

DVRCV's focus:

# Risk and complexity: the role of family violence specialists



Family violence is everyone's business, but that doesn't mean everyone needs to be a family violence specialist. As we begin to bring family violence responses into universal services like health and education and more social and human services delivery agencies have a mandated responsibility to address this issue, we have focused this edition of DVRCV Advocate on the importance of specialisation in prevention and response.

The tiered workforce model that DVRCV presented at the Royal Commission into Family Violence shows that while every professional will have some level of responsibility in responding to victims and perpetrators of family violence, these roles will differ significantly and the level of risk that professionals are required to hold will also be very different across the tiers of the workforce. Specialist services are essential for responding to crisis, high risk, and ongoing family violence as well as the trauma experienced by children but many women and children do not access specialist services, or may not recognise they are living with family violence. As such, the role of universal and mainstream services is important in helping to support these women and assisting them to stay safe.

An example of the important role that non-family violence specialists currently play can be seen in an education context. One implication of Victoria's new risk assessment and information sharing legislation, is that all Victorians will soon expect a teacher to know what family violence is, to understand the impact on their student and to know what to do to support the student – and their parent – while maintaining that student's connection to their education. The teacher of the near future will be able to identify red flag indicators of family violence; ask the right questions in a sensitive way, with an empowerment focused approach; and will better understand the dynamics and impacts of family violence which will enable them to develop a plan to support the child's education, safety and wellbeing. Increasingly, teachers will be equipped to

recognise behaviours previously categorised as 'bad' as being a result of family violence related trauma or the impacts of violence in the home spilling into the school. But while teachers need to be able to recognise and respond to family violence to ensure their core business – the safety, wellbeing and education of a child – is delivered, it is not the job of a teacher to manage a high level of risk for the child or the mother. Managing risk and complexity is why we have a specialist family violence service system.

Historically, family violence specialisation was built through direct engagement with a diverse range of victim survivors over an extended period of time. Specialist family violence workers have a deep and nuanced understanding of subtle warning signs to support their risk assessments, they understand the unique dynamics of family violence from both a victim and a perpetrator perspective, and have a highly honed ability to respond to the impacts of violence in a strengths-based way that empowers victims and places responsibility with perpetrators. Clients are often at high risk of death, injury or other psychological or economic harm which can have long term impacts

if not adequately addressed. This calls for specialisation in risk management, safety planning and crisis response, as well as an in depth knowledge of the specialist systems that interact with victims and perpetrators and the barriers to safety that women can face when interacting with the justice system or support services.

In the current period of intense reform, we don't have the time to build that specialisation solely through years and years of direct service experience. Fortunately, we now have formal, recognised capability frameworks for both the prevention and response workforces. To ensure we are developing the right education, programs and training to rapidly build skills in specialist responses to family violence, it's imperative that we identify what's different about the practice, policy and training of specialist practitioners. We hope this edition of DVRCV Advocate fleshes out the differences through the perspectives of a non-specialist service; a pilot training program; the prevention sector, particularly refugees and migrants and new parents; and workers themselves. ■

