

# Online Panel Summary Resource

## Sexual Assault in the Context of Family Violence: Working collaboratively in the COVID-19 environment

19 May 2020

### Panellists

Jacky Tucker: RAMP Statewide Coordinator | Domestic Violence Victoria

Jacky has worked in the victim-survivor family violence sector for nearly 30 years, beginning her career at Women's Domestic Violence Crisis Service (now Safe Steps). Currently, Jacky works at DV Vic as the RAMP Statewide Coordinator.

Alison Jones: Manager Intake and Assessment | MSAU and MDVS

Ali has worked as a Counsellor/Advocate, then Manager, with The Mallee Sexual Assault Unit since its commencement 30 years ago. The agency took over the management of the Women's Refuge - becoming an integrated service and later a Multidisciplinary Centres (MDC) with the ability to provide a wide range of services to people affected by any type of abuse.

Michelle Perry: Practice Development Manager | No to Violence

Michelle has worked for over 20 years across education, public health, community, non-government organisations and in private practice. For the past ten years this work has focused on addressing family violence. Michelle is currently fulfilling the role of Practice Development Manager at NTV.

Vicki Quinton: Senior Clinical Psychologist | Royal Children's Hospital

Vicki leads the Gatehouse Centre REFOCUS Program (for the assessment and treatment of children and adolescents who exhibit problematic sexual behaviour and their families). This includes program development, clinical work, and supervision of clinical work across the program.

**Facilitator** Tracy Castelino | ShantiWorks

Tracy has been working in the field of violence against women for more than 20 years. This has included direct service and management roles with women and children's services and men's family violence prevention and intervention services.

### Key themes from the panel

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Important to understand 'sex' in violent relationships as a pattern of ongoing and systematic abuse and coercion; and acknowledge that a person cannot give consent if there is an abuse of power and control in the relationship.

It is critical that we understand the perpetrators pattern of behaviour, the impact of the sexual violence on both child and adult victim-survivors to better design and coordinate our response.

When victim-survivors feel supported they are more likely to disclose if sexual assault has been a factor, Typically victim-survivors feel a deep sense of shame, The injuries sustained from sexual assault are often hidden and sometimes not recognised by police, or victim-survivors themselves, as part of the violence. Community and individuals need a better understanding of coercive control, beyond the less visible physical abuse.

Practitioners need to be supported to ask questions about sexual assault and feel capable to receive a disclosure and respond, which might lead to a referral to a specialist service. Importantly, 'don't shy away' from asking about sexual assault.

When working with people who use violence, you must also ask about sexual assault. If workers neglect the topic, they are contributing to keeping the abuse hidden. The perpetrator response sector must ask the questions, even during the first assessment. Practitioners must address with the perpetrator the socialised devaluing of women and children.

Work with children who exhibit sexually harmful behaviours must be therapeutic and have a focus on all of family, you can't work with children in isolation. A significant amount of families who present at Gatehouse have a history of family violence; this is an opportunity for good collaboration with specialist family violence services. Gatehouse works from a care team approach with many other services (such as Child Protection and Victoria Police) which enables each service to provide their specialist lens.

### **Collaborative practice between services:**

- Coordination between services is essential so that the family is not overwhelmed by service engagement, consider support for the adult victim survivor to manage and engage with the service system.
- Share relevant information between all services involved with all members of the family to determine risk, safety and wellbeing needs. Services working with the perpetrator need to proactively share risk relevant information with other services who are engaged with the family.
- In the context of COVID-19, the approach is similar but likely for engagement to be over the phone. Must consider the additional risks of COVID-19, refer to below MARAM documents for more information. More important now than ever that services do not revert to working in silos, that services continue to share relevant information and work collaboratively to monitor and response to risk and increase safety.

