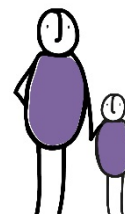


# Project Report: Concepts of Safety

June 2018



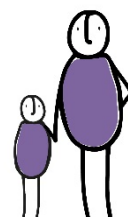
If you, a child, or another person is in immediate danger, call 000.  
For sexual assault, Domestic and Family Violence counselling service call 1800 RESPECT 1800 737 732.  
24/7 phone and online services.

### **About Domestic Violence Service Management:**

Domestic Violence Service Management (DVSM) is a registered charity which aims to prevent and to provide support for people escaping/experiencing Domestic and Family Violence (DFV) and homelessness. DVSM provides client services in an urban context (Inner Sydney), in a suburban context (Western Sydney) and in remote rural NSW (Wilcannia). DVSM also provides professional services (Sightlines) to build capacity and share learning about DFV within the Community Services sector and more broadly with the wider ecosystem of corporations, organisations, institutions, online and local communities.

DVSM would like to acknowledge and thank the individuals and organisations that contributed to this project and project report.

In particular, DVSM would like to acknowledge Dr Linda Coates and Dr Allan Wade and their colleagues at the Centre for Response-Based Practice, Canada for their visionary and pioneering work on social responses, resistance, language, and the upholding of dignity.



Whilst great care has been taken to do no harm and to improve responses, DVSM assumes no responsibility for how the information in this resource is used.

# Executive Summary

The Concepts of Safety Project has arisen from the critical question we found ourselves asking: *how can we increase safety for people experiencing domestic and family violence?* The project aimed to distil and collate what is important to the safety and wellbeing of people experiencing [Domestic and Family Violence](#).

Through this work it was hoped that a set of appropriate resources could be identified that would support staff in their work to increase the safety of people experiencing Domestic and Family Violence (DFV). Instead, this project has led us through an exploration of the concepts of safety for a person experiencing DFV.

The project has required us to review and to more clearly define what we mean by the concepts; Domestic and Family Violence; Wellbeing; Safety; and Dignity, and to do this within the broader social context within which violence is occurring. To do this we have sought to understand:

- The actions of the perpetrator
- A person's experience, resistance and responses to violence
- The role of social responders

"A social responder is any person who is knowingly or unknowingly responding to those who are directly involved in cases of violence – those who perpetrate violence and those who are victimized" (Coates & Wade 2016; Wade 2014, 2016).

The term 'practitioner' has been used in this project to identify a social responder working in the context of a support service.

The project methodology consisted of scoping of the various safety resources that were readily accessible, widely in use or widely referenced that were developed for people experiencing DFV and/or the practitioners who work for them in Australia and internationally. A sample of these resources were analysed against a set of criteria that was developed by [Sightlines](#) the Professional Services Division of Domestic Violence Service Management (DVSM). The criteria included a collation of the concepts of DFV, wellbeing, safety and dignity that are outlined in this report. The underpinning concepts for the analysis criteria have been drawn, in part, from the ideas of dignity, responses, resistance and social responses outlined in 'Response Based Practice' (Coates & Wade, 2016; Todd & Wade 2004; Wade 1997, 2002, 2007, 2014).

The analysis criteria included a detailed description of:

- The abuse and dynamics that influence a person's safety and wellbeing
- A person centred approach to supporting people experiencing DFV.

Through undertaking this project we learnt that the actions of the perpetrator are well defined and well understood within the resources analysed. However the terms of safety and wellbeing for people experiencing DFV were widely used but poorly defined.

Wellbeing matters to adults, children and young people and this includes their safety. Being 'safe' is more than being physically safe – it includes all aspects of wellbeing. It includes a person's rights responsibilities and choice, safety, love and connections (to family, community, spirituality, land), learning, participation, physical and mental health, material and economic basics. Each of these interdependent areas will look different in each person's life. The value and weight of these will also change over time as a person's needs, priorities and circumstances change (DVSM, 2017).

Many of the resources used concepts of wellbeing and safety in a way that focused mainly on the physical and mental harm that people may face. Some resources explored wellbeing in more depth and also looked at the harm that the abuse may have on a person's connections with their family and friends, and on their material and economic wellbeing. However the idea that people experiencing violence are active agents with rights and responsibilities who are constantly making decisions and taking action to protect, preserve and maintain their dignity, safety and wellbeing was largely under explored or missing from the majority of resources reviewed for this project.

A person's engagement with a 'social responder' such as a practitioner from a support service was largely assumed to be an interaction that would lead to an increase in a person's safety. The idea that the action of a social responder may decrease a person's safety and wellbeing, may lead a person to disengage from that service, or to no longer disclose their experience or needs, was on the whole not addressed through the majority of the resources analysed.

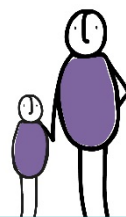
The majority of resources analysed do not provide practitioners with an understanding of the dynamics that a person may need to take into consideration when resisting and responding to violence. Neither do they raise practitioner's awareness to the fact that a person is already actively resisting violence, anticipating and self-assessing their risk, building their safety awareness and implementing ways to increase their safety before they reach out for help.

Instead resources tended to have a much narrower emphasis on the risks of severe injury or death that a person experiencing violence may face; and the practitioner's duty of care to act in order to mitigate those risks. However, if practitioners are not conscious of their role as social responders; and without an adequate understanding of a person's wellbeing, experience, resistance and responses to violence; then any advice given or action taken by a practitioner may unintentionally or unknowingly increase the harm and threat that a person may face as a result of not fully understanding a person's situation and context.

The concepts of safety project originally set out to answer the question 'how can we increase safety for people experiencing DFV?'. As a result of this project we have come to understand that as practitioners we are not in a position to increase a person's safety. It has helped us realise that by oversimplifying the complexity of the dynamics that people are navigating on a daily basis, then we lose sight of both the capability, and active agency of the person experiencing violence and the interdependent challenges they face.

As a result we are now asking ourselves a new question: *How can we work with people in a way that upholds their dignity and supports them to:*

- *increase their safety awareness?*
- *anticipate and self-assess the harms or threats they face?*
- *build on the strategies they use to increase their safety and wellbeing?*



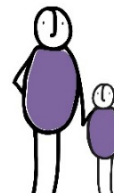
**Note:** DVSM recognises that any change to policy or practice that may result from the 'Concepts of Safety' project must be culturally safe, accessible and non-discriminatory for people who are more likely to experience discrimination and inequality in Australia. This includes: Aboriginal and Torres Strait Islander people, people who identify as lesbian; gay; bisexual; transgender; and intersex; older people; people from culturally and linguistically diverse communities; people with disabilities; and children and young people.

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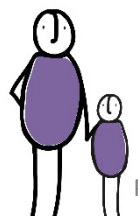
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SECTION ONE

**CONCEPTS OF SAFETY,  
DIGNITY, WELLBEING**



## Concepts of Safety in a context of Domestic and Family Violence

Being 'Safe' is defined by the Oxford Dictionary as: *"Protected from or not exposed to danger or risk; not likely to be harmed or lost"* (Oxford Dictionary 2018). However, without additional information to understand who or what is referred to when we talk about being 'safe'; without understanding what or who is the sources of the danger or threat; and what could be harmed, at risk or lost; then this definition holds limited meaning. The reader is left to define these things for themselves. When we talk about personal safety it is commonly understood to imply that the threat or harm a person may face is to their physical wellbeing. It may also be broadened to include threat or harm to a person's physical or mental health.

In order to understand the concept of safety from the perspective of a person experiencing DFV we must understand the nature of the threat that the person may face, the harm or loss that they may experience and this must be understood within the life context within which the violence occurs. This requires us to understand:

- The actions of the perpetrator of violence
- A person's experience, resistance and responses to violence
- The role of social responders.

Only once we have understood or defined the parameters for each of these actors can we then understand what safety might mean for a person experiencing DFV.



For the purpose of this project DVSM has used the following definition of DFV in order to understand the types of behaviours and actions that a perpetrator of violence may use. This definition provides the scope of the behaviours and actions of the person perpetrating violence which create a threat or could cause harm for a person experiencing DFV.

## Domestic and Family Violence definition

**Domestic and Family Violence (DFV)** includes any behaviour, in an intimate or family relationship, which is violent, threatening, coercive or controlling, causing a person to live in fear and to be made to do things against their will. DFV can happen to anyone and can take many forms. It is often part of a pattern of controlling or coercive behaviour.

An intimate relationship refers to people who are (or have been) in an intimate partnership whether or not the relationship involves or has involved a sexual relationship, i.e. married or engaged to be married, separated, divorced, de facto partners (whether of the same or different sex), couples promised to each other under cultural or religious tradition, or who are dating.

A family relationship has a broader definition and includes people who are related to one another through blood, marriage or de facto partnerships, adoption and fostering relationships, sibling and extended family relationships. It includes the full range of kinship ties in Aboriginal and Torres Strait Islander communities (see below – Family Violence), extended family relationships, and family of choice within lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) communities.

People living in the same house, people living in the same residential care facility and people reliant on care may also be considered to be in a domestic relationship when one or both people in the relationship try to create an imbalance of power to establish coercive control and commit violence.

### The behaviours that may represent DFV include:

- Physical violence including physical assault or abuse
- Reproductive coercion
- Sexualised assault and other abusive or coercive behaviour of a sexualised nature
- Emotional or psychological abuse including verbal abuse, threats of violence, threats of self harm or suicide, blackmail and bribery
- Economic abuse; for example denying a person reasonable financial autonomy or financial support
- Stalking; for example harassment, intimidation or coercion of the other person's family in order to cause fear or ongoing harassment, including through the use of electronic communication or social media (NSW Government 2014).

Women and children are overwhelmingly the victims of DFV and those who use violence are overwhelmingly male. DFV can be perpetrated by a partner, family member, carer, house mate, boyfriend or girlfriend. Women also commit DFV against men, as do same-sex partners. DFV is also committed by and committed against people who identify in non-gender binary terms (Domestic Violence NSW 2018).

### What is Family Violence?

The term 'Family Violence' is preferred in an Indigenous context. It is used to describe the range of violence that takes place in Aboriginal and Torres Strait Islander communities including the physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that may be perpetrated within a family. The term also recognises the broader impacts of violence; on extended families, kinship networks and community relationships. It has also been used in the past decade to include acts of self-harm and suicide, and has become widely adopted as part of the shift towards addressing intra-familial violence in all its forms (Gordon 2002).

# A person's experience, resistance and responses to violence

In order to understand a person's experience, resistance and response to violence, it is necessary to identify and define what areas of a person's wellbeing are at risk of harm from the actions of the perpetrator of violence.

It is also critical to recognise that people experiencing abuse are not passive victims. Instead they are actively resisting and responding to violence and are constantly making decisions and taking action in order to increase their safety.

## Dignity, Resistance and Responses to Violence

DFV is an injustice and harmful. It is an affront to a person's dignity; it compromises a person's safety and undermines their wellbeing. This is true of adults, children and young people. The concept of dignity expresses the idea that all people have the right to be valued and respected, and to be treated ethically.

We stress the importance of dignity because it is central to social life and to individual and collective wellbeing. This is stated in human rights documents but much less so in the human services and forensics fields. Dignity is at once an inherent property of the person and a social practice evident in the small nuances of social interaction, day in and day out. Affronts to dignity, such as violence, require just redress.

"The dialogue on DFV tends to focus on the violence used by the perpetrator and the impact or effect of the violence on the people who are victimized. This does not provide a full picture, however. The manner in which the victimized person responded to and resisted the violence, protected others, and worked to preserve their dignity, is a crucial part of the fact pattern that is often ignored. Resistance is ever-present and may take many forms, from overt defiance and standing up to a perpetrator, to subtle and private acts or thoughts that go unnoticed by others.

When we acknowledge ever-present resistance, we can see the strategies used by the perpetrator to suppress and overcome that resistance. In turn, these strategies reveal the deliberate nature of violence and provide a better basis for intervention." (Wade 1997, 2000, 2013, 2014; Coates & Wade 2007, 2016; Todd & Wade 2004 )

## Defining Wellbeing

Wellbeing matters to adults, children and young people and this includes their safety. Being 'safe' is more than being physically safe – it includes all aspects of wellbeing.

DVSM defines wellbeing as being made up of interdependent areas each of which will look different in each person's life. The value and weight of these will also change over time as a person's needs, priorities and circumstances change. These areas include:

**Rights, responsibility and choices:** We work to support people's rights, responsibilities and choices, working with their capacity to act and make decisions – this can be described as a person's 'agency'. When a person is aware of their rights they are able to make informed choices. It is important to recognise that people's choices are not only informed by their rights but also by their responsibilities (which may be linked to their civil, cultural, family, community, spiritual connections including to land). For a person experiencing DFV, the coercive control they are experiencing can limit and undermine their capacity to make choices, exercise their rights and fulfil their responsibilities.

**Safety:** Means feeling free from violence or the threat of it (violence could be psychological, verbal, physical, sexual, reproductive control, social, financial, property damage, stalking, image based or technological abuse).

**Love and connection:** Encompasses family relationships, friends and connections with community, spiritual connection and connections to land.

**Learning:** Is a continuous process throughout life. Elements of learning include the value of self-development for wellbeing.

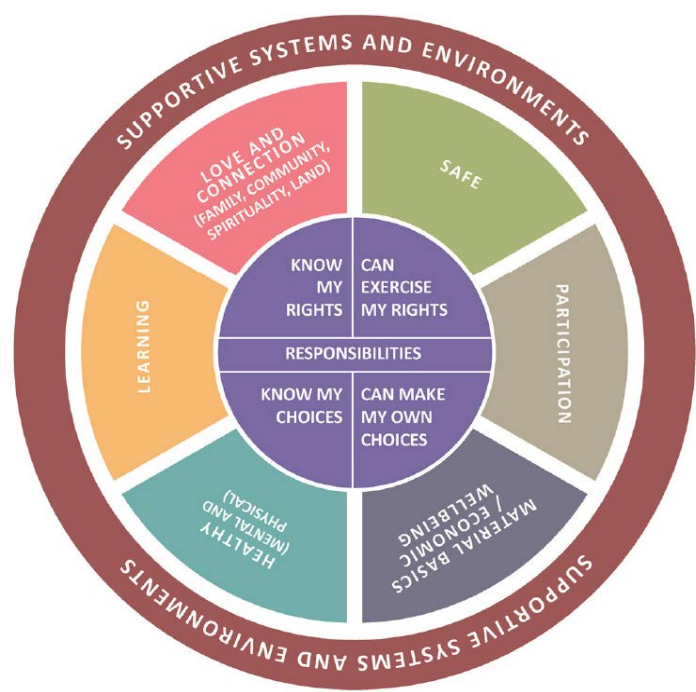
**Health:** Includes physical health and nutrition, as well as mental health and self-esteem. Mental health is a key aspect of what it means to be healthy.

**Material basics and economic wellbeing:** Includes the provision of food, safe and adequate shelter, money and other basic human needs. Includes the economic resources the person has available to support not only their material living conditions, but the control over these resources and conditions.

**Participation:** Includes having opportunities to have a voice and be involved as a citizen and in the community.

**Supportive systems and environments:** Sitting across all areas, is the presence and provision of supportive systems and environments which support an individual’s wellbeing.

DVSM’s Wellbeing Wheel



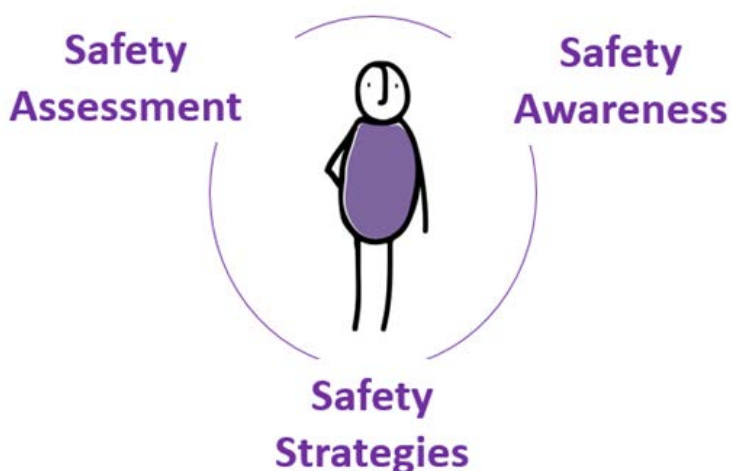
(Domestic Violence Service Management Practice Framework, 2018)

## Understanding the actions that people take to increase their safety – DFV Safety Trio

People experiencing DFV are already navigating their safety before they ever reach out for support (if they ever reach out). Consciously or unconsciously they are active in resisting the violence, managing risk and working to increase safety for themselves and others. They are constantly:

- Anticipating and self-assessing their safety and watching for changes in risk and forecasting risk.
- Building their safety awareness through information and experience.
- Inventing and implementing ways (tactics/strategies) to keep themselves and those they care about safe.

**DVSM's DFV Safety Trio**



These three interdependent components (a person's safety assessment, safety awareness and safety strategies) are the foundations of building personal safety and make up the DFV Safety Trio.

