and trauma and violence-informed with a focus on social justice and human rights.

 **Aligning Practice** can be used by counsellors from specialist family violence services, as well as those in community health and other universal settings. 

FOUNDATIONAL FRAMEWORK:

Intersectional Feminism

Intersectional feminism (also described as ‘intersectionality’) emerged as a branch of feminist critical race theory in the 1980s through the work of American black feminist activist and academic Professor Kimberlé Crenshaw. 

The theory of intersectionality has developed to examine how multiple forms of power, privilege and oppression overlap, or intersect, in people’s lives in mutually reinforcing ways to produce power hierarchies, structural inequalities and systemic marginalisation.^v 

What does it look like in family violence counselling practice?

- *Listening to “how a person makes meaning of their identities and contexts, and how this might relate to intersecting forms of power, privilege, and oppression alongside experiences of family violence”.*^{vi}
- *Engaging in critical self-reflection about our own assumptions, biases, beliefs, and positions of power, so that we are more likely to engage in inclusive practice.*

What might you say that demonstrates this?

- *“Sometimes people who use violence have a lot of power and use that to harm their families. And sometimes the systems that are set up to support victim survivors fail them. Does this ring true for you?”*
- *“Can you tell me about your experiences with power?”*
- *“Tell me about how you have resisted those who have used power over you.”*

Critical Self-Reflection

- *How do I use reflective practice to challenge and shift my own assumptions or biases?*
- *How am I ensuring that unheard voices are being listened to?*
- *How do I manage power dynamics in the therapeutic relationship?*

SUPPORTING FRAMEWORK:

Human Rights

Family violence is a violation of human rights and an affront to a person's dignity, autonomy and bodily integrity.^{vii}

What does it look like in family violence counselling practice?

- Working with the victim survivor to ensure they understand their rights within legal, political, and service systems.
- Upholding the rights and safety of victim survivors, including working in a child-centred way, respecting the self-determination of Aboriginal victim survivors and striving to be inclusive, equitable and culturally safe.

Critical Self-Reflection

- *Is there more I need to learn about human rights in relation to family violence?*
- *How do I enact my understanding that family violence is a violation of human rights?*

What might you say that demonstrates this?

- *“Safety is a basic human right – you and your children have the right to be safe.”*
- *“What can we work on together to ensure your rights, and the rights of you children, are supported?”*
- *“How do you uphold your sense of self and dignity in the face of what is happening?”*

SUPPORTING FRAMEWORK:

Social Justice

☺☺ Social justice promotes principles of equity, access and the fair distribution of resources to meet people's basic needs, improve their quality of life and create opportunities for them to genuinely and meaningfully participate in society.^{viii} ☺☺

What does it look like in family violence counselling practice?

- *Ensuring victim survivors can meet their day-to-day needs and those of their children.*
- *Linking victim survivors into relevant services that can support any additional needs they have.*
- *Supporting victim survivors in stabilisation and recovery.*
- *Identifying and mitigating circumstances that may impede a victim survivor's capacity to engage with counselling.*
- *Advocating for the victim survivor when necessary.*

What might you say that demonstrates this?

- *"What is making it challenging for you to recover and rebuild?"*
- *"What are some practical needs that we can address together that will make it easier for you to engage in counselling?"*
- *"Can you tell me about the ways your partner limited your access to material and economic basics, such as food, housing, clothing, and money? Let's talk about what recovery and justice might mean for you."*
- *"If certain barriers were removed, how would things feel for you? What would you be doing in your day-to-day life?"*

Critical Self-Reflection

- *How can I support victim survivors to access the support and resources they need to improve their quality of life and participate in society?*

SUPPORTING FRAMEWORK:

Anti-Oppressive Practice

☞ Anti-oppressive practice is a type of critical social work that seeks to challenge social inequality and systemic power imbalances affecting victim survivors by engaging with person-centred, strengths-based, activist and critically reflective approaches.^{ix} ☞

What does it look like in family violence counselling practice?

