

CHCDFV001

**Recognise
and respond
appropriately to
domestic and family
violence**

Release 1

Learner Guide

Aspire Version 1.1



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CHCDFV001 Recognise and respond appropriately to domestic and family violence, Release 1

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Level 1, 464 St Kilda Road
MELBOURNE VIC 3004 AUSTRALIA
Phone (03) 9820 1300

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Contact details

Participant

Name:

Start date:

Phone number:

Email:

Work location

Name:

Address:

Postal address:

Workplace supervisor name:

Phone number:

Fax:

Email:

Registered Training Organisation (RTO)

Name:

Address:

Postal address (if different):

Phone number:

Fax:

RTO contact name:

Mobile:

Email:

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Before you begin

This Learner Guide is based on the unit of competency *CHCDFV001 Recognise and respond appropriately to domestic and family violence*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at:

www.training.gov.au.

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete. The features of this Learner Guide are detailed in the following table.

Icon	Feature	How you can use each feature
	Learning content	▶ Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
	Examples	▶ These highlight key learning points and provide realistic examples of workplace situations.
	Practice Tasks	▶ Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.
	Summaries	▶ Key learning points are provided at the end of each topic.
	Learning Checkpoints	▶ There is a Learning Checkpoint at the end of each topic. Your trainer will tell you which Learning Checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this Learner Guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going ▶ Making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes. Reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Working with clients affected by domestic and family violence	1A Understanding domestic and family violence	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Supporting client and worker safety	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Organisation standards and procedures and legislative and statutory requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Identifying client needs	2A Informing clients about rights and responsibilities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Developing rapport and promoting confidence	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Showing sensitivity to clients' specific needs and cultural and family background	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Determining priorities and responding to risks and threats	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Responding to client needs	3A Identifying worker and workplace limitations	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Prioritising the physical and emotional safety of clients, their family and workers	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Negotiating and agreeing on strategies for intervention with clients before starting work	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Providing clients with information about available services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Records, reports and referral information	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn about:

- 1A Understanding domestic and family violence**

- 1B Supporting client and worker safety**

- 1C Organisation standards and procedures and legislative and statutory requirements**

Working with clients affected by domestic and family violence

In order to provide support to people experiencing domestic and family violence, you need a sound understanding of the legal and ethical considerations that underpin it.

Insights into community attitudes and values will allow you to adopt work practices that support people affected by domestic and family violence.

1A Understanding domestic and family violence

To work with clients affected by domestic and family violence, you need to understand the social context in which abuse occurs

As a community services worker, you need to know what domestic and family violence are and who is affected by them. Though they occur within the family, they can only be understood within a broader social context. You need to be aware of community attitudes towards domestic violence and know the difference between myth and reality.

It is also important to understand the values and philosophies underpinning domestic violence work, and examine your own beliefs and attitudes to ensure that they don't interfere with the support you offer your clients.

What are domestic and family violence?

The central feature of both domestic and family violence is an ongoing pattern of behaviour that one person uses to control another through fear

Family violence is any violence that occurs between family members. It is abuse perpetrated by a person upon other members of a family or household.

Domestic violence is a form of family violence. It is abuse perpetrated by a person upon a current or previous intimate partner as well as other family members living in a household.

The difference between respectful and abusive relationships is that in respectful relationships each person feels free to state their opinions and be themselves. In an abusive relationship, one person tries to dominate the other through physical violence, criticism or threats.

No matter what form it takes, abuse in a relationship is unacceptable. There are no circumstances in which it can be excused.

Types of domestic and family violence

When people think about domestic violence, they often think of *physically* violent acts, such as punching, hitting and kicking. However, there are many different types of domestic violence, all of which are harmful.

Types of domestic and family violence	Examples
Verbal abuse	<ul style="list-style-type: none"> ▶ Screaming, shouting, name-calling ▶ Continuous humiliation (in private or public) ▶ Criticising a person's intelligence, appearance or sexual behaviour ▶ Ridiculing a person's religious beliefs or cultural background

Types of domestic and family violence	Examples
Psychological abuse	<ul style="list-style-type: none"> ▶ Creating fear (e.g. driving dangerously, possessing weapons) ▶ Destroying property ▶ Hurting or killing pets ▶ Making threats about child custody
Emotional abuse	<ul style="list-style-type: none"> ▶ Blaming the other person for all problems in the relationship ▶ Comparing the person with others to undermine their self-esteem ▶ Emotional blackmail ▶ Threatening suicide
Financial abuse	<ul style="list-style-type: none"> ▶ Not allowing a person to access their own or joint bank accounts ▶ Not allowing a person to work ▶ Forcing a person to sign financial documents ▶ Controlling a person's pension
Physical abuse	<ul style="list-style-type: none"> ▶ Assaulting a person (e.g. choking, biting, slapping, burning, punching, kicking) ▶ Using weapons (including objects) to harm someone ▶ Locking a person in or out of their house ▶ Not allowing a person to sleep
Social abuse	<ul style="list-style-type: none"> ▶ Isolating someone from their family and friends ▶ Limiting a person's contact with family and friends ▶ Restricting a person's access to their phone or car ▶ Physically preventing someone from going out to meet people
Sexual abuse	<ul style="list-style-type: none"> ▶ Pressuring someone to have sex when they don't want to ▶ Forcing someone to have sex without protection against pregnancy or sexually transmitted diseases (STDs) ▶ Making a person perform sexual acts unwillingly ▶ Making sexually degrading comments to a person
Harassment and stalking	<ul style="list-style-type: none"> ▶ Following someone ▶ Harassing someone online or over the phone ▶ Tracking a person (e.g. using their phone or a GPS tracker) ▶ Entering a person's house without their permission

Types of domestic and family violence	Examples
Spiritual/religious abuse	<ul style="list-style-type: none"> ▶ Using religious beliefs to scare, hurt or control someone ▶ Stopping someone from practising their religion ▶ Forcing a person to raise their children according to spiritual beliefs they don't agree with ▶ Using the authority of religious leaders or teachings to force a person to stay in a relationship
Reproductive abuse	<ul style="list-style-type: none"> ▶ Pressuring someone to become pregnant through unprotected sex ▶ Forcing someone to have an abortion ▶ Deliberately passing on an STD ▶ Preventing a person from accessing sexual health services
Image-based abuse	<ul style="list-style-type: none"> ▶ Sharing or threatening to share intimate, nude or sexual photos ▶ Accessing personal computer files to steal images ▶ Photoshopping a person's image into a sexually explicit photo or video ▶ Secretly filming sexual activity or sexual assault
Elder abuse	<ul style="list-style-type: none"> ▶ Stealing money or possessions ▶ Failing to provide basic necessities ▶ Taking over an older person's home without their consent ▶ Preventing access to services

Source: <https://www.facs.nsw.gov.au/domestic-violence/about/types-of-abuse-in-dv>

For more information about types of domestic and family violence, see: [aspirelr.link/1800-respect-dv](https://www.aspirelr.link/1800-respect-dv)

Domestic and family violence in society

Women and children are at greater risk of domestic and family violence than men

Anyone can experience domestic or family violence, and it can occur in any type of relationship, whether it's a same-sex or heterosexual partnership, a family with children, or a person living with a flatmate, friend or carer.

While men do experience domestic and family violence, the majority of victims are women and children.

Gender-based violence

Gender inequality stems from the idea that women are not equal to men. Gender-based domestic violence is both a cause and a consequence of this inequality.

In Australia, one in six women has experienced physical and/or sexual violence by a current or previous partner since the age of 15, compared to one in 16 men. Most women who are currently experiencing domestic violence in their relationship will have experienced more than one violent incident in that relationship.

Australia has made progress in addressing gender inequality. Some examples of this progress include women's right to vote, anti-discrimination laws and paid maternity leave. However, gender inequality is still a problem in Australian society. It is evident, for example, in women's disproportionate share of unpaid caring and domestic work.

Child abuse

Children can be exposed to violence in the home in two ways:

- ▶ Directly experiencing violence (i.e. as the target of the violence)
- ▶ Witnessing violence towards another person (e.g. watching or hearing one parent being violent towards the other)

These are both forms of child abuse.

Children do not have to experience family violence or domestic violence directly to be affected by it. Being exposed to or witnessing family violence can negatively affect a child's development, physical and mental health and general wellbeing. Exposure to family violence includes:

- ▶ Seeing or hearing violence
- ▶ Being told they are to blame for the violence one parent is perpetrating against another
- ▶ Defending a parent against violence
- ▶ Seeing a parent's injuries after a violent incident
- ▶ Helping to care for a parent who has been injured due to domestic violence (e.g. patching up cuts and scratches, calling 000).

Domestic violence is also a risk factor for other forms of child abuse. In families where domestic violence is occurring, children are at risk of other types of abuse, such as emotional abuse and neglect, in addition to direct physical abuse and/or exposure to domestic violence.

A parent's substance abuse, mental health problems or contact with the criminal justice system all make it more likely that a child is vulnerable to family violence.

Community attitudes towards domestic and family violence

Historically, domestic and family violence in Australia were considered a private issue that should be managed within the family.

Community attitudes have since changed and it is now widely recognised that everyone in society is responsible for preventing domestic and family violence. We all have a role to play in challenging the views and attitudes that normalise or excuse violence. Families and communities can also play a role in preventing domestic and family violence by reinforcing key messages to children and young people about respectful relationships.

Governments at all levels also play a significant role in preventing violence by developing relevant policies, guidelines and frameworks, such as *The National Plan to*

Reduce Violence against Women and their Children 2010–2022. Government policy both reflects and influences changing attitudes within the community and helps to challenge common myths about domestic and family violence.

For more information about *The National Plan to Reduce Violence against Women and their Children 2010–2022* see: aspirelr.link/dss-national-plan

Myths about domestic and family violence

Although attitudes in the general community are changing, numerous myths about domestic and family violence still persist. These myths can affect how people seek help and how others respond to their requests. Some of these myths – along with the realities – are listed below.

Myth 1: The only ‘real’ family violence is physical violence

Reality: All types of abuse are harmful, whether they cause physical damage or not. Emotional and psychological abuse can profoundly affect a person’s self-esteem, confidence and mental health and can be very difficult to overcome.

Myth 2: Men experience family violence just as much as women

Reality: Women are sometimes violent towards their partners or children, but family violence is most often inflicted by men upon women and children. Domestic and family violence also occur in same-sex relationships.

Myth 3: Children aren’t really affected by family violence that occurs between their parents

Reality: Children who witness family violence are at greater risk than other children of behavioural and mental health problems. They are also more likely to struggle at school and have more difficulties making and keeping friends.

Myth 4: Family violence happens because women provoke men

Reality: Family violence happens when a person chooses to be violent. Regardless of what a person does or doesn’t do within a relationship, there is no excuse for violence.

Myth 5: Family violence is the result of ‘anger management’ problems

Reality: Problems with anger management are rarely the cause of family violence. In a typical family violence situation, the person using violence chooses to direct their anger at the victim in some settings (e.g. the home) but not in others (e.g. in public with friends and other family). Family violence is not just about anger. It is about power and control.

For more myths and realities about family violence see: aspirelr.link/family-violence-law-myths

Impact of myths about domestic violence

Myths about domestic violence within the community influence people’s attitudes and responses to domestic violence. For example, they can:

- ▶ Discourage people who are experiencing domestic violence from seeking help (e.g. ‘He’s not hitting me, so it’s not really domestic violence.’)
- ▶ Undermine a person’s ability to recognise they are perpetrating violence against their partner (e.g. ‘It’s normal for couples to fight. I shout at her sometimes, but she’s constantly nagging me, so it all evens out.’)

- ▶ Discourage a person from seeking help to address their violent behaviour towards their partner (e.g. 'I'm not worried about the impact on the kids – they don't even know that it's happening.')
- ▶ Influence how a person responds to requests for help from someone experiencing domestic violence (e.g. 'You know he's always had difficulties controlling his anger. You just need to be more patient with him and try not to provoke him.')

Example

Community attitudes towards domestic and family violence

Mariam's de facto partner, Greg, regularly calls her names and puts her down. He tells her that it is her fault that he is so unhappy, and if she lost weight and started dressing more like a 'real' woman, he wouldn't need to pick on her all the time. Mariam wants to leave Greg and is thinking about talking to someone in her family about the situation, but none of them know what Greg is like 'behind closed doors'.

When Mariam is at a family barbecue, her sister makes an offhand comment about a story in the news about domestic violence, saying, 'Unless someone's hitting their wife, it's not really violence.'

'That's so true,' Mariam's cousin agrees. 'Sticks and stones may break my bones, but words will never hurt me – right?'

After hearing this conversation, Mariam changes her mind about seeking help from her family to get out of her relationship with Greg. After all, Greg has never hit her, or even threatened to do so.