(Domestic Violence Service Management Practice Framework 2018)

# The role of social responders

It is not possible to have an understanding of the violence a person has experienced, their resistance and response to uphold their dignity and the actions they have taken to increase their safety without understanding the social context within which the violence has occurred (Coates & Wade 2007).

The term 'social responses'\* refers to the responses of others to individuals who are experiencing violence or to those using violence (i.e., victims, perpetrators, children). It could include family members, friends or people within institutions or organisations (i.e. police, judges, domestic violence workers, bank clerks etc.) it could be anyone. A social responder is any person who is knowingly or unknowingly responding to a person who has, or is experiencing violence.

The impulse to seek responses from others and provide response to others is basic to the human condition. The actions taken by a social responder and the quality of the social response received can have a positive or negative impact on a person's dignity, safety and wellbeing (Coates & Wade 2016; Wade 2014).

The actions of social responders irrespective of if they are intentional, unintentional or unknowing can play a critical role in either contributing to or undermining a person's safety. A positive social response upholds a person's dignity, supports a person's agency to have choice and explores their resistance and responses to violence in context.

\*For further information on social responses refer to: <http://www.insightexchange.net/our-social-response/>

*"The quality of social responses is probably the best single predictor of the level of victim distress"*  
(Coates & Wade 2016; Wade 2014).

People who experience violence respond physically, emotionally, mentally, socially, and spiritually to social responses.

## **Victim Responses to Social Responses**

People who experience violence who receive positive social responses:

- tend to recover more quickly and fully
- are more likely to engage and work with authorities
- are more likely to report violence in future.

People who experience violence who receive negative social responses are:

- less likely to engage and work with authorities
- less likely to disclose violence again
- more likely to receive diagnosis of mental disorder.

People who are marginalised and disadvantaged are more likely to receive negative social responses (Charuvastra & Cloitre 2008; Coates and Wade 2016; Wade 2014, 2016).

Therefore the actions of social responders are the third critical contributing factor to the safety and wellbeing of a person experiencing violence alongside the actions of the perpetrator and the experience, resistance and response of the person experiencing violence.

## Defining Safety in the context of Domestic and Family Violence

We require a broader definition of a person's safety when they are experiencing DFV if:

- DFV is defined as including a range of harms and threats from a perpetrator that are significantly broader than just physical and sexualised violence.
- A person's dignity has been affronted and a person's wellbeing is under threat from violence.
- The actions of social responders can have a positive or negative impact on a person's dignity, safety and wellbeing.

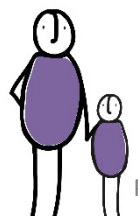
For the purpose of the concepts of safety project, DVSM has defined 'safety' as a state where a person experiencing DFV:

*"faces no actual or possible threat of harm to their dignity and wellbeing from the perpetrator of violence or from social responders".*

It is important to acknowledge that some people experiencing DFV may never be able to fully experience that they are 'safe' given the actual or possible threat they face may never cease. In recognition of this, the term 'increasing' safety has been used throughout this report in an attempt to make the language applicable to all people experiencing DFV with the acknowledgement that they may never be free from the threat of harm.

SECTION TWO

**SAFETY RESOURCE  
ANALYSIS CRITERIA,  
METHODOLOGY  
AND FINDINGS**



## Safety Resource Analysis Criteria

In assessing the resources collated for the concepts of safety project a set of analysis criteria has been developed. These criteria are underpinned by the concepts of safety that have been previously outlined which have been drawn, in part, from the ideas of dignity, responses, resistance and social responses outlined in 'Response Based Practice' (Coates & Wade 2016; Todd & Wade 2004; Wade 1997, 2002, 2007, 2014).

The analysis criteria includes a detailed description of:

- The abuse and the dynamics that influence a person's safety and wellbeing
- A Person Centred Approach



# Analysis Criteria: The abuse and the dynamics that influence a person’s safety and wellbeing

There are a breadth of different dynamics that need to be considered when thinking about a person’s safety and wellbeing. These dynamics are explored over the following pages and include:

- A person’s rights, responsibilities and choices
- People as unique individuals
- Place
- Time
- Relationship Status
- Violence Experienced
- Wellbeing
- Supportive/oppressive systems and environments

Those identified here are not specific risks that a person may face, rather they are broad areas that someone may consider when identifying the range of threats and harm that they may face.

## A person’s rights, responsibilities and choices

Every person is unique with their own experiences. People have rights and responsibilities. They respond to events and exercise choice. However, violence and coercive control limits people’s options.



## People as unique individuals

People have their own sense of what is important now and in the future. They may identify with, and belong to any number of communities. This will form the context within which a person understands and responds to DFV.

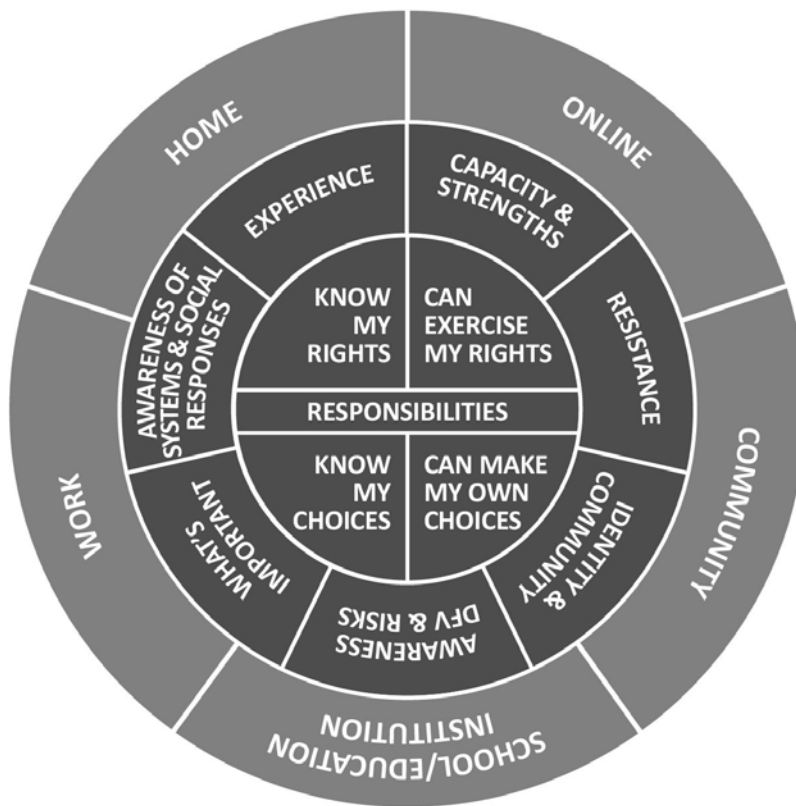
A person will resist and respond to the violence, discrimination and oppression in their own way despite the dangers and unpredictability. A person will consider the actual or possible response of others, including professionals, friends and family members. These responses will inform how or if a person reaches out to others.



## Place

Where a person is – at home, in school, online, on their mobile, at work, in the community – changes the risks they face and the responses they can expect to receive.

People anticipate and respond to threats wherever they go.

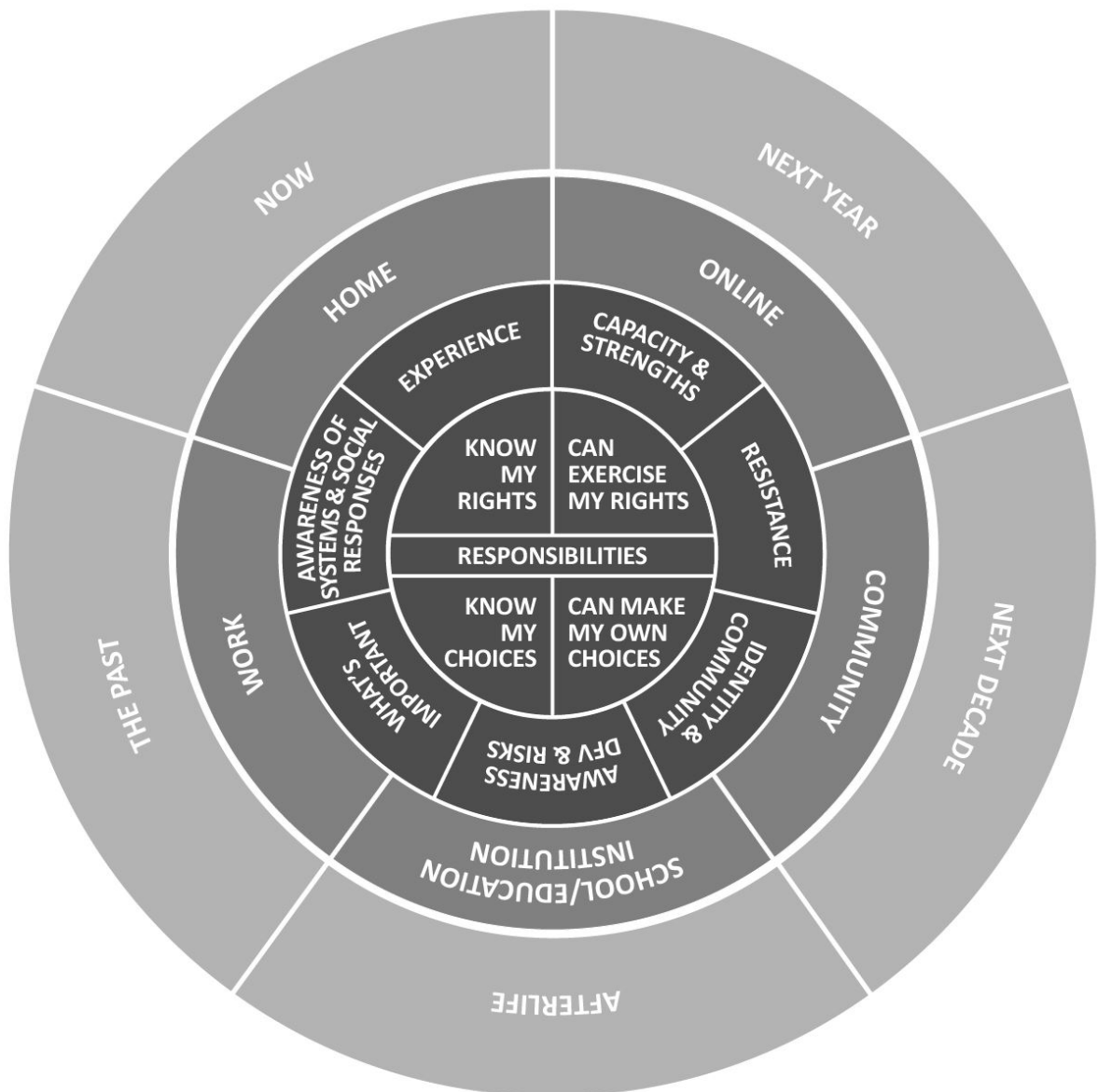


## Time

The risks a person faces change over time and can change rapidly. The violence they have experienced in the past might be similar or different to the current or future threats they face.

The importance a person places on the past, the present, the future and possibly the afterlife, can weigh in on how they see things and make decisions. Something that makes a person safe in the short term might make them less safe in the future.

These facts may be seen or unseen by others however they will be rational to that person.

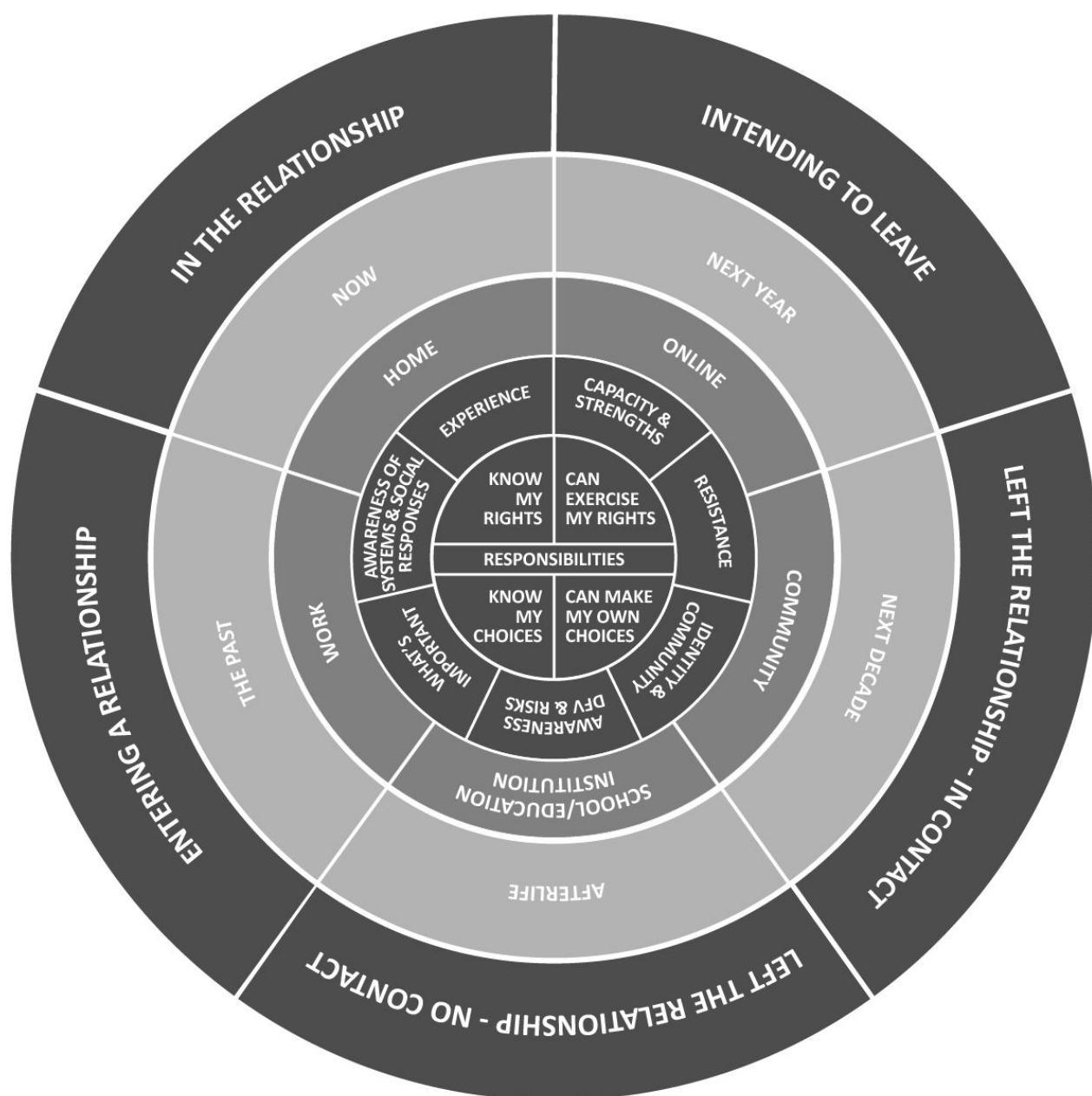


## Relationship Status

The status of a person's relationship matters. A person's relationship status with the person abusing them creates different levels of risk, threat and consequences for their dignity and wellbeing. A person might be entering a new relationship, in a relationship with no intention to leave, or planning to leave when they can. A person might have escaped but be threatened and forced back into contact with the person abusing them because of their children (or some other reason). A person might have no contact with the person abusing them but know they will (or may) be unsafe if found.

The person abusing them may change the nature of their behaviour rapidly, without warning, significantly changing the realities they face.

The person might be in relationships with more than one person who is committing violence against them.

