

Domestic and Family Violence

Best Practice Framework for Legal
and Non-Legal Practitioners

October 2020

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Legal Aid Queensland

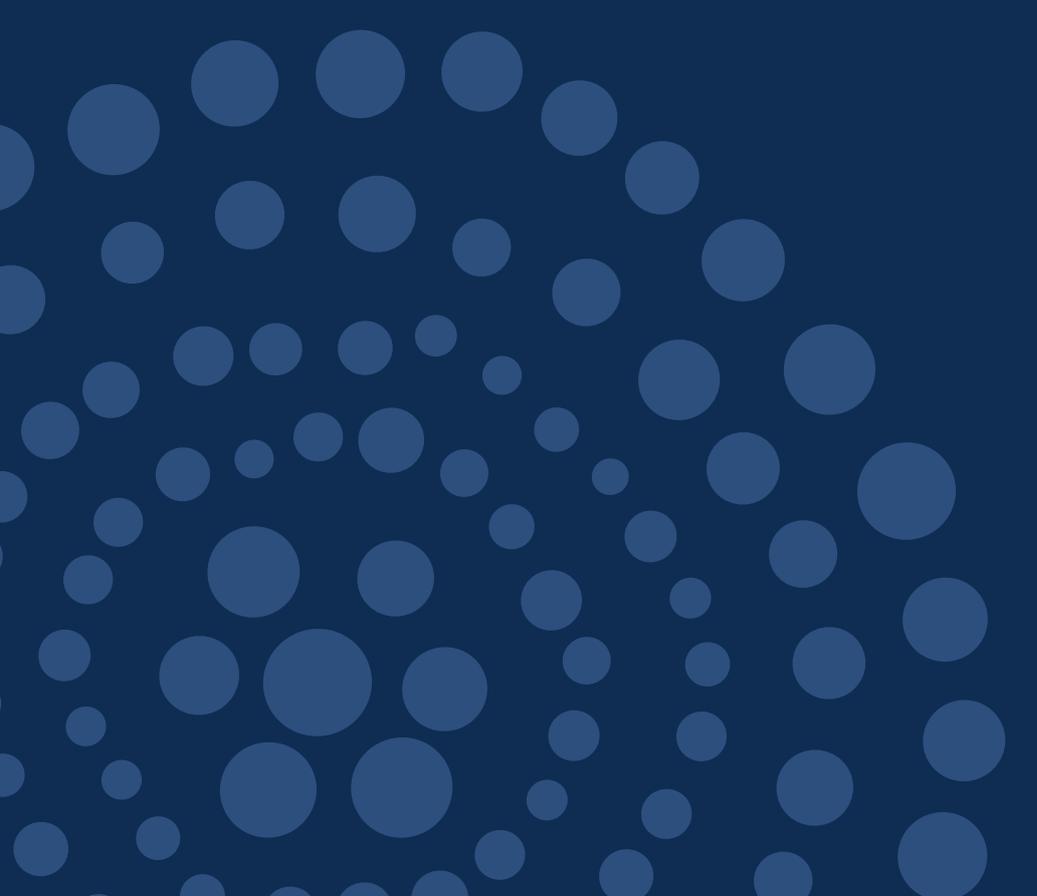
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Queensland Law Society (QLS) and Legal Aid Queensland (LAQ) acknowledge the Aboriginal and Torres Strait Islander peoples of this nation. We pay our respects to ancestors and Elders, past, present and emerging. We acknowledge the traditional custodians of the lands on which our practitioners live and work and the Yuggera and Turrbul peoples on whose land this document was researched and written.

QLS and LAQ honour those who have died due to domestic and family violence (DFV), their loved ones left behind and all those who continue to live in fear.