Values and philosophies underpinning domestic violence work

Domestic violence work is underpinned by a belief in fundamental human rights

The values and philosophies of organisations working with clients affected by domestic and family violence derive from a belief in human rights and are based on principles of dignity, equality and mutual respect. Basic human rights include freedom of movement, thought and expression, privacy and protection from harm. Everyone has the right to be treated fairly, and to make genuine choices about their own life.

As a domestic violence worker, you make a commitment to support your clients, uphold their rights and empower them to make decisions.

Here are some examples of how the values and philosophies underpinning domestic violence work are reflected in work practices.

Values and philosophies underpinning domestic violence work	Examples of work practices that reflect these values and philosophies
The safety and wellbeing of people subjected to domestic violence must be the first priority	Putting the safety of clients and their children first when responding to domestic and family violence
Everyone has the right to live free from domestic violence	Making sure that clients understand their rights
Relationships should be founded on mutual respect	Encouraging and promoting respectful relationships

Values and philosophies underpinning domestic violence work	Examples of work practices that reflect these values and philosophies
People subjected to domestic violence are entitled to support	Providing victims of domestic violence with information about support programs
People who perpetrate violence should take responsibility for their behaviour	Challenging the views of clients or colleagues who suggest or imply that domestic violence is the fault of the victim
People who perpetrate violence should receive support to change their behaviour	Providing perpetrators of domestic violence with information about support programs to help them change their behaviour
It is everyone's responsibility to work toward the prevention of domestic violence	Challenging the views of clients and colleagues who suggest or imply that domestic violence is a private issue that should be managed within the family
Domestic violence is always unacceptable	Challenging the views of clients and colleagues who suggest or imply that domestic violence is acceptable in certain circumstances
All forms of domestic abuse are unacceptable	Challenging the views of clients and colleagues who suggest or imply that some forms of domestic abuse are not 'real' abuse
A person's socioeconomic status, cultural background or belief system does not make domestic violence acceptable	Challenging the views of clients or colleagues who excuse domestic violence on class, cultural or religious grounds
Domestic violence is widespread and complex	Seeking out opportunities to learn more about domestic violence (e.g. professional development opportunities)
Domestic violence affects the physical, emotional, social and financial wellbeing and security of both individuals and families	Providing holistic support to clients experiencing domestic violence
Domestic violence has devastating effects on a family and its members and results in significant social and economic costs to the community	Challenging the views of clients or colleagues who dismiss or undermine the seriousness of domestic violence

Example**Putting the values and philosophies of domestic violence work into practice**

Jay is a youth worker at Rainbow House, a community centre that provides a drop-in service for young people who identify as LGBTQI+. The service includes social groups, counselling and medium-term supported accommodation for homeless LGBTQI youth.

Jay takes his commitment to preventing violence seriously. To make it clear to his clients that all forms of domestic violence are unacceptable, he sources relevant and appropriate information about respectful relationships and domestic violence and makes it easily accessible, displaying pamphlets at the drop-in service and putting up posters in the foyer of the Rainbow House refuge.

Jay sometimes hears young people perpetuating myths about domestic violence, such as the idea that domestic violence is only a problem in heterosexual relationships. Jay sees it as part of his role to challenge these myths and remind the young people he works with that domestic violence can occur in any type of relationship – whether same-sex or heterosexual.

Personal values and attitudes regarding domestic and family violence

Your personal values and attitudes towards domestic and family violence influence how you work with clients

Your own values and attitudes can influence your response to clients experiencing domestic and family violence. For example, your beliefs may determine:

- ▶ the empathy you show clients
- ▶ the types of questions you ask and the manner in which you ask them (e.g. which questions you ask, how you frame them and the tone you use)
- ▶ the suggestions you offer (e.g. the support services you recommend)
- ▶ how you work with clients who have experienced domestic violence in the past (e.g. the time you allocate to their case).

Reflecting on how you work is an important part of ethical practice. As a community services worker, that means examining your own beliefs and attitudes about domestic and family violence. Identifying and rejecting myths and misinformation will help you work more effectively with clients.



Practice Task 1

Question 1

Draw a line to match each value or philosophy underpinning domestic violence work to the work practice that reflects it.

- | | |
|---|---|
| * Everyone has the right to live free from domestic violence | * Seeking out opportunities to learn more about domestic violence (e.g. professional development opportunities) |
| * People subjected to domestic violence are entitled to support | * Making sure that clients understand their rights |
| * Domestic violence is widespread and complex | * Providing holistic support to clients experiencing domestic violence |
| * Domestic violence affects the physical, emotional, social and financial wellbeing and security of both individuals and families | * Challenging the views of clients or colleagues who dismiss or undermine the seriousness of domestic violence |
| * Domestic violence has devastating effects on a family and its members and results in significant social and economic costs to the community | * Providing victims of domestic violence with information about support programs |

Question 2

Which of the following philosophies underpin domestic violence work? Tick all that apply.

- The first priority in any response to domestic violence is to ensure the safety and wellbeing of all those subjected to it.
- All forms of domestic violence are unacceptable, including emotional, social and financial abuse.
- Domestic violence cannot be excused on class, cultural or religious grounds.
- The responsibility of preventing domestic violence falls on the immediate family, not on the broader community.
- Those who use violence need to take responsibility for their behaviour and be supported to change it.

Question 3

Are the following statements correct? Select yes or no for each one.

- | | | |
|--|-------|------|
| a. Historically, domestic and family violence in Australia was considered a private issue that should be managed within the family; however, community attitudes have since changed and it is now widely recognised that everyone in society is responsible for preventing domestic and family violence. | * Yes | * No |
| b. The belief that women are not equal to men and that men therefore have the right to dominate women still persists in Australian society. Domestic violence both reinforces gender inequality and is reinforced by it. | * Yes | * No |
| c. Children have to experience family violence or directly to be affected by it. | * Yes | * No |
| d. There is no correlation between domestic violence and substance abuse, mental health issues or involvement in criminal activities. | * Yes | * No |
| e. Community attitudes towards domestic and family violence are reflected in and influenced by government policy. | * Yes | * No |

Question 4

List **three** myths that can affect how people experiencing domestic and family violence seek help and how others respond to their requests.

Question 5

Explain how your own values or attitudes towards domestic and family violence can influence your work with clients.

1B Supporting client and worker safety

The safety of clients and workers should be the first priority of any response to domestic and family violence.

When you have a solid plan in place to support clients' safety, you will feel more prepared and confident about responding to domestic and family violence. As part of your planning, it is important to become familiar with organisational policies, procedures and processes designed to keep your clients safe. Worker safety is important too. Community service workers may be exposed to domestic and family violence while in clients' homes or in the workplace. A perpetrator may, for example, make threats or inflict violence on a client in front of a worker, or threaten a worker directly. Exposure to threats or violence is a work health and safety issue, regardless of where it occurs, and must be taken seriously. Your employer has a duty of care towards you, and you have a duty of care to your colleagues as well as your clients.

Planning work practices to support client and worker safety

Spend some time thinking about what you can do to keep yourself and your clients safe

Here are some steps you can take to support your own safety, client safety and safety in your workplace:

- ▶ Make sure you understand your organisation's policies regarding risk assessment and safety planning for clients
- ▶ Learn how to support people who have witnessed traumatic events
- ▶ Ensure you understand your legal responsibilities relating to client safety, such as mandatory reporting of child abuse and neglect
- ▶ Maintain security procedures in the workplace (e.g. locking doors and following visitor sign-in procedures)
- ▶ Be aware of the emergency procedures to follow if violence occurs in your workplace
- ▶ Be aware of the procedures to follow when working outside the office (e.g. working in pairs, letting colleagues know where you are going and how long you will be)
- ▶ Ensure clients feel safe when they are talking with you by using spaces that provide privacy (e.g. a quiet meeting room)
- ▶ Participate in review and feedback processes regarding client and worker safety (e.g. reviewing existing procedures to assess their effectiveness)
- ▶ To prevent vicarious trauma and burnout, participate in debriefing sessions and make use of available supports, such as employee assistance programs

Example

Planning for and supporting client and worker safety

Colleen is a community development officer who recently started working at Open Arms, a not-for-profit organisation that supports women and children who have come to Australia as refugees and asylum seekers through education and early childhood programs.

Colleen is aware that some of the women she works with are at high risk of domestic and family violence, so she spends some time planning and preparing for situations in which clients disclose violence in their relationship or home.

She carefully reads the Open Arms policy regarding risk assessment and safety planning. She also checks the mandatory reporting laws in her state, so that she knows what must be reported. Finally, she familiarises herself with the safety procedures she must follow when she is working outside the office, as well as the Open Arms approach to debriefing.



Practice Task 2

Question 1

Which of the following are appropriate support processes for workers exposed to domestic and family violence? Tick all that apply.

- Approve leave for a team member experiencing domestic and family violence.
- Encourage a colleague who is experiencing domestic and family violence to leave her partner.
- Participate in training on how to identify and respond to domestic and family violence among co-workers.
- Provide information about support services to a co-worker experiencing domestic and family violence.
- Consult with Human Resources and/or security staff about concerns relating to the safety of an employee while they are at work.

Question 2

List **three** work practices you can adopt to support client and worker safety.

1C Organisation standards and procedures and legislative and statutory requirements

It is important for workers interacting with clients to understand the relevant laws as well as organisational standards and procedures

There are a range of legal and ethical concerns that you must take into consideration when working with clients affected by domestic and family violence. As a worker, you should know what is required, legally and ethically, of a person employed in your sector, profession, organisation and role.

An organisation's standards and procedures are designed to ensure that staff comply with their legal and ethical responsibilities. Such requirements are often set out in organisational codes of conduct and policy and procedural documents.

Legal and ethical requirements

You need to understand and apply national and state/territory laws relating to domestic and family violence

Examples of legal and ethical concerns relating to domestic and family violence are listed below.

Legal/ethical concern	Considerations, requirements and responsibilities
Children in the workplace	<p>Children are vulnerable in the workplace, even if they are only bystanders (e.g. accompanying their parent to an appointment).</p> <p>When bringing children into the workplace, check the work health and safety requirements in your state/territory.</p> <p>Workers who are undertaking 'child-related work' are required by law in all Australian states and territories to undergo a Working with Children Check.</p>
Discrimination	<p>People who experience domestic and family violence can also be discriminated against. For example, an employer may unfairly dismiss an employee whose work suffers because they are experiencing domestic violence or because they are frequently absent, rather than offering them support. Victims may also encounter discrimination in accessing support services or negotiating the justice system.</p>
Duty of care	<p>Duty of care is a legal obligation to avoid causing harm. Duty of care arises when harm is 'reasonably foreseeable' if care is not taken.</p> <p>Duty of care refers both to acts and omission: the actions we do take (acts) and the actions we don't take (omission).</p> <p>Service providers who work with clients at risk of or currently experiencing domestic and family violence have a duty of care towards them. For example, if a client discloses to a professional that they are experiencing domestic violence, that professional has a duty of care to provide them with information and support.</p>

<p>Human rights</p>	<p>Domestic and family violence are a violation of human rights according to international human rights law.</p> <p>Australia has ratified (accepted) UN conventions relating to domestic and family violence, such as the <i>Declaration on the Elimination of Violence against Women</i>, and must therefore meet the standards these conventions set.</p>
<p>Mandatory reporting</p>	<p>Every state and territory in Australia has mandatory reporting laws. Mandatory reporting laws require certain groups of people (e.g. teachers, nurses and childcare workers) to report suspected cases of child abuse and neglect to relevant authorities.</p> <p>In some states and territories all types of child abuse must be reported. In others, only some types of abuse must be reported. The groups of people who are required to report abuse also differ according to state and territory.</p>
<p>Privacy, confidentiality and disclosure</p>	<p>In Australia, information collected about individuals is regulated by the <i>Privacy Act 1988</i> (Cth). The act outlines the legal requirements of agencies and organisations must meet in handling personal information, including how that information is:</p> <ul style="list-style-type: none"> ▶ Collected ▶ Used ▶ Disclosed ▶ Stored <p>An organisation must not collect sensitive information from a person unless they have consented. There are, however, exceptions to that rule (e.g. where it is necessary to prevent or lessen a serious and imminent threat to a person's life or health).</p>
<p>Records management</p>	<p>Records management is an important aspect of domestic and family violence work. Detailed records can help when sharing information with other agencies and services and can also be used in legal actions (e.g. family law matters).</p> <p>Workers must be aware of relevant privacy laws, such as those specifying how client information must be stored and protected.</p>
<p>Work health and safety</p>	<p>When a perpetrator makes threats or inflicts violence on a victim at their workplace, it is a work health and safety (WHS) issue. This is true even where the workplace is also the home.</p> <p>Both employers and employees have rights and responsibilities relating to work health and safety.</p>

Organisational compliance with legal and ethical requirements

Organisations have their own standards and procedures relating to domestic and family violence. For example, an organisational policy might outline the steps a practitioner should follow to comply with mandatory reporting requirements.

