

An illustration of two women in traditional Chinese clothing. The woman in the foreground has a white face, closed eyes, and red lips, wearing a red garment with a star and heart pattern. The woman behind her has a tan face, closed eyes, and red lips, wearing a black garment with orange geometric patterns. Both have black hair in traditional buns. The background is a light gray grid with small black and red dots.

GOOD PRACTICE PRINCIPLES IN ADDRESSING SEXUAL AND GENDER-BASED VIOLENCE

DRAWING ON THE UNIQUE PRACTICE MODEL
OF SPECIALIST WOMEN'S SERVICES



ABOUT AUSTRALIAN WOMEN AGAINST VIOLENCE ALLIANCE (AWAVA)

Australian Women Against Violence Alliance (AWAVA) is one of the six National Women's Alliances funded by the Australian Government to bring together women's organisations and individuals across Australia to share information, identify issues and contribute to solutions. AWAVA's focus is on responding to and preventing violence against women and their children. AWAVA's role is to ensure that women's voices and particularly marginalised women's voices are heard by Government, and to amplify the work of its member organisations and Friends and Supporters. AWAVA's members include organisations from every State and Territory in Australia, representing domestic and family violence services, sexual assault services, women's health services, services for women in the sex industry and women's legal services, as well as organisations representing Aboriginal and Torres Strait Islander women, young women, women educators and other groups. AWAVA's contract manager is the Women's Services Network (WESNET).

We acknowledge the work and expertise of specialist women's services and pay tribute to those who have experienced violence. We recognise the individual and collective stories of courage, hope and resilience that form the basis of our work.

Caution: Some people may find parts of this content distressing. Recommended support services include 1800 RESPECT (1800 737 732) and Lifeline (13 11 14).

Contact us:

www.awava.org.au

info@awava.org.au

Facebook & Instagram @AWAVAaustralia

Twitter @AWAVA_Women

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INTRODUCTION

Despite human rights advancement, sexual and gender-based violence still permeates societies and remains endemic.



Sexual and gender-based violence refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, sexual, economical or technological in nature, and can take the form of a denial of resources or access to services (UNHCR, 2020).



In Australia, 1 in 6 women since the age of 15 have experienced physical and/or sexual violence by a current or previous partner. Domestic/Family violence and sexual violence occurs repeatedly with 54% of women who have experienced current partner violence having experienced more than one violent incident (Australian Institute of Health and Welfare, 2018). Evidence consistently shows that the majority of victims/survivors are women and the majority of the perpetrators are men (UN Women, 2019). Women in Australia are nearly three times more likely than men to experience violence from a current or former intimate partner (Australian Bureau of Statistics, 2020). The 2017 National Homicide Monitoring Program report found women are overrepresented as victims/survivors of intimate partner homicide (Bricknell, 2020). On average, one woman each week is killed by a current or former male intimate partner (Bricknell, 2020). In the overwhelming majority (92.6%) of cases, the male intimate partners were the primary perpetrators of violence (Bricknell, 2020).

Aboriginal and Torres Strait Islander women, women with disabilities, women from migrant and refugee backgrounds, in particular those on temporary visas, LGBTIQ+ women, older women and other groups of women experiencing multiple and intersecting forms of discrimination are subjected to sexual and gender-based violence at higher rates. In addition to coercive control and gendered drivers, such violence is further compounded by racism, heterosexism, transphobia, ableism, ageism, the ongoing impact of colonisation amongst other oppressive power structures (Australian Human Rights Commission, 2012, AWAVA, 2018).

In this brochure, we are adopting a language of sexual and gender-based violence to encompass not only intimate partner or domestic and family violence, but also sexual violence committed outside of intimate relationships and other forms of violence against women such as kinship violence for women from Aboriginal and Torres Strait Islander backgrounds, and institutional violence for women with disabilities. Sexual and gender-based violence is "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females" (UNFPA, 2019). Violence referred to in this brochure encompasses violence against cisgender and transgender women as well as non-binary people. It draws our attention to underlying drivers of violence that are rooted in rigid and binary gender norms, gender inequality, unequal power relationships, coercion and control¹ "that are [also] reinforced by patriarchal social constructs" (Domestic Violence Victoria, 2020). Lastly, the term is consistent with the definition by the United Nations Declaration on the Elimination of Violence against Women.²

THE BASIS FOR GOOD-PRACTICE PRINCIPLES

Given the high prevalence of sexual and gender-based violence and its complexity, it is critical that services working with victims/survivors of violence are appropriately equipped to support them.