### **Resources and Practice Guidelines**

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MARAM Framework and MARAM Victim Survivor Practice Guides <https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework>

MARAM Practice Notes during COVID-19: <https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework>

Information Sharing Entities and Risk Assessment Entities Database – A database of organisations prescribed under the Family Violence Information Sharing Scheme and Child Information Sharing Scheme.  
<https://iselist.www.vic.gov.au/ise/list/>

Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors (the Code)  
<http://dvwic.org.au/members/member-resources/>

Towards Safe Families Practice Guide: A practice guide for men's domestic violence behaviour change programs  
[http://www.crimeprevention.nsw.gov.au/domesticviolence/Documents/Mini/agj\\_domestic\\_violence\\_practice\\_guide\\_final\\_consolidated\\_sec.pdf](http://www.crimeprevention.nsw.gov.au/domesticviolence/Documents/Mini/agj_domestic_violence_practice_guide_final_consolidated_sec.pdf)

### **Feedback**

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CASA Forum, DV Vic and NTV welcome hearing from our members. Please complete the evaluation survey to let us know what you thought. This will assist us to plan and develop future online webinars and panels.  
<https://www.surveymonkey.com/r/WCHZFTM>

# KEY TERMS

## **Aboriginal self-determination**

*Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families (the Aboriginal 10 Year Family Violence Agreement 2018-2028)* describes self-determination as “exercising true freedom, full and total control of our own safety, healing, connections to land and culture, communities, futures and lives”, which requires “a systemic shift from government and the non-Aboriginal service sector, that requires the transfer of power, control, decision making and resources to Aboriginal communities and their organisations”.

## **Child Information Sharing Scheme (CISS)**

Child Information Sharing Scheme established under Part 6A of the Child Wellbeing and Safety Act 2005.

## **Family Violence Information Sharing Scheme (FVISS)**

Family Violence Information Sharing Scheme established under Part 5A of the Family Violence Protection Act (FVPA) 2008 (Vic).

## **Family Violence Risk Assessment**

The process of applying the model of Structured Professional Judgement, as per the MARAM Framework, to determine the level of family violence risk.

## **Information Sharing Entity (ISE)**

As defined in the FVPA to mean a person or body prescribed share information for family violence protection purposes.

## **Intersectionality (Intersectional Feminism)**

A theory developed to examine how multiple forms of power, privilege and oppression overlap, or intersect, in people's lives in mutually reinforcing ways to produce power hierarchies, structural inequalities and systemic marginalisation.

## **MARAM Framework**

Family Violence Multi Agency Risk Assessment and Management Framework.

## **MARAM Responsibilities**

Describes the responsibilities for family violence risk assessment and management, as well as advice on how professionals and organisations define their responsibilities to support consistency of practice across the service system.

## **Perpetrator**

The person who uses family violence.

This term signifies the importance of placing responsibility with the person(s) who chooses to use violent, abusive and controlling behaviours to intimidate, harm and cause fear. Other expressions such as 'person using/ choosing to use family violence' might be preferred, depending on context.

## **Risk Assessment Entity (RAE)**

An information sharing entity also prescribed to be a risk assessment entity (RAE). RAEs can request and receive information from any ISE for a family violence assessment or protection purpose, in response to, or from voluntary sharing by, another ISE.

## **Sexually Abusive Behaviour Treatment Services (SABTS)**

Services for children and young people under the age of 18 years who display problem sexual behaviour or sexually abusive behaviour towards others.

## **Seriousness of risk**

The level of risk assessed to be present, indicating the likelihood that the victim/s will be seriously harmed, killed, or be subjected to an escalation of the family violence perpetrated against them.

## **Sexually harmful behaviours or harmful sexual behaviours**

Terms used by the Royal Commission into Institutional Responses to Child Sexual Abuse to describe any sexual behaviour by a child “that is developmentally inappropriate, may be harmful towards one's self or others, or may be abusive towards another child, young person or adult”.

## **Tier**

The family violence workforce is understood as four tiers spanning specialist family violence and sexual assault services (Tier 1), core support services and intervention agencies (Tier 2), mainstream support services (Tier 3), and universal services (Tier 4).

## **Victim-survivor**

The person, including adults, infants, children and young people, who has experienced family violence.

This term acknowledges that the person subjected to family violence is both a victim of a crime and a human rights violation, and they are also a survivor with respect to their autonomy, strength and resilience. The term must not be used to wholly define a person.