Here are some examples of how organisations might comply with legal and ethical requirements relating to domestic and family violence.

Children in the workplace

An organisation that provides housing services to families identifies and eliminates workplace hazards that the children of clients may encounter when visiting its offices.

Discrimination

A large national charity provides its workers with training in anti-discrimination law when they are inducted, so that they can advocate for clients facing discrimination.

Duty of care

A service that provides support to newly arrived migrant families has a standard procedure outlining how a practitioner should respond to an adult client's disclosure of domestic violence.

Human rights

A health service has a code of conduct stipulating that verbal abuse is unacceptable in the workplace.

Mandatory reporting

A disability support service has a policy outlining who is responsible for reporting cases of suspected child abuse to the relevant agencies.

Privacy, confidentiality and disclosure

A home-based aged care service has a protocol for ensuring sensitive client information is kept in a password-protected electronic case management system.

Records management

A child and family service has a standard form that is used to make client referrals.

Work health and safety

A service that provides support to homeless youth has a procedure outlining how workers should respond to clients who disclose that they are a victim of domestic violence.

Individual compliance with legal and ethical requirements

In their everyday work, workers are required to make decisions that fulfil their legal and ethical obligations. The individual's decisions will be informed by:

- ▶ The standards and ethics of their sector
- ▶ The standards and ethics of their profession (e.g. social worker, community service worker)
- ▶ Their professional judgment

Here are some examples of how individual workers might comply with legal and ethical requirements relating to domestic and family violence.

Children in the workplace

A family support worker endeavours to include clients' children in decision-making processes in an ethical and age-appropriate way.

Discrimination

A community services worker acts as an advocate for a client who is concerned about losing their job after frequent absences from work while experiencing domestic violence.

Duty of care

A social worker follows her organisation's policy when responding to an adult client's disclosure of domestic violence.

Human rights

A disability support worker regularly reminds his clients that they have a right to feel safe in their home and their relationships.

Mandatory reporting

A nurse home visitor reports suspected child abuse to the relevant child protection authority.

Privacy, confidentiality and disclosure

A community support worker seeks a client's consent before collecting sensitive information and also explains why the information is being collected, how it will be used and shared and the possible consequences for the client.

Records management

A family support worker makes a habit of logging off her computer when she is not at her desk to ensure that sensitive client information cannot be accessed by an unauthorised person.

Work health and safety

A community service worker follows his organisation's visitor sign-in procedures to ensure his own safety and that of his clients and colleagues.

Organisational requirements

Your organisation will have procedures, practices and standards related to domestic and family violence.

Common areas in which procedures, practices and standards apply include:

- ▶ Case management – a process with defined steps, taken in order, starting with assessment and then moving on to planning, implementation of a case plan, monitoring and finally review
- ▶ Interventions – programs designed to bring about improved outcomes for clients
- ▶ Making referrals – putting clients in touch with services that can help them (e.g. referring a client to a legal or housing service)

- ▶ Receiving referrals – acting on client referrals from other organisations, agencies or services (e.g. schools, emergency services)

You will need to be aware of and comply with your organisation’s procedures, practices and standards. Some examples are provided below.

Procedure, practice or standard	Example
Client assessment	<ul style="list-style-type: none"> ▶ Routine screening of all clients ▶ The use of specific tools to assess risk
Allocation of services	<ul style="list-style-type: none"> ▶ Transparent decision-making ▶ Allocating services based on clients’ needs
Case management	<ul style="list-style-type: none"> ▶ Documenting a client’s initial assessment and case plan ▶ Reviewing the initial assessment and the implementation and monitoring of the case plan ▶ Seeking regular feedback about a client’s changing needs
Interviewing	<ul style="list-style-type: none"> ▶ How and when technology (e.g. recording devices) should be used during client interviews ▶ How and when information from an interview is documented in case notes
Use of resources	<ul style="list-style-type: none"> ▶ Delegation of authority (e.g. who can approve the purchase of resources) ▶ The proper use of staff, funds and equipment
Interventions	<ul style="list-style-type: none"> ▶ Designing intervention programs to meet certain quality standards ▶ Requiring staff to record data that can be used for evaluation purposes
Referral	<ul style="list-style-type: none"> ▶ Sharing information with another service ▶ Providing referral documentation

Example

Complying with legal, ethical and organisational requirements

Owen is a personal care assistant who works for an organisation that provides home-based care for older people. He has a good relationship with his client, June, whose adult son, Gerald, recently moved into her house after a messy divorce.

On two occasions since Gerald moved in, Owen has noticed bruises on June’s arms. Generally, she appears much more anxious than usual. Owen takes his duty of care to June seriously. He follows the procedures outlined in his organisation’s policy manual for addressing potential family violence.

June has recently been assessed as having the mental capacity to make informed decisions, and she is not in immediate danger or at risk of significant harm, so the first step is for Owen to talk to June about his concerns in a safe and respectful way.



Practice Task 3

Question 1

Draw a line to match each legal and ethical consideration with its practical application.

- | | |
|-----------------------------|--|
| * Children in the workplace | * A nurse home visitor follows her organisation's policy for responding to an elderly client's disclosure of domestic violence. |
| * Discrimination | * A school nurse reports suspected child abuse to the relevant child protection authority. |
| * Duty of care | * A disability support worker regularly reminds his clients that they have a right to feel safe in their home and their relationships. |
| * Human rights | * A community services worker acts as an advocate for a client who is concerned about losing their job after frequent absences from work while experiencing domestic violence. |
| * Mandatory reporting | * A family support worker endeavours to include clients' children in decision-making processes in an ethical and age-appropriate way. |

Question 2

Are the following statements correct? Select yes or no for each one.

- | | | |
|--|-------|------|
| a. Under the <i>Privacy Act 1988</i> (Cth), an organisation must not collect sensitive information from a person unless they have consented. There are, however, exceptions to that rule (e.g. where it is necessary to prevent or lessen a serious and imminent threat to a person's life or health). | * Yes | * No |
| b. All information collected as part of domestic violence work must be securely stored, as it contains personal and sensitive details of clients' lives. | * Yes | * No |
| c. Codes of conduct are not relevant in domestic violence work due to the complex and unpredictable nature of the work. | * Yes | * No |
| d. Domestic and family violence is not a work health and safety issue, because it occurs in a person's home. | * Yes | * No |

Question 3

Which of the following statements about referrals are true? Tick all that apply.

- Making referrals means putting clients in touch with services that can help them.
- Workers must comply with their organisation's procedures, practices or standards when receiving referrals from other organisations, agencies or services.
- Referral protocols could include processes or standards for sharing information with another service and providing referral documentation.

Question 4

Number the following steps in the case management process in order from 1 to 5.

- Monitoring
- Review
- Planning
- Implementation
- Assessment

Question 5

Draw a line to match each procedure, practice or standard to the corresponding example.

- | | |
|---------------------------|--|
| * Client assessment | * Designing intervention programs to meet certain quality standards |
| * Allocation of services | * The use of specific tools to assess risk |
| * Interviewing | * Allocating services based on clients' needs |
| * Use of resources | * How and when technology (e.g. recording devices) should be used during client interviews |
| * Programmed intervention | * The proper use of staff, funds and equipment |



Summary

- ▶ Family violence is any violence that occurs between family members
- ▶ Domestic violence is a form of family violence involving current or previous intimate partners as well as children living in the same household.
- ▶ Domestic and family violence includes physical violence as well as other types of violence such as emotional and social violence, harassment and stalking
- ▶ A worker's own values and beliefs about domestic and family violence influence how they work with clients
- ▶ The values and philosophies that underpin domestic and family violence work are based on fundamental human rights
- ▶ The safety of clients and workers should be the first priority of any response to domestic and family violence
- ▶ Workers' exposure to domestic and family violence is a work health and safety issue
- ▶ In Australia, there are laws relating directly to domestic and family violence, such as mandatory reporting laws, as well as laws that are relevant to domestic and family violence, such as laws relating to discrimination and duty of care



Learning Checkpoint 1

Working with clients affected by domestic and family violence

Part A

1. Which of the following legal and ethical considerations apply to workers interacting with clients experiencing domestic and family violence? Tick all that apply.

- Workers need to be aware of mandatory reporting requirements for their state or territory.
- Workers need to adhere to their organisation's code of conduct in all interactions with clients as this will ensure they act with care and diligence.
- Workers only have a duty of care to their client.
- Protecting clients against domestic and family violence is a legal requirement under international human rights law.
- Workers' exposure to domestic and family violence is a work health and safety issue.

2. Draw a line to match each role to their rights and responsibilities in minimising or prevent domestic violence.

- | | |
|--------------------------|---|
| * Workers | * Teaching children and young people about respectful and equal relationships |
| * Employers | * Developing national plans, guidelines and framework documents that push for gender equality and provide support for victims |
| * Individuals | * Making the safety of clients and co-workers the first priority |
| * Families and community | * Providing education and training for employees on topics such as respectful relationships and the signs and impacts of domestic and family violence |
| * Society | * Challenging views and attitudes that normalise or excuse violence |

3. List and define **five** types of abuse in domestic violence.

4. Which of the following statements about the social, historical, political or economic context of domestic violence are true? Tick all that apply.

- Gender-based domestic violence is both a cause and a consequence of gender inequality.
- Gender inequality is still a problem in Australian society, evident in the gender pay gap and the under-representation of women in politics and in high-level business roles.
- Historically, domestic and family violence in Australia were considered a private issue that should be managed within the family.
- There is no correlation between domestic violence and substance abuse, mental health issues or involvement in criminal activities.
- Being exposed to or witnessing family violence can negatively affect a child's development, physical and mental health and general wellbeing, leading to poorer social and economic outcomes

5. The following is a myth. What is the reality? Explain your answer.

'The only "real" family violence is physical violence'

Reality:

6. Which of the following are values and philosophies underpinning domestic violence work? Select yes or no for each one.

- | | | |
|--|-------|------|
| a. The first priority of any response to domestic violence is the safety and wellbeing of those subjected to it. | * Yes | * No |
| b. All individuals have the right to be free from physical violence only. | * Yes | * No |
| c. The responsibility of preventing all forms of domestic violence and demonstrating its unacceptability falls on individual families. | * Yes | * No |
| d. Domestic and family violence is acceptable in some groups, cultures and creeds. | * Yes | * No |
| e. Domestic violence workers are committed to upholding the rights of their clients, meeting their needs and empowering them. | * Yes | * No |

7. What values or philosophies underpin an employee's work with the perpetrators of domestic violence?

8. For each of the following, provide an example of a work practice that reflects these values and philosophies:
- Domestic violence is widespread and complex.
 - Domestic violence affects the physical, emotional, social and financial wellbeing and security of both individuals and families.
 - Domestic violence has devastating effects on a family and its members and result in significant social and economic costs to the community.

9. Are the following statements correct? Select yes or no for each one.

- | | | |
|--|-------|------|
| a. Victims-survivors of domestic and family violence can come into contact with health and community services in a range of ways – including a referral from a school, emergency services, a legal or housing service. | * Yes | * No |
| b. Client assessment procedures need to be quick and efficient, focused primarily on collecting information about the client’s most recent domestic violence incident. | * Yes | * No |
| c. When working with clients in programmed interventions, domestic violence workers may need to apply procedures for documenting outcomes of interventions to use for evaluation purposes. | * Yes | * No |
| d. Case management procedures typically involve assessing a client, planning treatments, linking services, advocating for the client and monitoring progress or outcomes. | * Yes | * No |
| e. Procedures to handle the use of resources may nominate personnel authorised to make purchases or set resource spending limits. | * Yes | * No |

Part B

Read the case study and answer the questions that follow.

Case study

Judy is a social worker at a housing service that provides extended stay accommodation and longer-term accommodation for over 55s. Over the past couple of months, she's noticed one of the service's clients, Veronica, has become increasingly withdrawn and anxious. Veronica is always looking over her shoulder and has recently missed a few appointments scheduled early in the week.

Judy knows Veronica is in a long-term relationship with an interstate driver who is always home on weekends. Judy suspects Veronica may be experiencing domestic violence. She follows the procedures outlined in the housing service's policy manual for addressing potential family violence.