¹ See the full definition of sexual and gender-based violence by the United Nations Refugee Agency: <https://www.unhcr.org/en-au/sexual-and-gender-based-violence.html>

² violence against women refers to 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life' (- A/RES/48/104).

To produce this brochure, we've drawn on the well-established service model of specialist women's services that has proven its effectiveness over decades.

Specialist women's services were established in Australia and internationally in response to the need for comprehensive specialist and trauma-informed support. Their work is underpinned by feminist approaches and gendered understanding of violence (Andrew, 2013). These services include organisations working to address domestic and family violence (such as refuges and shelters), sexual assault services and rape crisis centers (some of which provide support to all people regardless of gender), women's legal services, women's health services and organisations working with and led by diverse groups of women, including Aboriginal and Torres Strait Islander women, migrant and refugee women, women with disabilities, LGBTIQ+ communities and others (AWAVA, 2016). In order to encompass a whole range of services described above we are referring to them as specialist women's services.

Since the majority of victims/survivors of sexual and gender-based violence are women, it is essential that specialist women's services with demonstrated gender expertise are well-resourced to continue their work alongside community controlled organisations (such as Aboriginal community controlled or LGBTIQ+ peer-led services) in preventing and responding to sexual and gender-based violence (AWAVA, 2016).

The practice model of specialist women's services is underpinned by a gendered understanding of violence (Queensland sexual assault services, 2010) and is focused on women's and children's safety (Victorian Government Department of Human Services, 2012). These services provide gender and cultural safety and work from a client-centred, trauma-informed, empowering framework (Allen et al, 2012). These services also support women in navigating complex systems and recognise children as clients in their own right. Moreover, they promote the advancement of gender equality by recognising the complexity of intersectionality, and acknowledging that victims/survivors are best qualified to decide their pathway to recovery from violence and trauma (Zweig and Burt, 2007).

Specialist women's services provide expert, integrated and coordinated support for victims/survivors and contribute to better long and short-term outcomes for women and children who have been subjected to violence. They have a greater capacity to recognise and dismantle barriers, and to counteract negative social messages and myths that may deter or undermine women's disclosure of violence (Queensland sexual assault services, 2010). Research in the United Kingdom has shown that women would often not have sought support for themselves and their children if services had been mainstreamed, as compared to specialist women's services (Women's Resource Centre, 2007). As a result, women-centred and women-led services are widely acknowledged in international minimum support standards and frameworks (Council of Europe, 2008, UN Women et al., 2016). This is consistent with evidence from Aboriginal and Torres Strait Islander community controlled services that embed cultural safety and are more effective than generalist services (Panaretto et al., 2014).

Specialist women's services work with other specialist women's organisations, including women's legal services, women's health services, women's information services, working women's centres and services led by diverse groups of women, to provide holistic support to women and their children so they can live free of violence. While some services responding to violence also provide support to men and non-binary people, they do so in a way that also recognises the gendered dynamics of violence. These services work not only to support victims/survivors "but also to collectively transform the conditions of society that make violence possible in the first place, through primary prevention strategies, systemic advocacy, political reform and social change campaigning." Being attentive to existing power imbalance, these services seek to restore power, dignity and strength to victims/survivors, while advocating more broadly for social justice and equality, in the recognition that people of all genders experience detrimental consequences of rigid gender expectations and the violent use of power (National Association of Services Against Sexual Violence, 2015).

USING THIS BROCHURE

To produce this brochure, we've drawn on AWAVA's 2016 Policy Brief on the unique role of specialist women's services in ending violence against women which outlined their practice model (AWAVA, 2016). In addition, using the good practice principles outlined in this brief, in 2020, we conducted a survey of the victims/survivors' experience of services with an aim to identify their views on effective and responsive service provision. Victims/survivors reported that when they accessed specialist women's services, they were better equipped to support them, compared to the experiences with generalist services (AWAVA, 2020). We've used both documents as well as available sector practice guidelines to issue this 2020 update of the Good Practice Principles.