- *Understanding victim survivor's strengths and perspectives, their sense of identity, their role in society and how they have been responded to by broader systems.*
- *Tailoring the therapeutic space to reduce power imbalances in the physical environment.*
- *Recognising power dynamics that may result from the client-therapist relationship and attempting to neutralise them.*

Critical Self-Reflection

- *Does my approach recognise victim survivors as active agents of change and resistance, who have their own strengths, capabilities, and strategies in response to violence, oppression, and discrimination?*
- *How am I ensuring my family violence counselling practice is empowering and promotes the victim survivor's sense of safety?*

What might you say that demonstrates this?

- *"What might allow you to feel safe and respected in our work together?"*
- *"What do you do that makes you feel strong and capable in any given moment?"*
- *"Can you tell me something you like about yourself as a person, as a parent, as a friend?"*
- *"Let's explore the unique ways you keep yourself and your family safe in challenging circumstances."*

SUPPORTING FRAMEWORK:

Trauma and Violence-Informed



Specialist family violence services must be both trauma and violence-informed by accounting for the impact of traumatic events alongside the structural inequalities impacting on victim-survivors' lives.^x



What does it look like in family violence counselling practice?

- *Resisting the pathologising of victim survivors.*
- *Validating trauma responses as a normal reaction to violence.*
- *Giving the victim survivor the opportunity to process at their own pace.*
- *Sharing information and tools for trauma recovery.*
- *Understanding that trauma can impact on mental health and alcohol and other drug use.*

What might you say that demonstrates this?

- *“It’s really normal to respond to violence in this way. You are not alone.”*
- *“You were doing the best you could at the time. You are doing the best you can now.”*
- *“We don’t have to talk about this now if you don’t feel ready.”*

Critical Self-Reflection

- *How am I resisting the pathologising of victim survivors?*
- *Am I well informed about the impact of violence?*
- *Is there more I can do to understand trauma while also using an intersectional feminist framework?*

ALIGNING PRINCIPLES TO PRACTICE



PRINCIPLE I: Risk and Safety Focus

“The safety of victim-survivors is the cornerstone principle of specialist family violence services and is always prioritised.”

☺☺ Fundamentally, safety can be understood as a state in which a person experiencing family violence is no longer facing a danger, threat, or risk of harm from the perpetrator. While a victim-survivor’s own protective factors and strategies to resist and survive violence may contribute to a sense of safety, this is relative to the risks and tactics posed by the perpetrator; therefore, safety may not be fully realised if there are no changes in the perpetrator’s behaviour or interventions to mitigate and reduce risk.^{xi} ☺☺

What does it look like in family violence counselling practice?

- Utilising the MARAM Framework to undertake comprehensive risk assessments.
- Being aware of how the victim survivor’s level of risk and safety might impact on their engagement in counselling.
- Partnering with the victim survivor to ensure safety measures are in place, especially if the violence is ongoing.
- Listening to the victim survivor about their own assessment of safety.
- Gathering information about risk, safety and the perpetrator pattern of abuse from a variety of sources, including the referrer and other professionals.

What might you say that demonstrates this?

- “How does the perpetrator’s behaviour impact your safety?”
- “What would you do if you felt threatened?”
- “What other strategies, no matter how small, do you use to keep yourself safe?”
- “It sounds like you’ve already developed a safety plan which has kept you and your children safe to this point. Let’s expand on that.”
- “Is it safe for me to email you/send things by post/leave a message for you?”

Critical Self-Reflection

- Have I integrated the MARAM Framework into my family violence counselling practice?
- Along with the evidence-based risk factors,^{xii} how do I partner with the victim survivor to inform my risk assessment and risk management?

PRINCIPLE 2: PERSON CENTRED EMPOWERMENT

“Victim-survivors are supported to experience meaningful empowerment through person-centred and flexible service responses.”



Supporting victim-survivors to meaningfully experience their own empowerment and restore dignity and control over their lives without coercion or negative judgement. This is not to say that specialist family violence services ‘empower’ victim-survivors; rather, they support conditions through which victim-survivors are able to access their own intrinsic empowerment.^{xiii}



What does it look like in family violence counselling practice?

- *Being curious about the victim survivors’ thoughts, actions and decisions that contribute to their survival.*
- *Exploring the victim survivors’ personal resources, and how they demonstrate agency in their daily lives.*
- *Identifying and reflecting on the victim survivors’ strengths and resistance.*
- *Using victim survivors’ words and insights to explore their experiences and concerns.*

What might you say that demonstrates this?