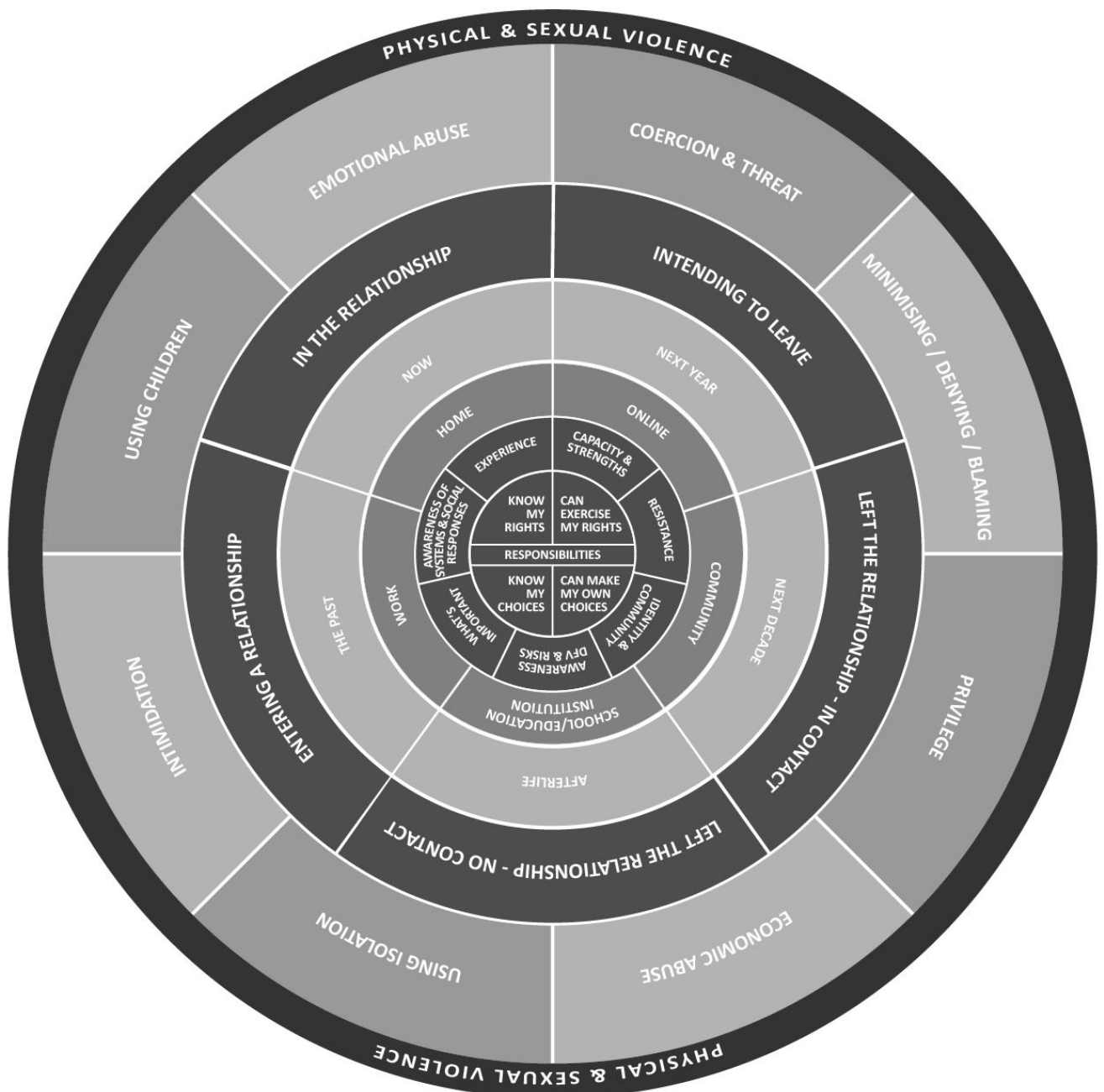


## Violence Experienced

Just as every person is unique, so too is the violence they experience. They may be threatened, intimidated or coerced into doing things against their will.

The person committing the abuse may isolate them from those they love and manipulate others against them. They may commit physical, verbal, emotional or sexualised abuse and they may threaten or abuse a person's children as a means to control them. They may steal, control or undermine their finances. They may try to use their beliefs and spirituality to control and isolate them.

The actions of the perpetrator may be similar to others but are also completely unique and specific to the person experiencing the violence and those who they love.





Wellbeing

The violence a person experiences undermines their wellbeing across many areas of their life.

**Responses:** The person using violence violates the victims’ rights, restricts their choices, and limits their capacity to act and put into force their own decisions.

**Safety:** Their safety is compromised.

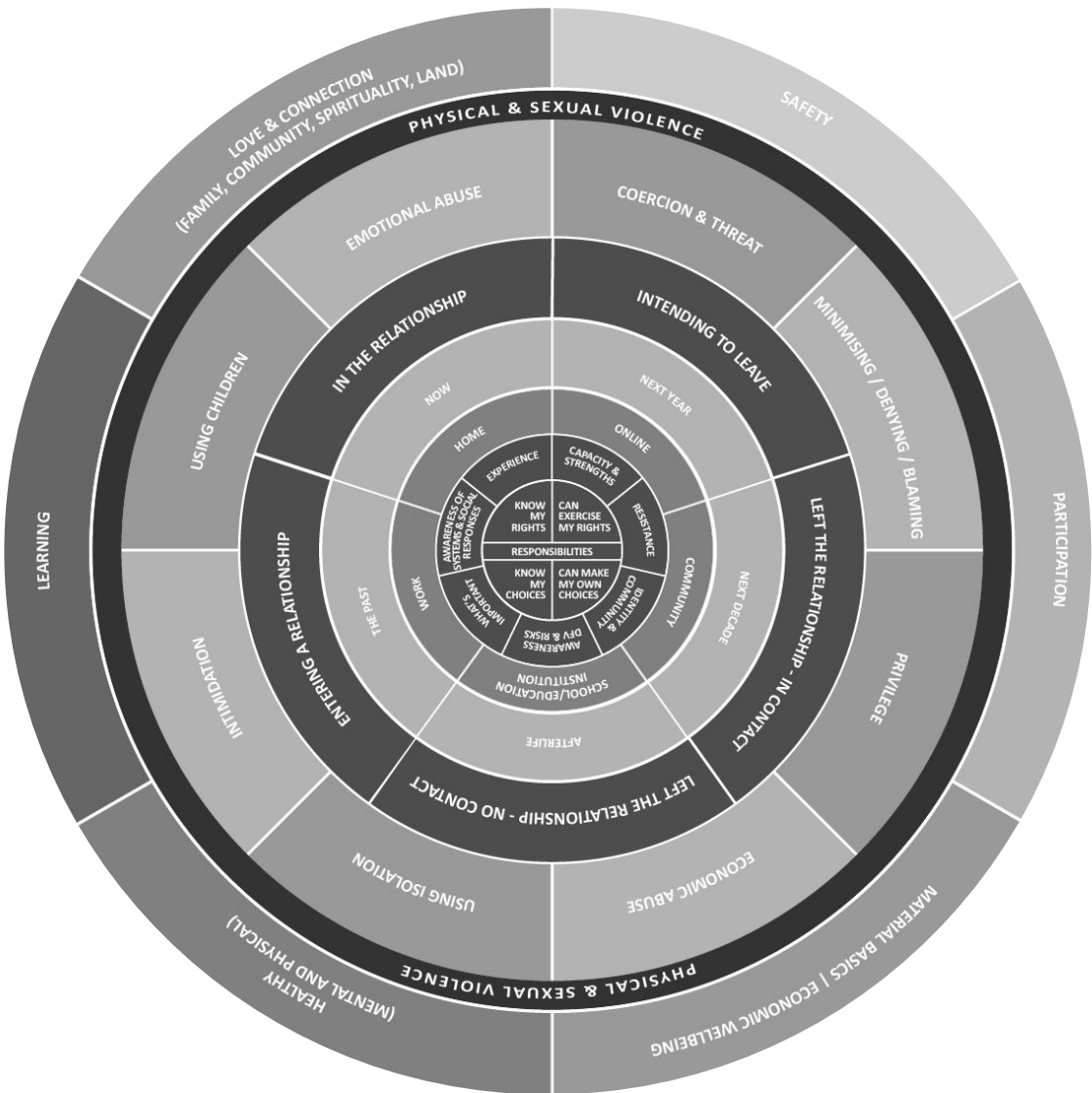
**Love and Connection:** Their family relationships, friends and connections with community, spiritual connection and connections to land may be under threat.

**Learning and Growth:** Because a person is forced to deal constantly with DFV, and possibly with negative responses from others, they may experience fatigue and isolation. Sometimes they may ignore or avoid activities that could help them learn and develop as a person because of the competing priorities related to the violence.

**Healthy:** A person’s body and mind can suffer from the violence and coercion. They can become physically unwell, fearful, desperate, lonely, sad, and angry. Although their despair is one form of resistance to the violence, they may be seen as “clinically depressed” or as having another disorder. Their feelings are ethical, emotional responses to violence.

**Material Basics and Economic Wellbeing:** The person using violence may try to suppress a victim’s resistance by limiting their access to material and economic basics, such as food, housing, clothing, money and a person’s financial assets. If a perpetrator can undermine the victim’s material and economic wellbeing, they are more able to use violence.

**Participation:** A person’s opportunity to participate, have a voice and be involved as a citizen and in the community may be limited.



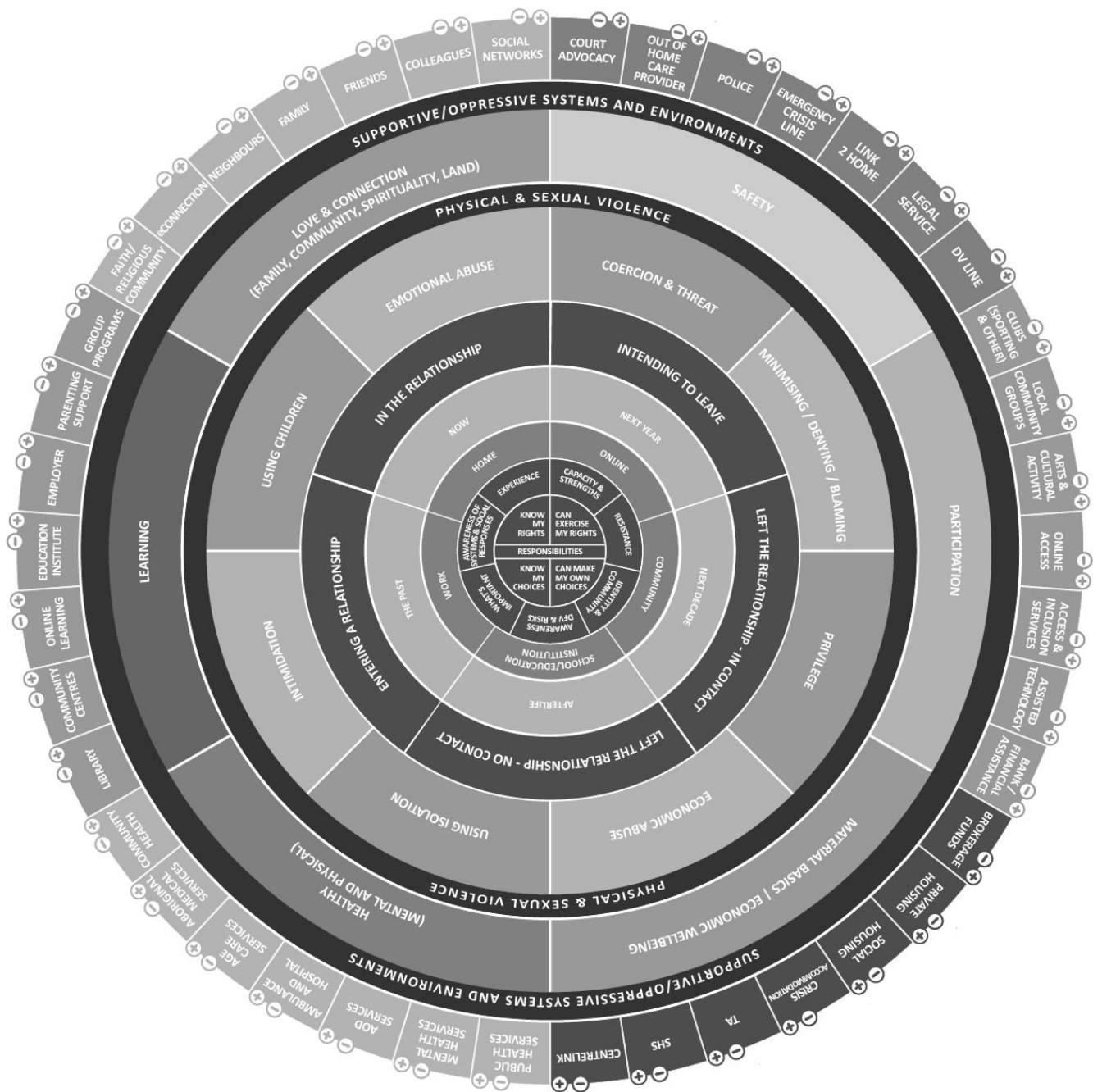
Supportive/oppressive systems and environments

A person may experience supportive and/or oppressive systems and environments. Their race, gender, sexuality, class, immigration status, ability, age etc. influences the circumstance of their life and the discrimination and oppression they may experience.

When a person faces multiple forms of discrimination, the perpetrator is empowered to use greater levels of violence and the victim is isolated from formal and informal support systems.

A person may receive both positive and negative social responses from others. The quality of the social response a person receives influences “if” and “how” they engage with social networks and services (Crenshaw 1991).

DVSM’s Safety Wheel





### **DVSM's Safety Wheel**

The Safety Wheel is a map of the world that a person experiencing DFV is navigating on a daily basis. It presents the breadth of dynamics that a person may need to take into consideration when responding to violence. It is complex. However, over-simplifying this complexity means that we lose sight of both the capability of the person experiencing violence and the challenges they face.

Without an adequate understanding of a person's wellbeing, experience, resistance and responses to violence may mean that any advice given or action taken by a responder may unintentionally or unknowingly increase the harm and threat that a person may face as a result of not fully understanding a person's situation and context.

For the purpose of this project we have limited our analysis of social responders to practitioners whose work intersects with people experiencing DFV. In general terms these are practitioners working in direct contact roles such as justice, health, education and social service organisations.

However it is important to note that in Australia in 2016, 65% of women experiencing violence from a current partner, sought advice or support from family and friends (Australian Institute of Health and Welfare 2018). So while Practitioners undoubtedly play a critical role; it is family and friends who are the most significant sized group of social responders.

## **A Person Centred Approach**

While the role of a practitioner carries potential positive contributions, it also carries potential risks or threats particularly when practitioners intentionally, unintentionally or unconsciously make decisions 'for' or 'without' the consent of the person experiencing violence.

A practitioner cannot 'ensure' the safety of the person they work with, as 'safety' is ensured when the violence stops. However if a practitioner works with people in a way that upholds their dignity, is informing, empowering and enduring then they are doing all they can to support a person to increase their safety and wellbeing, whilst also fulfilling their duty of care as a practitioner.

DVSM understands working in this way as being 'person centred' (refer to appendix 5 for the DVSM Practice Framework 2018 explanation of a person centred approach).

The following analysis criteria outlines a person centred approach to safety in practice:

**The Person - their wellbeing:** Is the practitioner focused on hearing a person's story and understanding their sense of wellbeing?

**Unique experience:** Is the practitioner prompted to hear a person's story as a unique experience of violence and resistance that may be similar to others but unlike no-one else's?

**Whole of person wellbeing:** Is the practitioner considering safety from a whole of wellbeing perspective?

**Safety Trio:** Is the practitioner prompted to recognise that the person experiencing DFV has already been navigating safety before they have sought help? They are already aware of many risks they face, are assessing their safety and developing strategies (ways) to increase their safety.

**The Process - what is useful and relevant:** Does the process give structure for purposeful conversations with the aim of restoring power and control to the individual enabling their agency?

**Is the process informing:** Are practitioners offering new information or increasing an individual's awareness about DFV, risks to their personal safety and wellbeing and ways to enhance their safety and wellbeing?

**Is the process empowering:** Are practitioners working in a way that supports a person to have power and control over their life, enabling them to exercise options and make informed decisions about their lives and set their own goals?

**Potential – a person’s direction and hopes:** Are practitioners listening for and exploring people’s hopes for and directions for the future?

**Self – Professional and interpersonal practice:** Is the practitioner aware of personal attitudes, behaviours and responses to enhance objectivity and to uphold dignity?

- Is the practitioner working in a way that upholds a person’s dignity and choice?
- How well is the practitioner at managing personal agenda, objectivity and how they use practice experience?
- How well is the practitioner balancing the person’s agency and our duty of care?

## Scoping

A scoping process was undertaken that identified and collated various safety resources for people experiencing DFV that were being used in Australia and internationally. In total 37 resources were collated from Australia, the United States of America and Canada. This number is by no means an exhaustive search. However it was at this point that although additional tools were still being identified, they had become increasingly repetitive in their content. This number selected also represented the limitation of resources available for this project.

The scoping process consisted of the following activities:

Identification of the various sectors whose work would likely intersect with people experiencing DFV. These included those working in the DFV sector, family law, youth services, child protection, homelessness, mental health services, disability services, relationship services as well as those working with Indigenous and other marginalised communities.

Online searches were conducted within the identified sectors for resources that aimed to support:

- Safety assessment
- Safety awareness
- Safety strategies (or safety planning).

## Resource Types

The resources identified were organised according to type and target audience. These included:

A: Safety Assessments - These resources aimed to support people to assess the risk faced from a perpetrator of violence.

P: Safety Planning - These resources aimed to support to develop safety plans and strategies that increase people's safety and wellbeing.

G: Guides - These resources provided information about DFV that aimed to increase a person's awareness about the dynamics that can influence safety and wellbeing.

F: Frameworks - Included a combination of resources that aimed to do some or all of the above: Assess safety, develop safety plans or strategies (or plans for managing risk) and raise people's awareness.

## Resource Target Audience

Resources collated were written for one or more of the following audiences:

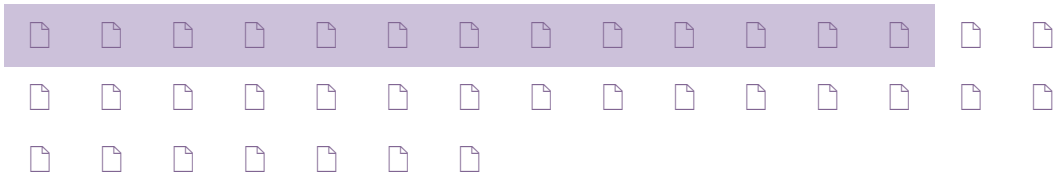
V: People experiencing DFV

P: Practitioners working with people experiencing DFV

It is important to note that the vast majority of resources targeted either people experiencing violence or practitioners who work with people experiencing DFV. Although some resources did provide some limited information for bystanders such as family and friends this was generally as an 'add on' to resources that were targeted at people experiencing violence.