The purpose of this brochure is to synthesise the unique and effective practice model derived from the specialist women's services to inform policy direction and practices of generalist services who also work with victims/survivors of sexual and gender-based violence. We use the language of 'specialist women's services' to draw on their practice model and to outline required expertise however we also recognise the role community-led and –controlled organisations play in prevention and responses. Applying these principles will result in safe, just and effective outcomes for victims/survivors regardless of their backgrounds.

There are eight Good Practice Principles outlined in this document:



- Principle 1: A human rights-based approach**
- Principle 2: An intersectional feminist approach**
- Principle 3: A victim/survivor centred practice and empowerment approach**
- Principle 4: Safety and risk focus**
- Principle 5: Trauma-informed practice**
- Principle 6: Perpetrator accountability**
- Principle 7: Confidentiality, organisational accountability and service responsiveness**
- Principle 8: Interagency collaboration**

All these good practice principles are being applied by the specialist women's services. They build on feminist and social justice approaches to responding to sexual and gender-based violence and are informed by the gendered understanding of drivers of violence. The use of a feminist approach ensures that sexual and gender-based violence is understood in terms of power dynamics and social structures, rather than treated as purely individual experiences. A feminist framework locates violence against women and children as occurring within a patriarchal society where patriarchal dominance and privilege are normalised (AWAVA, 2020).

These principles must be observed in their totality and are interlinked in their application. This means that a service cannot embed safety for victims/survivors (principle 4) without trauma-informed practice (principle 5), the centrality of victims/survivors' voices in decision making processes (principle 3) without adopting an intersectional feminist lens (principle 2), and enacting accountability practices (principle 7). Similarly, perpetrator accountability (principles 6) cannot be achieved without multi-sectoral coordination (principle 8) and a human rights-based approach (principle 1). Given the proven efficacy of this model, it is important that new and existing organisations incorporate these principles in their service provision to achieve the best possible outcomes for victims/survivors.



GOOD PRACTICE
PRINCIPLES



PRINCIPLE 1:

A HUMAN RIGHTS-BASED APPROACH

A human rights-based approach centres the rights of victim/survivors. It ensures that sexual and gender-based violence is recognised as a fundamental violation of human rights, which is systemic and both a cause and consequence of gender inequality and discrimination. It acknowledges that violence disproportionately impacts women, children, LGBTQ+ people, people with disability, Aboriginal and Torres Strait Islander women and migrant and refugee women, especially those on temporary visas. A rights-based approach highlights that responses must not only address the impacts of violence, but must also deal with the root causes of gender inequality and other intersecting dimensions of inequality (UN Women et al., 2016).

A human rights-based approach recognises that governments have an obligation to protect, promote and fulfil women's and children's rights. This approach requires services to develop the capacity of women as "rights holders" to play an active role in accessing and benefiting from the rights in which they are entitled. This includes ensuring the creation of avenues for victims/survivors to have their voices heard (UN Women et al., 2016).

From a client perspective, a human rights-based approach ensures respect, non-discrimination and non-judgemental attitudes to all victims/survivors (AWAVA, 2020). For example, sexual and reproductive health rights have been declared to be women's rights, placing sexual and reproductive autonomy within women's rights frameworks (CEDAW, 2018; OHCHR, 2020). Applying a human rights-based approach ensures that all victims/survivors will be eligible for support regardless of their background, including their migration status.



PRACTICE GUIDING CONSIDERATIONS:

To assess whether your service is operating through **a human rights-based approach**, would you agree with the following statements being applied in your organisation?

- ☐ Victims/survivor's experiences of violence are recognised as a violation of their rights.
- ☐ Victims/survivor's experiences are always validated and none of your colleagues would ever covertly or overtly blame or stereotype the victim/survivor
- ☐ A victim/survivor is informed that they have a right to accept or refuse a service offered without judgement or consequences.
- ☐ The voice of the victim/survivor is central to the decision making about what supports they require and receive.



PRINCIPLE 2:

AN INTERSECTIONAL AND EQUITABLE FEMINIST APPROACH

A service takes into account and appropriately responds to victims/survivors who face multiple and intersecting forms of discrimination, including discrimination based on gender, age, culture, disability, ethnicity, migration status, sexual orientation, gender identity, marital status, occupation, race, religion, social status, health status etc. A properly accessible service system includes 'mainstream' women's services that are fully competent to support cis women, trans women and non-binary people with a wide range of circumstances and backgrounds, together with numerous and well-resourced specialist services that are specifically devoted to supporting people with shared experiences and characteristics, such as Aboriginal and Torres Strait Islander women, women with disabilities or women on temporary visas.