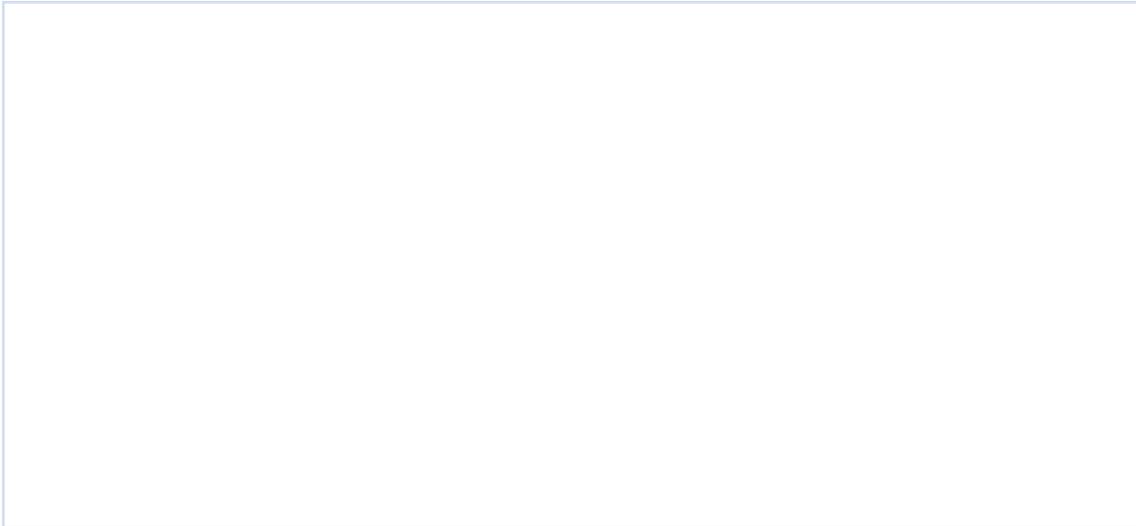
1. What are **three** things Judy could do to support Veronica?

2. How can Judy ensure Veronica's health and safety, as well as her own and that of her colleagues and other clients of the housing service? Provide **three** examples.

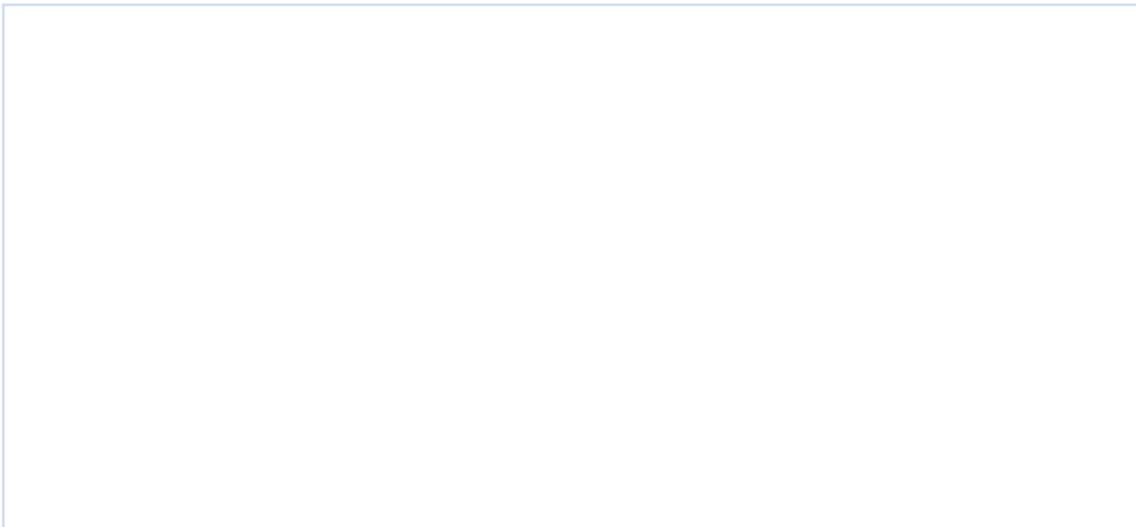
3. How might Judy's own values and attitudes influence her interactions with Veronica?

4. Judy is angry and upset by the thought that someone is harming Veronica. She wants to learn more about Veronica's partner and thinks his contact information will be in Veronica's client file.

What legal and ethical considerations relating to privacy, confidentiality and disclosure does Judy need to be aware of, before accessing Veronica's personal information?



5. What record management processes should the housing service adopt to protect access to the personal information of colleagues and clients and meet their legal and ethical responsibilities?





Topic 2

In this topic you will learn about:

- 2A Informing clients about rights and responsibilities**

- 2B Developing rapport and promoting confidence**

- 2C Showing sensitivity to clients' specific needs and cultural and family background**

- 2D Determining priorities and responding to risks and threats**

Identifying client needs

Understanding the needs of clients experiencing domestic and family violence requires that you use a range of interpersonal skills to build rapport and promote their confidence.

You will need to explain their rights and responsibilities and access information of their behalf to support their particular individual, cultural and family background.

2A Informing clients about rights and responsibilities

People who seek out or receive support from community services have specific rights and responsibilities, as do the professionals who work with them

Both community services workers and their clients have rights and responsibilities under Australian law. These legal rights and responsibilities are reflected in organisational policies and procedures and the professional standards you are required to observe.

It is your job as a worker to be aware of these rights and responsibilities and to make sure that your clients are aware of them too.

Here are some examples of worker and client rights and responsibilities.

	Rights	Responsibilities
Worker	<ul style="list-style-type: none"> ▶ A safe workplace, free from abuse, threats and violence ▶ Being treated with respect 	<ul style="list-style-type: none"> ▶ Reporting suspected child abuse and neglect ▶ Maintaining client privacy and confidentiality
Client	<ul style="list-style-type: none"> ▶ Privacy and confidentiality ▶ Being treated with respect ▶ Being entitled to make a complaint about the service they have received 	<ul style="list-style-type: none"> ▶ Following through on tasks they have agreed to perform ▶ Respecting and abiding by the rules of the service

Explaining rights and responsibilities

You must inform clients of their legal rights and responsibilities as soon as it is possible to do so. You should also explain your own rights and responsibilities.

When explaining these rights and responsibilities to clients, use the principles of clear communication.

Be open and honest

Show respect

Don't judge or make assumptions

Be understanding of any special needs the client may have, such as literacy or language support

Avoid jargon and acronyms

Use appropriate body language and eye contact to establish rapport

Source: <https://www.facs.nsw.gov.au/providers/children-families/interagency-guidelines/engaging-people/chapters/principles#communicating>

As you work with a client, you may need to remind them about their rights and responsibilities and your own.

Example

Informing clients about rights and responsibilities

Owen is a personal care assistant. He has asked one of his clients, June, whether everything is okay with her and her son Gerald. June tells Owen that sometimes Gerald gets angry at her and in the last two weeks he has grabbed or pushed her, which has left her with some bruising. ‘It’s partly my fault,’ June says. ‘My memory isn’t very good. It must be very frustrating for him.’

‘June,’ Owen says, ‘Gerald’s behaviour is unacceptable. Nothing you do gives him the right to treat you in that way.’

June shrugs. ‘Well, I’m not so sure about that. I’m a tough old bird, and he’s really not that bad.’

‘I’m concerned about you, June. I have a responsibility to prevent you from being harmed – a duty of care. Remember we talked about it when I first started coming here?’

‘Really, it’s nothing, Owen. I would prefer if we just kept this between us.’

‘You have a right to privacy, June, and I would never make you do anything you didn’t want to do. If you like, I can give you some information about a few local services – just in case you decide that you’d like to talk to someone about what’s happening.’



Practice Task 4

Question 1

Draw a line to match each term to the correct examples.

- | | |
|---------------------------|--|
| * Worker rights | * Privacy and confidentiality; being treated with respect; being entitled to make a complaint about the service they have received |
| * Worker responsibilities | * Following through on tasks they have agreed to perform; respecting and abiding by the rules of the service |
| * Client rights | * Reporting suspected child abuse and neglect; maintaining client privacy and confidentiality |
| * Client responsibilities | * A safe workplace, free from abuse, threats and violence; being treated with respect |

Question 2

What communication principles can workers use in explaining their own rights and responsibilities and those of their clients?

2B Developing rapport and promoting confidence

The interpersonal skills of health and community service workers are critically important to their ability to work effectively with clients

Victims of domestic and family violence may be especially reluctant to disclose or share information with service providers. They may be afraid that seeking help will lead to an escalation in the violence, or that they won't be believed or may be blamed for the situation.

This is especially the case for Aboriginal and Torres Strait Islander women and women from culturally and linguistically diverse and refugee backgrounds. Women from these communities may be distrustful of authority figures because of earlier experiences of with organisations such as child welfare agencies or the police.

Strong interpersonal skills will help you to establish rapport and build trusting professional relationships with clients. When clients trust you, they are more likely to feel comfortable sharing information about themselves, including their experiences of domestic or family violence.

Questioning

Questions are a good way of obtaining information and, if asked in the right way, they are also an excellent way of building rapport

There are two basic types of questions: open- and closed questions. Closed questions can be answered with a simple 'yes' or 'no.' Open questions require more than a yes-or-no response.

Open-ended questions are especially useful when you are attempting to build rapport with someone, because they broaden discussion and encourage the other person to participate in a dialogue. They also allow the person the opportunity to share information.

Here are some examples of open- and closed-ended questions.

Type of question	Examples
Closed-ended	<ul style="list-style-type: none"> ▶ Are you happy in your relationship? ▶ Is there anything you'd like to talk about? ▶ Would you like me to make that appointment for you?
Open-ended	<ul style="list-style-type: none"> ▶ How would you describe your relationship? ▶ How are things going at home? ▶ What are your hopes for the future?

Asking questions about domestic and family violence

According to the National Sexual Assault, Domestic Family Violence Counselling Service, two key principles should underpin a worker’s response to a client affected by domestic and family violence:

- ▶ **Think of safety first:** *Is what you’re doing making it safer for the person experiencing domestic and family violence?*
- ▶ **Hold perpetrators responsible:** *Is what you’re doing sending a clear message that the perpetrator is responsible and accountable for their violence, not the person experiencing it?*

It is important to keep these principles in mind when you are asking a client questions about domestic and family violence. For example:

- ▶ To put your client’s safety first, consider when and where it is safe to ask questions (e.g. when the perpetrator is not present, in a private room)
- ▶ To make it clear that perpetrators, not victims, are responsible for family violence, be careful about the words you use (e.g. ask ‘Can you tell me what happened?’ rather than ‘What do you think you did to make him so angry?’)

It is important also to ask questions and respond to clients in a sensitive way. For example:

- ▶ Don’t ask too many questions about the violence – it can be intrusive and re-traumatising
- ▶ Respect the client’s right to control over what they say – don’t push for answers to your questions
- ▶ Ask the client what help they have at the moment and encourage them to seek further support

Important note: This information applies specifically to using questions to develop rapport and promote confidence, and not as part of a risk assessment. A risk assessment would need an accurate, full and relevant exchange of information.

Active listening

Active listening means making a conscious effort to hear what another person is saying

When someone is actively listening, they are not distracted by what is going on around them. The benefits of active listening are that it:

- ▶ Encourages the speaker to keep talking
- ▶ Indicates that you are paying attention and interested in what they are saying
- ▶ Establishes a relaxed tone.

Active listening involves five key strategies, each of which can be demonstrated through various means of verbal and non-verbal communication.

Strategy	How to put the strategy into practice when asking questions
Paying attention	<ul style="list-style-type: none"> ▶ Face the person you are asking questions of ▶ Give the person your undivided attention ▶ Don’t look at your phone, watch or other people in the room

Strategy	How to put the strategy into practice when asking questions
Showing you are listening	<ul style="list-style-type: none"> ▶ Be aware of your body language – crossed arms can be read as judgment ▶ Use brief verbal comments to encourage the person (e.g. ‘Okay’, ‘I see’, ‘Yes, I understand what you’re saying’) ▶ Smile or nod when appropriate to encourage the person and show you understand
Providing feedback	<ul style="list-style-type: none"> ▶ Confirm that you understand by paraphrasing or summarising what the other person has said ▶ Ask relevant questions
Responding appropriately	<ul style="list-style-type: none"> ▶ Try not to interrupt ▶ Respond openly and honestly ▶ Treat the other person respectfully
Deferring judgment	<ul style="list-style-type: none"> ▶ Demonstrate empathy and a non-judgmental attitude ▶ Avoid making assumptions ▶ Listen to the entire answer to your question before commenting

Adapted from: <https://www.adelaide.edu.au/writingcentre/sites/default/files/docs/learningguide-activelistening.pdf>

Building rapport

When you build rapport, you are developing a connection with another person

Rapport is essential to establishing trust. Sometimes rapport comes naturally and sometimes you need to work on it.

Here are some tips for building rapport with clients:

- ▶ Approach the person in a non-judgmental way.
- ▶ Be respectful.
- ▶ Be sensitive and non-judgmental when asking about a client’s circumstances.
- ▶ Employ a caring, ‘whole of family’ approach to their situation (e.g. address the client’s concerns about their children).
- ▶ Emphasise shared decision-making.
- ▶ Be culturally sensitive.
- ▶ Use non-verbal communication (facial expressions, body language) to demonstrate interest and warmth.
- ▶ Ask questions in a conversational way, rather than reading them from a list.

Source: <https://aifs.gov.au/cfca/publications/planning-safety-risk-families-resource-guide-workers-intensi>

Example**Using interpersonal skills to develop rapport and promote confidence**

Colleen has been working with a group of women on a community project as part of her work with Open Arms. Colleen has noted that Mariam, one of the students in the group, is much quieter and more withdrawn than usual.