Analysis

From the 37 resources originally collected in the scoping stage, a total of 13 resources were analysed as part of the concepts of safety project.



The 13 resources were selected from the 37 because they represent a broad sample of the information collated. The resources were selected for analysis because they were either:

- Readily accessible in the Australian context. This was determined via Key Word Searches which included – ‘Domestic Violence’, ‘Domestic and Family Violence’, ‘Domestic Violence + Safety plan’, ‘Domestic Violence + Risk’, and/or;
- Widely in use. These resources included those whose use was either mandated/encouraged by government, or their use had gained significant application across responding services, and/or;
- Widely referenced (in publications and research), and/or;
- Notable in the manner in which they explored the concepts of safety in the context of DFV.

The 13 resources selected for analysis are in no way representative of all existing resources, instead those selected provide a snapshot of the information that is readily available to support the safety of a person experiencing DFV and/or the practitioners or bystanders who are responding to them. Whether a resource was included or excluded from the analysis is in no way an endorsement or rejection of the information included. Refer to Appendix 2 for a list of the 13 resources analysed and Appendix 3 for the full list of 37 resources collated.

Analysis Questions

The analysis criteria (outlined earlier) informed the development of a set of analysis questions which were used to identify if a resource addressed specific aspects of the analysis criteria. For each of the questions the various resources were marked as:

- Y: Indicated the resource did address the analysis question
- N: Indicated the resource did not address the analysis question
- S: Indicated the resource somewhat addressed the analysis question.

Refer to Appendix 1 for the analysis Matrix which includes the list of resources scoped, resources analysed, a list of analysis questions and how each resource addressed the relevant criteria.

Limitations

The findings of this project are limited to some extent by a number of factors:

- The review of resources is limited to the information publicly available and easily obtained. DVSM recognises that additional supporting materials or guides may exist (but not publicly available) for the resources included in this project, and that these related guides may be designed to support either people experiencing DFV or practitioners supporting them to increase a person’s safety and wellbeing.
- The analysis process did not take into consideration how practitioners may adapt their use of a particular resource based on their knowledge, skills, training and experience of working with people experiencing DFV.
- The resources included could best be described as ‘mainstream resources’ and did not include those targeted for specific population groups such as Aboriginal and Torres Strait Islander peoples, people from the LGBTI community, people living with a disability or people from culturally and linguistically diverse communities.

Despite these limitations the sample provides a useful basis for understanding the extent to which the resources that are widely available and widely used are able to support a person who is experiencing DFV to increase their safety and wellbeing.

## Resource Analysis Findings

The findings from the analysis of the various safety resources have been grouped in accordance with how they relate to:

- The actions of the perpetrator of violence
- A person's experience, resistance and responses to violence
- The role of social responders.

Legend:

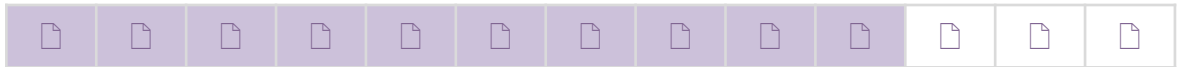


Represents that the resource does not include the analysis item described



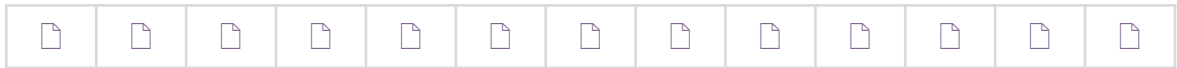
Represents that the resource does include the analysis item described

**Definitions of Domestic and Family Violence:** Almost all of the resources analysed for the project provided a generally detailed and concise definition of what constitutes DFV. Although definitions varied slightly across the various resources, they all indicated that DFV was broader than physical and sexual violence and generally included behaviours including emotional abuse, stalking, coercion and threats, use of privilege and other forms of coercive control.

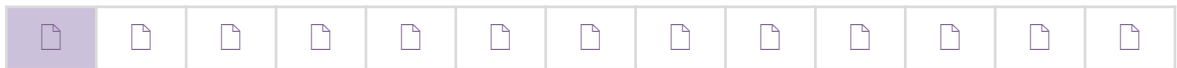


The three resources that did not provide a definition of DFV were the three risk assessment tools that were analysed. It is however important to note that these tools are designed specifically to identity the risk of severe physical harm or death.

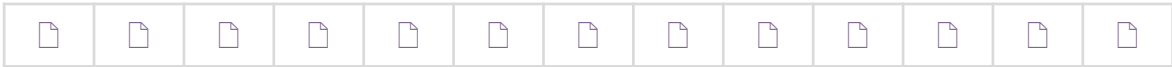
**Known lethality Risk Factors of the Perpetrators Actions:** All of the resources that were developed for practitioners provided a breadth of information about the known lethality risk factors of the actions of the perpetrators. There was some variation on the specific actions of the perpetrator across the various tools that were analysed.



None of the resources developed for people experiencing DFV provided detailed information that would inform them of the types of violence that would indicate that they were at an increased risk of severe injury or death.

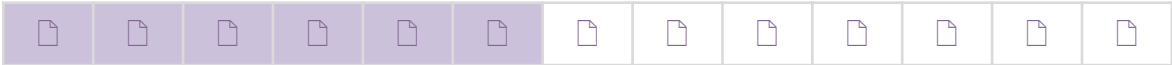


One resource provided limited information about the possible future risks associated with leaving the perpetrator of violence and some of the risks associated with stalking.



**Definition of Wellbeing:** Of the 13 resources analysed, no resource included a clearly articulated definition of what they meant by wellbeing. One resource did however include a brief single sentence overview of some of the areas that they identified as being part of a person’s wellbeing.

**The term ‘wellbeing’** however was used extensively across many of the resources analysed. When we look at each of the areas of a person’s wellbeing we find that:

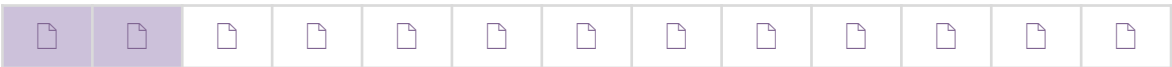


**Rights Responsibilities & choices:** All six of the resources developed for people experiencing DFV include information that supports a person to understand some of their rights. However the breadth and depth of information about a person’s rights varied greatly. The majority of information provided focused on a person’s rights to access support in order to stay ‘safe’ from a perpetrator. In many of the resources there was little or no information about what a person’s rights are in relation to their engagement with various services, or where this information could be found. The notion of a person’s responsibilities was generally explored through quite a narrow focus in regards to parenting responsibilities. The concept of choice was not widely explored through these resources.

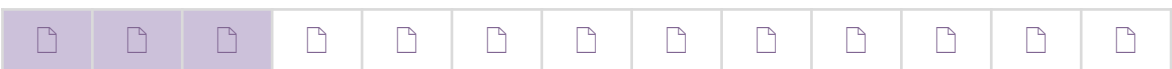


Only two of the eight resources that were aimed at practitioners provided any significant information about the rights of a person experiencing violence.

**Love and connection, physical and mental health, material basics and economic wellbeing:** More than half of all the resources aimed at both practitioners and people experiencing violence provided information aimed at supporting these areas of a person’s wellbeing.



**Learning and Participation:** Of the 13 resources analysed only two included information that aimed at supporting a person’s learning and personal development.



Only three included information that aimed to support a person’s participation as a citizen and in the community.



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**Definition of Dignity:** None of the resources analysed included a definition or explanation of the concept of dignity. Dignity as a term rarely featured throughout any of the resources analysed.

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**Definition of Safety:** None of the 13 resources analysed included a specific definition of the term safety.

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One of the resources did however explicitly state that safety was broader than physical safety and needed to include the consequences of any possible actions of practitioners.

*Understanding "safety" as something more than protection from assault, we need to get beyond "danger", look at a broader range of risks, evaluate their seriousness, and weight the real consequences of any possible courses of action we might propose to the victim. (McGrath & et al., 2017)*

The term ‘safe’ in its various forms was one of the most used terms throughout all of the resources analysed.

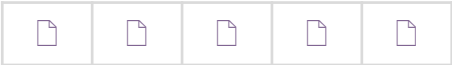
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**Resistance and Response to Violence:** Of the 13 resources that were reviewed for this project, only two included information about the concept of a person’s resistance and responses to violence, both of these resources were aimed at practitioners.

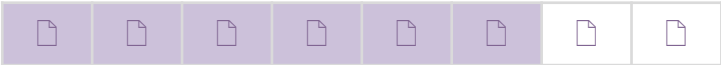
**People as Unique Individuals:** The extent to which a resource recognised the unique nature of a person’s experience and resistance to violence varied greatly. Those resources that were aimed at people experiencing violence generally included more information about this than those aimed at practitioners. However two of the frameworks reviewed for this project provided significant information about the importance of recognising people as unique individuals and how this related to their experience of DFV.

**People from Communities who experience discrimination and oppression:** The majority of resources analysed did not explore in any significant detail the extent to which certain communities (Aboriginal and Torres Strait Islander, People Living with a Disability, Culturally and Linguistically Diverse and Lesbian, Gay, Bisexual, Transgender, and Intersex) experience discrimination and oppression; the ways and means through which these communities resist and respond to this discrimination and oppression; and the importance of creating a safe environment that would support people experiencing violence to engage with these services. It is important to note that each of the state based frameworks that were analysed did make some attempt at exploring these issues. With two of the frameworks doing so in a fairly thorough and detailed manner.

The language used in resources often failed to clarify that it is the action of services that is responsible for either fostering or deterring engagement of individuals and communities. One such term commonly used was ‘barriers to accessing services’. This language is unclear as to where the responsibility for the ‘barrier’ lies and ‘who’ needs to change to remove these ‘barriers’.



**Known lethality risk factors of victims:** None of the five resources analysed that were aimed at people experiencing violence provided information about the known lethality risk factors of a person that meant that they may be at an increased risk of severe injury or death from the perpetrator of violence.



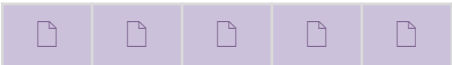
In contrast six of the eight resources aimed at practitioners included significant amounts of detail as to the risk factors of the person experiencing DFV.

**The rapidly changing dynamics of violence**

**Time Dynamics:** The majority of resources analysed for people experiencing DFV and practitioners were designed to support a person to address their immediate and future short term safety needs. Only those tools that were aimed at practitioners included information that may help a person to understand what past behaviours indicated an increased risk of future severe injury or death. There was very little information that supported both practitioners and people experiencing DFV to think about the implications of decisions made for their medium and long term future safety and wellbeing.



None of the resources analysed acknowledged that people may make decisions according to their belief in an ‘afterlife’ that may influence the decisions people make about their safety during the present.

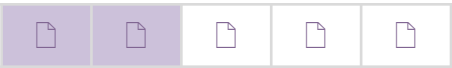


**Place Dynamics:** All of the resources aimed at people experiencing DFV provided a range of information to support people to increase their safety at various locations including at home, at work, in the community and online.

The resources aimed at practitioners, either provided information about risks at a range of different locations, or provided information that did not focus on a particular location. For those resources that did not specify particular locations this was interpreted as an awareness of the dynamic nature of risk, reflecting that risk can change depending on where a person is.

**Relationship Dynamics:** The majority of resources provided information that indicated that the nature of a person’s relationship can change the dynamics of risks that a person may face, in particular the increased threat during or in the months after a person has left a relationship.

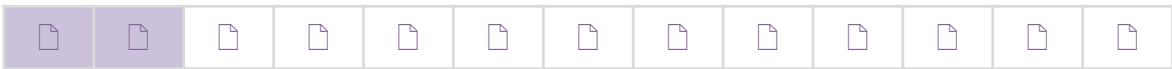
A number of the resources could be interpreted as implying that leaving a relationship was either likely or the best action to take. Although not explicitly stated, the manner in which information was presented could be interpreted in this manner, i.e. information about staying safe was generally provided in the following format and order: staying safe in the relationship; staying safe when leaving; staying safe having left a relationship.



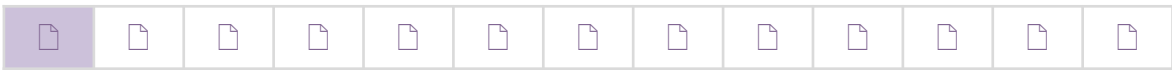
**Awareness of Social Responses:** Of the five resources analysed that were aimed at people experiencing DFV, only two explicitly identified that people may experience a response that can have a negative impact on their safety and wellbeing.



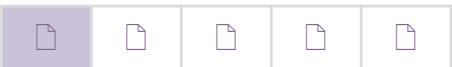
Of the resources aimed at practitioners around half of these resources identified that social responses were important, however the majority these did not explore the concept of social responses and how they impact on a person’s dignity, safety, and wellbeing in any depth.



The majority of the resources analysed, except for two resources, implied that people who sought help would experience a positive social response.



Only one resource emphasised the fact that any action taken by a practitioner could lead to either an increase or decrease in a person’s safety and wellbeing.



Of the five resources analysed for people experiencing DFV only one provided any detailed information that would increase the awareness of a person to navigate social responses. This resource included information aimed at supporting people to engage with the police and the legal system in an informed manner. It also included information to better prepare people for what it would be like to enter a DFV refuge/shelter or support group. The other four resources reviewed provided no information that would raise the awareness of the possible harms and threats a person may face when engaging with support services.

# Person Centred Approach to Working with People Experiencing DFV

The findings included in this section of the report relate exclusively to the resources that aimed at communicating to practitioners.



**Focus on the Person:** Of the eight resources reviewed, four resources prompted the practitioner to understand a person’s experience of violence as being unique.



However only two of these resources prompted the practitioner to recognise that a person will resist and respond to violence.



Only one of the eight resources reviewed prompted the practitioner to understand safety from a whole of wellbeing perspective.

*“Like battered victims, we then need to conduct a thorough analysis of the complex package of physical, legal, economic, familial, social, and emotional risks faced by the victim, and by those she/he feel bound to protect. This set of concerns extends well beyond traditional definitions of "safety".” (McGrath & et al., 2017)*



In addition only two of the resources prompted the practitioner to recognise that the person experiencing DFV is already aware of risks, assessing their own safety and actively developing strategies to stay safe before they have come into contact with a service.



**The Process:** Only one of the eight resources explicitly prompted the practitioner to offer new information to increase a person’s awareness about risk in order to support their safety assessment and the development of safety strategies.



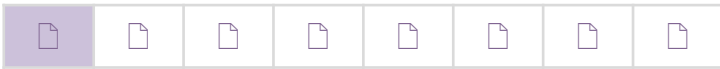
Only one of the eight resources explicitly prompted the practitioner to work with a person experiencing DFV in a way that supports them to have power and control over their life and to make choices that supports them to reach their own goals for their safety and wellbeing.



**Potential:** Only one of the eight resources explicitly prompted the practitioner to listen for and explore a person’s hopes and directions for the future.



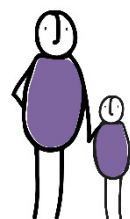
**Self:** Two of the eight resources analysed prompted the practitioner to be aware that they were supporting people to have dignity and choice in the decisions they were making about their safety and wellbeing.



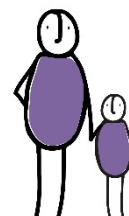
Only one of the eight resources analysed prompted the practitioner to be aware of their own agenda and to maintain their objectivity when engaging with people experiencing DFV.



While five of the eight resources provided information that detailed the practitioner’s duty of care obligations in relation to their engagement with people experiencing DFV.



SECTION THREE  
**CONCLUSION AND  
LOOKING AHEAD**



When examining the findings for this project a number of things start to become evident.

**When looking at the actions of the perpetrator**, the resources analysed are in broad agreement about what constitutes DFV and the behaviours that constitute an increased risk of severe injury or death for a person experiencing DFV.

**When looking at a person experiencing, resisting and responding to violence**, the terms ‘safety’ and ‘wellbeing’ are widely used but are poorly defined. If we understand being safe as being more than being physically safe, and including all aspects of wellbeing (Agency, Safe, Love and Connections to family, community, spirituality, land, Learning, Mental and physical health, Material Basics and Economic Wellbeing, and Participation), then a closer analysis of these concepts reveals that the majority of resources focus on physical and mental harm and to a lesser extent on the threat to connections with family and friends and a person’s material and economic wellbeing.

The notion that people experiencing violence are active agents with rights and responsibilities who are constantly making choices in order to maintain their dignity and to increase their safety and wellbeing is largely under explored or missing from the majority of resources reviewed for this project.

**When looking at the role of social responders**, the concept of a ‘social response’ is also largely un-explored. The idea that any advice given and/or action by a social responder may either increase or decrease a person’s safety and wellbeing was not communicated nor was the idea that people anticipate and respond to social responses.