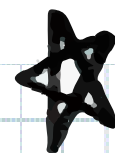
Adopting an intersectional feminist approach means that a service understands barriers that prevent victims/survivors from accessing services that may include "feeling of shared responsibility for children, concerns about financial consequences, lack of knowledge, cultural stigma", service mistrust, fears of being outed, fears for not being believed for those who are LGBTIQ+, etc (Domestic Violence NSW, 2017).

Services that operate with these principles are therefore inclusive of all women based on their self-identification. They are also well trained and equipped to respond to LGBTIQ+ people (for example, understanding that it is an ex-partner who may be violent and not a current same sex partner) (With Respect, 2020). Access to interpreters is provided upon request and free of charge. Where a service has no capacity to support a victim/survivor, active referral pathways must be in place to make sure that the needs of victims/survivors are met.

Where this system does not yet exist, services and their representative organisations recognise an obligation to work towards it both internally, through competence training, accountability and capacity-building, and externally, through sector development and by advocating for more resources to be allocated to services specifically devoted to people who are particularly marginalised. For instance, ANROWS reports that it is important to cultivate stronger ties between specialist women's

services and local Aboriginal and Torres Strait Islander community controlled organisations and leaders in order to fully meet the needs of Aboriginal and Torres Strait Islander women (ANROWS, 2017B).

Lastly, applying this principle means that a service works towards promoting gender equality and understands that it is not possible to achieve it without addressing homophobia, transphobia, racism, xenophobia, ableism and ageism. It does so in a manner that is accountable to the communities it serves (UNFPA, 2019).



PRACTICE GUIDING CONSIDERATIONS:

To assess whether your service is operating through **an intersectional and equitable feminist approach**, would you agree with the following statements being applied in your organisation?

- ☐ Feedback from service users confirms that services provided are gender-responsive, trauma-informed, accessible, affirmative and equitable.
- ☐ Service workers use non-judgemental language such as open-ended questions to identify person's gender and use correct pronouns.
- ☐ A service is physically accessible and can be tailored as required to identify and meet the needs of a woman and/or children with disabilities.
- ☐ A service provides translated resources and an interpreter at no-cost to the victim/survivor.
- ☐ A service provides support and resources to women on temporary visas, or if outside of funding parameters instead provides comprehensive referral and support pathways and participates in advocacy for equity of access for women and their children on temporary visas.
- ☐ A service has a Reconciliation Action Plan, or an Aboriginal Cultural Safety Framework, either following guidelines of Reconciliation Australia or following leadership of local Elders.
- ☐ A service has considered completing the Rainbow Tick process or has an alternative LGBTIQ+ inclusion framework. It displays a rainbow flag alongside Aboriginal and Torres Strait Islander flags near the entrance or reception areas to indicate commitment to the rights of all LGBTIQ+ persons.
- ☐ Service workers are trained on being active-bystanders in the workplace to speak out if witnessing discrimination against staff or victims/survivors.
- ☐ A service has an anti-discrimination policy, including conflict resolution and grievance processes for victims/survivors or staff who have experienced discrimination.
- ☐ A service undertakes an annual review of barriers to access services based on data collected on victims/survivors from diverse backgrounds.
- ☐ A service is accessible to women with pets if physically possible or arranges appropriate accommodation options for them.

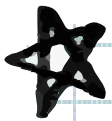


PRINCIPLE 3:

A VICTIM/SURVIVOR CENTRED PRACTICE AND EMPOWERMENT APPROACH

Adopting a victim/survivor-centred approach ensures that specific attention is applied to individual women's and children's safety, confidentiality and well-being throughout all functions of a service. Victims/survivors are believed when they share their experiences of sexual and gender-based violence (AWAVA, 2020). The role of the services lies in assisting them to "restore dignity and control over their lives without coercion or negative judgement" (Domestic Violence Victoria, 2020). Victims/survivors have a right to choose and refuse services based on their needs. In addition, applying this principle also ensures children are recognised as clients in their own right. This enables an understanding of cumulative effects of violence on children and prioritises children's safety and wellbeing.