If you, or someone you know, need help, please contact a relevant support service:

DVConnect

is a 24-hour crisis support line for women affected by domestic and family violence. Phone **1800 811 811** or **dvconnect.org**

DVConnect Mensline

is a crisis support, advice and referral service for men who are seeking support around their experiences or use of domestic and family violence. Phone **1800 600 636** from 9am to midnight, 7 days

Mensline Australia

is a 24-hour counselling service for men across a range of relationship and wellbeing issues. Phone **1300 789 978** or **menslineaus.org.au**

Kids Helpline

is a 24-hour counselling service for young people between 5 and 25. Phone **1800 55 1800** or **kidshelpline.org.au**

Suicide Call Back Service

is a 24 hour crisis and counselling line for anyone who is feeling suicidal or worried about someone. Phone **1300 659 467** or **suicidecallbackservice.org.au**

Background

QLS and LAQ have collaborated to develop a framework to guide and help legal and non-legal practitioners deliver services to people affected by DFV.

LAQ is a long-time thought leader around innovative legal service delivery to clients affected by DFV. In 1999, LAQ endorsed and implemented a Violence Against Women Strategy in response to concerns raised by community organisations about the way the legal system treats people who have been affected by violence. In 2000 it developed a Best Practice Guidelines Framework and Best Practice Guidelines for working with clients affected by DFV. These guidelines were acknowledged favourably in the Special Taskforce on Domestic and Family Violence in Queensland report *Not Now, Not Ever*, which provided a blueprint for action for the future in 2015.¹

The taskforce recommended QLS also develop best practice guidelines and QLS responded rapidly and proactively. They developed a set of Best Practice Guidelines in consultation with stakeholders and launched these in 2016. A recent survey of QLS members, showed a majority of respondent practitioners were aware of the guidelines, had used them in their work and found them useful in their practice and in keeping clients safe.

This new framework builds on these earlier versions and brings together the combined expertise of both organisations. A wide range of practitioners from different practice areas and legal sectors have contributed to the development of the final document.

NOTE: The websites for the materials cited are included in the list of resources at the back of this document where available.

¹ Special Taskforce on Domestic and Family Violence in Queensland, *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland Report*, 2015.

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A. Introduction

Legal and non-legal practitioners need to understand domestic and family violence (DFV) because it can affect anyone at any time—clients, employees, family, colleagues and friends. As professionals in a sector where clients share intimate details of their personal lives, a lawyer or non-legal practitioner may be the first person to whom a person discloses experiences of personal violence.

DFV occurs across culture, race, all gender and sexual identities, economic and employment status, age and residence.² In 2016, 23 percent of women and 7.8 percent of men reported having experienced intimate partner violence,³ and one woman in Australia is murdered by a current or former partner about every nine days.⁴ These statistics paint a sombre picture, which is why practitioners must ensure they deliver a consistent, high-quality service that does not exacerbate risk or re-traumatise people.

This Framework aims to assist practitioners respond once they become aware that a person is at risk, or posing a risk, of DFV.

B. Language/terminology

A range of terminology is used to describe and define DFV. It may differ between clients, practitioners, organisations, legislation and government policies: domestic violence, family violence, intimate partner violence⁵ and domestic abuse⁶ are frequently used. The phrase ‘domestic and family violence’ is used in this framework because it reflects the language used in state and federal legislation in Australia.⁷ It also acknowledges experiences are not limited to intimate partner relationships.

The terms below are used to indicate DFV dynamics and should not be conflated to be transferrable to legal terms such as complainant and defendant, or aggrieved and respondent.

All violence is wrong, regardless of the gender of the victim or perpetrator. However, there are distinct gendered patterns in the perpetration and impact of violence.⁸ Because the overwhelming majority of domestic and family violence is perpetrated by men against women,⁹ this framework uses gendered language. This is not an attempt to negate those whose experiences are not reflected in that.

Term: Victim/Survivor/Victim Survivor/Person Experiencing Violence (PEV)

These terms will be used interchangeably to reflect the diversity in preferences around language. Practitioners are encouraged to reflect the language adopted by each individual client.