**Generally in the resources analysed, practitioners are told:**

- That DFV includes a range of behaviours that includes physical and sexual violence, emotional abuse, financial abuse, isolation and other forms of coercive control.
- There are a very specific set of perpetrator behaviours that mean a person is at increased threat of severe injury or death.
- There are a set of specific known lethality risk factors of a person experiencing abuse that mean they are at increased threat of severe injury or death.
- They have a duty of care to act if a person faces elevated levels of risk of severe injury or death, and when they can override a person’s consent to act on mitigating this risk.

**Generally in the resources analysed, practitioners are not told:**

- What safety means in the context of a person experiencing DFV.
- That people are constantly resisting abuse, assessing the risks they face and developing and utilising strategies to increase their safety and wellbeing and to maintain their dignity, and that they are doing this before they ever reach out to a support service.
- The breadth and complexity of the dynamics that a person experiencing DFV is navigating on a daily basis in order to stay safe.
- The possible threat or harm a person faces when a practitioner makes decisions for or without a person’s consent.

- How to work with people in a person centred way that upholds their dignity and increases their safety and wellbeing.
- How to work in a way that creates an environment that enables people from discriminated and oppressed communities to access support services safely.

**Generally in the resources analysed, people experiencing violence are told:**

- That DFV includes a range of behaviours that include physical and sexual violence, emotional abuse, financial abuse, isolation and other forms of coercive control.
- Some information about how DFV can impact their safety and wellbeing.
- That if they experience DFV that they should engage support services and that this will increase their safety and wellbeing.
- Things they could do in order to develop a safety plan for a range of specific locations and scenarios.

**Generally in the resources analysed, people experiencing violence are not told:**

- There are a very specific set of perpetrator behaviours that may mean they are at increased threat of severe injury or death.
- The known lethality risk factors of a person that may mean that they are at increased threat of severe injury or death.
- Of the possible threat or harm they may face when they engage with a support service.
- That if they identify as Aboriginal or Torres Strait Islander, Lesbian, Gay, Bisexual, Transgender, or Intersex, are a person living with a disability, are from a culturally and linguistically diverse background that they are more likely to experience a negative social response than people from 'mainstream' communities.
- Where to find out about what to expect when they engage a support service, how to access information that can help people to know their rights and to make informed choices.

**The majority of resources analysed do not provide practitioners with an understanding of the dynamics that a person may need to take into consideration when responding to a person experiencing violence. Neither do they raise their awareness that a person is already actively resisting violence, anticipating and self-assessing their risk, building their safety awareness and implementing ways to increase their safety before they reach out for support.**

**Instead, resources tended to have a much narrower emphasis on the risks of severe injury or death that a person experiencing violence may face; and the practitioner's duty of care to act in order to mitigate those risks. However, if practitioners are not conscious of their role as social responders; and without an adequate understanding of a person's experience, resistance and responses to violence then any action taken by a practitioner may unintentionally or unknowingly increase the harm and threat that a person may face.**



The concepts of safety project originally set out to answer the question ‘how can we increase safety for people experiencing Domestic and Family Violence?’. Through the course of this project we have come to understand that as practitioners we are not in a position to increase a person’s safety. Instead, the project has enabled DVSM to better understand the world that a person experiencing DFV is navigating on a daily basis. It has helped us realise that by oversimplifying the complexity of the dynamics that people are navigating on a daily basis, we lose sight of both the capability of the person experiencing violence and the challenges they face.

The project has distilled the fact that while the role of a practitioner carries potential positive contributions, it also carries potential risks or harm, particularly when practitioners intentionally, unintentionally or unknowingly make decisions ‘for’ or ‘without’ the person experiencing violence.

This has confirmed that it is critical that the tools, resources, guides and frameworks that aim to support practitioners in their response to people experiencing DFV be underpinned by person centred practice that supports practitioners to:

- explore peoples resistance and responses to violence
- work in a manner that upholds a person’s dignity
- work in a way that is focused on the whole of a person’s wellbeing and the directions they seek to take in their lives
- use processes that are empowering and support a person’s agency
- be conscious of the role they play as a social responder.

# Looking ahead

The Concepts of Safety project has resulted in DVSM asking ourselves a new question: *How can we work with people in a way that upholds their dignity and supports them to:*

- *increase their safety awareness?*
- *anticipate and self-assess the harms or threats they face?*
- *build on the strategies they use to increase their safety and wellbeing?*

DVSM has taken the learning from this project to inform the development of our practice that guides our work with people experiencing DFV in a way that upholds their dignity and supports people to increase their safety and wellbeing.

The concepts of safety project has informed the development of the following resources within DVSM:

**DVSM Practice Framework:** The Practice Framework sets out 'how we do things around here' and underpins service delivery policies, practice guides and tools. The framework aims to support staff to explore people's resistance and responses to violence in their efforts to uphold their dignity. It aims to support staff to work in a manner that upholds a person's dignity; is focused on supporting a person's choice and the directions they seek to take in their lives; to use processes that are empowering and support a person's agency; and is conscious of the role we play as a practitioner in our social response. Refer to Appendix 5 for the DVSM Practice Framework.

**Conversational Tools/Cards:** These resources facilitate structured and/or visual ways for practitioners to shape their conversations and case management supports in alignment with the Practice Framework. Refer to Appendix 6 for the DVSM Conversation Cards.

**Benefits/Risk Framework:** The framework is a tool to support decision making in the face of complex, significant and escalating circumstances. The tool provides a way to:

- Explore the benefits of a goal/decision that a person is seeking to make in context of their life and situation.
- See the potential harm/threat a person may face drawn from their existing awareness and lived experience and also from what we know more broadly about patterns and indicators of risk.
- Explore strategies (rather than point in time plans) in order to have more flexible means of responses and resistance to violence in the face of changing risk and circumstances.
- Supports the decision making by people experiencing violence, exploring decisions made 'on balance' from a fuller picture of what is happening, whilst also ensuring practitioners are clear about where their role stops and starts in fulfilling our duty of care.

Refer to Appendix 7 for the Benefits/Risk Framework.

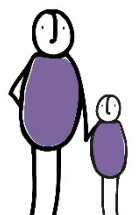
**Using Safety/Risk Assessment Tools:** DVSM has concluded it will use safety and risk assessment tools on a **fit for purpose** basis, as part of the Benefit/Risk Framework conversation, to inform how we work with a person. We use these tools in a way that builds on our efforts to create just, effective, dignified responses.

We use the information and guidance in the tools to build on the person's existing safety awareness and their own safety assessment and strategies already in place. We acknowledge that actuarial safety/risk assessment tools, whilst important and useful, are only reflective of a portion of a person's life context, and can only hold a point in time picture. **Ultimately, all forms and levels of violence are unacceptable, significant and warrant the offer of our service support.**

[Categorisation of information and resources](#) for the public and for clients on DVSM's website against the wellbeing domains.

**Follow My Lead:** Follow My Lead is a resource that echoes the voice of people with lived experience of DFV who wish the professionals and their social networks were more prepared to respond effectively. More prepared to respond in ways that upholds dignity and build on safety. The resource is for any person who may at some point be listening to and responding to their friends, family members, colleagues, peers, or to the people who use their service, who are experiencing DFV. The resource may also have benefits for people who are:

- thinking about their own relationships, safety and their experience of DFV
- seeking support about their own lived (or live) experience of DFV
- working as a service responder to people experiencing DFV.



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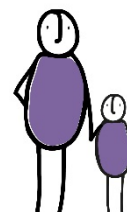
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SECTION FOUR

**APPENDIX AND  
RELATED RESOURCES**



## Appendix

- **Appendix 1: Analysis Matrix**
- **Appendix 2: Resources Analysed**
- **Appendix 3: Resources Collated**
- **Appendix 4: Resources Collated – Links to Resource**
- **Appendix 5: DVSM Practice Framework**
- **Appendix 6: DVSM Conversation Tool**
- **Appendix 7: DVSM Conversation Card – Benefit/Risk Framework**

# Appendix 1: Analysis Matrix



Target Group P = Practitioner V = Victim (person experiencing violence) Tool Type F = State Framework, A = Assessment, G = Guide, P = Safety Plan Safety Tool Reference Number:							P	P	P	P	P	P	P	P	P	P
							G	A	A	A	F	F	F	F	F	F
							6	7	8	9	10	11	11.1	11.2	11.3	12
Does the safety proces...																
Category	Criteria	Specific questions														
		Factors that impact on a persons safety														
Concepts of Safety		define or explain concepts of safety, DFV, wellbeing and dignity in the context of DFV?														
	Safety Definition	Include a definition or explanation of safety in the context of DFV?														
	DFV Definition	include a definition or explanation of DFV?	Y	Y	Y	Y	Y	Y								
	Wellbeing Definition	Include a definition or explanation of Wellbeing?														
	Dignity Definition	Include a definition or explanation of Dignity?														
Oppressed communities		recognise a person's identity and social location and how this intersects with the DFV they are experiencing?														
	Indigenous	Recognise the ongoing experience of colonisation, racism and oppression experienced by Indigenous Australians?	S			S							S		Y	Y
		Recognise the ways and means through which Indigenous Australians respond to and resist the social responses they experience?	S												S	
		Recognise the importance of culturally safe environment to enable meaningful engagement with indigenous Australians?	S			S				S			S		Y	Y
	People Living with a Disability (PLWD)	Recognise the ongoing experience of marginalisation, discrimination and oppression experienced by PLWD?	S	Y		S	S						Y		S	Y
		Recognise the ways and means through which PLWD respond and resist the social responses they experience?														
		Recognise the importance of a safe and accessible environment to enable meaningful engagement with PLWD?				S				S					Y	Y
	Culturally and Linguistically Diverse (CALD) Communities	Recognise the ongoing experience of marginalisation, racism and oppression experienced by people from CALD Communities?		Y			S								S	Y
		Recognise the ways and means through which people from CALD communities respond and resist the social response they experience?													S	Y
		Recognise the importance of culturally safe environment to enable meaningful engagement of people from CALD Communities?				Y	S	S		S			S		Y	Y
	Lesbian, Gay, Bisexual, Transgender, Intersex & Questioning (LGBTIQ)	Recognise the ongoing experience of marginalisation, discrimination and oppression experienced by LGBTIQ Australians?														
			Y				S	Y					Y		Y	Y
		Recognise the ways and means through which LGBTIQ Australians respond and resist the social response they experience?														
		Recognise the importance of culturally safe environment to enable meaningful engagement with LGBTIQ Australians?	S			S		Y					S		Y	Y
People as Unique Individuals																
	Experience of violence	recognise that every persons experience of violence is unique?		Y		Y									Y	Y
	Resistance and response to violence	recognise that a person will resist and respond to violence in their own way despite the dangers and unpredictability.														
	Identity/s and community/s	recognise that a person may identity with, and belong to any number of communities.	Y	Y		Y						S			Y	
	Awareness of DFV & Risk	recognise that a person's identity and community/ies will inform the context within which a person understands, responds and experiences DFV?	Y	Y		Y	Y			Y	S		S		Y	Y
	Capacity and strengths	recognise that a persons has their own unique strengths and abilities?		Y			Y	Y	Y	Y					Y	Y
	Whats important to them	recognise that every person will have their own sense of what is important to them now and in the future?		Y		Y	Y	Y	Y	Y						
	Awareness of social responses	recognise that a person will always be aware of the actual or possible response of others, including professionals, friends and family members. These responses will inform how or if a person reaches out to others.	S	Y		S	Y			Y		S	S	S	Y	S
Place		People anticipate and respond to threats where ever they go.														
	Home	support a person to increase their safety while at home?	Y	Y		Y	Y	Y	S	Y					Y	Y
	Work	support a person to increase their safety while travelling to/from and while at work?	S			Y	Y	Y	Y	Y						
	Community	support a person to increase their safety in the community?				Y		Y							S	
	School/educational institute	support a person to increase their safety while travelling to/from and being at school?				Y										
	Online/digital	support a person to increase their safety online?	Y			Y	Y	Y	Y	S					S	S
Time		Risk factors can change over time and can change rapidly.														
	Past	recognise that violence experienced in the past may or may not be a predictor for future risk?								Y	Y	Y	Y	Y	Y	Y
	Present	Support a person to increase their immediate safety?	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y
	Future	Support a person to consider how actions they take now may increase or decrease the threats they may face in the future?	S	S	S	S	S	S	S	Y			Y	Y	Y	Y
	Afterlife	Recognise that a persons faith or spiritual beliefs in an 'afterlife' may impact on the decisions they make about their safety?								Y				S	S	S
Relationship Risk Dynamic		The status of a person's relationship can affect the risks they face.														
	Relationship Status	support a person to recognise that the harm and threat a person may face may increase or decrease depending on their relationship status with the person abusing them (e.g. entering a relationship, in the relationship, intending to leave, left relationship still in contact, left relationship no contact)?	S				Y			Y			S		S	
	leaving/left the relationship	Support a person to recognise that the risk and severity of violence can increase when leaving and shortly after seperation?	Y			Y	Y	Y		Y	Y		Y	Y	Y	Y
Violence Experienced		The violence a forms of coercive control a person experiences is unique.														
	Emotional Abuse	ask if the perpetrator ever verbally or emotionally abused the victim?	Y	Y	Y	Y	Y	Y	Y	Y					Y	Y
	Coercion and Threat	ask if the perpetrator has threatened or coerced the victim to do things against their will?	Y	Y	Y	Y	Y	Y	Y	Y					Y	Y
	Minimising/denying/blaming	ask if the perpetrator has denied the violence, minimised the violence or blamed the victim?	Y	Y	Y	Y	Y	Y	Y	Y					Y	Y
	Priveledge	ask if the perpetrator acts in a priveledge or entitled way within the relationship?								Y					Y	
	Economic Abuse	ask if the perpetrator ever controled, stole or undermined the finances or asests of the victim?	Y	Y	Y	Y	Y	Y	Y	Y					Y	Y
	Using Isolation	ask if the perpetrator ever isolated the victim from family, friends or community or manipulated others against them?	Y	Y	Y	Y	Y	Y	Y	Y					Y	Y
	Intimidation	ask if the perpetrator ever intimidated the victim to instill fear and to control?	Y	Y	Y	Y	Y	Y	Y	Y					Y	Y
	Using Children	ask if the perpetrator ever attacked or abused the children as a means to control the victim?	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y
	Physical and Sexualised Violence	ask if the perpetrator ever been physically violence or used sexualised violence against the victim?	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y
	Spiritual Abuse	ask if the perpetrator ever used a victims beliefs and spirituality as a means of controlling and/or isolating the victim?	Y	Y	Y	Y		Y		Y					Y	Y

