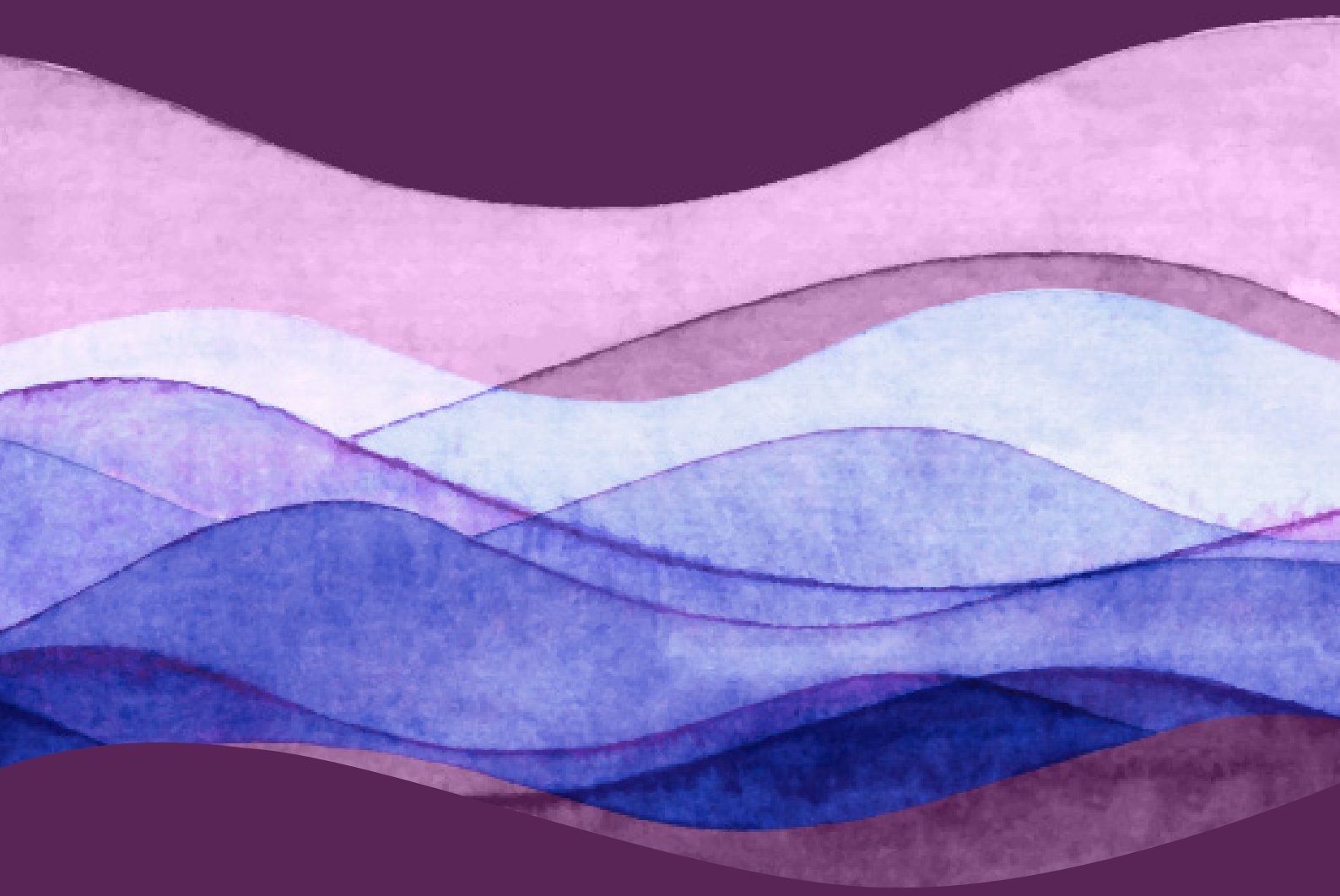
Domestic and Family Violence

Training and Change Management Framework



Queensland Government

Acknowledgement of contributions

The Queensland Government developed the Training and Change Management Framework (the Framework) as a key element of its response to *Hear Her Voice: Report One – Addressing Coercive Control and Domestic and Family Violence in Queensland*. The Framework guides training alignment for all staff and organisations working across the domestic and family violence (DFV) and justice service systems, working toward a consistent response to victim-survivors.

The Framework will be reviewed and amended over time to incorporate new learnings and reflect contemporary best practice.

The Queensland Government would like to thank Nous Group (Nous) for their work in developing the first version of the Framework.

The Queensland Government also acknowledges the commitment and time of the many stakeholders from across the system and the state who contributed to the development of the Framework.

Finally, the Queensland Government respectfully acknowledges all victim-survivors who have experienced or are currently experiencing domestic and family violence and victims who have passed away as a result. It is our hope that this Framework will assist the ongoing improvement of responses to those impacted by violence.

Acknowledgement of Country

The Queensland Government acknowledges the Traditional Owners of the lands across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future; and we value Aboriginal and Torres Strait Islander peoples' history, culture, and knowledge.

Attribution

Content from this Framework should be attributed as: *The State of Queensland Department of Justice and Attorney-General's Domestic and Family Violence Training and Change Management Framework*.

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Published by the Queensland Government, November 2023, 1 William St, Brisbane Qld 4000.

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In essence, you are free to copy, communicate and adapt this document, as long as you attribute the work to the State of Queensland (Department of Justice and Attorney-General).

Content warning

The content of this document may bring up strong feelings in some readers. Be assured you are not alone. There are services and support groups available to assist.

If you or someone you know is in immediate danger, please contact the police on Triple Zero (**000**). If you are in Queensland and the matter is not urgent, you can contact Policelink on **131 444** or visit the Queensland Police Service website www.police.qld.gov.au/domestic-violence.

Advice and support

DVConnect is a free 24-hour crisis support line for anyone impacted by domestic and family violence. They can be contacted on **1800 811 811** or www.dvconnect.org/.

The Sexual Assault Helpline provides specialist counsellors who will listen and believe you. They can be contacted on **1800 010 120** between 7.30am to 11.30pm, 7 days a week or www.dvconnect.org/sexual-assault-helpline.

Mensline is a free and confidential helpline for men wanting support to change their behaviours or other DFV related issues. They can be contacted on **1800 600 636** between 9am and midnight, 7 days a week or www.dvconnect.org/mensline/.