- *“Can you describe a time when you resisted the perpetrator’s acts of violence, either overtly or covertly? What did you do?”*
- *“Tell me about the ways you’ve protected yourself and your dignity.”*
- *“What have you done to regain control over your life?”*

Critical Self-Reflection

- *In what ways do I restore the dignity of victim survivors in my family violence counselling practice?*
- *How do I ensure my practice reveals, rather than conceals, victim survivor resistance to the violence?*

PRINCIPLE 3: Confidentiality and Information Management

“Victim-survivors are informed about how their confidential and personal information is managed.”



Respecting victim-survivors' confidentiality is fundamental for specialist family violence services. Victim-survivors need to know that they can make confidential disclosures about family violence without fear of negative repercussions that may jeopardise their safety and the safety and wellbeing of children and other family members.^{xiv}



What does it look like in family violence counselling practice?

- Ensuring victim survivors are aware of their rights in relation to confidentiality and information sharing.
- Building a trusting therapeutic relationship, while also ensuring victim survivors are aware of the limits to confidentiality.
- Considering a victim survivor's views about how and when information is shared (if appropriate, safe, and reasonable), particularly in relation to any experiences of service barriers or discrimination. This may also include seeking a victim survivor's views on requesting and sharing information relating to the perpetrator.

What might you say that demonstrates this?



- “Do you understand your rights in relation to confidentiality? Is there anything that feels unclear?”
- “Is there anything you've told me that you fear others knowing?”
- “I will only share your information in ways that you have given me permission to do so, unless I'm required by law to share information. If I need to do that, I will always endeavour to let you know.”

Critical Self-Reflection

- How do my consent-seeking practices prioritise and support victim survivor's decision-making, and control over their own lives?
- How do I seek consent in circumstances with high levels of family violence risk or where responding to children's safety, protection, and wellbeing needs?

PRINCIPLE 4: Collaboration and Advocacy

“Services use collaboration and advocacy within coordinated multi-agency responses to benefit victim-survivors.”

 The purpose of coordinated responses is to reduce silos and minimise duplication between services in the family violence response system; provide seamless, connected and integrated support for victim-survivors; address the specific needs of infants, children and young people; provide inclusive responses for people from diverse backgrounds and age groups; and activate systems that address and monitor perpetrator behaviours and risks.^{xv} 

What does it look like in family violence counselling practice?

- *Ensuring processes are in place to manage facilitated referrals, secondary consultations, and case coordination.*
- *Collaborating with other services to plan for victim survivor’s safety and support needs and to enable inclusive and culturally safe responses.*
- *Defining clear actions and responsibilities where there is more than one agency providing support to the victim survivor.*
- *Describing to the victim survivor how collaborative practice between professionals can enhance safety and stabilisation for them and their children.*

What might you say that demonstrates this?

- *“Do you have any other workers who are supporting you or your children?”*
- *“Which professional (case manager, GP, counsellor, child’s school welfare, etc.) do you feel most comfortable to talk to? Is there anything else you’d like to ask them to do?”*
- *“It might be helpful for them to know you’re working with me. What do you think? Do you feel comfortable giving me their contact details?”*

Critical Self-Reflection

- *How do I engage in collaborative practice in a way that prioritises safety?*
- *How well do I understand the family violence service system?*
- *What knowledge or relationships might I need to build to improve my collaborative practice?*

PRINCIPLE 5: Perpetrator Accountability

“Perpetrators are responsible for using family violence and are held accountable and monitored through a system-wide approach.”



Services learn from victim-survivors about how the perpetrator 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.^{xvi}



What does it look like in family violence counselling practice?

- *Locating all responsibility for the violence with the perpetrator, remembering that it is a deliberate choice to gain and maintain control.*
- *Consulting with other services about the perpetrator’s pattern of behaviour, and how a web of accountability can be created to keep them in view and prevent them from exploiting systemic gaps.*
- *Learning about the victim survivor’s experiences with the perpetrator, including the history and nature of their relationship, assessment of the perpetrator’s risk factors and patterns of behaviour and coercive control, and any interventions that may have had an impact on accountability.*
- *Partnering with other services that are engaged with the family to highlight the victim survivor’s strengths and protective strategies and support a pivot to the perpetrator’s behaviour rather than that of the victim survivor.*

What might you say that demonstrates this?