Service staff are trained to understand trauma and address the multiple and complex needs of victims/survivors as well as the impact of decisions and actions taken. This understanding can help dismantle barriers to services and assist clients to navigate complex systems such as child protection, police, courts, immigration and income support. This non-victim-blaming approach can also provide more space to redress the loss of personal power, and to restore self-respect and confidence by actively addressing shame or self-blaming, thereby ensuring that the responsibility for the violence lies with the person who has perpetrated it.



PRACTICE GUIDING CONSIDERATIONS:

To assess whether your service is operating through a **victim/survivor centred practice and empowerment approach**, would you agree with the following statements being applied in your organisation?

- ☐ Victims/survivors are given a choice about what services to use, and within those services have the right to ask for a change in support worker without judgement or consequence.
- ☐ The attitude of workers in a service are affirming of the decisions made by a victim/survivor.
- ☐ Victims/survivors remain in control of decisions being made about their situation.
- ☐ Services are delivered through a strength-based approach and aim to empower victims/survivors.
- ☐ A support worker understands complex experiences of violence and what barriers a victim/survivor has to overcome to find safety.
- ☐ A service focuses on the strengths of and helps to empower a victim/survivor, rather than making them feel powerless.
- ☐ A victim/survivor has numerous opportunities to provide feedback on the services provided, and their feedback is incorporated into continuous improvement processes.
- ☐ Organisational governance frameworks have leadership strategies in place to platform, hear and account for the diverse perspectives of victims/survivors.

As well as putting into practice a gendered understanding of violence, a service aims to redress the underlying inequalities and power imbalances that women encounter in day-to-day life. Empowerment is promoted not just as an individual process but as a collective effort towards social change. By positioning victims/survivors as active participants, in control of their own journey, they remain at the centre of decision making at all times. Empowerment methods work to recognise, respect and promote women's agency and support women to consider their own interests, obligations and risks when making decisions—including situations where a woman might decide not to use available services. By placing interests of victims/survivors first, providing them with information and education as well as social and economic support, victims/survivors are supported to have the agency to make informed decisions and choices that are right for them, whatever that may be (Allen et al., 2012, Zweig and Burt, 2007).

In addition, this approach also recognises children as clients in their own right. It acknowledges the cumulative effects of violence on children and prioritises children's safety and wellbeing (Domestic Violence Victoria, 2020).



PRINCIPLE 4:

SAFETY AND RISK FOCUS

This principle includes physical, psychological and cultural safety of victims/survivors as well as safety for support workers (such as training and management of vicarious trauma (Domestic Violence NSW, 2019; see Principle 5)

The physical and psychosocial safety and security of victims/survivors subjected to violence is paramount for effective service responses and must be a foundational standard of any service. A service recognises that victims/survivors face many risks to their immediate and ongoing safety, which change over time and may shift suddenly, usually beyond the control of the victims/survivors. It is also important that services understand how these risks are specific to individual circumstances. Safety for children and young people is also of paramount consideration (Australian Human Rights Commission, 2018).

The safety of victims/survivors must be placed at the centre of the service's practices at all times through a continuous process of ongoing risk assessment, safety planning and risk management. Best practice risk assessment and management requires consistent and coordinated approaches within and between community, health, education and justice sectors. For example, in the context of women at risk of homelessness, it is crucial that they have access to immediate and secure emergency and short-term accommodation, and that there are also systems to support women to remain at home if it is safe to do so. Risk and safety assessment, safety planning and risk management also need to factor in the misuse of technology by abusers (Woodlock et al., 2020). Services addressing accommodation and housing needs must also prioritise the safety and confidentiality of women and children, be gender-responsive, trauma-informed, accessible and appropriate, and be driven by principles of empowerment (Tually et al., 2008).

Identification and mitigation of risks must be underpinned by organisational policies and procedures (Domestic Violence NSW, 2019). Principles of safety must be responsive to the cultural safety needs of Aboriginal and Torres Strait Islander women, migrant and refugee women and LGBTIQ+ people. Risk and safety assessment must be underpinned by "an intersectional analysis to ascertain any issues caused by systemic discrimination and marginalisation" (Domestic Violence Victoria, 2020).