The victim/survivor/victim survivor/person experiencing violence is the person who has been harmed physically, sexually, psychologically or socially by the perpetrator of the DFV.

Term: Perpetrator/Person Using Violence (PUV)

The perpetrator/person using violence is the person who is exerting or attempting to exert power and control over their victim.

The responsibility for the violence lies with the perpetrator.

² Janet Phillips and Penny Vandenbroek, *Domestic, Family and Sexual Violence in Australia: an overview of the issues*, Parliament of Australia, Research Paper, 2014.

³ Australian Bureau of Statistics, *Personal Safety Survey*, 2016.

⁴ Australian Institute of Health and Welfare, *Family, Domestic and Sexual Violence in Australia 2019: Continuing the national story*, 2019.

⁵ This term is prevalent in the US literature.

⁶ Jess Hill, *See What You Made Me Do: Power, Control and Domestic Abuse*, 2019. This term is prevalent in UK literature.

⁷ *Domestic and Family Violence Protection Act 2012* (Qld); *Family Law Act 1975* (Cth).

⁸ Australia's National Research Organisation for Women's Safety, *Violence against women: Accurate use of key statistics*, 2018.

⁹ Australian Bureau of Statistics, *Personal Safety Survey*, 2016.

C. What is domestic and family violence?

Domestic and family violence is a pattern of behaviour intended to control, establish power, or cause fear, by one person in an intimate, family, or carer relationship against another. This behaviour and control can manifest in a number of ways and can be physical or non-physical, but inevitably sets up a debilitating power imbalance. Even in circumstances where there has been no physical assault, DFV is dangerous and frightening.¹⁰ There is always a risk that the PUV will escalate. Separation does not end DFV.¹¹

There is a wide range of coercive and controlling behaviours perpetrators use to establish power, and the impact this may have on the victim's autonomy and presentation varies from person to person. These behaviours can be compounded for vulnerable communities due to additional isolation and barriers to services. Abusive behaviours may include acts of physical violence, ongoing verbal abuse denigration, sexual violence and coercion, property damage, psychological abuse and gaslighting, reproductive coercion, social isolation, financial control, monitoring and surveillance, technology abuse, and systems abuse where the PUV uses legal processes to harass, intimidate and exhaust their victim.

Impacts of DFV on clients

The impacts of DFV on clients' presentation are often the result of the client's resilience in living with the perpetrator's control and violence.

a. Trauma

Trauma is an emotional response to:

- experiencing or witnessing frightening or distressing events, or
- an experience or continued experiences of a real or perceived threat to life or safety,
- where a person's ability to cope is overwhelmed.

Trauma can manifest in many ways, including how clients present and interact with others. Impacts of trauma can include:

- fragmented memories
- hyperarousal
- persistent feelings of hopelessness
- flashbacks and intrusive thoughts
- withdrawal and avoidance
- anger and unpredictable emotions
- emotional numbness
- dissociation
- physical symptoms such as nausea, headaches or tics
- loss of sleep and appetite or
- intense feelings of guilt and shame.

Trauma may be a factor for both PUV and PEV. Practitioners are encouraged to adopt a trauma-informed practice when working with DFV.¹²

b. Survivor adaptability

Many survivors of trauma develop coping or defence strategies to keep from being overwhelmed by threatening situations, feelings or memories, or to manage feelings of powerlessness. These strategies may be adaptive or maladaptive. Maladaptive strategies may be adopted by the victim survivor to help in coping, but the result can be a range of further psychosocial challenges. Examples may include avoidance of anything associated with the trauma including all disagreement or conflict, substance abuse or self-harm.¹³

¹⁰ Heather Douglas, *Legal systems abuse and coercive control*, Criminology and Criminal Justice, 2018.

¹¹ Department of Child Safety, Youth and Women, *Domestic and Family Violence and its relationship to Child Protection*, 2018.