- *“[The perpetrator] is responsible for their use of violence. It is not your fault.”*
- *“People who use violence in their relationships are often strategic and deliberate in their choices. Can you tell me your experience of this?”*
- *“How does [the perpetrator] avoid their responsibilities?”*
- *“Do they deny the harm they have caused, or blame you and your children?”*
- *“Do you feel their behaviour has caused you to act in ways you didn’t freely choose?”*

Critical Self-Reflection

- *Have I identified and documented the perpetrator’s pattern of coercive control and actions taken to harm?*
- *Do I unwittingly collude with the perpetrator by not locating full responsibility for the violence with them?*

PRINCIPLE 6: Child Centred Practice

“Infants, children, and young people are recognised as victim-survivors in their own right, and their safety and wellbeing are prioritised in every stage of service provision.”



[This approach] accounts for the individual risks, safety and support needs of each infant, child, or young person in tandem with the work undertaken with the adult victim-survivor. Through this multi-dimensional approach, specialist family violence workers partner with the adult victim-survivor to assess the risk and impact of the perpetrator’s use of violence, coercion and controlling tactics on their children and their parenting role.^{xvii}



What does it look like in family violence counselling practice?

- Reinforcing positive aspects of the child/ parent relationship to strengthen bonds and support parenting.
- Centering the perpetrator’s violent behaviour as a parenting choice.
- Ensuring appropriate external supports are in place for the children.
- Acknowledging a victim survivor’s actions to keep their children safe, while gently enquiring about the wellbeing of their children.

- “Have you ever spoken with your children about what they experienced and how they’re thinking about it? How might you talk about it with them?”
- “We know that it’s possible for children to heal from trauma. Some of the most important things you can do are to provide them with safety, stability, and a loving relationship with you.”
- “Tell me more about the strategies you’ve used to keep your children safe.”

What might you say that demonstrates this?

- “Tell me about your children. How have your children demonstrated strength and resilience?”
- “Do you have any current concerns for your children?”

Critical Self-Reflection

- How am I building rapport and partnering with the non-offending parent in a way that enhances child safety?
- Do I understand the nature of the child/ parent relationship in the victim survivor’s culture?
- How do I maintain child-centred practice in my work, even when I am not directly working with the children?

PRINCIPLE 7: Aboriginal Self-Determination

“Services respect and uphold the right to Aboriginal self-determination, choice, and cultural safety.”



In Victoria, Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families^{xviii} (the Aboriginal 10 Year Family Violence Agreement 2018-2028) describes self-determination as ‘exercising true freedom, full and total control of our own safety, healing, connections to land and culture, communities, futures and lives’, which 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.’^{xix}



What does it look like in family violence counselling practice?

- *Checking with the victim survivor to see if they, or their children, identify as Aboriginal.*
- *Being curious about their connection to culture and what this means to them.*
- *Seeking secondary consultation with specialist Aboriginal services.*
- *Finding out more about the victim survivor’s community network and what this means to them.*
- *Ensuring that they and their culture are respected by you.*
- *Being humble and following their lead.*

- *“Tell me about your family, networks, and the communities that support you.”*
- *“Tell me about the things that give you strength.”*
- *“Connection to culture can help in recovery from family violence. Is there an aspect of culture you’d like to reconnect to during, or alongside, our work together?”*

What might you say that demonstrates this?

- *“Would you prefer to be supported by an Aboriginal counselling service?”*

Critical Self-Reflection

- *Have I adopted an approach that values the strengths of Aboriginal people and the collective strengths of Aboriginal knowledge, systems, and expertise?*
- *In what ways does my practice recognise the critical importance of Aboriginal culture and cultural strengthening as a protective factor against family violence?*

PRINCIPLE 8: Inclusion and Equity

“Victim-survivors can easily access inclusive and equitable specialist family violence services.”