1800 Respect is a 24-hour free information and counselling service for people impacted by domestic, family or sexual violence. They can be contacted on **1800 737 732**, 7 days a week or www.1800respect.org.au (telephone and online crisis support).

13 YARN is a support line for mob who are feeling overwhelmed or having difficulty coping. Available 24/7 on **13 92 76** or 13yarn.org.au.

Well Mob offers social, emotional and cultural wellbeing online resources for Aboriginal and Torres Strait Islander peoples (wellmob.org.au).

Brother to Brother Crisis Support Line is Australia's first 24-hour hotline assisting Aboriginal men, staffed by Aboriginal men, including Elders, to promote a culturally safe service. Available 24/7 on **1800 435 799** or dardimunwurro.com.au/brother-to-brother.

Thirrili Indigenous Suicide Postvention Support Service can be contacted 24/7 by calling **1800 805 801** and provides emotional and practical support to families impacted by a loss from suicide or other fatal traumatic incidents.

Lifeline is a 24-hour telephone counselling and referral service. They can be contacted on **13 11 14** or www.lifeline.org.au (crisis support and suicide prevention).

Kids Helpline is a 24-hour free counselling service for young people aged between 5 and 25. They can be contacted on **1800 55 1800** or www.kidshelpline.com.au.

Beyondblue is a mental health service and can be contacted on **1300 224 636** or www.beyondblue.org.au.

Suicide Call Back Service offers free professional counselling services and can be contacted on **1300 659 467** or www.suicidecallbackservice.org.au.

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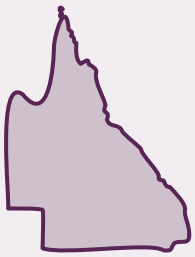
1 Domestic and family violence prevalence in Queensland and Australia

Domestic and family violence (DFV) is highly prevalent in Queensland and Australia, touching multiple service systems, affecting women disproportionately more than men.



5.4 million people
in Queensland as at June 2023

4.6% identify as **Aboriginal and Torres Strait Islander**

1 in 4 women

have **experienced physical or sexual violence** by a current or previous partner since the age of 15[4]

An estimated **139,000** **recorded DFV occurrences in 2021–2022** by First Responders (QPS)[1]

In 2022–23, **58,314** **Domestic Violence Orders (DVOs)** were lodged to Queensland Courts. This represents an **12% increase** on 21–22[2]

On average, one woman is killed by an intimate partner every 10 days[5]

79% of Queensland DVOs protect a **female aggrieved**[3]

14% of Queensland DVOs protect an **Aboriginal or Torres Strait Islander** person[3]

Women are over-represented as victims of intimate partner homicides[6]

Aboriginal and Torres Strait Islander women

6 times
more likely to be the victims of DFV homicide[7] than non-Indigenous women

35 times
more likely to be hospitalised due to DFV related injuries[8] than non-Indigenous women

Note: Data subject to change.

Structural factors drive violence against women at the societal level

- Condoning of violence against women
- Men's control of decision-making and limits to women's independence in public and private life
- Rigid gender stereotyping and dominant forms of masculinity
- Male peer relations and cultures of masculinity that emphasise aggression, dominance and control[9]

Intersectional groups share unique and often compounding experiences of DFV and barriers to engaging services.

These groups include, but are not limited to:

Women with disability	LGBTIQA+ people	Migrant/CALD women	Older women
2 times as likely to **experience sexual violence**[10]	**61%** reported ever **experiencing intimate partner violence**[12]	**1 in 3** **report experiences** of DFV[14]	**2–14%** **experience elder abuse** in any given year[17]
Face barriers to disclose abuse due to **carer dynamics**[11]	Face distinct coercive controlling behaviour such as **threats of 'outing' or disclosure of HIV status**[13]	Face cultural, linguistic, economic, and social **barriers to disclosure**[15]	Experience DFV where there is **an expectation of trust**, such as with family and carers[18]
		Can experience **immigration-related** DFV[16]	

Note: Data subject to change.

2 A note on language used in the Framework

Language is important. A common language around domestic and family violence (DFV) is key to understanding the issue and promoting collaboration towards the shared goal of keeping victim-survivors safe, strengthening their capacity to recover and heal, and supporting persons using violence to stop their abuse.

The Framework adopts a gendered lens. The use of gendered language is deliberate. It recognises that most victim-survivors of DFV are women and that most persons using violence are men, who are often the partner or ex-partner of the victim-survivor. The Framework recognises the drivers of DFV are complex and include gender inequality and community attitudes towards the roles of women and men in society. However, it is acknowledged that gendered language does not describe all forms of DFV and it is important to encompass the full range of victim-survivors who experience violence or abuse.

While the Framework seeks to build consistent language, there are some contexts where variation will apply. In specific settings (such as the justice system) language may reflect the point in time status of a person within that system; however, this should not supersede a person-centred approach where care is taken to ensure the individual understands the meaning of language being used.

The explanations in the Framework and Glossary are not legislative definitions, and any reference to legal terms or legislation is general information only and should not be considered legal advice.

There are terms used in the Framework that may be unfamiliar to the reader:

Victim-survivor: The person who has, or is, experiencing DFV. The Framework acknowledges that a person is not defined by their experiences of violence and uses the term 'victim-survivor' in recognition of a person's choice to identify as either victim or survivor, or both. Children and young people are recognised as victim-survivors in their own right.

Person using violence (persons who use violence): This term, instead of the term 'perpetrator,' is used throughout the Framework when referring to the person who is being violent, abusive, or controlling towards the victim-survivor. The term 'person using violence' recognises a person's ability to undergo personal development, be accountable for their actions, and stop their harmful behaviours. It also acknowledges that many persons who use violence (particularly children and young people who use violence) have been victims of violence themselves. Persons using violence may be less likely to engage with support services and attempt to change if they feel that once labelled a perpetrator of DFV, they will always be known as a perpetrator. The term 'violence' is used throughout the Framework and includes physical violence, non-physical violence, and coercive control.