Target Group P = Practitioner V = Victim (person experiencing violence)							V	P	V	V	V	V	P	P	P	P	P	P	P	P	P	P	P
Tool Type F = State Framework, A = Assessment, G = Guide, P = Safety Plan							P	G	P	G	G	G	G	A	A	A	F	F	F	F	F	F	F
Safety Tool Reference Number:							1	1.1	2	3	4	5	6	7	8	9	10	11	11.1	11.2	11.3	12	13
Does the safety proces...																							
Category	Criteria	Specific questions																					
Perpetrator Risk factors		Known lethality risk factors of the perpetrators actions?																					
	Does the safety process ask a victim if the perpetrator has:	ask if the perpetrator has an intervention order (ADVO, VRO etc)																					
		ask if the perpetrator used a weapon in the most recent attack?															Y						
		ask if the perpetrator has access to a weapon?															Y	Y				Y	Y
		ask if the perpetrator has ever tried to choke/strangle the victim?															Y	Y				Y	Y
		ask if the perpetrator was violent towards the victim resulting in the victim hitting their head or violently shaking/jolting your neck or head?								S							Y	Y	Y			Y	Y
		ask if the perpetrator ever threatened to kill the victim?								S							Y	Y	Y			Y	Y
		ask if the perpetrator ever harmed or threatened to harm or kill children?								S							Y	Y	Y	Y		Y	Y
		ask if the perpetrator ever harmed or threatened to harm or kill pets?															Y	Y				Y	Y
		ask if the perpetrator ever tried/threatened to commit suicide?								S							Y	Y				Y	Y
		ask if the perpetrator stalked the victim?								Y							Y	Y				Y	Y
		ask if the perpetrator assaulted the victim in a sexualised way?								S							Y	Y				Y	Y
		ask if the perpetrator misused AOD?															Y	Y		Y		Y	Y
		ask if the perpetrator had obsessive or jealous behaviour towards the victim?															Y	Y	Y	Y		Y	Y
		ask if the perpetrator restricted access to money?															Y	Y				Y	Y
		ask if the perpetrator used controlling behaviour?															Y	Y				Y	Y
		ask if the perpetrator is unemployed/															Y	Y				Y	Y
		ask if the perpetrator threatened or harmed other family members?															Y	Y	Y			Y	Y
		ask if the perpetrator experienced financial difficulties?															Y	Y				Y	Y
		ask if the perpetrator breached an intervention order?															Y	Y				Y	Y
		ask if the perpetrator ever had/has depression or mental disorder?															Y	Y	Y			Y	Y
		ask if the perpetrator has a history of violent behaviour?															Y	Y				Y	Y
		ask if the perpetrator has increased the frequency or severity of the violence?															Y	Y	Y			Y	Y
Risk factors of Victims?		known lethality risk factors of victims																					
		ask a victim if she is pregnant/has a new born?		Y										Y			Y	Y	Y			Y	Y
		ask a victim if they have a child from a previous relationship?													Y		Y	Y				Y	
		ask a victim how fearful they are of the perpetrator?												Y	Y		Y	Y				Y	Y
		ask a victim if they have experienced violent behaviour during a previous pregnancy?													Y		Y	Y				Y	
		ask a victim about their mental health (depression other mental illness)?			Y												Y	Y				Y	Y
		ask a victim about their AOD use?														Y	Y					Y	Y
		ask if a victim has ever verbalised or had suicidal thoughts or attempted suicide?													Y		Y					Y	Y
Person's wellbeing needs		A persons safety and wellbeing																					
	Rights, Responsibilities & choices	support a person to realise their rights, to expand their choices and capacity act and to make their own decisions?		S	S	Y	Y	Y	Y	Y				Y									Y
	Safety	Support a person to increase their safety?		Y	Y	Y	Y	Y	Y	Y				Y					Y	Y		Y	Y
	Love and connection (family, community, spirituality & Land)	support a person to make decisions that support their relationships with family, friends, community, their spirituality and connection to land?		S	Y	S	Y	Y	Y	Y									Y	S		Y	Y
	Learning	Support a person to make decisions that enables them to learn and develop?								Y				Y									
	Physical & Mental health	support a person to make decisions that to ensure their physical & mental wellbeing?				Y	Y	Y	Y	S				Y			Y	Y	Y	Y		Y	Y
	Material Basics & Economic Wellbeing	support a person to access the material and economic basics such as food, housing, clothing, money and financial assest?		S			Y	Y	Y	Y				S						Y	Y		S
	Participation	support a person to participate, have a voice and be involved as a citizen and in the community?								Y	S			Y									
A Person Centred Approach to working with people experienceing DFV																							
The Person		Prompt the practitioner to focus on hearing a persons story as a unique experience of violence and resistance?								Y				Y								Y	Y
		Prompt the practitioner to understand a persons safety from a whole of wellbeing perspective?								Y				Y								S	S
		Prompt the practitioner to recognise that a person is already aware of many risks, assessing their safety and developing strategies (ways) to increase their safety?			S				Y					Y					S			Y	S
		Prompt the practitioner to support a person to understand their rights?			S									Y			S		S	S		S	Y
The Process		Prompt the practitioner to offer new information to increase a person's awareness about risks to inform their safety assessment and development of strategies to enhance their safety and wellbeing?			Y				Y					Y								S	S
		prompts the practitioner to work in a way that supports a person to have power and control over their life, enabling them to exercise options and make informed decisions about their lives and set their own goals?			S				Y					Y									S
	Potential	Prompt the practitioner listen for and explore a person's hopes for and directions for the future?			Y				Y					Y						S			
Self		Prompt the practitioner to be aware of how well they are supporting the person's dignity and choice?			Y									Y						Y		S	
		Prompt the practitioner to be aware how well they are managing their own agenda, objectivity and their use of practice experience?			S				Y					Y									
		Prompt the practitioner to be aware of how well they are fulfilling their duty of care?												Y		Y	Y	Y	Y	Y	Y	Y	Y
		Prompt the practitioner to ensure they are openly and transparently balancing the person's agency and their duty of care?												Y									

Key	
Yes	Y
Somewhat	S
No	

## **Appendix 2: Resources Analysed**

Doc #	Title	Source	Audience	Author	Year	Country	State	Resource Type	Sector/Service	Resource Notes
1	Safety Planning Checklist	1800Respect	Victim	1800Respecct	Current Web	Australia	National	Safety Plan	DFV	In addition to this webpage was other webpages from 1800-respect that included information about DFV and safety.
1.1	Safety Planning with people with a disability	1800Respect	Practitioner	1800Respecct	Current Web	Australia	National	Safety Plan - PLWD	DFV	This webpage was aimed at practitioners though it was included in the analysis of information aimed at people experiencing DFV as it was co-located on the 1800-respect website.
2	My Safety Plan	Women's Health West	Victim	Women's Health West	Current Web	Australia	Vic	Safety Plan	DFV	
3	Safe From Violence	Relationships Australia	Victim	Relationships Australia	Current Web	Australia	National	Guide	Family	
4	Domestic Violence: Finding Safety and Support	Office for the Prevention of Domestic Violence	Victim	OPDV - New York State	2014	USA	New York	Guide - DFV & Safety	Government	
5	Charmed and Dangerous	Legal Aid NSW	Victim	Tweed Shire Women's Service		Australia	NSW	Guide - DFV & Safety	DFV	
6	A Guide to Domestic Violence: Risk assessment, Risk reduction and Safety Plan	Nashville Police	Practitioner	(see acknowledgements)	Current Web	USA	Nashville	Guide - Assessment & Planning	Police	
7	Danger Assessment Tool	The Danger Assessment Tool	Practitioner	Jacquelyn C. Campbell, PhD, RN, FAAN	2008	USA	National	Risk Assessment	Academic	
8	Spousal Assault Risk Assessment	Multiple Health Systems	Practitioner	P. Randall Kropp, Ph.D. Stephen D. Hart, Ph.D. Christopher D. Webster, Ph.D. and Derek Eaves, M.B.	1999	USA	National	Risk Assessment	Medical	
9	Ontario Domestic Assault Risk Assessment (ODARA)	Waypoint Centre	Practitioner	Waypoint Ccentre	2004	Canada	National	Risk Assessment		
10	Family Safety Framework	Office For Women	Practitioner	Office For Women SA Gove	2015	Australia	SA	Framework	Government	
11	DVSAT	NSW Government	Practitioner	NSW Government	2015	Australia	NSW	Framework - Risk Assessment	Government	The 4 resources linked to the NSW Government 'safer pathways' initiative were analysed seperately however findings have been incorporated under 1 resource in the report. This is as all documents are to be 'read' in the context of the 1 initiative.
11.1	DVSAT - Guide	NSW Government	Practitioner	NSW Government	2015	Australia	NSW	Framework - Risk Assessment - Guide	Government	as above
11.2	Safety Action Meeting - Manual	NSW Government	Practitioner	NSW Government	2015	Australia	NSW	Framework - Safety Planning - Guide	Government	as above
11.3	It Stops Here: Safer Pathways Overview	NSW Government	Practitioner	NSW Government	2014	Australia	NSW	Framework for DFV	Government	as above
12	Common Risk Assessment & Risk Management Framework (CRARMF)	Dept for Child Protection and Family Support	Practitioner	WA Government	2015	Australia	WA	Framework	Government	
13	Family Violence Risk Assessment and Risk Mangement Framework (CRAF)	Dept of Health and Human Services	Practitioner	Vic Governemnt	2012	Australia	Vic	framework	Government	

## **Appendix 3: Resources Collated**

Title	Source	Author	Year	Country	State	Resource Type
Common Risk Assessment and Risk Management Framework (CRARMF)	Dept Child Protection & Family Support	DCP	2015	AUS	WA	Risk Framework
Danger Assessment (DA)	dangerassessment.org	Jacquelyn C. Campbell, PhD	2008	USA		Assessment
Safety Planning - Planning to leave	Safe Steps Family Violence Response Centre	Safe Steps Family Violence Response Centre	NA	AUS	VIC	Personal safety Plan
Safety Planning - Staying at Home	Safe Steps Family Violence Response Centre	Safe Steps Family Violence Response Centre	NA	AUS	VIC	Personal safety Plan
Safety Planning - After you have left	Safe Steps Family Violence Response Centre	Safe Steps Family Violence Response Centre	NA	AUS	VIC	Personal safety Plan
Dating Violence and technology	Domestic Violence Prevention Centre	Domestic Violence Prevention Centre	NA	AUS	QLD	Guide - cyber security
Safety Plan Checklist	Domestic Violence Prevention Centre	Domestic Violence Prevention Centre	NA	AUS	QLD	Personal safety Plan
Safety Planning Checklist	1800 RESPECT	1800 RESPECT		AUS		Personal safety Plan
DVSAT	NSW Government - Domestic Violence	NSW Government - Domestic Violence	2015	AUS	NSW	Assessment
Safety Action meeting Manual	NSW Government - Domestic Violence	NSW Government - Domestic Violence		AUS	NSW	Guide - Sector safety planning
My Safety Plan	Womens Health West Family Violence Service	Womens Health West Family Violence Service	2012	AUS	VIC	Personal safety Plan
Safe From Violence	Relationships Australia	Relationships Australia	NA	AUS		Guide - Victim
Safety Plan Checklist	Brisbane Domesitic violence service	Brisbane Domesitic violence service	NA	AUS	QLD	Personal safety Plan
Spousal Assault Risk Assessment (SARA)	Multiple Health Systems	P. Randall Kropp, Ph.D. Stephen D. Hart, Ph.D. Christopher D. Webster, Ph.D. and Derek Eaves, M.B.	2002	USA		Assessment
SARA - Guide for Clinicians	Journal of Forensic Psychology Practice	P. Randall Kropp, Ph.D. Stephen D. Hart, Ph.D. Christopher D. Webster, Ph.D. and Derek Eaves, M.B.	2008	USA		Guide - Assessment
screening Risk assessment and safety planning	AVERT Family Violence	Aust. Attorney Generals Dept	2010	AUS		Guide
Planning for Your Safety	SEWACS	SEWAC		AUS	NSW	Personal safety Plan
Family Violence Risk Assessment & Risk Management Framework & Practice Guides (CRAF)	Victoria Dept of Human Services	Victoria Dept of Human Services		AUS	VIC	Guide - Risk assessment & mngt
Smart Safe App	Domestic Violence Resource Centre Victoria (DVRCV)	DVRCV		AUS	VIC	App - personal safety
Family Safety Framework - Practice Manual	Office of Women - SA	Office of Women - SA	2015	AUS	SA	Guide - Risk assessment & mngt
Domestic Violence Risk Assessment Also known as DVSI & DVSI-R	Office of Women - SA	Office of Women - SA	2015	AUS	SA	Assessment
Positive Action Guidelines for Staff	Office of Women - SA	Office of Women - SA	2015	AUS	SA	Guide - assessment
Family Safety Framework - Evaluation	Office of Women - SA	Office of Women - SA	2008	AUS	SA	Guide - Framework Evaluation
Online Privacy and safety tips	National Network to End Domestic Violence NNEDV	NNEDV	2010	USA		Guide - cyber security
Technology and confidentiality resource toolkit	National Network to End Domestic Violence NNEDV	NNEDV		USA		Guide - cyber security
imatter	iMatter - App	Doncare	2015	AUS	VIC	App - healthy relationships
Facebook - Safety Resources	Facebook	facebook	2016	Global		Guide - facebook security
Online Mandatory Reporting Guide	NSW Government - Family and Community Services	FACS	2014	AUS	NSW	Assessment
Ontario Domestic Assault Risk Assessment (ODARA)	WaypointCentre	WaypointCentre		USA		Assessment
A Guide to Domestic Violence: Risk Assessment, Risk Reduction, and Safety Plan, Metropolitan Nashville Police Department at:	Nashville Police	McGrath & et al.	2017	USA		Guide - assessment & planning
Framework for Screening, Assessment and referrals in Family Relationship Centres and the Family Relationship Advice Line	Family Relationship Centre	Dr Gail Winkworth and Dr Morag McArthur	2008	AUS		Guide
Live Free - App	Live Free - App	Doncare		AUS		App - healthy relationships
Daisy - app	1800respect	1800respect	2015	AUS		App - DV info
Keeping Safe: A work book for Developing Safety Plans	Women In Transition	Women in Transition		USA		Guide - personal safety
Inventory on Spousal Violence Risk Assessment Tools Used in Canada	Department of Justice Canada	Allison Millar, Ruth Code, Lisa Ha	2013	Canada		Assesment - Evaluation
Innovative models in addressing violence against Indigenous women: State of knowledge paper	ANROWS		2015	AUS		Research paper
SAFETY PLANNING: A GUIDE for individual with physical disabilities	SAFETY PLANNING: A GUIDE for individual with physical disabilities	National Clearing House on Abuse in Later Life	2000	USA		Personal Saftey Plan - Disability
Safety planning for people with a disability	1800 RESPECT	1800 RESPECT	2015	AUS		Personal Safety plan - Disability
HELPS - ABI/TBI Screening tool	International Centre for the Didabled		1992	USA		Guide - ABI
Domestic Violence Finding Safety and Support	New York Office for the Prevention of Domestic Violence		2014	USA		Guide

