

August 2022

## SASVic submission informing the FVRIM review of family violence information sharing and risk management legislation

SASVic welcomes this opportunity have input into the Family Violence Reform Implementation Monitor's (FVRIM) review of the parts of the Family Violence Protection Act 2008 (Vic) guiding the Family Violence Information Sharing Scheme (FVISS), and Multi Agency Risk Assessment and Management (MARAM). We understand that the purpose of the Review is to consider the extent to which the legal provisions have been effective in:

- facilitating information sharing for the purposes of assessing and managing risks of family violence
- promoting service coordination and promoting perpetrator accountability
- providing framework for achieving consistent in family violence risk identification, assessment and management.

This brief submission draws on the expertise and experience of specialist sexual assault and harmful sexual behaviour services (SA & HSB) impacted by these legislative provisions. In summary:

- SA & HSB services are often provided with more information than they require through FVISS and require clarity around how FVISS information should be stored within agencies and how to meet FVISS, MARAM and other legislative requirements within appropriate timelines
- SA & HSB services currently use a range of approaches to support consistent MARAM alignment and practice. However, much of this work is under-resourced, or funding has ceased or is lapsing. SA & HSB services have emphasised the need for dedicated ongoing resourcing to support 'maturation' of the MARAM model
- the extra time required by SA and HSB counsellor/advocates in meeting FVISS and MARAM requirements in addition to providing core therapeutic case management and support should be reflected in a review of the current SA & HSB funding model
- the overall pressure on the family violence response system in Victoria means there is often no one for SA & HSB counsellor/advocates to refer victim/survivors to when the potential service user is assessed as not in crisis but is not yet safe enough to engage in counselling. This leaves victim-survivors at risk and perpetrators unaccountable.



## About SASVic

Sexual Assault Services Victoria (SASVic) is the peak body for specialist sexual assault and harmful sexual behaviour services in Victoria. We work to promote rights, recovery and respect for all those impacted by sexual violence and harm. We seek to achieve this by working collectively to change the attitudes, systems and structures that enable sexual violence to occur.

SASVic members provide support to all victims of sexual assault and sexual violence, including women, children, young people, men, and people who identify as gender diverse. Members of SASVic include:

- Australian Childhood Foundation
- Ballarat Centre Against Sexual Assault (CASA)
- CASA Central Victoria
- CASA House
- Centre Against Violence
- Eastern CASA
- Gatehouse Centre
- Gippsland CASA
- Goulburn Valley CASA
- Kids First
- Mallee Sexual Assault Unit/Mallee Domestic Violence Service
- Northern CASA
- Sexual Assault Crisis Line
- South-Eastern Centre Against Sexual Assault
- South-Western CASA
- The Sexual Assault and Family Violence Centre
- West CASA

## Response to consultation questions

### Part 1: The Family Violence Information Sharing Scheme and Central Information Point

SA & HSB services are often provided with more information than they require through the FVISS. This can cause a range of issues and risks, including:

- a lack of clarity regarding responsibilities responding to subpoenas
- managing and securely storing sensitive information regarding people other than the primary victim-survivor.

SA & HSB services require clarity around how FVISS information should be stored within agencies. Information provided via FVISS is often stored in a manager's restricted files, separate to the client's therapeutic file, maintained by the counsellor/advocate. This could lead to risks in regard continuity of care, case coordination and oversight. Some SA & HASB services are having to invest in developing their own IT systems to manage and store data, in order to meet legislative and funding requirements.

SA & HSB services would value clarity and guidance regarding how to meet its FVISS and other legislative requirements within appropriate timelines. This could include a simple flow chart to step practitioners through relevant and related legislative requirements (such as mandatory reporting, responding to subpoenas, and requirements under Child Youth and Families Act (2005), and how FVISS requirements interact with these. Practitioners need clarity of the difference between CISS and other information sharing processes.

A flow chart or similar, stepping out responsibilities in relation to ongoing family violence risk management provided in a SA & HSB therapeutic case work context would also be welcome. For example, at what point/s is a risk assessment completed, who updates the risk assessment plan (manager or counsellor/advocate), what are the timeframes for reassessing risk and who's responsibility, is it?

## Part 2: The Family Violence Risk Assessment and Risk Management Framework

SA & HSB services currently use a range of approaches to support consistent MARAM alignment and practice, including:

- Strengthening Hospital Responses to Family Violence (SHRFV)
- Meetings with local Orange Doors
- Internal senior leadership team meetings and MARAM Champion/s
- Clinical leadership team meetings and regular case file reviews
- Regular discussions with Elizabeth Morgan House and embedding MARAM into Reconciliation Action Plans

However, much of this work is under-resourced, or funding has ceased or is lapsing. SA & HSB services have emphasised the need for dedicated ongoing resourcing to support ‘maturation’ of the MARAM model.

SA & HSB services would also value greater clarity and further guidance in regard to whether or not the comprehensive risk assessment tool needs to be completed for all HSB/SA/FSV cases even when there is no current family violence. The current understanding in the SA & HSB sector is that the comprehensive assessment does need to be completed when working with historical family violence, including when there are no current risks, but this is causing confusion and a lack of consistency across some services.

SA & HSB practitioners are keenly awaiting the release of the MARAM guide to support risk assessment and management for adolescents with HSB and/or who use violence in the home (where the victim/perpetrator dichotomy is less appropriate, and the young person is in need of support and is not seen as a ‘perpetrator’).

Family violence risk assessment and management involving Registered Sex Offenders (RSOs) and other child protection matters, including where the mother or non-offending parent maintains contact with the RSO, is another area for capacity building.

### Part 3: General feedback

To support the effectiveness of the legislative framework for the family violence information sharing scheme and risk and assessment and management framework, SA & HSB services would like to highlight the ongoing resource-intensiveness of this work and the need for ongoing resourcing to support it. Increased and sustained resourcing should reflect:

- Consideration of the impacts and extra time required by SA and HSB counsellor/advocates in meeting FVISS and MARAM requirements in addition to providing therapeutic case management and support, and the need to re-visit funding models taking this into account.
- Consideration and clarification of the responsibilities of specialist private practitioners who receive referrals from SA & HSB services in relation to family violence risk assessment and MARAM.
- Although working towards consistent policies and protocols, SA & HSB services are currently at different stages of implementation. Hospital-based services have benefitted from dedicated MARAM supports and tend to be more advanced/confident than other services in relation to meeting their legislative requirements than non-hospital-based services as a result. However, the cessation of funding for SHRFV is expected to stall progress.
- The need for specialist, tailored training and capacity building in regard to FVISS and MARAM for the SA & HSB sector. Generic training is not sufficient or specialised enough for the SA & HSB sector.
- The overall pressure on the family violence response system in Victoria, and the lack of safe and timely family violence referral pathways. SA & HSB services report that local The Orange Doors (TOD) are unable to meet demand. This means there is often no one for SA & HSB counsellor/advocates to refer victim/survivors to when the potential service user is not in crisis but is not yet safe enough to engage in counselling, leaving victim-survivors at risk and perpetrators unaccountable.