¹² See Practice Principle 3. For useful resources see: Blue Knot Foundation, 'Trauma-informed practice in Queensland Domestic and Family Violence Services' and Community Legal Centres Queensland, 'Domestic Violence and Trauma Informed Practice'.

¹³ For a useful resource see: Blue Knot Foundation 'Coping/Defence Strategies Used by Adult Survivors'.

D. Vulnerable communities

There are communities for whom DFV experiences and risks are compounded through social factors, systems responses, and greater vulnerabilities and isolation. Practitioners need to be aware of these risks and vulnerabilities and able to adapt their practice to best recognise, respect and meet their clients' needs.

Aboriginal and Torres Strait Islander women

Aboriginal and Torres Strait Islander women are among our most vulnerable, experiencing higher levels of violence and higher levels of injury and death than non-Indigenous women as a result of DFV. Research has indicated the complex and cumulative nature of the impacts from colonisation, the breakdown of culture, intergenerational patterns of oppression and violence, trauma, and socio-economic stressors.¹⁴

Women with disability

Almost 16 percent of women with a physical or cognitive disability or long-term health condition reported experiences of violence in the year before the Australian Bureau of Statistics 2016 Personal Safety Survey, compared to just over four percent of women without disability.¹⁵ Experiences of DFV for women with disability can be compounded by isolation, poor systems responses, and the perpetrator manipulating mobility aids, communication tools, and access to services and medication.¹⁶

Culturally and linguistically diverse women

The impact of violence experienced by women from culturally and linguistically diverse (CALD) communities can be exacerbated by a wide range of factors including:¹⁷

- language barriers and reliance on interpreters to seek help
- being unfamiliar with Australian laws and processes
- visa status and threats of deportation by the perpetrator
- risks of deportation at separation
- financial dependence on the perpetrator (particularly if the client is ineligible for Centrelink under her visa status)
- distrust of police due to experiences in their country of origin
- trauma or
- cultural or religious beliefs about gender roles and behaviours that may be inconsistent with speaking out about DFV.

¹⁴ Anna Olsen and Ray Lovett, *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: State of knowledge paper*, Australia's National Research Organisation for Women's Safety (ANROWS), 2016.

¹⁵ Australian Bureau of Statistics, *Personal Safety Survey*, 2016.

¹⁶ JaneMaree Maher et al, *Women, Disability and Violence: Barriers to accessing justice: key findings and future directions*, ANROWS, 2018.

¹⁷ Cathy Vaughan et al, *Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia*, ANROWS, 2016.

LGBTIQ+ communities

There are similarities in the types of violence and control experienced in LGBTIQ+¹⁸ relationships and family dynamics to those for cisgender/heterosexual persons. However LGBTIQ+ people also experience unique aspects of DFV and face systemic and service barriers including encounters with, or fear of encountering, homophobia,¹⁹ biphobia²⁰ or transphobia.²¹ It is important for practitioners to understand tactics of control such as ‘forced outing’ (where the perpetrator threatens or does disclose their victim’s gender identity or sexual orientation to family, friends or colleagues without consent) and the profound impact such controlling techniques can have. The term family should also be given a wide context (biological or adoptive family) and other family forms or ‘chosen family’ that LGBTIQ+ people create, sometimes in response to rejection.²² Other complicating factors include delayed reporting (due to fears that police and service providers will not take their concerns seriously), intersectionality of inequality (overlapping systems of inequality and discrimination), and gender dynamics (assumption of stereotypes, particularly around masculinity).