When Colleen asks Mariam if she is okay, Mariam breaks down. 'It's my husband, Greg,' Mariam says. 'He's picking at me all the time. Calling me names. Telling me I'm overweight. Sometimes he won't let me leave the house and see my friends. I'm just tired of it.' Because they are not in a private space, Colleen suggests to Mariam that they go to her office.

When they sit down to talk further, Colleen makes sure she is facing Mariam and uses body language to demonstrate openness and warmth. She is careful not to interrupt Mariam but shows that she is listening by nodding and maintaining eye contact.

When Mariam has explained her situation, Colleen says, 'Can I just start by saying that I really admire your courage? Telling me about what's happening, that must have been difficult. What Greg is doing is a form of violence – verbal and emotional abuse – and it's completely unacceptable.'



Practice Task 5

Question 1

Which of the following techniques can help workers build rapport with clients? Tick all that apply.

- Being sensitive and non-judgmental when asking about a client's circumstances.
- Emphasising shared decision-making.
- Using non-verbal communication (facial expressions, body language) to demonstrate interest and warmth.
- Asking questions in a conversational way, rather than reading them from a list.
- Focusing your questions on the abuse or violence to gain an understanding of what the client has experienced.

Question 2

Describe **three** questioning techniques workers should use when asking clients about their experiences of domestic violence.

Question 3

Draw a line to match each active listening technique to the correct examples.

- | | |
|---|---|
| <ul style="list-style-type: none"> * Paying attention | <ul style="list-style-type: none"> * Being aware of your body language.
Smiling and nodding when appropriate to encourage the person. |
| <ul style="list-style-type: none"> * Showing you are listening | <ul style="list-style-type: none"> * Confirming that you understand by paraphrasing or summarising what the other person has said.
Ask relevant questions. |
| <ul style="list-style-type: none"> * Providing feedback | <ul style="list-style-type: none"> * Trying not to interrupt.
Responding openly and honestly. |
| <ul style="list-style-type: none"> * Responding appropriately | <ul style="list-style-type: none"> * Facing the person you are asking questions of.
Giving the person your undivided attention. |

2C Showing sensitivity to clients' specific needs and cultural and family background

Every client you work with has specific needs reflecting their unique circumstances

The needs of your clients will be based on a range of factors including their age, housing situation, parenting status and level of family and community support. It is important to be sensitive to a client's individual needs, as well as their cultural and family background.

The best way to assess a client's needs – regardless of their circumstances or background – is to ask them. You should avoid making assumptions. For example, in many situations, Aboriginal and Torres Strait Islander clients may prefer to speak with an Indigenous worker who will understand their experiences and concerns. In other situations, they may prefer to speak with a non-Indigenous worker, as it can sometimes be more comfortable to talk about family issues with someone who is not connected to your own community.

If you often work with clients from culturally and linguistically diverse (CALD) backgrounds, it may be useful to undertake training in cultural competency, so that you can support them more effectively.

Clients' needs

Examples of specific needs that you may need to be sensitive to are listed below.

Keep in mind that this is a guide only. Again, the best way to assess the needs of a client is to ask them.

Client group	Examples of specific needs
Pregnant women and new mothers	<ul style="list-style-type: none"> ▶ Accommodation options appropriate for an infant or young child ▶ Support to maintain their child's connection with the other parent (e.g. the biological father)
Women from culturally and linguistically diverse backgrounds	<ul style="list-style-type: none"> ▶ Information in languages other than English (e.g. information about legal and support services) ▶ Reassurance about confidentiality ▶ A clear explanation of available services, how those services operate and how they can assist the client
Aboriginal and Torres Strait Islander women	<ul style="list-style-type: none"> ▶ Choice of Indigenous or non-Indigenous workers ▶ Confirmation of positive links with Aboriginal and Torres Strait Islander communities and/or services (to establish trust)
Women with a disability	<ul style="list-style-type: none"> ▶ Additional support or assistance to access services, including accommodation and transportation

Client group	Examples of specific needs
LGBTQI women	<ul style="list-style-type: none"> ▶ Reassurance about their right to be treated respectfully in their intimate relationships ▶ Reassurance about any concerns or fears relating to homophobia or transphobia among referral services
Older women	<ul style="list-style-type: none"> ▶ Support related to financial dependence and employment ▶ Assistance with concerns relating to caring responsibilities (e.g. caring for grandchildren)

How to be sensitive to client needs

Here are some examples of client needs and how you might demonstrate sensitivity to a client’s specific requirements.

Interpreters or other communication supports	<p>Clients from culturally and linguistically diverse backgrounds may need or request an interpreter. In some circumstances, women from CALD backgrounds may prefer a female interpreter or a phone-based interpreter service (as opposed to face-to-face).</p> <p>Women with disabilities may also need communication supports, such as a sign language interpreter or access to assistive technologies.</p>
Cross-cultural understanding	<p>You should always check to make sure that a client understands what you are saying. A client from a CALD background might interpret concepts such as ‘threat’ and ‘violence’ differently to you.</p>
Reassurance and/or advice	<p>Some women may be reluctant to seek support when they are experiencing domestic and family violence. For example, women who are not citizens or permanent residents may be reluctant to ask for help because they fear it will affect their chances for residency.</p>
Respect for cultural and religious beliefs and traditions	<p>Some women may have cultural or religious beliefs and traditions that they need to consider when discussing their situation and making decisions. For example, they may have religious beliefs that discourage separation and divorce.</p>
Recognition as a unique individual	<p>Even when someone shares characteristics with a specific social group, such as a disability, or their sexual orientation, or their age, they still have their own unique abilities, experiences and attitudes. The same is true of people who belong to a specific community or cultural group.</p> <p>Avoid making assumptions about someone based on their characteristics or affiliations. For example, don’t assume that an older woman is financially dependent on her partner, or that a woman in a same-sex relationship identifies as a lesbian.</p>

Culturally appropriate and inclusive referrals

Referrals you make to other support services should be culturally appropriate. You may need to make 'warm' referrals for some clients – discussing the referral service with the client first and gaining their consent to contact the referral service and make an appointment for them. Where possible and appropriate, it might also involve taking the client to the appointment.

Example**Showing sensitivity to a client's specific needs and cultural and family background**

While working at Rainbow House, Jay meets Jamila, a 21-year-old woman who regularly comes to the drop-in service he runs. During a private conversation in Jay's office, Jamila tells that she regularly witnesses family violence perpetrated by her father towards her mother in the family home.

'I can't leave – I'm afraid of what he'll do to her. You can't tell anyone what I told you, though,' Jamila says. 'My family has this really strong belief that any problems we're having should be dealt with in the family and the church. Besides, they don't even know I'm gay.'

Jay reassures Jamila that he is not legally allowed to share information about her with any other service without her consent. 'I'd like to work with you on this, Jamila,' he says. 'I know a local service that I think would be able to help you. They're a specialist domestic and family violence service. They're not going to force you to do anything – they'll just work with you to map out a plan that's best for you.'

'And they're okay with queer people?' Jamila asks.

'I've referred a lot of other young people from the drop-in service to them, and they've always been great,' Jay replies. 'I can give them a call right now and set up an appointment for you, if that's okay with you?'



Practice Task 6

Question 1

Identify and describe the specific needs of **five** different client groups.

Question 2

Which of the following techniques can be used to show sensitivity to a client's specific needs? Tick all that apply.

- Checking whether the client needs an interpreter or other communication supports
- Speaking very slowly, loudly and forcefully
- Respecting clients' cultural and religious beliefs and traditions
- Avoiding assumptions
- Making culturally appropriate referrals

2D Determining priorities and responding to risks and threats

Workers can use information provided to them by clients and others to determine priorities and respond to risks and threats

Determining priorities is an important part of a community services worker’s job. The immediate safety of the client and their children is always the first priority, but many other factors must also be taken into account when responding to domestic and family violence, such as the client’s access to medical care, accommodation and transportation.

Not all workers will be qualified to undertake formal risk assessments. However, it is important for any professional who works with clients who may be affected by domestic and family violence to understand the process of risk assessment and work collaboratively with other agencies to effectively respond to risks and threats.

The importance of listening to the client should be emphasised here. Evidence shows that a client’s own assessment of risk is a reliable indicator. Clients will have a good understanding of the perpetrator’s emotional state and patterns of behaviour. If a client (or their child) is afraid, those fears must be taken seriously, and a safety plan should be initiated.

Determining priorities

When you assess information to determine priorities, there are a number of immediate needs you must consider.

The client’s physical and emotional safety	The safety of people experiencing domestic and family violence should be the first priority of any response. Screening and risk assessments are used to assess a client’s physical and emotional safety and risks.
Safety and welfare of children	It is especially important to assess the safety and welfare of the client’s children, even if you have never interacted with their children and the children are not currently living with the client. Your organisation or sector may have a standard screening process for assessing the safety and welfare of children.
Safety plans	A safety plan is a comprehensive, individualised, action-oriented document that sets out help-seeking and escape strategies for the victim and the victim’s children. Safety planning helps improve a person’s safety when they are living with violence or leaving a violent situation. If the client does not have a safety plan in place, you may need to help them develop one.
Medical or legal information and support	The client may have medical issues that need to be attended to, such as injuries or access to medication. They may need legal information and support relating to issues such as intervention orders and access to their home, their children and/or their pets.

Accommodation	The client may need emergency accommodation, or a referral to a housing service to assist them with housing options. They may need help to access initiatives designed to keep women and children in their home and force perpetrators to access alternative accommodation.
Transportation	They client may need assistance with transport. Some services can provide clients who have no means of transport with taxi vouchers or public transport passes to help them get from one appointment or service to another.

Complexity, urgency, eligibility

When assessing the information given to you by clients, you must consider the complexity and urgency of their needs and their eligibility for assistance, so you can determine which supports are required, how quickly they are needed and what options are available.

Complexity	<p>Clients with multiple and complex needs will require multiple types of support. For example, if a client who has substance abuse issues and no access to transport is abused by her partner and at risk of homelessness, she might need:</p> <ul style="list-style-type: none"> ▶ specialist domestic violence services ▶ housing support ▶ drug and alcohol counselling ▶ assistance with transport
Urgency	<p>Clients may need urgent assistance to:</p> <ul style="list-style-type: none"> ▶ avoid immediate physical harm to themselves and/or their children ▶ secure medical care ▶ find emergency accommodation
Eligibility	<p>Different services have different eligibility requirements. For example, an emergency accommodation service may only be available to women with young children, or a counselling service may specifically target people on a low income</p>

Crisis situations versus long-term support

A crisis is an event or situation that needs an urgent response and that an individual or a group of people cannot resolve using their own coping mechanisms or resources.

When a client is in crisis, the support they need is typically short-term and immediate. For example, a crisis counselling intervention focuses on short-term strategies to avert damage. Long-term counselling – which focuses on long-term improvement in a client’s health and wellbeing – can then follow.

Examples of urgent short-term support you might offer a client in a crisis include:

- ▶ crisis counselling
- ▶ immediate medical care
- ▶ emergency housing
- ▶ urgent legal intervention to protect the client and/or their children (e.g. court orders/protection orders).

Examples of long-term support you might offer a client include:

- ▶ ongoing counselling (e.g. for substance abuse)
- ▶ support to overcome financial hardship (e.g. assistance to meet rent/mortgage payments, financial counselling, help with budgeting)
- ▶ encouraging reconnection with family and friends
- ▶ encouraging increased social and economic participation (e.g. supporting children to remain at school)
- ▶ finding avenues of ongoing emotional support (e.g. specialist supports and services such as parenting programs).

Understanding risk

Understanding risk is important to responding effectively to domestic and family violence, but assessing risk requires specialist skills and knowledge

You may be expected to screen clients, conduct risk assessments or undertake safety planning, or you may not, depending on your qualifications and position. Either way, it is useful to understand what is involved. You may suspect that someone is experiencing domestic violence, or a client might tell you directly that they are being abused. In such cases, you should know who to speak to and what will happen next.

Here is a description of the three processes.

Screening	<p>Screening is an informal process designed to open up a conversation about domestic and family violence. It should make the client feel supported to talk about what is happening to them. Some services have standard screening programs that are used for every client.</p> <p>Source: https://aifs.gov.au/cfca/publications/family-violence-towards-holistic-approach-screening/what-used-screen-and-assess-family</p>
Risk assessment	<p>Risk assessment tools are used when domestic or family violence is suspected or reported. Risk assessment is a more detailed and methodical process than screening.</p> <p>Risk assessment should only be carried out by a trained professional. It involves making a professional judgment about risk factors and the client's own assessment of risk to determine the potential for:</p> <ul style="list-style-type: none"> ▶ future violence ▶ harm, including serious injury or death.