PRACTICE GUIDING CONSIDERATIONS:

To assess whether your service is operating through a **safety and risk focus**, would you agree with the following statements being applied in your organisation?

- ☐ A service focuses on the safety of a victim/survivor as well as the safety of their children.
- ☐ A service is able to identify risks and assess safety needs, including for children and young people.
- ☐ A service works with a victim/survivor to develop and maintain a thorough safety plan.
- ☐ A service has a risk management plan in place to ensure victim/survivor and worker safety, and that risk management plan is reviewed on a regular basis.
- ☐ A safety plan is reviewed on an ongoing basis to ensure that it responds to the needs at the time.
- ☐ A victim/survivor has numerous opportunities to provide feedback on their perceptions of safety and risk as a service user, and their feedback is incorporated into continuous improvement processes.
- ☐ A service has a strategy to incorporate the safety of and access to pets.
- ☐ Workers have access to debriefing and are provided with immediate access to support and supervision to guide responses to identified threats to safety.



PRINCIPLE 5:

TRAUMA-INFORMED PRACTICE

Trauma-informed practice means 'adapting practice that aligns with a strengths-based framework grounded in an understanding of, and responsiveness to, the impact of trauma' (Domestic Violence NSW, 2019).

Trauma-informed practice goes hand-in-hand with understanding trauma and its impacts, ongoing assessment of risks and safety needs of victims/survivors, cultural competency, enabling recovery, integrated care and victim/survivor's centrality in decision making. It also ensures that support workers are trained and have the ability to prevent and manage compassion fatigue and vicarious trauma. Trauma-informed practice understands that victims/survivors are having a normal reaction to a trauma. Trauma-informed practice ensures victims/survivors are provided with integrated support so that the need to retell their experience is minimised to avoid further retraumatisation.

Services must also be aware of the risks regarding workers burnout which can lead to serious emotional and health problems. A number of factors can contribute to burn out, including vicarious trauma, high volume of work, cumulative stress and chronic sense of hopelessness (Domestic Violence NSW, 2019).

Vicarious trauma is the cumulative effects of exposure to information about traumatic events and experiences, potentially leading to distress, dissatisfaction, hopelessness and serious mental and physical health problems (Domestic Violence Victoria, 2020). Actively participating in advocacy and structural change can help with vicarious resilience in support workers.



PRACTICE GUIDING CONSIDERATIONS:

To assess whether your service is operating through **trauma-informed practice**, would you agree with the following statements being applied in your organisation?

- ☐ A service has a policy that clarifies how trauma-informed approaches are integrated into service provision and human resource management practices
- ☐ All workers including management are trained in trauma-informed practice.
- ☐ All workers possess a nuanced understanding of the intersectional impacts of sexual and gender-based violence.
- ☐ Victims/survivors do not have to retell their story to access different parts of the service.
- ☐ All workers have access to supervision and debriefing as a part of management strategies for preventing and assessing risk of vicarious trauma.
- ☐ All support workers are trained to understand trauma and address multiple and complex needs of their clients.
- ☐ A service has resourced social, emotional and cultural support pathways for staff, that may include external supervision or peer support options with sister services.
- ☐ A service works to foster resilience in the workplace, and encourages activism against discrimination, victim-blaming and the social drivers of sexual and gender-based violence. It also provides formal and informal supervision such as providing a space to unwind and debrief, opportunities to exercise on lunch breaks and other self-care activities.



PRINCIPLE 6:

PERPETRATOR ACCOUNTABILITY

To end sexual and gender-based violence, all services involved in preventing and responding to this violence must contribute to perpetrator accountability.

Services also play an important role in supporting and facilitating the victim/survivor's interactions with all relevant systems including the justice system, promoting their capacity to exercise their personal agency, and working towards a situation in which the burden of seeking justice is borne by the state and not the victim/survivor (UN Women et al., 2016).

Any action undertaken by the services to promote perpetrator accountability must centre the safety of victims/survivors, consent and their centrality in decision making (Domestic Violence Victoria, 2020).



PRACTICE GUIDING CONSIDERATIONS:

To assess whether your service is operating through a **perpetrator accountability lens**, would you agree with the following statements being applied in your organisation?