Domestic and family violence: The community understanding of DFV has developed significantly over recent decades and continues to evolve. Historically, it was considered a private matter involving physical forms of violence. The Framework reflects a contemporary understanding of DFV as behaviour, or a pattern of behaviour, that is physically, sexually, emotionally, psychologically or economically abusive, threatening, coercive or aimed at controlling or dominating a person through fear. The behaviour can take many forms from financial control, isolation from family and friends, spiritual or cultural abuse, threats of self-harm or harm to loved ones or pets, monitoring of whereabouts or other forms of stalking. Acts of DFV are rarely isolated incidents but occur within a context of coercive control.

Coercive control: Is the controlling and manipulative dynamic that underpins DFV. It is not simply another form of DFV – it is the context in which DFV occurs. Coercive control is patterns of abusive behaviours over time which have the impact of establishing and maintaining power and dominance over another person, creating fear and denying liberty and autonomy. The abusive person may use any combination of physical or non-physical abusive behaviours that are tailored or specific to the victim-survivor. These behaviours can be subtle and insidious and difficult for others to identify as abusive.

Cultural safety: Is about creating an environment that is safe (spiritually, socially, emotionally and physically) for Aboriginal and Torres Strait Islander peoples *(see page 44)*. Aboriginal and Torres Strait Islander women, children and gender diverse people suffer disproportionate levels of violence. The drivers of violence experienced by Aboriginal and Torres Strait Islander women and children are complex. Therefore, responses should reflect that one size does not fit all and holistic, culturally safe, whole-of-family and whole-of-community approaches are needed. An understanding of cultural safety is integral to the Framework.

For further detail on core concepts and definitions used in the Framework, see Appendices A and B.

3 The Framework's scope and purpose

The Domestic and Family Violence (DFV) Training and Change Management Framework is part of the Queensland Government's commitment to take action to end DFV. It recognises that everyone has a role to play in achieving this goal. Below is a condensed overview of the Framework.

What does the Framework do?

The Framework assists organisations to understand the DFV learning outcomes to support their people, assess the current level of capability to determine learning needs, and shape training responses to meet these needs and to deliver the best possible response to people affected by DFV.

Who is this Framework for?

The Framework is for everyone across Queensland Government agencies as well as staff and volunteers across non-government and community service organisations. All have a part to play in recognising and responding to DFV. The training suggested will depend on organisation type and the role an individual plays in working to prevent DFV, recognising the warning signs and supporting people affected.

This Training and Change Management Framework is part of the Queensland Government's commitment to take action to end DFV. It recognises that everyone has a role to play in achieving this goal.

It has been developed in response to a recommendation from the Queensland Women's Safety and Justice Taskforce (the Taskforce) who were concerned that a lack of consistency in DFV related training across the DFV and justice service systems was leading to poor and unsafe outcomes for victim-survivors.

The Framework takes a whole-of-system approach. Its guidance applies to organisations ranging from specialist DFV services to hospital emergency departments, veterinarian clinics and sport and recreation organisations. It provides advice for staff and volunteers working in roles involving direct service delivery and engagement with community members to organisational leaders and those working in policy and program development, human resources, research, and procurement.

The scope of organisations and workforces that make up the broader DFV 'service system' is shown in Figure 1. This outlines the different roles that stakeholders can play in preventing and responding to DFV. The roles listed are not exhaustive but are a starting point for organisations to consider where they may sit within the service system and to look for opportunities to strengthen efforts around DFV prevention, further support victim-survivors and appropriately engage with people using violence. Some organisations play a role across all levels of the service system, as depicted in the outer circle of Figure 1 *(see page 8)*.

Purpose of the Framework

The Framework is a blueprint to guide training approaches for staff and volunteers across government, non-government and community organisations. Its primary audience is those involved in the development and delivery of organisational training and change management processes; however, it is available to all staff and volunteers across the system for their own reference.

It provides organisations with common training and learning objectives to build consistent, evidence-based, and trauma-informed responses to DFV. This includes organisations for whom DFV prevention and response is part of their core business, as well as government and community-based services that engage with victim-survivors and persons who use violence for reasons other than direct DFV related response (such as those working in mental health, social and emotional wellbeing, youth support, family support, public transport, and sport and recreation organisations).

The Framework is designed to support organisations to understand the learning outcomes for their people, assess the current level of capability to determine learning needs, and to shape training responses to meet these needs.

Additionally, it provides:

- a consistent language and explanation around core concepts important when responding to DFV
- guidance on optimal learning methods to inform the design and implementation of training
- advice to support ongoing and organisational change management to build DFV proficiency
- tips on setting the right environment for behavioural and attitudinal change at the local level

The Framework is designed with an awareness of the breadth of organisation types across the service system and the varying degrees of maturity in their DFV practice. Developing a mature, well-informed DFV response within an organisation requires concerted effort over time and a commitment to whole-of-organisation learning and change management. The Framework is designed to support organisations with this evolution, no matter where they begin their journey and the context in which they work.

The Framework promotes a consistent understanding of DFV, reflected in training, that brings together the nuances of the DFV service system and is applicable to the diverse contexts of training delivery in each individual organisations.

While the Framework is a blueprint to guide organisations in developing DFV training for their workforce or volunteers, it includes core concepts that can be incorporated into training (Appendix A). The core concepts are intended as a starting point for organisations to build upon in developing training solutions tailored to the needs of their workforce.

Framework at a glance

The Framework identifies different 'role levels' where staff may fit based on their role. Each level has its own learning objectives. There are 3 workforce levels and 2 leader levels.

A supporting decision tree tool assists in identifying where people fit across these levels.

All Roles	Mainstream and Non-DFV Specialist Service Roles	Specialist DFV Service Roles
Includes any role performed across the service system.	Includes roles that have contact with victim-survivors and persons who use violence and can provide early intervention support.	Includes specialist DFV roles that require a deeper and more nuanced understanding of DFV related risk, escalation of risk and appropriate responses.

An example of how it supports organisations

The Framework and its supporting resources are a guide to help organisations identify training needs and support customisation of training materials to build DFV capability and responsiveness across the workforce.

The Framework offers good practice principles for delivering DFV training, serving as a guide to tailor training approaches in specific contexts.

The Framework offers guidance on training content and learning objectives to address potential capability gaps, as illustrated in the example to the right.

Suggested training content overview	Training outcome	Learning aim
Topic 1: Signs and indicators of compassion fatigue, and vicarious trauma as well as its impacts.	A workforce which is culturally competent, alert and aware to domestic and family violence.	Participants will have a base level understanding of DFV including coercive control, trauma, inter-generational trauma and intersectionality.