Older Persons

DFV against older people can be perpetrated by any family member including a continuation of historical DFV from a spouse or partner, but is notably often intergenerational with the victim’s adult children perpetrating the abuse (also known as elder abuse). Abuse experienced by older persons may be financial, physical, psychological, social and/or sexual, as well as neglect. Like intimate partner violence, women are over-represented as victims of elder abuse, but older men also experience abuse and mistreatment.²³ Factors that exacerbate vulnerability include ageism; cognitive or communication impairments; dependency and living arrangements; a strong sense of entitlement felt by adult children in relation to the older person’s assets; financial hardship; carer stress; and social isolation.²⁴

Young Persons

DFV has unique impacts on children and young people experiencing or perpetrating violence. Young people’s vulnerability to violence and coercion in dating or intimate relationships may be heightened by pressure to comply with peer norms that encourage traditional gender roles; inexperience; and a lack of knowledge of or access to specialised services. Young people are also more likely to be victimised via technology or digital abuse including as an avenue of harassment and abuse, and the distributing images or videos of the victim without consent.

¹⁸ LGBTIQ+ means, lesbian and gay and bisexual and transgender (including trans) and intersex and queer and questioning while the plus stands for inclusion of all genders. LGBTIQ+ can also mean rainbow and pride communities.

¹⁹ Homophobia is the irrational hatred and fear of LGBTIQ+ people. Homophobia includes prejudice, discrimination, harassment, and acts of violence brought on by fear and hatred. It occurs on personal, institutional, and societal levels.

²⁰ Biphobia is prejudice, fear or hatred directed toward bisexual people. It can include making jokes or comments based on myths and stereotypes that seek to undermine the legitimacy of bisexual identity, like “bisexuality is a phase” or “bi people are greedy.” Like all prejudices, biphobia occurs both within and outside of the LGBTIQ+ community.

²¹ The fear or hatred of transgender people or people who do not meet society’s gender role expectations.

²² Marina Carman et al, *Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities*, Rainbow Health Victoria for the LGBTIQ Family Violence Prevention Project 2019–2021. For a useful resource see: Catalyst Foundation, *Towards a Safe Place*, 2018.

²³ Joosten 2017

²⁴ Australian Law Reform Commission, *Elder Abuse – A National Legal Response*, 2017.

E. Best practice framework principles

The framework includes seven best practice principles for working with DFV:

1. Improve your understanding
2. Prioritise safety
3. Facilitate empowerment
4. Promote accountability
5. Communicate respectfully and appropriately
6. Respect diversity
7. Collaborate with other services.

Each principle starts with a statement of its importance and then briefly describes how this principle is relevant to practice. These principles represent QLS and LAQ's commitment to quality legal service delivery.

1. Improve your understanding

Improving your understanding is important because:

- a sound understanding of DFV enables practitioners to best mitigate risk and enhance safety, and not harm or re-traumatise victim survivors
- understandings of DFV dynamics, and the impacts, continue to evolve and deepen, particularly for marginalised groups, and practitioners must remain up to date with risk indicators and best practice recommendations
- the stakes for mishandling DFV risks are high. Practitioners must respond seriously and be able to refer appropriately.

Not all clients who have experienced DFV will present with it as their primary issue, but practitioners should be able to recognise warning signs and the impacts DFV has on clients and their children. Be able to provide appropriate responses and referrals.

Knowledge and understanding of the dynamics of DFV, how control may manifest, and the impact of additional vulnerabilities and trauma are essential for all practitioners to contribute to safer outcomes and mitigate risks posed by the perpetrator. This is not only relevant for practitioners working directly with DFV.

There is an array of legislation that affects and assists people experiencing DFV.²⁵ Practitioners should be aware of the breadth of issues covered.

Practitioners are encouraged to undertake regular professional development and skills advancement in recognising and responding to DFV particularly where high risk indicators of intimate partner homicide are present. They should also be aware of referral pathways and options to enhance client safety or mitigate the risk their client may pose.