- ☐ A service validates victim/survivors' experiences of violence and reinforces perpetrator accountability.
- ☐ A service helps victims/survivors to navigate multiple systems (such as courts), giving them the chance to decide for themselves and preventing the perpetrator from being able to manipulate the systems.
- ☐ A service contributes to societal change with community education materials and public relations that continue to challenge myths and misconceptions that lead to victim blaming and shaming.
- ☐ Violence is not condoned, tolerated, excused, minimised or perpetuated in any way by the service.



PRINCIPLE 7:

CONFIDENTIALITY, ORGANISATIONAL ACCOUNTABILITY AND SERVICE RESPONSIVENESS

According to this principle, services are responsive to the needs of victim/survivors, providing them with integrated support or referring them to other services where other support will be provided. Support workers are clear and transparent with what types of support can be provided at a given service (AWAVA, 2020).

Services are collaborating in providing support and leading a coordinated response for a victim/survivor. The purpose of collaboration is to provide an integrated support response, address specific needs and minimise silos and duplication.

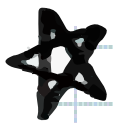
This principle encompasses a number of operational issues, including confidentiality, informed consent and data management practices. Confidentiality is key to safety of victims/survivors and support workers must be able to maintain privacy. This means not sharing any victims/survivors' details with other services or individuals without their consent. This is also relevant to LGBTIQ+ people whose sexual orientation, gender identity or intersex status must not be outed to others. Victims/survivors must be informed of the privacy and confidentiality policy of the service. Consent-seeking must be prioritised as it is a key component for victims/survivor's centred decision making in rebuilding their lives (Domestic Violence Victoria, 2020).

Information sharing practices utilising informed consent, or by legislation through prescribed agencies, mitigate the risks of a victim/survivor being wrongly identified as a perpetrator. This is particularly salient for women who face compounded discriminations, such as women with mental health conditions, Aboriginal and Torres Strait Islander women, women with disabilities, women

from refugee and migrant backgrounds, and LGBTIQ+ people. It is the responsibility of the service to “critically reflect on the biases that perpetuate the misidentification of victim-survivors, ensure that corrections are made within record-keeping and information-sharing processes (within the service itself and through feedback to other services and systems that hold this information), and advocate for reforms to address the perpetuation of this problem” (Domestic Violence Victoria, 2020).

This principle is also linked to trauma-informed practices through ensuring that retelling of stories and experiences is minimised across different parts of the service (Domestic Violence Victoria, 2020).

Data management practices need to be robust and be designed to not only guard against general cybersafety threats of a random nature but also of a targeted nature by perpetrators with specific motivations.



PRACTICE GUIDING CONSIDERATIONS:

To assess whether your service is ensuring **confidentiality, organisational accountability and is responsive**, would you agree with the following statements being applied in your organisation?

- ☐ Support workers are clear about their role and limitation of what they could do and where they would need to refer to other services.
- ☐ A service is confidential and the confidentiality policy is explained to each victim/survivor.
- ☐ A service seeks feedback about their support from victims/survivors and their feedback is incorporated into continuous improvement processes.
- ☐ Where the information about the experiences and circumstances of a victim/survivor is shared, it is done without any risks to them, in a safe manner with their consent or as legislated for prescribed agencies.
- ☐ A service never discloses any personal identities or circumstances to other services without an explicit consent by a victim/survivor or as prescribed by legislation.
- ☐ A service has an annual report or other reporting as accountability mechanisms that demonstrate continuous improvement to victim/survivors and the general community.
- ☐ Individuals in contact with the service have a right to both safety and privacy but, where these rights are in tension, victim-survivor safety prevails. Where there is tension between the rights of an adult and the rights of a child, the rights of the child prevail.
- ☐ Victim-survivors have the right to access information held about them by the service and are able to correct that information.
- ☐ Data about the victim/survivors and the support workers is secure and protected. A service has very high standards of data privacy and security in all aspects of its operations.



PRINCIPLE 8:

INTERAGENCY COLLABORATION

Sexual and gender-based violence is a complex issue requiring a coordinated multi-pronged approach to address it. A strong collaboration across services can enhance effectiveness in addressing the spectrum of violence and track change over time. Services work with other organisations, including legal, health, information services to provide holistic support to women and their children so they can live free of violence. While some services responding to violence also provide support to men and other people who are non-gender binary, they do so in a way that also recognises the gendered dynamics of violence. These services work not only to support victims/survivors “but also to collectively transform the conditions of society that make violence possible in the first place, through primary prevention strategies, systemic advocacy, political reform and social change campaigning” (Domestic Violence Victoria, 2020).