## **Appendix 4: Resources Collated – Links to Resource**

Title	Source	Online Link
<b>Common Risk Assessment and Risk Management Framework (CRARMF)</b>	Western Australia (WA) Department of Child Protection & Family Support	<a href="https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/2015/CRARMFFinalPDFAug2015.pdf">https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/2015/CRARMFFinalPDFAug2015.pdf</a>
<b>Danger Assessment (DA)</b>	<a href="http://dangerassessment.org">dangerassessment.org</a>	<a href="https://www.dangerassessment.org/DATools.aspx">https://www.dangerassessment.org/DATools.aspx</a>
<b>Safety Planning - Planning to leave</b>	Safe Steps Family Violence Response Centre	Resource no longer online
<b>Safety Planning - Staying at Home</b>	Safe Steps Family Violence Response Centre	Resource no longer online
<b>Safety Planning - After you have left</b>	Safe Steps Family Violence Response Centre	Resource no longer online
<b>Dating Violence and Technology</b>	Domestic Violence Prevention Centre	<a href="http://www.domesticviolence.com.au/products/cat/booklets">http://www.domesticviolence.com.au/products/cat/booklets</a>
<b>Safety Plan Checklist</b>	Domestic Violence Prevention Centre	<a href="http://www.domesticviolence.com.au/products/cat/booklets">http://www.domesticviolence.com.au/products/cat/booklets</a>
<b>Safety Planning Checklist</b>	1800 RESPECT	<a href="https://www.1800respect.org.au/help-and-support/safety-planning/checklist">https://www.1800respect.org.au/help-and-support/safety-planning/checklist</a>
<b>Safer Pathways - Suite of Responses My Safety Plan</b>	NSW Government - Department of Justice Womens Health West Family Violence Service	<a href="http://www.domesticviolence.nsw.gov.au/publications/service-providers-it-stops-here-safer-pathway">http://www.domesticviolence.nsw.gov.au/publications/service-providers-it-stops-here-safer-pathway</a> <a href="http://whwest.org.au/wp-content/uploads/2012/05/Safety_Plan2.pdf">http://whwest.org.au/wp-content/uploads/2012/05/Safety_Plan2.pdf</a>
<b>Safe From Violence</b>	Relationships Australia	<a href="http://www.relationships.org.au/relationship-advice/publications/pdfs/safefromviolence.pdf">http://www.relationships.org.au/relationship-advice/publications/pdfs/safefromviolence.pdf</a>
<b>Safety Plan Checklist</b>	Brisbane Domestic Violence Service	<a href="http://www.bdvs.org.au/information/safety-planning">http://www.bdvs.org.au/information/safety-planning</a>
<b>Spousal Assault Risk Assessment (SARA)</b>	Multiple Health Systems	<a href="http://www.mhs.com/product.aspx?gr=saf&amp;id=overview&amp;prod=sara">http://www.mhs.com/product.aspx?gr=saf&amp;id=overview&amp;prod=sara</a>
<b>SARA - Guide for Clinicians</b>	Journal of Forensic Psychology Practice	<a href="https://www.tandfonline.com/doi/abs/10.1300/J158v02n02_03?journalCode=wfp20">https://www.tandfonline.com/doi/abs/10.1300/J158v02n02_03?journalCode=wfp20</a>
<b>Screening Risk Assessment and safety Planning</b>	AVERT Family Violence	<a href="http://www.avertfamilyviolence.com.au/wp-content/uploads/sites/4/2013/06/Screening_Risk_Assessment.pdf">http://www.avertfamilyviolence.com.au/wp-content/uploads/sites/4/2013/06/Screening_Risk_Assessment.pdf</a>
<b>Planning for Your Safety</b>	South East Womens and Childrens Services (SEWACS)	<a href="http://www.stayinghomeleavingviolence.org.au/staying%20home%20leaving%20violence_practical_info.htm">http://www.stayinghomeleavingviolence.org.au/staying%20home%20leaving%20violence_practical_info.htm</a>
<b>Family Violence Risk Assessment &amp; Risk Management Framework &amp; Practice Guides (CRAF)</b>	Victoria Department of Human Services	<a href="https://providers.dhhs.vic.gov.au/family-violence-risk-assessment-and-risk-management-framework">https://providers.dhhs.vic.gov.au/family-violence-risk-assessment-and-risk-management-framework</a>
<b>Smart Safe App</b>	Domestic Violence Resource Centre Victoria (DVRVCV)	<a href="http://www.dvrcv.org.au/help-advice/women/our-smartsafe-app">http://www.dvrcv.org.au/help-advice/women/our-smartsafe-app</a>
<b>Family Safety Framework - Practice Manual</b>	South Australian Government - Office of Women	<a href="http://officeforwomen.sa.gov.au/_data/assets/pdf_file/0018/5139/FINAL-Family-Safety-Framework-Practice-Manual-Version-5-October-14-A11860637.pdf">http://officeforwomen.sa.gov.au/_data/assets/pdf_file/0018/5139/FINAL-Family-Safety-Framework-Practice-Manual-Version-5-October-14-A11860637.pdf</a>
<b>Family Safety Framework - Evaluation</b>	South Australian Government - Office of Women	<a href="https://www.officeforwomen.sa.gov.au/_data/assets/pdf_file/0012/5142/FSF-Evaluation-Final-Report.pdf">https://www.officeforwomen.sa.gov.au/_data/assets/pdf_file/0012/5142/FSF-Evaluation-Final-Report.pdf</a>
<b>Online Privacy and Safety tips</b>	National Network to End Domestic Violence NNEDV	<a href="https://www.techsafety.org/resources/">https://www.techsafety.org/resources/</a>
<b>Technology and Confidentiality Resource Toolkit</b>	National Network to End Domestic Violence NNEDV	<a href="https://www.techsafety.org/resources/">https://www.techsafety.org/resources/</a>
<b>iMatter</b>	iMatter - App	<a href="https://doncare.org.au/imatter">https://doncare.org.au/imatter</a>
<b>Facebook - Safety Resources</b>	Facebook	<a href="https://www.facebook.com/help/748040478549007/">https://www.facebook.com/help/748040478549007/</a>
<b>Online Mandatory Reporting Guide</b>	NSW Government - Family and Community Services	<a href="http://sdm.community.nsw.gov.au/mrp/screen/DoCS/en-GB/sunmary?user=guest">http://sdm.community.nsw.gov.au/mrp/screen/DoCS/en-GB/sunmary?user=guest</a>
<b>Ontario Domestic Assault Risk Assessment (ODARA)</b>	WaypointCentre	<a href="https://www.novascotia.ca/pps/publications/ca_manual/ProsecutionPolicies/ODARA%20RISK%20ASSESSMENTS%20IN%20SPOUSALPARTNER%20CASES%20ALL.pdf">https://www.novascotia.ca/pps/publications/ca_manual/ProsecutionPolicies/ODARA%20RISK%20ASSESSMENTS%20IN%20SPOUSALPARTNER%20CASES%20ALL.pdf</a>
<b>A Guide to Domestic Violence: Risk Assessment, Risk Reduction, and Safety Plan</b>	Metropolitan Government: Nashville Police Department	<a href="http://www.nashville.gov/Police-Department/Investigative-Services/Domestic-Violence/Risk-Assessment-and-Reduction.aspx">http://www.nashville.gov/Police-Department/Investigative-Services/Domestic-Violence/Risk-Assessment-and-Reduction.aspx</a>
<b>Framework for Screening, Assessment and referrals in Family Relationship Centres and the Family Relationship Advice Line</b>	Family Relationship Centre	<a href="https://www.ag.gov.au/FamiliesAndMarriage/Families/FamilyRelationshipServices/Documents/Framework%20for%20Screening%20Assessment%20and%20Referrals%20in%20FRCs%20and%20FRA%20July%202008.pdf">https://www.ag.gov.au/FamiliesAndMarriage/Families/FamilyRelationshipServices/Documents/Framework%20for%20Screening%20Assessment%20and%20Referrals%20in%20FRCs%20and%20FRA%20July%202008.pdf</a>
<b>Live Free - App</b>	Live Free - App	<a href="https://doncare.org.au/livfree-app">https://doncare.org.au/livfree-app</a>
<b>Daisy - App</b>	1800respect	<a href="https://www.1800respect.org.au/daisy/">https://www.1800respect.org.au/daisy/</a>
<b>Keeping Safe: A work book for Developing Safety Plans</b>	Women In Transition	<a href="https://static1.squarespace.com/static/57c49e817fe0ab48f709e632/t/599371472994cae8c2801fbf/1502835021655/Safety+Planning+Resource+Book+Draft.pdf">https://static1.squarespace.com/static/57c49e817fe0ab48f709e632/t/599371472994cae8c2801fbf/1502835021655/Safety+Planning+Resource+Book+Draft.pdf</a>
<b>Inventory on Spousal Violence Risk Assessment Tools Used in Canada</b>	Department of Justice Canada	<a href="http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr09_7/rr09_7.pdf">http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr09_7/rr09_7.pdf</a>
<b>Innovative Models in Addressing Violence Against Indigenous Women: State of Knowledge Paper</b>	Australia's National Research Organisation For Women's Safety Limited (ANROWS)	<a href="http://anrows.org.au/publications/landscapes/innovative-models-in-addressing-violence-against-indigenous-women-state?utm_source=ANROWS+Newsletter&amp;utm_campaign=0edefe02ca-Landscapes_Issue_Eight_e_alert_8_6_2015&amp;utm_medium=email&amp;utm_term=0_ac2f28d0aa-0edefe02ca-211034681">http://anrows.org.au/publications/landscapes/innovative-models-in-addressing-violence-against-indigenous-women-state?utm_source=ANROWS+Newsletter&amp;utm_campaign=0edefe02ca-Landscapes_Issue_Eight_e_alert_8_6_2015&amp;utm_medium=email&amp;utm_term=0_ac2f28d0aa-0edefe02ca-211034681</a>
<b>SAFETY PLANNING: A Guide for Individual With Physical Disabilities</b>	National Clearinghouse on Abuse in Later Life (NCALL)	<a href="https://yawnet.org/sites/default/files/assets/files/2016-09/DisabilitySafetyPlan.pdf">https://yawnet.org/sites/default/files/assets/files/2016-09/DisabilitySafetyPlan.pdf</a>
<b>Safety Planning For People With a Disability</b>	1800 RESPECT	<a href="https://www.1800respect.org.au/inclusive-practice/supporting-people-with-disability/">https://www.1800respect.org.au/inclusive-practice/supporting-people-with-disability/</a>
<b>HELPS - Traumatic Brain Injury Screening Tool</b>	International Centre for the Disabled	<a href="http://www.opdv.ny.gov/professionals/tbi/dvscreenfortbi.html">http://www.opdv.ny.gov/professionals/tbi/dvscreenfortbi.html</a>
<b>Domestic Violence Finding Safety and Support</b>	New York Office for the Prevention of Domestic Violence	<a href="http://www.opdv.ny.gov/help/fss/fss.pdf">http://www.opdv.ny.gov/help/fss/fss.pdf</a>



## **Appendix 5: DVSM Practice Framework**

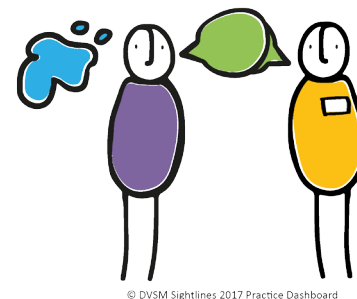
# DVSM's Practice Framework

## Introduction

Our purpose is to build individual and community safety and wellbeing.

Our [Values and Principles](#) underpin all our work.

The purpose of the Practice Framework is to guide the way we practice at Domestic Violence Service Management (DVSM). It outlines the way we approach our work with individuals, communities, stakeholders and partners to address Domestic and Family Violence (DFV). It sets out 'how we do things around here' and underpins our policies, practice guides and tools, and our planning reflection in order to continuously improve.



DVSM provides support services to people experiencing DFV and people at risk of or experiencing homelessness. We support children, young people and adults, each as individuals and as a family unit.

DFV includes any behaviour, in an intimate or family relationship which is violent, threatening, coercive or controlling, causing a person to live in fear and to be made to do things against their will. DFV can happen to anyone and can take many forms. It is often part of a pattern of controlling or coercive behaviour. Women and children are overwhelmingly the victims of DFV and those who use violence are overwhelmingly male. It can be perpetrated by a partner, family member, carer, house mate, boyfriend or girlfriend. Women also commit DFV against men, as do same-sex partners. DFV is also committed by and committed against people who identify in non-gender binary terms. Our full definition of DFV is on our website [www.dvnsdsm.org.au](http://www.dvnsdsm.org.au).

## Our Approach

We know that when someone seeks support, it might be the first, last or only time they reach out. Every interaction to support someone is important. Our approach aims to be:

### Informing

Offering new information or increasing an individual's awareness about DFV and homelessness, risks to their personal safety and wellbeing and ways to enhance their safety and wellbeing.

### Empowering

Supporting individuals to restore dignity, power and control over their life, enabling them to exercise options and make informed decisions about their lives and set their own goals.

### Enduring

Offering information and support that can be used by individuals now and after they leave our service, to stay safe and enhance their wellbeing.

We work in a way that upholds people's dignity as they seek and navigate supports. This way of working relies on us upholding a reliable and trustworthy reputation as a service, and enabling a strong foundation of safety with the person we are supporting.

## Contents

The Practice Framework content outlines how our approach is informing, empowering and enduring.

Upholding  
Dignity

Whole of  
Person -  
Wellbeing

Creating  
a foundation  
of safety

Practice  
Dashboard

Building on  
Personal Safety &  
Navigating Risk

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# Upholding Dignity

## Dignity forms the basis of human rights

‘Human rights recognise the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe. They are based on principles of dignity, equality and mutual respect, which are shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives. Respect for human rights is the cornerstone of strong communities in which everyone can make a contribution and feel included.’<sup>1</sup>

The Australian Human Rights Commission

DFV is an injustice. It is an offence to a person’s dignity, it compromises a person’s safety and undermines their wellbeing. This is true of adults, children and young people. The concept of **dignity** expresses the idea that all people have the right to be valued and respected, and to be treated ethically.

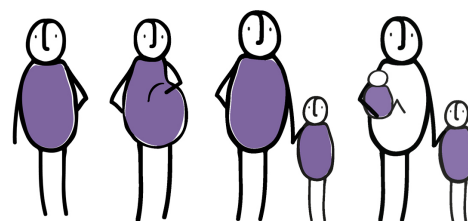
Our commitment is to uphold the dignity of the people we support. We do this by practicing in ways that enable us to learn what people already know, feel, believe and do. Listening to and learning from people in this way, informs how we respond.

## Acknowledging resistance and responses to violence

“Whenever individuals are subjected to violence, they resist. Along side each history of violence, there runs a parallel history of resistance...”

‘Victims’ resist in a myriad of ways that are not successful in stopping violence but nevertheless are profoundly important as expressions of dignity and self respect.”<sup>2</sup>

Dr Coates and Dr Wade



Commonly, the dialogue on DFV focuses on the violence used by the perpetrator and the impact on the person experiencing violence. However, by only focusing on these things we don’t get a full picture of what happened and how or why a person has resisted and responded to violence in order to uphold their dignity. Whenever people are abused, they do many things to try and reduce, prevent or stop the abuse in some way. Resistance can take many forms – from overtly standing up to a perpetrator, to small acts or thoughts that go unnoticed by others.

Some of the ways we work to uphold people’s dignity within our practice include:

- exploring and acknowledging people’s resistance and responses to the violence they have experienced.
- asking questions to better understand the context within which the violence has occurred.
- exploring and acknowledging that children and young people also resist and respond.
- using language that exposes violence, reveals the perpetrator’s responsibility for violence and contests victim blaming.
- recognising that all people exercise caution, creativity, deliberation and awareness in navigating DFV.

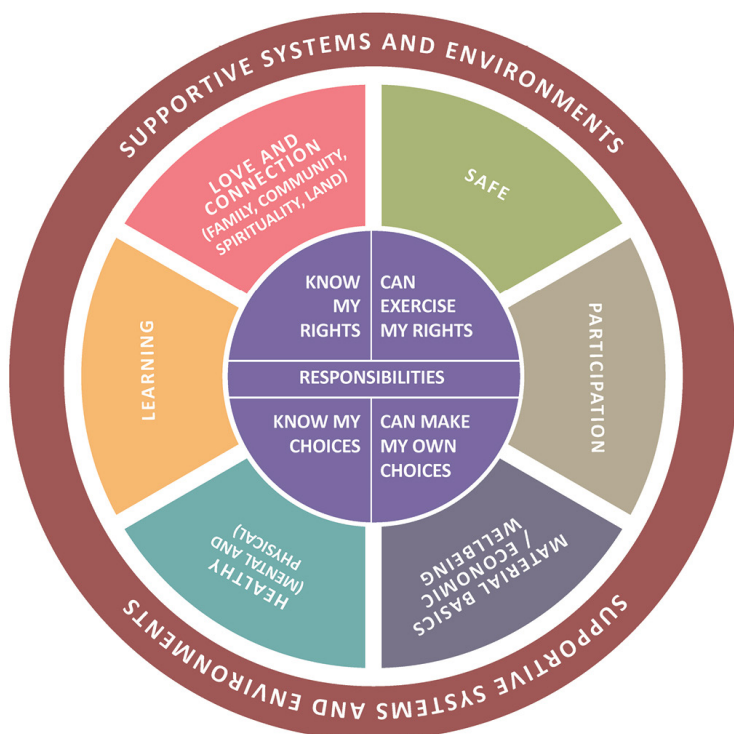
We understand that people’s responses and resistance to violence are their efforts to keep hold of and reassert their dignity.

<sup>1</sup> Australian Human Rights Commission What are human rights? retrieved from <https://www.humanrights.gov.au/about/what-are-human-rights> (11/1/18)

<sup>2</sup> Coates, L. and Wade, A. (2007) Language and Violence: Analysis of Four Discursive Operations, Journal of Family Violence 22: 511. <https://doi.org/10.1007/s10896-007-9082-2>

# Whole of Person - Wellbeing

Wellbeing matters to adults, children and young people and this includes their safety. Being 'safe' is more than being physically safe – it includes all aspects of wellbeing.



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DVSM defines wellbeing as being made up of interdependent areas each of which will look different in each person's life.

The value and weight of these will also change over time as a person's needs, priorities and circumstance change.

## Rights, responsibility and choices

We work to support people's rights, responsibilities and choices, working with their capacity to act and make decisions – this can be described as a person's 'agency'.

When a person is aware of their rights they are able to make informed choices.

It is important to recognise that people's choices are not only informed by their rights but also by their responsibilities (which may be linked to their civil, cultural, family, community, spiritual connections including to land).

For a person experiencing DFV, the coercive control they are experiencing can limit and undermine their capacity to make choices, exercise their rights and fulfil their responsibilities.

## Safety

Means feeling free from violence or the threat of it (violence could be psychological, verbal, physical, sexual, reproductive control, social, financial, property damage, stalking, image based or technological abuse).

## Love and connection

Encompasses family relationships, friends and connections with community, spiritual connection and connections to land.

## Learning

Is a continuous process throughout life. Elements of learning include the value of self-development for wellbeing.

## Health

Includes physical health and nutrition, as well as mental health and self-esteem. Mental health is a key aspect of what it means to be healthy.

## Material basics and economic wellbeing

Includes the provision of food, safe and adequate shelter, money and other basic human needs. Includes the economic resources the person has available to support not only their material living conditions, but the control over these resources and conditions.

## Participation

Includes having opportunities to have a voice and be involved as a citizen and in the community.

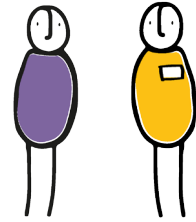
## Supportive systems and environments

Sitting across all areas, is the presence and provision of supportive systems and environments which support an individual's wellbeing.

# Creating a Foundation of Safety

## How do we create a foundation of safety within our practice?

People accessing support services, are at times, disclosing and making decisions about some of the most personal and intimate details of their lives.



We are very mindful that this not only requires personal courage on their part, but this requires us as a service and as practitioners to create ‘**safe**’ conditions so that the person can be as open as they need to, in order to get the support they are seeking.

## Creating and understanding safety

We know that perceptions of, and/or experiences of using a support service can mean different things to different people. For some this can mean an increase in safety and to others decrease in safety. Each service experience can either reinforce prior experiences or offer something new.

We make every effort to support people’s sense of safety by acknowledging the importance of their choice and control. We explore with the people we support:

“What would **having control** over this support look like to you?”

“What would **experiencing safety** and **feeling safe** look like to you in our work together?”

## Being open and honest

We explain to people who are accessing our services where our role and responsibilities start and stop. We remain open about our role as circumstances, needs and responses change within the work together.

A person’s desired level of support and their choices might be different from what we **hope** or **wish** for the person. We remain committed to supporting the person’s **agency** and to fulfilling our **duty of care**.

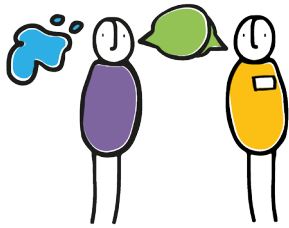
## Building trust and being respectful

We seek to learn about people’s existing safety awareness, experiences and strategies. Listening to people and learning from them in this way informs what we understand and how we respond.

## Being communicative

We keep attuned to what is and isn’t working well for the person, regularly checking in on their **sense of safety**, the boundaries and capacity of our role and the person’s experience of us and with us. We actively invite informal and formal feedback on how to improve our practice so that we can make quick adjustments that reflect a person’s individual needs and wishes.