²⁵ Relevant legislation includes: *Domestic and Family Violence Prevention Act 2012* (Qld); *Criminal Code 1899* (Qld); *Family Law Act 1975* (Cth); *Migration Act 1958* (Cth); *Residential Tenancies and Rooming Accommodation Act 2008* (Qld); *Victims of Crime Assistance Act 2009* (Qld); *Child Protection Act 1999* (Qld); Parole Board processes; *Bail Act 1980* (Qld); Centrelink processes; *Fair Work Act 2009* (Cth); *Industrial Relations Act 2016* (Qld); *Human Rights Act 2019* (Qld).

2. Prioritise safety

Prioritising safety is important because:

- DFV can be life threatening
- risk profiles can change quickly, and practitioners must be aware of the dangers present at all points of the legal matter.

Practitioners must remain cognisant of the safety of, or the risk posed by, their client, and strive to ensure safety is not compromised by any legal interventions. Always make sure you can contact clients living with violence in ways that are safe, and encourage clients to connect with appropriate supports. Victims' safety is paramount, regardless of which client the practitioner represents (PEV, PUV, or children exposed to DFV). Practitioner safety is also important—vigilance about their own risk when working within a DFV dynamic is essential.

Risk profiles can change quickly and repeatedly, particularly around the time of separation and legal proceedings.²⁶ All practitioners must ensure they are adequately skilled to meaningfully assess and re-assess risk at each contact to ensure the victim's safety needs (physical, emotional and psychological) are considered when providing services.

Considerations should include screening for immediate safety, the safety of various means of contact and communication, any risk implications of particular legal courses of action, and any precautions needed for client travel to and from legal appointments or court.

Particular caution must be taken where any of the following are present, as they can be indicators of escalating risk or homicide:²⁷

- non-fatal strangulation
- actual or pending separation
- sexual violence, forced sexual acts, assaults during sex, or sexual jealousy
- threats to kill the victim and/or children
- threats of suicide by the perpetrator
- stalking and obsessive behaviour by the PUV
- perpetrator has access to weapons
- violence against companion animals
- control or violence is increasing in frequency and/or intensity
- victim pregnancy
- misuse of alcohol or drugs by the PUV.²⁸

The presence of these factors indicates an increased risk to the life and safety of both the victim and perpetrator, but also to any children living with the victim. This is not an exhaustive list and practitioners should ensure they are aware of the full range of high-risk indicators.

²⁶ Corina Backhouse and Cherie Toivonen, *National Risk Assessment Principles for domestic and family violence: Companion resource. A summary of the evidence-base supporting the development and implementation of the National Risk Assessment Principles for domestic and family violence*, ANROWS, 2018.

²⁷ Heather Douglas and Kate Chapple, *National Domestic and Family Violence Benchbook*, Australasian Institute of Judicial Administration, 2017. Also see Domestic and Family Violence Death Review and Advisory Board, *Intimate Partner Homicide of 'Kelly' Case Review Report*, 2017.

²⁸ Janet Phillips and Penny Vandenbroek, *Domestic, Family and Sexual Violence in Australia: an overview of the issues*, Parliament of Australia, 2014.

3. Facilitate empowerment

Facilitating empowerment is important because:

- it is essential victim survivors do not feel further disempowered or further abused by the legal process
- it acknowledges victim survivors can make their own choices when given information about their options.

When providing services to a victim, always talk and act in a way that empowers the victim and holds the person who uses DFV responsible for their own behaviour.

Many clients who have experienced DFV will have been prevented from making their own decisions or exercising autonomy due to the perpetrator's control.²⁹ They may also be engaged in multiple jurisdictions and systems at any one time and be fatigued by responding to so many professionals in so many contexts.³⁰ It is vital when working with victims that practitioners support and respect survivors in making their own choices so they do not feel further disempowered or abused by the legal process. They should be given the time and space to make their own decisions. Engaging with the legal system should not be a further act of control of them, but a facilitation of informed decision making. This also conveys to the survivor that, contrary to what their abuser may have told them, they are capable of making their own decisions in their own life.

Practitioners should adopt a trauma-informed practice when working with clients affected by DFV. Understanding the impact of trauma helps practitioners to make sense of a client's presentation and how it relates to their experience.