Where **Mainstream and Non-DFV Specialist Service Roles** or **Specialist DFV Service Roles** are identified, additional specialised training in addition to the **All Roles** training would be needed. Further training content and learning objectives have been provided.

What are the Framework's intended outcomes?

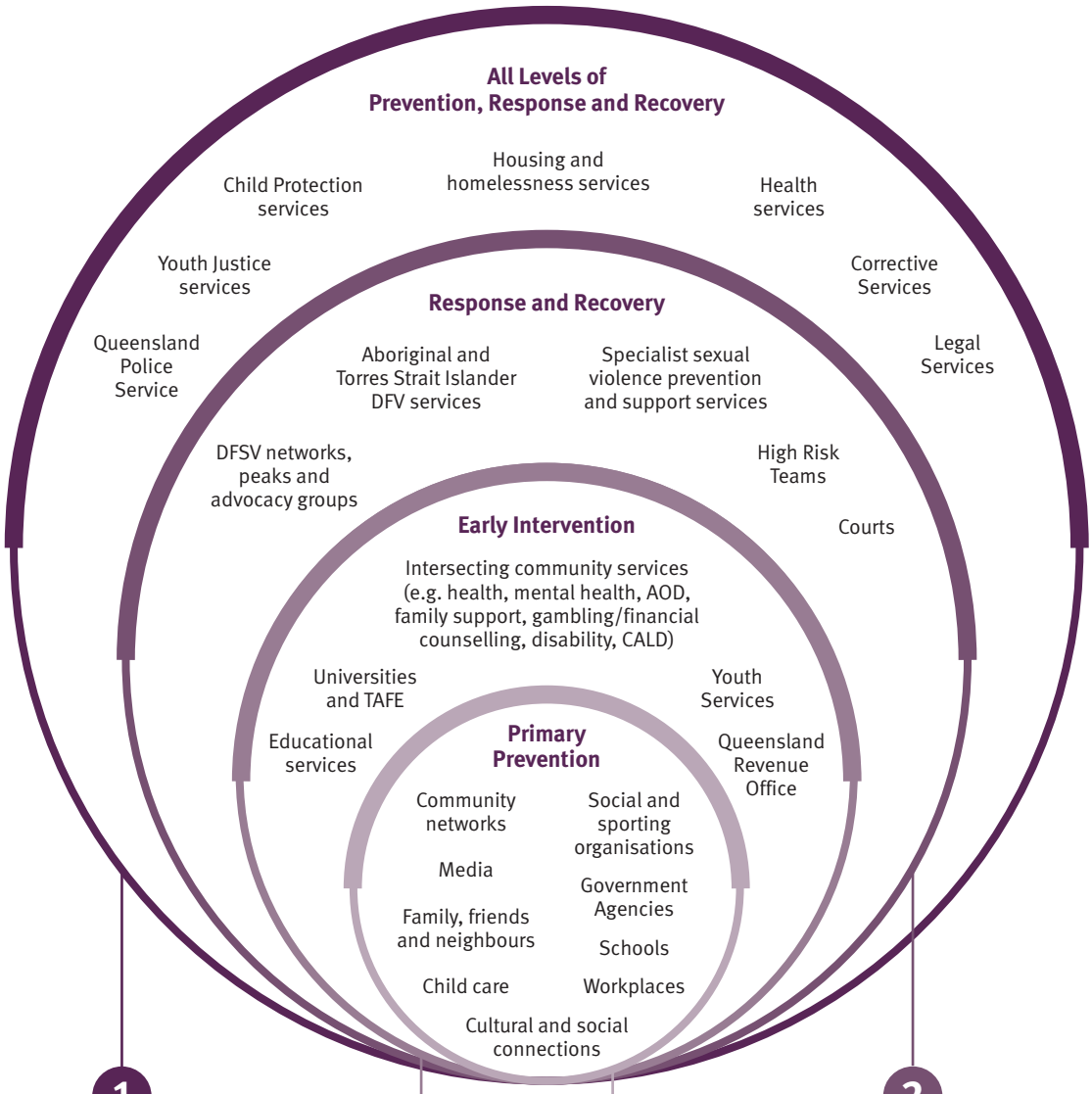
When people impacted by DFV engage with services, they will:

The Framework is designed to support helpful responses to people experiencing DFV no matter which service they engage with across the broader DFV and justice service systems.

Listed to the right is a condensed version of the outcomes expected for people affected by DFV who come into contact with a broad range of services.

All Roles	Mainstream and Non-DFV Specialist Service Roles	Specialist DFV Service Roles
• Be listened to, heard and understood. • Be treated with empathy, compassion, and respect. • Have their intersectional needs recognised and responded to appropriately through a 'no wrong door' approach.	• Be provided with an effective response which recognises and responds to risk, prioritises safety, is coordinated with other services to address additional support needs, and supports their choice to access support.	• Continue to have safety prioritised and risk assessed and responded to. • Be supported to access other service systems as part of a coordinated and integrated service response and without being re-traumatised by the service system.

Figure 1: The DFV service system



All levels of prevention in the service system includes staff who respond to individuals impacted by DFV at multiple touchpoints across primary prevention, early intervention and response and recovery.

Response and Recovery in the service system includes staff who provide specialist responses to the safety, wellbeing and recovery of individuals impacted by DFV.

- Supports victim-survivors and intervenes with persons who use violence to hold them to account and prevent future violence.

Early Intervention in the service system includes staff who have an opportunity to identify, recognise and respond to DFV and refer to specialist services.

- Aims to change the trajectory for individuals at higher-than-average risk of using or experiencing DFV.

Primary Prevention in the service systems relates to the responsibility of all organisations to reinforce awareness and messaging about the societal drivers of DFV.

- This includes raising awareness about respectful relationships and encouraging behaviours that positively influence the culture of the organisation in relation to gender equality.

4 Guiding Principles of the Framework

Holds the safety and dignity of victim-survivors as central to all engagement

The Framework supports engagement with victim-survivors that prioritises their safety, validates their strengths, and empowers them to make choices based on their own unique experience. This includes holding the lived experience of DFV as central to all engagements and the recognition of children and young people as victim-survivors in their own right.