There are a number of benefits to collaborative practices in formalising referral pathways, sharing information, and resources, and cross-training between services (ANROWS, 2020). Firstly, victims/survivors are more likely to have their various needs met by different service providers. Secondly, the collaboration is more likely to reduce risks for secondary victimisation where victims/survivors have to retell their stories multiple times or are faced with inappropriate service responses. Thirdly, collaboration can lead to improved outcome with more holistic response strategies, including safety and financial security for the victims/survivors and their children as well as perpetrator accountability and behavioural change programs. Fourthly, collaborative practices can be more cost-effective and reduce duplication. Collaboration can be beneficial to the service staff as they are able to share workloads and refer to colleagues with specialised skills on various issues and support one another with decision making. It also demonstrates to the victim/survivor that multiple services are there to support them.

A study conducted by ANROWS has found that for victims/survivors to heal from the trauma caused by the abuse, supportive counselling is essential along with holistic health services that understand their individual experiences and respond accordingly to empower women (ANROWS, 2017A). The healing process is supported by being connected to services and services that are connected with each other. Victims/survivors interviewed in the same study also pointed out that services need to be holistic in supporting women with multiple compounding concerns, such as family violence, alcohol and drug abuse, having a disability, and being from Aboriginal and Torres Strait Islander background or women from migrant and refugee backgrounds. Women emphasised the importance of being able to easily access appropriate ongoing trauma-informed services that share information, provide referrals, and support women in accessing help for their complex issues at all times, not only during crises.

Underpinned by the victim/survivor-centred approach, the multisectoral collaboration between essential services, including health, welfare, justice, migration, police and disaster responses serves to minimise the number of visits and to streamline referral pathways for victims/survivors of violence. A consistency in standards of practice and an intersectional lens needs to be mainstreamed throughout all services driving on the best practice principles and standards developed by specialist women’s services (AWAVA, 2016).

Disaster planning needs to include and coordinate with specialist women’s services to ensure appropriate responses for victims/survivors. Further, support service workers responding to disasters must be training to recognise and respond to sexual and gender-based violence. Previous

experience shows that involving domestic and family violence services, sexual assault services, and women's health services from the beginning is crucial for gender-sensitive approaches to recovery.



PRACTICE GUIDING CONSIDERATIONS:

To assess whether **interagency collaboration is in place**, would you agree with the following statements being applied in your organisation?

- ☐ There is a framework for multi-sectoral collaboration, including a framework for disaster response and a process to monitor progress.
- ☐ There is a common understanding among all providers of the gendered causes and consequences of sexual and gender-based violence and an agreement that institutions and not victims/survivors are responsible for addressing violence.
- ☐ There is a set of agreed common terminology and procedure for risk assessment, recording and reporting between the agencies.
- ☐ Shared policies and protocols have been developed for referral pathways and files sharing.
- ☐ Roles and responsibilities of each agency and persons involved are clearly defined.
- ☐ There are opportunities for information and resource sharing, including cross-sector capacity building or peer support between services.
- ☐ Formal consent is sought from victims/survivors about sharing of information and files between services unless legislation provides this through prescribed agencies..
- ☐ There is close proximity or co-location among services wherever possible.
- ☐ Formalised processes for collaboration and referral are co-reviewed regularly and strengthened over time.

OTHER USEFUL RESOURCES

Australia's National Research Organisation for Women's Safety (2017). Women's Input to a Trauma-informed systems model of care in Health settings: The WITH study. Available at: <https://www.anrows.org.au/project/womens-input-to-a-trauma-informed-systems-model-of-care-in-health-settings/>

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UNFPA Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/GBVIE.MinimumStandards.Publication.FINAL_ENG_.pdf

UNFPA (2019) The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming. Available at: <https://www.unfpa.org/minimum-standards>

Victoria Royal Commission into Family Violence (2016) volume 2, section 8 Specialist Family Violence Services . Available at: <http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-II.pdf>

With Respect, Practice Guide, Family Violence and LGBTIQ+ people . Available at: <https://www.withrespect.org.au/practice-guide/>

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