Trauma-informed practice acknowledges the impact of trauma and seeks to create an environment and working relationship with clients that enables safety, trust, choice, collaboration, and empowerment.³¹ Practitioners must work to avoid inadvertently repeating the dynamics of abusive interactions, recognise that problematic presentation may be a result of trauma, and respond to clients in ways that convey respect and compassion and encourage self-determination.

4. Promote accountability

Promoting accountability is important because:

- using DFV is a choice by the perpetrator
- the victim must not be held responsible for the DFV they experience
- whilst a right to be heard and to defend yourself is important so is a person's safety
- practitioners should be aware of their ethical and professional responsibilities and ensure that they engage in responsible use of court process and procedure.³²

The rule of law is a fundamental principle of our legal system and acknowledges the right to be presumed innocent of any offence until proven guilty, and the right to due process. This framework does not derogate from this. Practitioners, however, should be aware that some perpetrators may (mis)use the legal system to harass and intimidate victim survivors. Where a practitioner suspects this is occurring, they should counsel the client accordingly and take steps to ensure that they are not complicit in any misuse of court process.

Practitioners must take particular care to mitigate risks of systems abuse where there are unrepresented parties. It is common for perpetrators to start multiple court processes across multiple jurisdictions to intimidate, harass and wear the victim down.³³ It is particularly important to prioritise a person's safety, while respecting due process, because the stakes can be high.

Practitioners should consider whether the matter is one where the PUV should be encouraged to explore avenues for changing their behaviour. Evidence of positive change may be beneficial to the person's legal interests.

²⁹ Family Court of Australia, *Family Violence Best Practice Principles*, 2016.

³⁰ Heather Douglas, *Legal systems abuse and coercive control*, Criminology and Criminal Justice, 2018.

³¹ Roger Fallot and Maxine Harris, *A trauma-informed approach to screening and assessment*, 2006.

³² Legal practitioners should be aware of their professional obligations including those set out in the Australian Solicitors Conduct Rules. Rule 3 sets out a solicitor's paramount duty to the court and to the administration of justice. Rule 4 sets out other fundamental ethical duties including the duty to act in the best interests of a client; to be honest and courteous in all dealings in the course of legal practice; and to deliver legal services competently, diligently and as promptly as reasonably possible.

³³ Heather Douglas, *Legal systems abuse and coercive control*, Criminology and Criminal Justice, 2018.

Practitioners will have contact with both victims and perpetrators, and should be mindful of appropriately assessing the dynamics present between a client and their victim, whether they are named as such or not. PUV may minimise their culpability for their use of control or violence by blaming the victim or other external factors, and may have developed strategies for presenting themselves either as the victim or not responsible for their own behaviour. Points that may help the practitioner assess dynamics around DFV may include:

- Is their client's behaviour a source of risk, or an attempt to protect the family?
- How is their behaviour impacting on the safety and wellbeing of the children?
- What steps has your client taken to protect the children from their behaviour, or any other person's behaviour?
- Has their behaviour been protective, even if it may not have seemed like it at first?

One of the purposes of the justice system is to hold perpetrators accountable.³⁴ This includes making them responsible for their behaviour and encouraging an awareness that there is no excuse for DFV. Practitioners should never talk about it being a victim's fault that they have failed to keep themselves or the children safe by not leaving the relationship or by any other decision they have made.³⁵

5. Communicate respectfully and appropriately

Communicating respectfully and appropriately is important because:

- practitioners should always adopt a non-judgmental approach
- practitioners must remain mindful of the power their language choices have, and endeavour to remain inclusive, respectful and culturally safe in all communication with their clients and other parties
- practitioners must consistently check that the information and advice they have provided to their clients has been clearly understood so PEV and perpetrators can make informed choices.