Safety planning

Some of the things that might be included in a safety plan include:

- ▶ Keeping a list of important contacts in your wallet for emergencies
- ▶ Packing an escape bag
- ▶ Making an escape plan

A safety plan must suit the individual circumstances of the client, promote safety immediately and be adaptable to meet changing circumstances.

Risk frameworks

Every state and territory in Australia has a process for risk screening and assessment. These are called risk frameworks. Understanding the process for risk screening and assessment in your state or territory will help you build a better understanding of risk and safety.

Australia also has a set of national risk assessment principles that outline how to manage domestic and family violence risk. These principles do not replace state and territory frameworks, but workers can use them as a guide.

Red flags and periods of high risk

Red flags are evidence-based risk factors that can indicate a person is at increased risk of violence. Some examples of red flags include:

- ▶ Previous instances of physical violence by the perpetrator
- ▶ The perpetrator having access to weapons
- ▶ Stalking
- ▶ Obsessive, controlling behaviour
- ▶ Pet abuse or threats of pet abuse

It is important to be aware of these red flags so you know when to take action. If you have not received training in risk assessment and safety planning, the most appropriate action might be referral to a specialist agency. In other circumstances, the best response would be to call the police.

It also important to note that certain events are associated with increased risk of serious injury or death (homicide) for adults and children experiencing domestic and family violence. Women are at highest risk during and immediately after separation from an abusive partner, as are their children. The various events following separation are also associated with increased risk. These include:

- ▶ Legal separation (divorce)
- ▶ Family law proceedings and the negotiation of parenting plans
- ▶ Financial separation
- ▶ Re-partnering

For more information about red flags, see appendix 1 of *National Risk Assessment Principles for Family and Domestic Violence* at: aspirelr.link/anrows-national-risk-assessment

Example**Determining priorities and responding to risks and threats**

June's personal care assistant, Owen, has given her some information about services she could contact to discuss issues she is having with her adult son, Gerald. Gerald recently moved back home and is living with June.

After a heated argument with Gerald, June calls a family relationships counselling service. The counsellor starts by asking June what's happening at home. The counsellor then tells June that Gerald's behaviour is unacceptable and no one has the right to hurt her. 'I'm glad you've told me about this, June,' the counsellor says.

The counsellor asks if June feels safe at home.

'Not all the time, no,' June says.

The counsellor then asks her if she has any need for immediate medical attention.

'Not right now, no,' June replies.

'And are there any children living in the home there with you?' the counsellor asks.

'I have two grandchildren,' June replies. 'But they're living with their mother. Not here in my home.'

After talking about June's circumstances for a bit longer and gathering some more information, the counsellor starts to consider possible supports for June. She asks June what suburb she lives in, whether she has a car and if she has any issues with mobility. This will help the counsellor determine which services she could recommend. The information June has provided will also help her to determine which services June is eligible for.



Practice Task 7

Question 1

Draw a line to match each immediate need to its description.

- | | |
|--|--|
| <ul style="list-style-type: none"> * The client's physical and emotional safety | <ul style="list-style-type: none"> * A safety plan is a comprehensive, individualised, action-oriented document that sets out help-seeking and escape strategies for the victim and the victim's children. Safety planning helps improve a person's safety when they are living with violence or leaving a violent situation.

If the client does not have a safety plan in place, you may need to help them develop one. |
| <ul style="list-style-type: none"> * Safety and welfare of children | <ul style="list-style-type: none"> * The client may have medical issues that need to be attended to, such as injuries or access to medication.

They may need legal information and support relating to issues such as intervention orders and access to their home, their children and/or their pets. |
| <ul style="list-style-type: none"> * Safety plans | <ul style="list-style-type: none"> * The client may need emergency accommodation, or a referral to a housing service to assist them with housing options. They may need help to access initiatives designed to keep women and children in their home and force perpetrators to access alternative accommodation. |
| <ul style="list-style-type: none"> * Medical or legal information and support | <ul style="list-style-type: none"> * The client may need assistance with transport. Some services can provide clients who have no means of transport with taxi vouchers or public transport passes to help them get from one appointment or service to another. |
| <ul style="list-style-type: none"> * Accommodation | <ul style="list-style-type: none"> * It is especially important to assess the safety and welfare of the client's children, even if you have never interacted with their children and the children are not currently living with the client. Your organisation or sector may have a standard screening process for assessing the safety and welfare of children. |
| <ul style="list-style-type: none"> * Transportation | <ul style="list-style-type: none"> * The safety of people experiencing domestic and family violence should be the first priority of any response. Screening and risk assessments are used to assess a client's physical and emotional safety and risks |

Question 2

Which of the following statements are correct? Select yes or no for each one.

- a. Clients with multiple and complex needs will require multiple types of support. * Yes * No
- b. Clients may need urgent assistance to avoid immediate physical harm to themselves and/or their children, secure medical care and find emergency accommodation. * Yes * No
- c. All services have the same eligibility requirements. * Yes * No
- d. Priorities for service delivery and safety can only be determined by assessing the complexity and urgency of a client's needs and their eligibility for services. * Yes * No

Question 3

Provide **three** examples of how you would respond to a client in a crisis situation.

Question 4

Provide **three** examples of how you would respond to a client requiring long-term support?



Summary

- ▶ Community service workers and their clients have rights and responsibilities
- ▶ When working with a client affected by domestic and family violence, workers must inform them of their rights and responsibilities as soon as it is possible to do so
- ▶ Strong interpersonal skills help workers establish rapport and build trusting relationships with clients
- ▶ When asking clients questions about domestic and family violence, do not push them for an answer and do not ask too many questions about the violence
- ▶ When working with clients affected by domestic and family violence, ask open-ended questions and use active listening skills
- ▶ Some clients and client groups have specific needs when it comes to domestic and family violence
- ▶ When assessing the needs of clients, it is important to consider the complexity and urgency of their needs as well as their eligibility for services



Learning Checkpoint 2

Identifying client needs

Part A

1. Draw a line to match each client group to their specific needs.

- | | |
|--|---|
| * Women from culturally and linguistically diverse backgrounds | * Reassurance about any concerns or fears relating to homophobia or transphobia among referral services |
| * Aboriginal and Torres Strait Islander women | * Support related to financial dependence and employment |
| * Women with a disability | * Information in languages other than English (e.g. information about legal and support services) |
| * LGBTQI women | * Choice of Indigenous or non-Indigenous workers |
| * Older women | * Additional support or assistance to access services, including accommodation and transportation |

2. Which of the following actions would you take to respond to a client in crisis as opposed to one requiring long-term support? Tick all that apply.

- Support to overcome financial hardship (assistance to meet rent/mortgage payments, financial counselling, help with budgeting)
- Crisis counselling
- Immediate medical care
- Emergency housing
- Urgent legal intervention to protect the client and/or their children (e.g. court orders/protection orders)

3. How can a domestic violence worker assess client information for complexity, urgency and eligibility?

4. Are the following statements correct? Select yes or no for each one.

- | | | |
|--|-------|------|
| a. To determine if medical support is an immediate need for a client, workers need to identify any medical issues that need to be attended to, such as injuries or access to medication. | * Yes | * No |
| b. To determine if accommodation and transportation are immediate needs, workers need to visit the client's home and inspect any vehicles on the property. | * Yes | * No |
| c. It is especially important to assess the safety and welfare of the client's children, even if the children are not currently living with the client. | * Yes | * No |
| d. If a client has an immediate need for legal information or support, they will notify the worker. | * Yes | * No |

Part B

Read the case study and answer the questions that follow.

Case study

Casey is 33 years old with two children aged 5 and 8. After restrictions for COVID-19 were enforced in her hometown, Casey lost her job. Her husband, Sean, had to work from home. Casey's children were required to learn from home, and Casey set about helping them complete their daily tasks.

As the days and weeks passed, Sean grew more and more agitated and frustrated. He would scream at Casey and his children, shouting insults and telling them to be quiet so he could concentrate on his work. At night, he would drink heavily, and his behaviour became more threatening and menacing. During their last encounter, Sean pinned Casey against the wall and threatened her life.

Casey decides to seek help by contacting a domestic violence counselling service during her weekly shopping trip.

1. What rights and responsibilities would the domestic violence worker have in working with Casey?

2. What are Casey's rights and responsibilities in this scenario?

3. Provide **three** examples for each of the interpersonal skills listed below that the worker could use to encourage the exchange of full and accurate information with Casey:
- a. Rapport building
 - b. Active listening
 - c. Questioning

4. Describe how screening, risk assessment and safety planning could help the worker identify and respond to any indications of risk or threats to Casey's (and her children's) safety.



Topic 3

In this topic you will learn about:

- 3A Identifying worker and workplace limitations**

- 3B Prioritising the physical and emotional safety of clients, their family and workers**

- 3C Negotiating and agreeing on strategies for intervention with clients before starting work**

- 3D Providing clients with information about available services**

- 3E Records, reports and referral information**

Responding to client needs

Prioritising the safety of your clients is an important part of responding to their needs.

Ensure you are always working within the boundaries of your role, and that any strategic agreements concerned with interventions have been explained and negotiated. Seek advice on services and referral information and document as required by your organisation.

3A Identifying worker and workplace limitations

Community service workers should only give support that is within the scope of their role and that they are qualified to provide

Every group of professionals has its own set of skills, capacities and duties. Similarly, each workplace has different capacities and resources.

In some circumstances, it is not possible for a single agency or organisation to meet all the needs of a client experiencing domestic and family violence. In these cases, the client's needs can be met via collaboration between agencies and sectors.

Identifying limitations

People who work with clients affected by domestic and family violence must know their professional limitations and the limitations of their workplace

You should only provide support and advice that is within the scope of your role and that you are qualified to provide. You should not carry out work that:

- ▶ Is not specified in your job description
- ▶ Cannot be performed safely due to lack of training or practical experience
- ▶ Is unethical, illegal or outside the policies and procedures of your organisation

Going outside the scope of your role and professional expertise could breach your duty of care, the standards and expectations of your profession (e.g. codes of conduct, charters, etc.) as well as your legal and ethical obligations to a client.

Your professional limitations do not indicate inadequacy or failure. In fact, the ability to recognise the limitations of your role is a critically important skill.

Here are some things you can do to clarify the scope of your duties.

- ▶ Speak to your manager about the scope of your role.
- ▶ Check your job description.
- ▶ Review your organisation's policies, processes and procedures of your organisation.
- ▶ Review relevant professional standards and codes of conduct.

If your client needs support or advice that is not within the scope of your professional duties or qualifications, you can seek assistance or make a referral.

Seeking assistance

If your client needs support that is beyond the scope of your role, you may need to seek assistance from a more experienced colleague, your manager, other professionals within your organisation (e.g. a practice specialist) or an external source, such as a specialist domestic violence agency.

Making referrals

If your client has needs that fall outside your organisation's scope, you may need to refer them to an external agency. Different organisations and sectors have different processes and procedures for making referrals.

Here is an example of a referral protocol.

Listen carefully to the client's needs, being patient and supportive.

Provide the client with a range of options.

Obtain consent from the client before making a referral.

Refer the client to a 'known' agency (e.g. an agency you work with regularly or whose staff you have worked with before).

Explain the referral process to the client (e.g. whether initial contact will be made over the phone or face to face).

Respect the client's decisions and choices.

Support the client in the lead-up to their first appointment with the other agency and follow up with them afterwards.

Source: https://www.health.qld.gov.au/__data/assets/pdf_file/0025/635803/dv-referral-flowchart.pdf

Some referral protocols are used by multiple agencies across different sectors. For example, a single referral protocol might be shared by the police, child protection services and specialist family violence services.

If you're not sure what referral options are available, ask a colleague or your manager. Your organisation may have a list of referral options for clients experiencing domestic and family violence, or you may be able to obtain a list of options from a local domestic and family violence resource centre.

It is important to note that your duty of care does not end when you refer a client to another service. You must continue to support them in the lead-up to their first appointment and follow-up with them afterwards. You should also continue to give them any assistance or support that falls within the scope of your role and that you are qualified to provide.

Work role boundaries

Professional boundaries protect both staff and clients

It is your responsibility as a community services worker to maintain boundaries when working with clients. This is part of ethical practice. There are also multiple laws relating to work role boundaries for professionals who work with clients, especially those who are vulnerable and at risk.

Maintaining professional boundaries means keeping to the specifications of your job role and organisational policies and procedures. It also means making sure that your relationship with clients remains professional and doesn't become personal.

Setting professional boundaries

Workers must make sure they do not blur the distinction between supporting a client and being their friend. This is often difficult for new workers, who may feel intense empathy for their clients and want to take on the role of rescuer. It is important to remember that this is not your role.

When you allow clients to think of you as a friend, you may confuse them and risk losing their respect. Clients who consider you a personal friend may develop unrealistic expectations about what you can do for them and become disappointed and disillusioned with the service when these expectations are not met.