Holds persons who use violence to account

The Framework supports staff and volunteers to receive training that equips them to engage with persons who use violence in a trauma-informed way that emphasises accountability and behaviour change.

Adopts a system-wide approach

The Framework recognises all organisations play a role in addressing DFV. It positions organisations to take action to assess and progress capability of their staff within the context of their specific roles and to understand their DFV related responsibilities within the broader service system.

Recognises DFV is a pattern of abuse

The Framework acknowledges DFV rarely involves isolated incidents of violence or abuse, particularly in high-risk cases. Rather it is underpinned by patterns of controlling and abusive behaviours aimed at establishing and maintaining power and control over the victim-survivor.

Takes a strengths-based, culturally safe, and intersectional approach

The Framework recognises the diverse experiences, perspectives and strengths of people who navigate multiple intersecting identities, including Aboriginal and Torres Strait Islander peoples, people with disability, LGBTIQA+ individuals, people from CALD backgrounds, and older people, among others. It recognises the resilience and strength of Aboriginal and Torres Strait Islander peoples, culture and communities.

Reinforces and promotes improved cultural capability in responses

The Framework emphasises the importance of culturally-safe services for Aboriginal and Torres Strait Islander peoples. Learning objectives and strategies within the Framework include development of cultural understanding, and the importance of organisations' consideration of the needs of their workforce around cultural capability training within and beyond this Framework.

Promotes and supports trauma-informed responses

The Framework supports organisations, staff, and volunteers to identify and understand the various ways trauma may present, ensuring that support is appropriately tailored to meet the needs of victim-survivors and persons using violence. This includes preventing re-traumatisation for people engaging with the service system, as well as staff/volunteers who have experienced DFV and/or vicarious trauma.

Drives reflective practice, ongoing behaviour change and service responsiveness

The Framework promotes appropriate and consistent responses, as identified by victim-survivors. Application of the Framework is designed to meet individuals and organisations at their current level of capability and support an ongoing learning journey that respectfully challenges personal beliefs, values and attitudes towards gendered violence and DFV. This includes an understanding of the drivers of violence against women and supports reflective practice with a view to changing behaviour and strengthening service delivery.

5 What the Framework is and what it is not

The Framework is for use by organisational and people leaders, human resource teams, and learning and development professionals to:

- **Align training, policies, and processes:** Many organisations already provide DFV prevention and response training for staff and volunteers. They can use the Framework to review and refresh existing training materials.
- **Assess capability:** Organisations can assess the capability of their workforce to provide DFV proficient responses, identify training needs and areas for improvement.
- **Align with a system-wide response:** Organisations can ensure that their training, policies, and procedures align with the whole-of-system approach detailed in the Framework. This will promote consistency, shared understanding, and support service system integration to better meet the often-diverse needs of individuals affected by DFV.
- **Create the authorising environment:** Organisations can support training and education tailored to their staff and volunteers and the contexts in which they work. This includes supporting staff and volunteers to engage with training in a meaningful way that supports behaviour change.

Table 1: What the Framework is and what it is not

What the Framework is	What the Framework is not
✓ a guiding document that sets DFV training standards for tailored application within specific organisations	X off-the-shelf DFV training for individual government, non-government, and community service organisations
✓ a tool to support organisations to identify training needs and gaps in relation to DFV	X a compliance tool that nullifies existing DFV training investment to be replaced with mandatory modules for all roles
✓ a resource to support development or procurement of DFV training, using learning objectives	X a mandatory document of prescriptive performance expectations to be uniformly applied across all roles and organisations
✓ evidence-based, adaptable, and reviewed regularly to retain currency	X role-specific or intended to fully detail all learning requirements for specific roles

To support agencies and organisations in applying the Framework, two fictional case studies have been developed. These outline the application of the Framework within a Queensland Government Agency and a Community Services Organisation (large community sporting organisation).

Case study 1

Application of the Framework to a Government Agency

	Steps for applying the Framework:	Government Agency example:
Step 1	Review where your agency/organisation fits within the DFV service system (refer to Figure 1). Understand where your agency/organisation is at in relation to the DFV Continuum of Practice (refer to Figure 3).	The Agency's Learning and Development (L&D)/Human Resources (HR) teams identify majority of their workforce fall within Primary Prevention in the DFV service system with some direct service delivery roles falling within early intervention. A review of the DFV Continuum of practice generates discussion as to where the agency sits in relation to DFV proficiency.
Step 2	Use the Workforce Levels (Figure 4) and accompanying decision criteria (Figure 5) to identify your training audience.	L&D/HR teams review the Workforce Levels and use the decision criteria tool to identify which workforce level their staff fall within. This will likely be 'All Roles', 'Mainstream and Non-DFV Specialist Service Roles' and 'People' and 'System' leader roles.
Step 3	Undertake a local training needs analysis (TNA).	L&D/HR teams draw on existing training needs analyses, learning strategies and capability assessments of staff. A local TNA is conducted to understand the agency's DFV capability requirements, current gaps in knowledge and gain a baseline assessment of workforce training needs.
Step 4	Use the DFV Training Assessment audit process/tool (Table 13). Consider training and change management plans to assess your agency/organisation's existing training against the Framework.	L&D/HR teams use the DFV Training Assessment audit process/tool to review existing training on DFV. This process supports understanding of any additional training needs to be developed for the agency's workforce in alignment to the workforce levels.
Step 5	Amend, develop and implement training in line with TNA and training audit findings. Use the Framework to guide this process (Figure 2, Tables 2–12).	L&D/HR amend, develop and implement training in line with training assessments, audit findings and the Framework Learning Objectives tables.
Step 6	Implement a continuous improvement and reflection cycle to support sustainability. Draw on future iterations of the Framework to support this.	L&D/HR teams monitor capability improvements against initial TNA and assessments, updating training as workforce needs change and/or further iterations of the Framework are published.