Always listen carefully to your client. It is important to communicate what constitutes DFV clearly to clients. Safety is enhanced and risk is mitigated when clients have a clear understanding of the legal process, and any rights and obligations they hold.

Use plain language and check for understanding, then adjust communication styles or engage an interpreter or communication tool as needed. Practitioners should confirm if clients would prefer or benefit from having a safe support person or social worker present.

Check a client feels safe and comfortable with the physical environment you are meeting with them in, for example, are they comfortable with the door being closed or would they prefer it open or ajar?

Interpersonal skills that foster respect and trust when working with clients who have experienced DFV are very important. Practitioners should avoid asking questions or conveying information in a way that suggests the victim of violence is to blame, or the perpetrator of the abuse was justified in their behaviour.

Practitioners should ensure they respond respectfully and sensitively when clarifying or asking for further details of abuse, DFV, or cultural practices. Acknowledge the survivor's fear and concerns for their safety, and validate what they have already done to keep themselves and their children as safe as possible from their perpetrator's abuse.

Providing clients with some accessible written information can be useful if it is safe for them to have materials.

³⁴ See *Domestic and Family Violence Protection Act 2012* (Qld), section 4, which sets out the principles for administering the Act. Under this section, perpetrators of domestic violence should be held accountable for their use of violence and its impact on other people and, if possible, provided with an opportunity to change.

³⁵ For further information, consider exploring the Safe & Together model which is a set of tools and interventions to assist child protection professionals become domestic violence informed.

6. Respect diversity

Respect for diversity is important because:

- it acknowledges clients may have different needs in accessing the legal system
- it acknowledges the survivor may be reliant on their abuser for their daily care needs or connection to community
- it acknowledges discussing DFV is taboo in some cultures, or there may be rules as to who the violence can be discussed with.

Not all experiences or manifestations of DFV will be the same. Practitioners must recognise the diversity in how clients are impacted, particularly for vulnerable communities where barriers to supports may be compounded through language, accessibility or cultural assumptions. DFV must not be excused or minimised due to assumptions about cultural or religious practices. DFV is a violation of human rights and is never acceptable.

Practitioners should enhance their understanding of factors that may compound, complicate, or mitigate risk such as:

- cultural or community expectations and relationships
- the accessibility of services, including practically, linguistically, culturally, and if services are LGBTIQ+ inclusive.

7. Collaborate with other services

Collaborating with other services is important because:

- it acknowledges responses to DFV need to encompass more than a legal response
- it encourages legal practitioners to develop positive relationships with other professions who also respond to DFV, which enhances everyone's knowledge and facilitates cohesive interventions including DFV safety planning and behaviour change programs
- it encourages a shared narrative that PUV should be held accountable for their behavior and promotes awareness that there is no excuse for DFV.

DFV requires responses beyond the legal system, with different stakeholders holding different responsibilities, expertise and capacity to enhance victim safety. Being aware of relevant services helps practitioners to respond and refer appropriately in prioritising their client's safety or accountability. Practitioners should know the services available to meet the holistic needs of their clients – whether representing a PEV or a PUV – including; DFV specialist services, behaviour change programs and local High Risk Teams, health services, housing, schools and child protection agencies, emergency services, and community social supports. Practitioners should endeavour to develop relationships with some of the service providers in their referral network. As the risk of serious harm and homicide rises at times of separation and court proceedings, practitioners must also be able to work closely with relevant services that can provide support to mitigate risk and enhance safety beyond a court outcome.

Positive collaborative practice through facilitated referrals, and information sharing where lawful and appropriate, not only works to enhance safety but also to:

- provide clear and consistent information to clients
- minimise trauma associated with retelling experiences to multiple agencies, and reduce the risks of victim survivors disengaging from systemic responses.

Efforts to promote safety and mitigate risk, including legal options and interventions, will be most efficient if stakeholders work with each other to ensure gaps are addressed, and survivors and perpetrators receive consistent information, and mutually reinforcing interventions.