Breaches of professional boundaries

It can sometimes be difficult to identify the boundary between a professional and personal relationship. The following are examples of actions or behaviours that indicate a boundary has been crossed.

Boundary violations

- ▶ Lending a client money
- ▶ Socialising with clients outside of work
- ▶ Disclosing too much personal information about yourself
- ▶ Giving and receiving gifts
- ▶ Becoming involved in a romantic or intimate relationship with a client

Serious violations of work role boundaries may be reportable offences and can have legal consequences. Examples include inappropriate touching or sexual contact, breaching confidentiality and inappropriate physical or verbal aggression.

Setting personal boundaries

In addition to setting professional boundaries with your clients, you also need to set personal boundaries between your work and home life for your own health and wellbeing. Everyone has the right to rest and leisure time. To maintain a healthy work-life balance, you should start and leave work on time, and respond to your work phone and emails only during working hours. There will be times when you continue to worry about a client after your shift has ended. Although this is not a breach of a work role boundary, it may cross a personal boundary. It is best to learn to 'switch off' after a day's work to avoid burnout and additional stress.

Example

Setting professional boundaries

Jay has been supporting Jamila, a young woman who attends the drop-in service he runs for LGBTQI youth at Rainbow House. Jamila recently moved out of her family home and into medium-term supported accommodation. She is receiving counselling and is in regular contact with her mother, who is also receiving support from a specialist domestic and family violence service.

Jamila drops into Jay's office on the way to a job interview to give him a bunch of flowers. 'It's just to say thanks for everything,' Jamila says.

'That's really kind of you, Jamila,' Jay says. 'I'll put these in the break-out room so everyone can enjoy them.'

'Also,' Jamila says, 'a few of us are going out tonight and we were wondering if you wanted to come? I have some friends who'd really like to meet you.'

'Thanks for the invite, Jamila. It wouldn't be appropriate for me to go out with you and your friends, but I hope you have a great night, and don't forget the drop-in centre is open tomorrow if you want to come along.'



Practice Task 8

Question 1

Which of the following is an indication that a duty or task falls outside the scope of your role or qualifications and that you should seek assistance or make a referral? Tick all that apply.

- It cannot be performed quickly, in time to meet deadlines.
- It is not specified in your job description.
- It cannot be performed safely due to lack of training or practical experience.
- It is unethical, illegal or outside the policies and procedures of your organisation.
- It is time-consuming and requires multitasking.

Question 2

Which of the following protocols might you follow in referring a client to another agency or service?

- Obtaining consent from the client before making a referral
- Referring the client to a 'known' agency
- Explaining the referral process to the client
- Respecting the client's decisions and choices
- Leaving it to workers at the other agency to follow up with the client after you have made the initial referral

Question 3

List **three** sources of information that can assist workers in making referrals for clients.

Question 4

Are the following statements correct? Select yes or no for each one.

- | | | |
|---|------------------------------|-----------------------------|
| a. Maintaining professional boundaries means keeping to the specifications of your job role and organisational policies and procedures. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Socialising with a client outside of work is a breach of work role boundaries. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Your relationship with your clients must remain professional and not become personal. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Continuing to worry about a client once your shift has ended and you have gone home is a breach of work role boundaries. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. There are multiple laws relating to work role boundaries for professionals who work with clients, especially those who are vulnerable and at risk. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3B Prioritising the physical and emotional safety of clients, their family and workers

Safety is the first priority for any worker responding to domestic and family violence

When responding to domestic and family violence, you should prioritise the safety of the client, their family (especially children) and yourself and your colleagues. It is important to consider both physical and emotional safety. Physical safety is being safe from harm or injury, and emotional safety is feeling safe to identify and express our feelings.

Some community services have comprehensive domestic and family violence safety or risk assessment procedures. It is important to check whether your organisation has a specific procedure you should follow when assessing whether your clients and their families are at risk and identifying their safety needs. Procedures should also cover worker safety.

Prioritising the safety of clients

Putting safety first is part of your duty of care to your clients

You should always follow your organisation's procedures when assessing whether clients are at risk of or affected by domestic or family violence. These procedures will prioritise client safety. If your organisation doesn't have any relevant procedure, a good alternative is to follow the four-step process developed by the National Sexual Assault, Domestic Family Violence Counselling Service.

These are the four steps.

Ask	Ask the person if they feel safe in their relationship and/or home. Ask in a sensitive way and in a safe environment.
Name it	Tell the person that what they're experiencing is violence. Tell the person that violence and controlling behaviour are not acceptable in any circumstance.
Refer	Give them the phone number for an appropriate counselling service, such as 1800 RESPECT. If they are in immediate danger, call 000.
Follow up	When you next see the client, refer to the conversation you had and ask if they feel safe now. (e.g. 'Last time we spoke, you said you didn't feel safe – how are you now?')

Other steps that a worker or organisation might take to prioritise clients' physical and emotional safety include:

- ▶ Developing a safety plan with the client
- ▶ Regularly reviewing the client's safety in case planning and case management meetings

- ▶ Finding safe accommodation for the client
- ▶ Arranging additional security for the client or their property
- ▶ Keeping the client's location confidential
- ▶ Helping clients to obtain an intervention order
- ▶ Protecting the client's privacy (e.g. by talking in a private interview room)
- ▶ Being sensitive to the client's needs when working with an interpreter (e.g. arranging a female interpreter, working with an interpreter over speaker-phone)

Prioritising the safety of clients' families

It is important to include the client's family – especially their children – when you are working with a client to prioritise safety

Some of the steps you can take to prioritise the safety of client's families and children are:

- ▶ Including children and other family members in the safety plan (e.g. helping children understand warning signs and how they can stay safe at home when there is violence)
- ▶ Including children and other family members in the escape plan (including items that children need in the escape bag, such as toys, and medications)
- ▶ Encouraging parents to maintain normal routines as much as possible (e.g. sporting practice, mealtimes, bedtimes), to help children feel safe emotionally
- ▶ Following mandatory reporting guidelines

When talking to clients about their children's safety, it is important to:

- ▶ Be clear about your role and your responsibilities, including mandatory reporting requirements
- ▶ Be patient and demonstrate empathy – clients may be afraid of sharing information about their children's safety because they fear child protection involvement
- ▶ Be supportive – remind the client that they are not to blame for the violence; that there is a way out; and that they are not alone
- ▶ Focus on strengths – let the client know that they are the greatest resource their child has for staying safe

Sources: <https://www.1800respect.org.au/help-and-support/safety-planning/checklist>

<https://www.1800respect.org.au/violence-and-abuse/children-and-young-people/children-and-violence/impacts>

<https://emergingminds.com.au/resources/engaging-with-parents-when-there-are-child-protection-concerns-key-considerations/#effective-communication-is-central-to-working-with-families-and-other-service-providers>

Prioritising the safety of workers

Your organisation is responsible for your safety at work under work health and safety laws

Steps your organisation might take to prioritise worker safety include:

- ▶ Providing training in safety, the impact of vicarious trauma and the importance of self-care
- ▶ Offering immediate support and supervision to guide responses to threats
- ▶ Conducting regular, ongoing debriefing sessions

One of the risks of working with clients affected by domestic and family violence is burnout and vicarious trauma. Burnout is a prolonged form of physical and psychological exhaustion. Vicarious trauma is when we experience trauma symptoms because of exposure to other people's trauma (e.g. hearing traumatic stories from clients).

To avoid burnout and vicarious trauma, it is important to practise self-care, looking after your physical, emotional and psychological wellbeing and maintaining healthy, supportive relationships outside of the workplace.

Workers can practice physical self-care by:

- ▶ Developing a regular sleep routine
- ▶ Adopting a healthy and nutritionally balanced diet
- ▶ Going for walks during break times
- ▶ Exercising regularly
- ▶ Using sick/personal leave

Workers can practice emotional and psychological self-care by:

- ▶ Setting aside time to relax or reflect
- ▶ Engaging in a non-work-related hobby
- ▶ Turning off their work email and phone outside of office hours
- ▶ Meeting with supportive and positive friends and family
- ▶ Doing something they enjoy (e.g. going out to eat, dance or watch movies)

Workers can maintain healthy relationships by:

- ▶ Prioritising close relationships (e.g. family, children and partners)
- ▶ Attending the special events of family and friends
- ▶ Arriving at and leaving work on time every day

For more information about burnout, vicarious trauma and how to look after yourself, see: aspirelr.link/the-lookout-self-care

Example

Prioritising the physical and emotional safety of clients and workers

Jay has been working with multiple clients affected by domestic and family violence. He supported Jamila, one of the women attending a drop-in service, when she disclosed that she was witnessing domestic violence in her family home. Now he is working with Tristan, an 18-year-old who is experiencing family violence perpetrated by his older brother.

After Tristan discloses the family violence, Jay works with him – with the support of a specialist domestic and family violence service – to develop a safety plan. Tristan needs emergency accommodation to escape the violence, which Jay is helping to arrange.

The stories that Jamila and Tristan have told Jay leave him feeling sad, tired and emotional. After Tristan has left the office, Jay calls his supervisor to arrange a debriefing session for the following day. As part of his self-care practice, he then takes some time out in the staff room to have a cup of coffee and a casual chat with a colleague.



Practice Task 9

Question 1

Draw a line to match each group with the steps you might take to prioritise their physical and emotional safety.

- | | |
|---|--|
| <ul style="list-style-type: none"> * Clients | <ul style="list-style-type: none"> * Ensuring they are included in safety and escape plans. Encouraging the maintenance of normal routine as much as possible. Abiding by mandatory reporting requirements. |
| <ul style="list-style-type: none"> * Client's families | <ul style="list-style-type: none"> * Providing training in safety, the impact of vicarious trauma and the importance of self-care. Offering immediate support and supervision to guide responses to threats. Conducting regular, ongoing debriefing sessions. |
| <ul style="list-style-type: none"> * Workers | <ul style="list-style-type: none"> * Developing a safety plan with them. Finding safe accommodation for them. Helping them to obtain an intervention order. |

Question 2

List **three** ways workers can prioritise their emotional and psychological wellbeing.

3C Negotiating and agreeing on strategies for intervention with clients before starting work

When working with clients, you need to negotiate and agree on strategies for intervention before taking action

The values and principles that underpin domestic and family violence work include a commitment to empowering clients, helping them to build confidence and supporting them to assert themselves and make their own decisions.

It is not your role to ‘fix’ clients’ problems. Rather, your role is to work with clients to identify what is best for them – combining your professional knowledge with their first-hand knowledge of their situation and circumstances.

Negotiating and agreeing on strategies

Negotiating and agreeing on strategies with a client can be challenging

Clients may be reluctant to open up about what they want to happen, or lack the confidence required to assert their beliefs and views. For the process of negotiation and shared decision-making to work, a relationship of trust between the client and the professional is critical.

Two approaches that may be useful when working with clients to decide on strategies are a strengths-based approach and family-centred approach.

<p>Strengths-based approach</p>	<p>Taking a strengths-based approach means focusing on what the client can do (rather than what they can't do) and acknowledging their aspirations and goals. When discussing strategies for intervention, you identify what the client is doing well and where their strengths lie, rather than focusing exclusively on their problems.</p> <p>For more information about a strengths-based approach, see: aspirelr.link/iriss-working-with-individuals</p>
<p>Family-centred approach</p>	<p>Taking a family-centred approach means acknowledging that all families are different, and that parents are the experts on their own children. When discussing strategies for intervention, you work in partnership with the family to identify their values, expectations and goals and help clients decide how best to meet their children's needs.</p> <p>For more information on family-centred practice, see: aspirelr.link/family-centred-approach</p>

Factors influencing negotiations

When negotiating with a client, you need to consider the effect the following factors have on the negotiation process:

<p>Attitudes</p>	<p>Negotiations with clients are influenced by their underlying attitude to the process itself, the issues being addressed and/or the people involved in their case. Sometimes they might react not to an individual worker but to what that worker represents. For clients who have been in similar situations before, or have experiences of intergenerational trauma, discussions or negotiations with authority figures may trigger feelings of distrust, anger, frustration or powerlessness.</p>
<p>Knowledge</p>	<p>To achieve positive outcomes, both workers and clients need full and accurate information. Workers need to understand the client’s history and their hopes and fears, as well as their current circumstances and their eligibility for services. Clients need information about services, options, time frames, etc. to be able to consider their options and make decisions.</p>
<p>Interpersonal skills</p>	<p>Interpersonal skills are essential for negotiating effectively. They include:</p> <ul style="list-style-type: none"> ▶ Establishing trust and building strong relationships ▶ Effective verbal communication ▶ Active listening ▶ Clarifying what the other person has said ▶ Reflecting on what the other person has said ▶ Problem-solving

Coming to an agreement

When helping a client to decide on intervention strategies, some key factors to consider include the following.