Inclusive and equitable services are welcoming, approachable, and culturally safe for people from a range of backgrounds and proactively prevent discrimination through equal opportunity policies, reflective practice and continuous quality improvement methods.^{xx}



What does it look like in family violence counselling practice?

- *Valuing the unique voice of each victim survivor and ensuring the therapeutic work responds to their needs.*
- *Using inclusive language which allows individuals to have a sense of belonging, connection, and acceptance.*
- *Seeking secondary consultation from specialist services that can advise on inclusive practice with marginalised community members.*
- *Continuously reflecting on assumptions and biases, and how these impact upon the language we use.^{xxi}*

What might you say that demonstrates this?



- *“Is there anything our service can do differently to make sure you feel supported and comfortable? Is there something I can do to ensure you feel welcome here?”*
- *“Is there anything making it hard for you to participate in counselling?”*

Critical Self-Reflection

- *How does my family violence counselling practice prevent victim survivors from experiencing discrimination?*
- *Am I using inclusive language that avoids prejudice, discrimination, and stereotyped views?*
- *How does my practice address the disproportionate impacts of family violence on those who experience intersecting forms of marginalisation, discrimination, and oppression?*

PRINCIPLE 9: Capable and Sustainable Workforce

“Services promote the professional development and sustainability of the specialist family violence workforce.”

 Service leaders must be proactive in preventing and minimising the adverse effects of working in the context of violence and social injustice through implementing trauma-informed health and wellbeing strategies, regular supervision, reflective practice, informal debriefing, and fostering a workplace culture of hope, resilience, activism and raising ideas to progress change.^{xxii} 

What does it look like in family violence counselling practice?

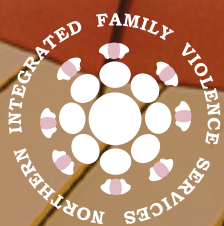
- *Seeking out trusted peers within your team, or colleagues from other services, to discuss practice challenges, new ideas, and to engage in critical reflection.*
- *Accessing regular supervision that is supportive and provides a safe space for critical reflection.*
- *Attending and participating in regular communities of practice.*
- *Offering and accessing secondary consultation.*
- *Engaging in regular professional development, in particular opportunities to enhance family violence responses.*

Critical Self-Reflection

- *Am I equipped and supported by my organisation to safely undertake family violence counselling?*
- *How does my organisation foster hope, resilience, and activism within my work?*

REFERENCES

- i. Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors*. 2nd Edition. Melbourne: DV Vic.
- ii. Family Safety Victoria (2018). *Family Violence Multi-Agency Risk Assessment and Management Framework*. Melbourne, Vic: State of Victoria.
- iii. Family Safety Victoria (2018). *Family Violence Information Sharing Guidelines: Guidance for Information Sharing Entities*. Melbourne, Vic: State of Victoria.
- iv. Department of Health and Human Services (2018). *Child Information Sharing Scheme Ministerial Guidelines: Guidance for Information Sharing Entities*. Melbourne, Vic: State of Victoria.
- v. Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors*. 2nd Edition. Melbourne: DV Vic. Page 29.
- vi. Ibid Page 29.
- vii. Ibid Page 29.
- viii. Ibid Page 32.
- ix. Ibid Page 32.
- x. Ibid Page 33.
- xi. Ibid Page 36.
- xii. Family Safety Victoria (2019) MARAM Foundation Knowledge Guide. Pages 23-28.
- xiii. Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors*. 2nd Edition. Melbourne: DV Vic. Page 38.
- xiv. Ibid Page 40.
- xv. Ibid Page 42.
- xvi. Ibid Page 44.
- xvii. Ibid Pages 46-47.
- xviii. Department of Health and Human Services (2018) *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families* (the Aboriginal 10 Year Family Violence Agreement 2018-2028). Melbourne, Vic: State of Victoria.
- xix. Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors*. 2nd Edition. Melbourne: DV Vic. Page 50.
- xx. Ibid Page 52.
- xxi. Family Safety Victoria December (2020). *Embedding Inclusion and Equity – An Intersectionality Framework In Practice* Version 1-0. Page 2.
- xxii. Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors*. 2nd Edition. Melbourne: DV Vic. Page 56.



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