# Practice Dashboard



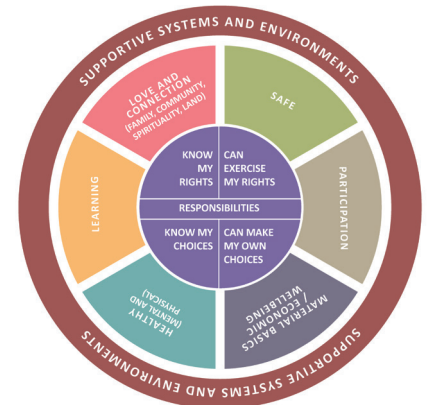
© DVSM Sightlines 2017 Practice Dashboard

DVSM's practice dashboard is a way of holding four simultaneous elements in our mind's eye as we provide support. It includes the **Person** (their wellbeing), the **Process**, the person's **Potential** (the direction they are seeking/taking), and **Self** (keeping our role in check).

## The Person - their wellbeing

Our conversations explore what's going on for people and what this means to them. This includes:

- Hearing about their experiences and acknowledging their story of resistance.
- Asking about, listening to and observing how they are, their wellbeing.
- Asking about, and hearing from their children, how they are, their wellbeing.
- Keeping attuned to what's changed and changing.
- Observing what is said, and not said, what their energy and stress level is like when we talk.
- Observing changes and patterns over the time of our support.



## The Process - what is useful and relevant

We support people's agency and decision making by working with them in using the Benefits/Risk Framework tool. This supports people to:

- Distil what the benefits are of a decision they are facing or goal/activity they are pursuing.
- Identify what the potential threats/harms are in making this decision or pursuing this goal/activity.
- Recognise ways (strategies) they have already developed, refined or might be seeking in order to mitigate the risks to their safety whilst retaining the benefits they are seeking.
- Explore (on balance) what decision/s they will make, who can support, and in doing so we support their rights, dignity and choice.



I have an idea about what I want to do next.

BENEFITS	HARM / THREAT
If I do this, what will be the benefits for me?	What harm or threat would that be to my safety and wellbeing?
STRATEGIES	ON BALANCE
In what ways (strategies) could I reduce the risk of harm without losing the benefits?	On balance, do I need to decide now? What are my next steps? Who could help me with these?

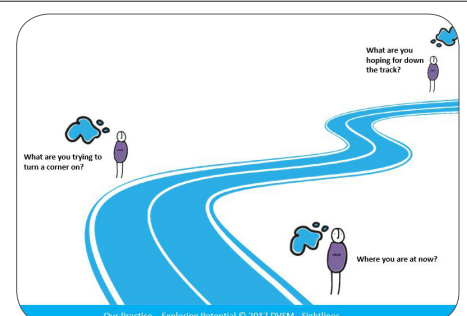
© 2017 Domestic Violence Service Management

## Potential - their direction and hopes

Our conversations explore people's hopes and direction for the future.

We explore:

- Where are you at now?
- What are you trying to turn a corner on?
- What are you hoping for down the track?



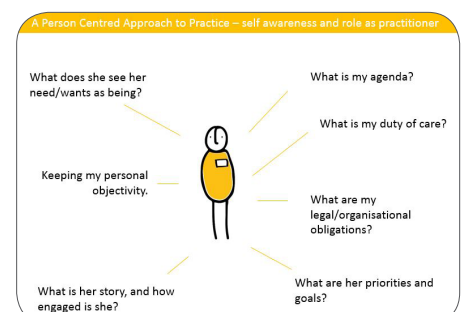
Our Practice - Exploring Potential © 2017 DVSM - Sightlines

## Self - our professional and interpersonal practice

Being aware of our own attitudes, behaviours and responses to enhance our objectivity.

This reminds us to see the difference, and put distance, between our professional experience/expertise and our personal experience/opinions, so that we are conscious of the boundaries, the position of power and responsibilities of our role. We check in on:

- How well we are supporting the person's dignity and choice.
- How well we are managing our agenda, our objectivity and how we use our practice experience.
- How well we are balancing the person's agency and our duty of care.





# Building on Personal Safety and Navigating Risk

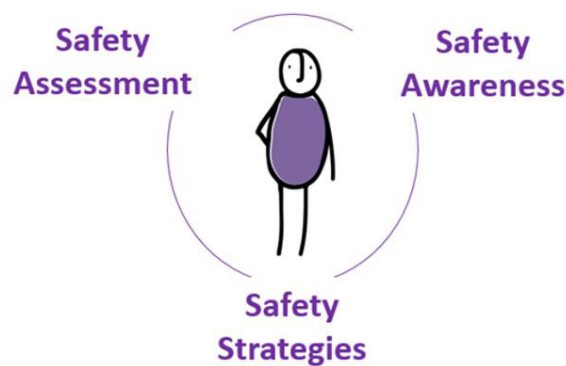
Our person centred approach considers all aspects of wellbeing, it has a **whole of person** focus.

Safety is an important aspect of wellbeing, and is an important element throughout the period that we support a person.

People experiencing DFV are already navigating their safety ahead of seeking our service support. Whether consciously or not, they are self-assessing the risks they face, and use ways (strategies) to mitigate the risk of harm.

Our contribution as a support service is to build on their level of safety awareness, their assessment of their safety and to support them to build on the ways (strategies) they use to adapt to changing risk.

## DFV Safety Trio



Building on personal safety consists of three interdependent components:

- **Safety Assessment:** Regularly self-assessing the risks or threats they may face at a particular point in time and/or over time.
- **Safety Strategies:** The ways (strategies) a person has developed and refined to mitigate the threats they face.
- **Safety Awareness:** A person’s awareness of the factors that may increase or decrease their safety will determine their capacity to assess changing risks and to adapt and invent new safety strategies.

The practice dashboard introduces the **Benefit/Risk Framework** as a tool to support decision making in the face of complex, significant and escalating circumstances.

## What value does the Benefit/Risk Framework tool offer?



Benefits	Harm/threat
Exploring the benefits of a decision/goal serves to: <ul style="list-style-type: none"><li>• Draw on what is important to the person and what they hope for.</li><li>• Inform us about how much the decision/goal means to a person in their life context and situation (now and moving ahead).</li></ul>	We see a more comprehensive picture of potential harm/threat when we: <ul style="list-style-type: none"><li>• Draw from the safety awareness and lived experience of the person.</li><li>• Share what we know more broadly about patterns and indicators of risk.</li></ul>
Strategies	On balance
By exploring strategies rather than plans we support people to have a richer more flexible menu in the face of changing risk and circumstances. When we recognise peoples existing strategies we can: <ul style="list-style-type: none"><li>• Build on their existing capabilities.</li><li>• Offer additional strategies where options seem exhausted or new ideas are being sought.</li></ul>	By exploring the full picture ‘on balance’ we are: <ul style="list-style-type: none"><li>• Supporting the person as the lead decision maker in their own life – this can uphold their dignity.</li><li>• Balancing where our role stops and starts in fulfilling our duty of care.</li></ul>

## Using Safety/Risk Assessment Tools

We use safety and risk assessment tools on a **fit for purpose** basis, as part of the benefit/risk framework conversation, to inform how we work with a person.

We use these tools in a way that builds on our efforts to create just, effective, dignified responses. We use the information and guidance in the tools to build on the person’s existing safety awareness and their own safety assessment and strategies already in place.

We acknowledge that actuarial safety/risk assessment tools, whilst important and useful, are only reflective of a portion of a person’s life context, and can only hold point in time picture.

**Ultimately, all forms and levels of violence are unacceptable, significant and warrant the offer of our service support.**

## **Appendix 6: DVSM Conversation Tool**



## Let's explore the direction you are taking and hopes and decisions you might be thinking about.

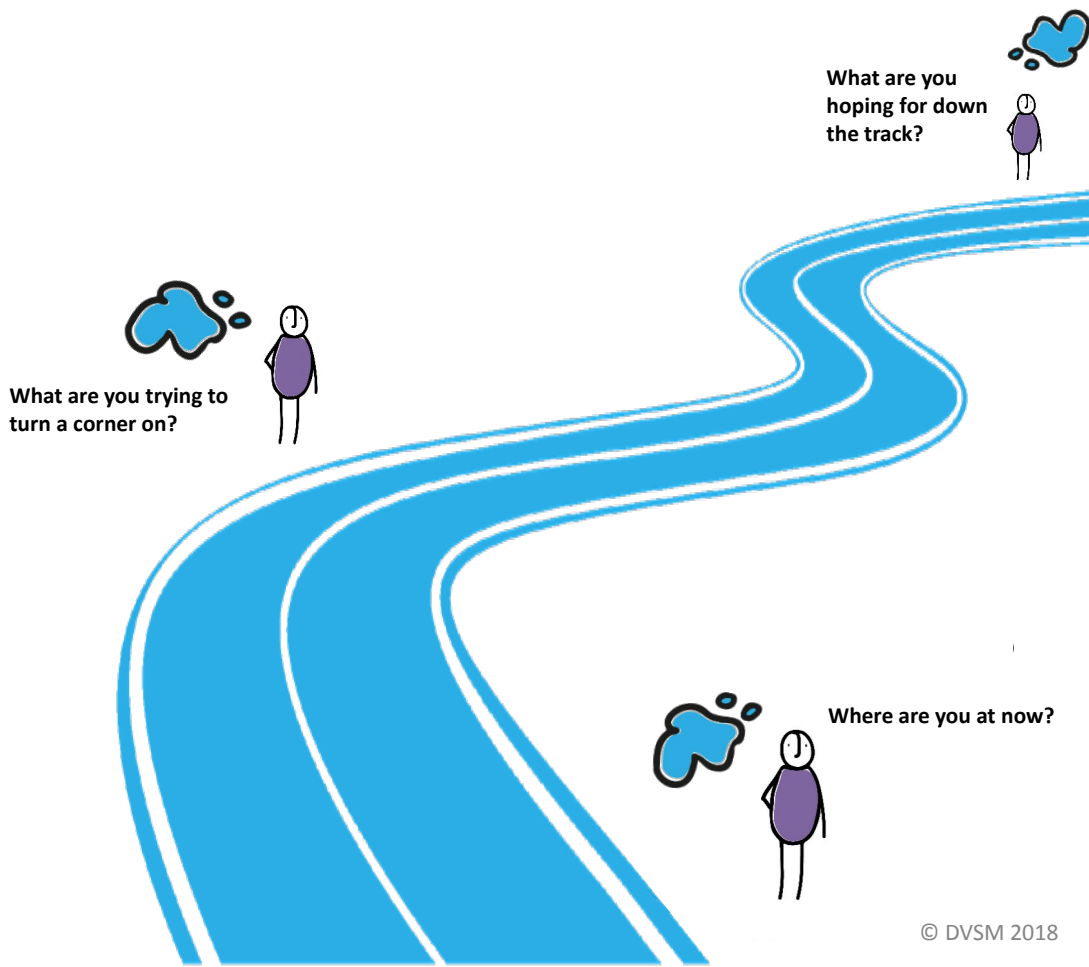
When it's useful, let's talk about the benefits, risks and possible strategies within the decisions ahead.

I have an idea about what I want to do next.

1. If I do this, what will be the benefits for me?	2. What harm or threat would that be to my safety?
3. In what ways could I reduce the risk of harm without losing the benefits?	4. On balance, do I need to decide now? What are my next steps? Who could help me with these?

We can use the decision making support card together if there are big or small decisions along the way that you might like support with – sometimes this is useful for:

- thinking through your hopes and worries with someone else listening;
- pausing to write your thoughts down so you can see a full picture when decisions are complex;
- collecting more ideas and strategies to safely make the steps you are hoping to make.



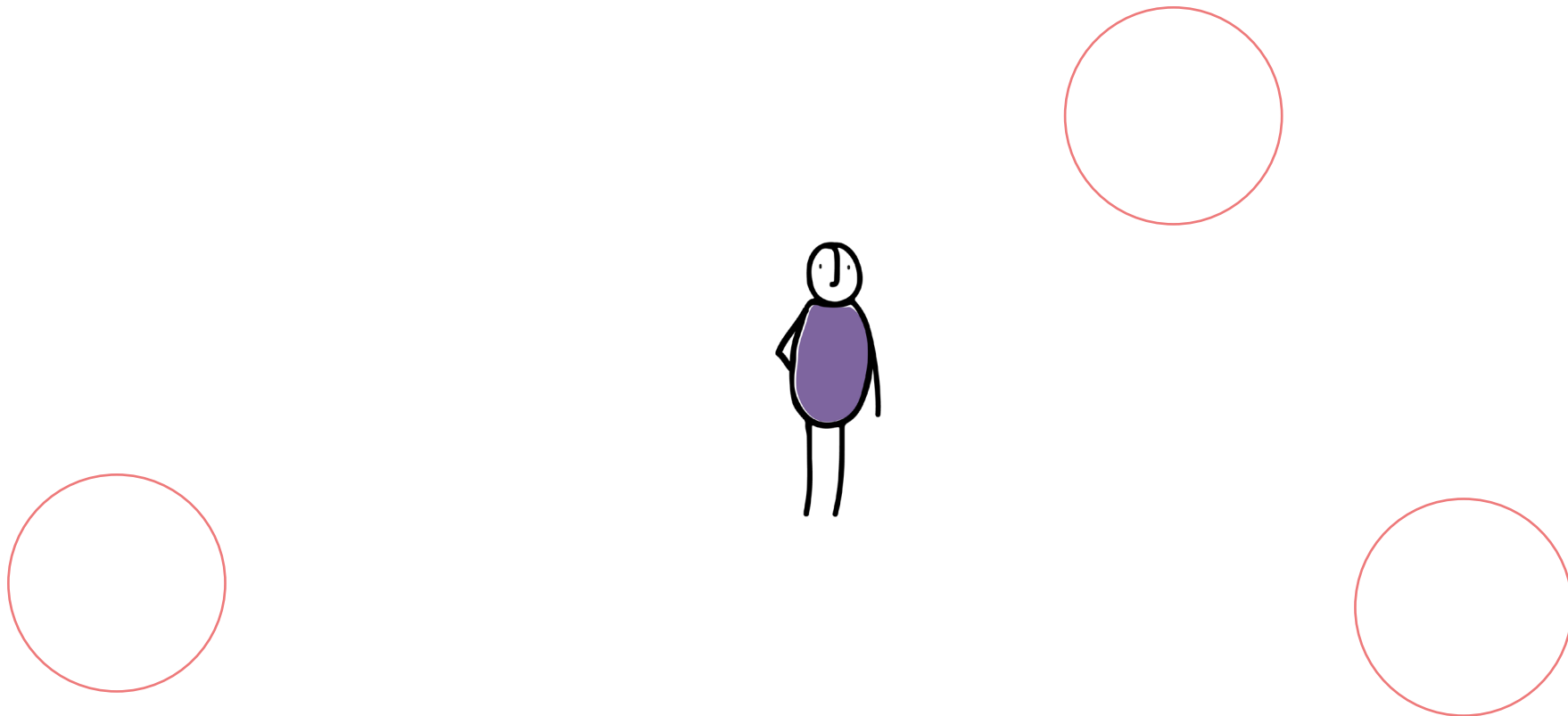
## Let's talk so we can understand how you would like us to support your wellbeing.



Name:

Date:






Conversation Tool: Original belongs to the person seeking support.  
Copy retained by service to support further conversations.



### Things to think about when exploring your connections:

- Who makes you feel safe, laugh or perhaps you like to have a cuppa with?
- Who is important to you?
- Who are you connected to that impacts on your life and wellbeing?
- Do you have formal connections like perhaps faith or cultural based groups or other organisations?
- Are there connections here that you would like to see change?
- Is there anyone missing from this picture that you would want on here?

### Understanding your connections:

	<b>Thickness of line:</b> the thicker the line the stronger the connection
	<b>Broken line:</b> tenuous or inconsistent connection (may often change from very close bond to distant)
	<b>Arrows:</b> shows direction of energy
	<b>Lines with crosses through them:</b> stressful relationship
	<b>Zig Zag:</b> violence

## **Appendix 7: DVSM Conversation Card - Benefit/Risk Framework**

# Let's explore the direction you are taking and hopes and decisions you might be thinking about.

When it's useful, let's talk about the benefits, risks and possible strategies within the decisions ahead.

I have an idea about what I want to do next.

1. If I do this, what will be the benefits for me?	2. What harms or threats would that be for my safety?

3. In what ways could I reduce the risk of harm without losing the benefits?	4. On balance, do I need to decide now? What are my next steps? Who could help me with that?

We can use the decision making support card together (see over) if there are big or small decisions along the way that you might like support with – sometimes this is useful for:

- thinking through your hopes and worries with someone else listening;
- pausing to write your thoughts down so you can see a full picture when decisions are complex;
- collecting more ideas and strategies to safely make the steps you are hoping to.

What are you trying to turn a corner on?



What are you hoping for down the track?



Where are you at now?



When it's useful, let's talk about the benefits, risks and possible strategies within the decisions ahead.

I have an idea about what I want to do next.



1. If I do this, what will be the <b>benefits</b> for me?	2. What <b>harm</b> or <b>threat</b> would that be to my safety?
3. In what <b>ways</b> could I reduce the risk of harm without losing the benefits? (Strategies)	4. On <b>balance</b> , do I need to decide now? What are my next steps? Who could help me with these?

**Contact Us:**

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