** Case study is a fictional example only and has been developed to illustrate how the Framework could apply in practice.*

Case study 2

Application of the Framework to a community services organisation

	Steps for applying the Framework:	Community organisation example:
Step 1	Review where your organisation fits within the DFV service system (refer to Figure 1).	Committee members want to encourage girls into their sport. As a committee, they discuss how to make the organisation safer and more welcoming for girls through promoting respectful relationships between girls and boys. Committee identifies respectful relationships as a primary prevention strategy and that promoting gender equality amongst their membership can help prevent violence towards women and girls as well as attract girls into the sport.
Step 2	Use the Workforce levels map (Figure 4) and accompanying decision criteria (Figure 5) to identify your training audience.	Committee discusses where the organisation sits re. workforce levels in Figure 4 and decide it's 'All Roles' as well as 'Leaders (People)' and 'Leaders (Systems)' roles as these relate to committee responsibilities in managing the organisation and supporting members. Figure 5 helps them to identify who would benefit from DFV training.
Step 3	Undertake a local training needs analysis (TNA).	Committee members brainstorm what they consider their training needs are as an organisation to become more DFV aware and promote respectful relationships amongst their membership. They also ask a few of their young members for ideas (training needs analysis).
Step 4	Use Tables 2–11 to identify training outcomes and learning objectives that may be required for your workforce.	Committee refers to Tables 2 and 3 to identify training outcomes, learning aims and objectives as well as training topics for their 'All Roles' training. They identify there is a lot of ground to cover and this may take time, but they commit to starting this journey. They identify the learning objectives and topics to prioritise first, including understanding the drivers of gendered violence, the dynamics of DFV and coercive control and how to support people in their own organisation who may be directly impacted by DFV.
Step 5	Amend, develop and implement training in line with the Framework and consider how progress will be monitored and evaluated.	Committee considers Table 12 for guidance on how training could be delivered and how existing policy and procedures could be amended to reinforce the organisation is committed to promoting gender equality and supporting respectful relationships, including how the organisation promotes itself as a safe and welcoming space for all within the local community. One member commits to doing research around primary prevention on the *Our Watch* website and another agrees to contact the local DFV service for advice on putting together a training package.
Step 6	Implement a continuous improvement and reflection cycle to support sustainability. Draw on future iterations of the Framework to support this.	Committee documents a plan to develop their first round of training and to build on this program of work over time. The issue is placed as a standing item on the regular committee meeting agenda so they can track progress and maintain momentum.

** Case study is a fictional example only and has been developed to illustrate how the Framework could apply in practice.*

6 The Framework's learning objectives and content

In developing, using and implementing the Framework, it is important to keep people impacted by DFV at the centre and to prioritise victim-survivor safety at all times. Understanding the intended outcomes of the Framework allows organisations to see the link between investment in ongoing learning, why staff and volunteers are being encouraged to reflect on their own values and beliefs, and the intended outcomes for Queenslanders who experience DFV.

Figure 2: Intended outcomes of the Framework for people impacted by DFV

Intended outcomes (for people affected by DFV who engage with the service system)

All Roles	Mainstream and Non-DFV Specialist Service Roles	Specialist DFV Service Roles
When **people impacted by DFV** engage with **staff and volunteers** across government, non-government and community organisations, they will: • be listened to, heard and understood • be treated with empathy, compassion, and respect • have their intersectional needs recognised and responded to appropriately through a 'no wrong door' approach • feel safe to share their experience and story (if they choose to) without fear of judgement, bias or prejudice	When **people impacted by DFV** engage with staff who provide services, advice or support across government, non-government and community organisations, they will: • experience all outcomes outlined in 'All Roles' + • be provided with an appropriate and effective response which recognises and responds to risk, prioritises safety, is coordinated with other services to address additional support needs, identifies and manages conflicts of interest, supports their choice to access support (via referral or escalation pathways), and avoids collusion with persons using violence	When **people impacted by DFV** engage with **specialist DFV service providers**, across government, non-government and community organisations, they will: • experience all outcomes outlined in 'All Roles' as well as 'Mainstream and Non-DFV Specialist Service Roles' + • continue to have safety prioritised and risk assessed and responded to • be supported to access other service systems (e.g. housing, mental health, family and parenting support) as part of a coordinated and integrated service response, without being re-traumatised by the service system

Leaders (People)	Leaders (Systems)
People leaders will provide appropriate levels of support and have the skills and knowledge to support staff across government, non-government and community organisations in responding to DFV and to ensure appropriate responses for victim-survivors and persons who use violence. This includes responses that are trauma-informed and culturally safe. They will have capacity to support staff and volunteers directly affected by DFV, both as victim-survivors and persons who use violence, as well as the ability to recognise and respond to vicarious trauma.	**System, program and policy leaders** will provide appropriate levels of organisational oversight and guidance across government, non-government and community organisations in responding to DFV. This will mean when **people impacted by DFV** engage with staff in these organisations, the staff will be proficient, adopt a trauma and intersectional lens in recognising and responding to DFV and demonstrate organisational commitment to prevent DFV, including addressing the drivers of gendered violence at an organisational level. This includes leading cultural shift across the organisation as it builds toward DFV proficiency.

Education and skills to promote self wellbeing, safety and support

Learning outcomes, objectives and suggested training content

The tables overleaf provide a breakdown of the proposed training outcomes, learning aims and learning objectives for DFV training against each of the workforce levels as specified in Figure 2 and outlined in more detail in Figure 5. They also provide an overview of suggested training content, modes of delivery and change management strategies to support training.

Table 2: Indicative training outcomes, learning aims and learning objectives for 'All Roles' workforce level

All Roles	
Training outcome:	A workforce which is culturally informed, alert and aware to domestic and family violence
Learning aim:	Participants will have a base level understanding of DFV including coercive control, trauma, inter-generational trauma and intersectionality. This level of training will challenge attitudes and raise awareness of the drivers and dynamics of DFV as well as the importance of self-care.

Proposed learning objectives
Following completion of this training participants will be able to:

1.1: Understand the gendered nature and drivers of DFV

- Understands the gendered nature of DFV and its drivers such as gender inequality and sexist attitudes and behaviours.

1.2: Understand dynamics of DFV and coercive control

- Can describe coercive control and the **physical and non-physical forms it can take**.
- Understands and applies evidence-informed myth-busting approaches; making an affirmative statement followed up with key facts rather than restating the false argument.

1.3: Understand their role in contributing to a consistent and informed response to DFV

- Listens and responds with empathy to victim-survivors, prioritises their safety and can direct and assist the person to access services and supports.
- Understands the different levels of intervention in the DFV service system and their role within it, including to support collaboration between services across the system.
- Is familiar with and able to use avenues for referrals for those identified as victim-survivors or persons who use violence (both within the organisation if appropriate and to specialist services).