<p>Pace</p>	<p>Work at a pace that is comfortable for the client. Be patient and give the client time and space to absorb information.</p>
<p>Client values</p>	<p>The intervention you agree on should reflect the client’s values.</p> <p>Clients’ values reflect not only their cultural and family background but also their unique preferences and experiences.</p>
<p>Meaningful outcomes</p>	<p>The intervention should fulfil needs and lead to outcomes that clients see as important and meaningful.</p>
<p>Client circumstances</p>	<p>The intervention should ‘fit’ the client’s circumstances, such as their mobility, access to transport and childcare responsibilities.</p>

Example

Agreeing on strategies for intervention with the client before starting work

June was referred to a counsellor by a phone-based domestic and family violence service. After spending some time developing rapport with June, the counsellor asks her about her priorities.

‘I want to maintain a good relationship with my son,’ June says. ‘He’s very important to me. But I don’t want him to live in my house anymore.’

‘Okay,’ the counsellor replies. ‘So, you want Gerald to move out of your house but you don’t want to lose contact with him?’

‘Yes, that’s right. And I definitely don’t want the police to be involved. That would be terrible.’

‘All right,’ the counsellor replies. ‘We’re going to work together on this, June. You need to work at a pace that’s right for you. I can run through some of the options with you and then we can talk further about what’s right for you. How does that sound?’



Practice Task 10

Question 1

List **three** factors that may influence negotiations about strategies for intervention with clients.

Question 2

Draw a line to match each of the following practices to the approach it reflects.

- | | |
|---|----------------------------|
| * Acknowledging that all families are different, and that parents are the experts on their own children | * Family-centred approach |
| * Identifying what the client is doing well and where their strengths lie, rather than focusing exclusively on their problems | * Family-centred approach |
| * Focusing on what the client can do (rather than what they can’t do) and acknowledging their aspirations and goals | * Strengths-based approach |
| * Working in partnership with a family to identify their values, expectations and goals and help clients decide how best to meet their children’s needs | * Strengths-based approach |

3D Providing clients with information about available services

One of the ways you can support clients experiencing domestic and family violence is by giving them information about available services

Your organisation may have a list of services you can give to clients, or an online directory where you can access information about relevant supports.

When providing information to clients, give them an opportunity to ask questions about the options and consider their specific needs.

It's important that you protect your clients' privacy when referring them to other services, so you also need to be sure you are aware of the relevant laws and your organisation's policies and procedures for collecting, storing and sharing client information.

Available services

There are a range of services available for people experiencing domestic and family violence

The information you provide clients about available services could include details about:

- ▶ Phone-based/online counselling services
- ▶ Mental health services
- ▶ Advocacy groups
- ▶ Sexual assault services
- ▶ Housing/homelessness services
- ▶ Legal services
- ▶ Police support services (e.g. family violence liaison officers)

Clients may have questions about the services you tell them about, such as what type of support the service offers, if it is free or how much it costs, and how they work with clients from different communities (e.g. people from non-English speaking backgrounds). If you don't know the answers to these questions, contact the service and find out.

When you are giving clients information about services, think about their particular needs, circumstances and background. Some services are for the general community. Others are for specific communities and groups (e.g. children or young adults, Aboriginal and Torres Strait Islander communities, the LGBTQI community), and some are designed specifically for people experiencing domestic and family violence (e.g. phone-based domestic violence counselling services).

Providing information

When you are providing information about available services to clients who are affected by domestic and family violence, the following principles are especially important.

Recognise and respect the client's identity and specific needs.	Relevant factors might include the client's cultural background, priorities, concerns and risks.
Encourage clients to be confident in making choices for themselves.	Where possible, provide multiple options for support so the client can make their own choice. If a client would prefer not to use a service, respect their decision.
Know the agency or worker.	Do not send a client to an organisation or professional you have never heard of or worked with. Your client will most likely already be feeling anxious about seeking external help and this will only increase their anxiety.
Identify services that the client has already accessed.	Ask the client about services they have already accessed. It can be extremely discouraging for the client to keep getting referred to the same services or cycling through them.
Be honest and transparent.	Let clients know if you will need to share information about them or their family with another service. Where it is needed, make sure you get consent before you share a client's information with another service.
Be non-judgmental.	Validate the client's feelings and experiences. Establish a positive relationship with the client, so you 'leave the door open' for them to seek information from you in the future.
Take into account any barriers to accessing services.	Identify any barriers the client might have to accessing services, such as limited transport options or issues with mobility. Barriers include physical and psychological factors (e.g. if a client distrusts specific service providers, this could be a barrier to access)
Let the client make the appointment.	To empower the client, ask them to make the first appointment with the service or professional you refer them to. Talk to the client about what information they will need to provide, how to get to the appointment and what they will need to take.
Maintain the relationship.	You should continue to provide support to your client until they access the referred service. Appointments may be in 4–6 weeks, and clients cannot be left without support for all this time. You should also follow up with them after the first appointment, to find out how it went and if you need to offer any further support.

Source: <https://www.thelookout.org.au/other-professionals/responding-family-violence/referring-clients-other-services>

Maintaining confidentiality

Client privacy must be protected when referring clients to other services and organisations. The information that a worker needs to share includes:

- ▶ Basic contact details for the client
- ▶ The reason for the referral
- ▶ The nature and extent of the worker's involvement with the client
- ▶ The worker's future role in supporting the client

To ensure information provided is factual and not based on assumptions, work closely with your client, plan the referral together and decide what information should be shared.

Be aware that some information must be passed on when you refer a client, as part of your duty of care to others. For example, if your client has a criminal or violent background or a substance abuse problem, and you are referring them to a long-term accommodation service, that service has a right to know that information. This is to ensure the safety of other housing residents. Likewise, if your client suffers from a mental illness, the service may need this information in order to provide adequate care to the client and access to a specialist service if required.

You must always gain your client's permission, preferably in writing, before sharing information. It is good practice to share with the client what you intend to discuss with the other agency. Also, check that the client understands the policy and criteria of the service they are being referred to.

Example

Providing clients with information about available services

Owen is a personal care assistant. One of his clients, June, has told Owen that she is experiencing family violence perpetrated by her adult son. June has told Owen that she would like information about available support services. Owen gives June a handout with a list of support services that his organisation has put together specifically for clients who are experiencing (or are at risk of) elder abuse.

Owen knows that June has some issues with mobility, so he points to the section on phone-based counselling services. 'You'll see here that there are a few phone-based counselling services,' he says. 'Might that be more convenient for you?'

'I'm not sure how I feel about speaking to someone I don't even know, especially over the phone,' June says.

'That's totally understandable,' Owen replies. 'It can be quite daunting. There are a couple of advocacy services here as well, specifically for older people. You might like to contact one of them first and talk about your options?'



Practice Task 11

Question 1

List **three** pieces of information a worker should give a client before referring them to a service.

Question 2

Which of the following services might workers refer their clients to? Tick all that apply.

- Phone-based/online counselling services
- Library and information services
- Sexual assault services
- Housing/homelessness services
- Legal services

3E Records, reports and referral information

Accurate, up-to-date information is vital when working with clients affected by domestic and family violence

The records you keep and reports you write can be used during legal action relating to criminal charges and family law cases. Information you record may also be shared with other services. Accurate and comprehensive records and reports help to ensure that your client does not have to repeat the same information over and over to different service providers.

Privacy and confidentiality are especially important when collecting, storing and sharing information about clients affected by domestic and family violence. Understanding relevant privacy laws and following organisational policy will help to ensure your clients' safety.

Keeping records

Above all, records should be accurate and up to date

Organisations have different policies regarding record keeping. Different sectors also have different requirements and standards. Some common principles for good record keeping in community services are listed below.

Record the information as soon as possible after interacting with a client, to ensure the record is accurate.

Record the date and time of your interaction.

Record all relevant information.

Write legibly/enter data correctly

Try to avoid errors and omissions

If you make an error, follow your organisation's procedure for amending records (e.g. writing a new case note or signing and dating any amendments)

Sign and date the record

Writing reports

When writing a report, be as clear and concise as you can

Your organisation may have policies setting out what information you need to report, how often you need to report it, and to whom. External agencies you report to may also have specific requirements. No matter who you are writing your report for, some general rules always apply, including the following.

Be as brief as you can while including all of the relevant information.

Structure your material logically.

Focus on facts and avoid emotive language.

Use plain English.

Avoid abbreviations and jargon.

Completing referral information

Some organisations have a standard referral document that their staff use when making a referral to another service

Information you might need to incorporate in a referral document includes:

- ▶ The client's history of exposure to domestic and family violence
- ▶ An assessment of the client's physical and emotional safety
- ▶ Any risks posed by the perpetrator
- ▶ Services and supports your organisation is providing to the client
- ▶ Other services that the client and/or the client's family have accessed in the past or currently have access to

Example

Keeping accurate records

Jay has almost finished work for the day. He is feeling tired after a long shift – but before he leaves, he needs to write up Tristan's case notes.

Jay spoke with Tristan during his shift about Tristan's older brother's violent behaviour in the family home. Jay knows that if he doesn't complete the case note now, he may not be able to recall all the relevant information when he comes in for his next shift.

Rainbow House has a secure online case management system. Jay opens up a new case note for Tristan and fills in the required information. When he describes the support he provided to Tristan, Jay makes sure it is accurate and detailed. He only includes facts and does not include any of his personal feelings about Tristan's family, background or circumstances.

He includes his name, role and electronic signature at the end of the case note. He saves the case note and shuts down his computer. As he leaves, he locks his office door – in line with Rainbow House's privacy and security policy.



Practice Task 12

Question 1

Which of the following might you include in a referral document? Tick all that apply.

- The client's history of exposure to domestic and family violence
- Other services that the client and/or the client's family have accessed in the past or currently have access to
- The client's financial position
- Any risks posed by the perpetrator
- Services and supports your organisation is providing to the client.

Question 2

List **three** techniques you can use to ensure you keep accurate and comprehensive records.



Summary

- ▶ Workers should only provide support and advice that is within the scope of their role and that they are qualified to provide
- ▶ Maintaining professional boundaries with clients protects both the worker and the client
- ▶ When responding to domestic and family violence, you should prioritise the safety of the client, their family (especially children) and yourself and your colleagues
- ▶ Before taking action, you must negotiate and agree upon strategies for intervention with the client
- ▶ When negotiating and agreeing on strategies, you should work at a pace that is comfortable for the client, seeking an outcome that reflects the client's values, is meaningful to them and reflects their unique circumstances
- ▶ When providing information about services to clients, you should give them multiple options and encourage them to be confident in making choices for themselves
- ▶ Records and reports should be accurate and comprehensive



Learning Checkpoint 3

Responding to client needs

Part A

1. Which of the following statements are correct? Select yes or no for each one.

- | | | |
|--|-------|------|
| a. You should only provide support and advice that is within the scope of your role and that you are qualified to provide. | * Yes | * No |
| b. If your client needs support that is beyond the scope of your job role or training, you can seek assistance from your own professional counsellor. | * Yes | * No |
| c. To identify the scope of your role, you can review your organisation's policies, procedures and processes and any relevant professional standards and codes of conduct. | * Yes | * No |
| d. If the client needs support beyond the scope of your job role or training, you can tell the client to find services that would better meet their needs. You can then write them a referral to the service they have identified. | * Yes | * No |

2. List **three** ways to prioritise clients' physical and emotional safety.

3. Which of the following techniques can you use to prioritise your own physical and emotional safety? Tick all that apply.

- Participating in training in safety, the impact of vicarious trauma and the importance of self-care
- Unwinding with a glass of wine at the end of each workday
- Maintaining work-life balance by starting and leaving work on time and switching off work emails and phones after hours
- Participating in standard ongoing debriefing processes
- Spending time with close family, friends and children

4. List **two** ways workers can prioritise the physical and emotional safety of a client's family.

5. Name two approaches that can be used in negotiating and agreeing on strategies for intervention with the client.

Part B

Read the case study and answer the questions that follow.

Case study

Peter is a social worker at a crisis accommodation service. Last week, Ana was referred to the service and has been staying on site as she recovers from a domestic violence incident. Peter has offered Ana counselling, which she accepted. During their sessions, Ana has shown a lot of interest in Peter, engaging in long conversations and asking about his personal life. At first, Peter assumed she was trying to build rapport, and he reciprocated the interest and tried to get to know Ana, to earn her trust. He is now feeling concerned, as Ana has asked him to accompany her for a walk along the nearby river trail after his shift ends, saying that walking in nature helps her mentally. Peter has a growing suspicion that Ana is looking for a personal relationship rather than a professional one.

1. Would Peter be crossing a professional boundary if he goes for a walk with Ana? Explain your response.

2. After speaking with Ana about the situation, both agree that a female counsellor might be more effective in meeting Ana's needs. There are currently no female counsellors available to take Ana's case.

What information should Peter provide Ana about suitable services/professionals?

3. List **three** protocols Peter should follow when referring Ana to a new service/professional.

4. What information should Peter include in Ana's referral letter to the service/professional?