1.4: Understand the concept of intersectionality and its impacts on experiences of DFV

- Understands the impacts of layers of discrimination specific groups of people experience and understands how one's own experience may unintentionally bias one's judgements and behaviour towards others.

1.5: Understand Australia's First Nations Perspectives around Trauma (Including Intergenerational Trauma) and of Culture as a Protective Factor

- Understands impacts of colonisation and inter-generational trauma for First Nations peoples and how this contributes to their experiences of DFV.
- Understands and values place based, culturally safe responses to DFV that promote healing.

1.6: Understand trauma in the context of DFV

- Understands what trauma is in a DFV context, its impact on the brain and the short and long-term impacts on adults, children, and young people.

1.7: Understand the spectrum of action required to address DFV – from prevention to recovery

- Understands the importance of intervention and response at all levels of the spectrum, including in preventing violent and controlling behaviours before they start as well as focusing on supporting people to heal and recover from trauma.
- Understands primary prevention, including how to respectfully challenge unacceptable behaviours and attitudes. This includes how to role-model and practice positive and respectful behaviours at work.

1.8: Understand tactics used by persons who use violence

- Understands how persons who use violence can use image management and systems abuse to perpetuate violence and control.

Table 3: All Roles suggested training content

All Roles DFV training content	
Aim:	A workforce that is alert, culturally informed, and aware to domestic and family violence, and can recognise the indicators of vicarious trauma in themselves to take protective action.
Audience:	Leaders, staff and volunteers working across government, non-government, and community organisations.

Suggested training content

Topic 1: The drivers of DFV

- The gendered nature of DFV.
- Core DFV concepts and language.
- Drivers of DFV such as gender inequality and sexist attitudes and behaviours, and how to respectfully challenge these attitudes and behaviours.
- Myths and facts on who uses violence and who is impacted.

Topic 2: The dynamics and forms of DFV

- Types of controlling, violent and abusive behaviours and recognising risk in a DFV context, including a high-level overview of risk assessment and safety planning.
- Myth-busting, including the concept of the 'ideal victim'.
- Coercive control as a pattern of behaviour over time in the context of a relationship as a whole.
- Myth-busting about mutual violence, emphasising the presence of fear.
- Understanding resistive violence.

Topic 3: Working with people experiencing DFV

- The importance of a consistent service response.
- Intersectionality and its impacts on experiences of DFV, including ageism, ableism, homophobia, biphobia and transphobia, racism and discrimination faced by First Nations peoples and people from culturally and linguistically diverse communities as well as geographical barriers for people in rural and remote areas.
- Bias and privilege and the impact of one's own experiences.
- Diversity of cultures, language (including appropriate use of qualified interpreters) and experiences which affect peoples' interactions with the service system, including help seeking behaviours.
- Culturally safe and appropriate responses to people experiencing DFV.
- Understanding tactics of persons who use violence such as image management and systems abuse.

Topic 4: Understanding the experiences of First Nations communities and individuals and the importance of cultural safety

- Impact of colonisation and intergenerational trauma for First Nations peoples and communities.
- Culturally safe and appropriate trauma-informed responses to First Nations peoples experiencing DFV as well as to those using violence.
- Understanding the higher prevalence of disability in First Nations populations within a DFV context and that the rights of First Nations peoples with disability are tied to their physical, cultural and spiritual health and wellbeing.

Topic 5: Working with persons using violence

- Culturally safe and appropriate responses to persons using violence.
- Recognising that persons who use violence may have other support needs that require referral to specialist organisations. Understanding that addressing these needs may support behaviour change and increase victim-survivor safety.

Topic 6: Understanding the DFV service system and the workers' role as part of an integrated response

- Levels of intervention and responses available.
- Key organisations in the DFV service system.
- Information sharing requirements/standards.
- Risk in the context of DFV, including a high-level overview of risk assessment and safety planning.
- Familiarity with and ability to use avenues for referral to support, both internal to an organisation as well as to specialist services.

Topic 7: Vicarious trauma

- Signs and indicators of compassion fatigue, and vicarious trauma.
- The neurological elements of vicarious trauma and its impacts.
- Recognising indicators – reflecting on your own experiences.
- Impact of multiple or ongoing exposure to vicarious trauma.

Topic 8: Self-care and building resilience

- Relevant and tailored self-care and wellbeing skills to apply in everyday practice.
- Mitigation and resilience strategies, including where to seek support.
- How to support peers while managing own self-care and safety.
- Culturally appropriate wellbeing practices for staff.

Table 4: Indicative training outcomes, learning aims and learning objectives for Mainstream and Non-DFV Specialist Service workforce level

Mainstream and Non-DFV Specialist Service Roles	
Training outcome:	Staff recognise signs or indicators of DFV, respond appropriately to unprompted disclosure, ask appropriate safety questions, and act in a supportive way.
Learning aim:	This level of training will empower people to ask safety questions and act appropriately to the response.

Proposed learning objectives
Following completion of this training participants will be able to:

2.1: Understand the impact of their role as part of a broader system response to DFV

- Understands the impact of the service system on people with lived experience of DFV and the concept of system accountability.
- Understands their role as part of a multi-agency response to DFV and is clear about escalation pathways.
- Understands the specific challenges for workers in regional and remote areas and those working in discrete communities.

2.2: Recognise the signs that a person may be impacted by DFV as a victim-survivor

- Recognises the signs and indicators of DFV and can respond in a victim-centred way that supports safety.
- Understands that experiences of DFV are unique and varied and that controlling and abusive behaviours can be unique to the victim-survivor, making them hard to detect and to understand the impact on the victim-survivor.

2.3: Recognise the signs that a person may be using violence or control

- Recognises the signs and patterns of abusive or controlling behaviours and responds appropriately, without colluding with the individual or minimising or excusing the abuse.

2.4: Understand the basics of DFV legislation in Queensland, including around coercive control

- Understands how DFV legislation applies to their work, including the legislative provisions around coercive control and the practice implications.

2.5: Apply relevant tools and practice frameworks to respond to DFV

- Understands the purpose of, and demonstrates an ability to, undertake risk assessment and safety management planning.

2.6: Understand information-sharing requirements

- Understands the relevance of information sharing and the requirements within their role, including who can share information, under which circumstances, and what information can be shared.
- Understands the importance of accurate written documentation of DFV related information to identify patterns of behaviour and risk.

2.7: Understand local referral pathways

- Can access and contact referral partners if required and make referrals on behalf of the client.
- Able to navigate and collaborate with other services across the system to meet client need.

Table 5: Mainstream and Non-DFV Specialist Service Roles suggested training content

Mainstream and Non-DFV Specialist Service Roles	
Aim:	Staff and volunteers recognise signs and indicators of DFV, respond appropriately to unprompted disclosure, ask relevant safety questions and meaningfully respond.
Audience:	Staff and volunteers working in service provision and client contact roles across government, non-government and community organisations who may come into contact with people affected by DFV.

Suggested training content

Topic 1: Understanding the DFV service system and integrated responses

- Services within the system and the purpose and nature of integrated service responses, including expectations around across service collaboration and system accountability to people affected by DFV.
- The role and impact of the learner's organisation in preventing and responding to DFV, including supporting people to recover and heal.

Topic 2: Early identification and appropriate response

- Signs and impacts of DFV, recognising that each case involves unique, complex, and intersectional experiences to be considered as-a-whole to understand the victim-survivor's experience of violence, and to hold the person using violence to account.
- Safety questions and prompts keeping victim-survivor safety at the centre.
- Understanding victim-survivor resistance.

Topic 3: Keeping perpetrators in view

- How persons using violence can use systems to perpetuate abuse.
- Creating a web of accountability and understanding your role in supporting accountability.
- Engaging with persons using violence in a way that prioritises victim-survivor safety.
- Appropriate service responses when working with persons using violence.
- Tailoring responses to meet the broader support needs of the individual in an holistic way.

Topic 4: Organisation specific content – responding to DFV

- DFV legislation in Queensland applied to the learner's role and responsibilities (including any other legislative responsibilities e.g. Youth Justice) including legislation around coercive control.
- Application of relevant Common Risk and Safety Framework (CRASF) tools, both for adults and children and young people.
- Familiarity with factors considered in risk assessment and safety planning, including escalation of risk and how intersectional and/or cultural elements can influence this.
- Information sharing requirements/standards and application, including effective documentation and recording of DFV.
- How to apply learning in their everyday roles using case studies and sharing of examples.

Topic 5: Geographically specific content in responding to DFV

- Local referral pathways and tools.
- Services offered through different referral pathways or partners.
- How to effectively connect victim-survivors and persons using violence to other services where appropriate.
- What a 'good' referral process looks like where safety is a priority, the victim is at the centre and a trauma informed approach is taken.

Table 6: Indicative training outcomes, learning aims and learning objectives for 'Specialist DFV Service workforce level

Specialist DFV Service Roles	
Training outcome:	Expert and connected staff offering efficient, informed interventions.
Learning aim:	This level of training will develop in-depth application skills and ability to collaborate and work with other services to provide an integrated response.

Proposed learning objectives
Following completion of this training participants will be able to:

3.1: Demonstrate nuanced understanding of DFV including coercive control and intervention options, tools, and frameworks to determine appropriate interventions for individuals (including children and young people) who have, or are experiencing DFV

- Can apply established, evidence-based knowledge on interventions, tools, and frameworks to plan for and provide support and intervention for individuals (including children and young people) impacted by DFV.

3.2: Understand risk assessment to develop collaborative safety and support plans with victim-survivors and risk management strategies using a trauma informed approach

- Can confidently conduct thorough risk assessment to identify patterns of DFV, safety risks including risk escalation and high-risk factors e.g. attempted strangulation, in a way that incorporates intersectional needs. This includes the appropriate use of qualified interpreters.
- Can confidently work with individuals (including children and young people) impacted by DFV to collaboratively develop comprehensive safety and support plans across multiple domains (e.g. health, legal) and adopt a trauma-informed approach.

3.3: Apply information sharing requirements and standards to deliver safer and streamlined outcomes for people affected by DFV

- Can confidently apply the information sharing guidelines to different scenarios involving multiple intersecting risk factors.
- Can accurately document risk, risk management and safety planning to support effective information sharing and documentation of patterns of abuse by the person using violence.

3.4: Understand how DFV and related legislation in Queensland applies to their work, including legislative provisions around coercive control

- Can apply DFV and related legislation to their work and explain it clearly to support people affected by DFV.

3.5: Understand and can apply strategies to hold the person using violence to account

- Can map patterns of behaviour used by the person using violence to identify and assess risk to victim-survivors, connect persons using violence with support and interventions, or deliver these where it is their role, without collusion or justification of abusive behaviours.

3.6: Develop collaborative relationships with relevant government, non-government and community organisations to build community capacity and support integrated service responses

- Can develop collaborative and ongoing relationships with other practitioners or services for the benefit of people affected by DFV.

Table 7: Specialist DFV Service Roles suggested training content

Specialist DFV Service Roles	
Aim:	Expert and connected staff offering efficient, informed interventions.
Audience:	Individuals working in DFV specialist service provision, including embedded DFV roles across government, non-government and community organisations.

Suggested training content

Topic 1: Organisation specific content to support an integrated service response to DFV

- Application of learning to case studies involving complex risk assessments, escalation of risk, frequency and severity, and safety planning.
- Application of all relevant CRASF tools.
- Application of information-sharing guidelines and competency in accurately documenting DFV, including patterns of abuse, and recording risk.
- Where to go when matters require escalation and how to access professional guidance.

Topic 2: Collaboration and integrated responses

- Collaboration with specialised service providers to access their expertise, apply a DFV lens and negotiate any practical support for individuals with diverse needs.
- Engagement opportunities to support a connected, DFV proficient service system.
- Capacity to engage with non DFV specialist services to promote an understanding of DFV and its impacts through a trauma informed lens.
- Capacity to engage with First Nations community-controlled organisations and/or Elders (with consent) to ensure intervention is culturally safe, responsive to cultural needs and accessible.
- Understanding that culture, country, kin and community safeguard First Nations peoples from violence, abuse, neglect and exploitation and an understanding that First Nations cultural understandings of disability don't align with Western concepts (individual impairment over collective wellbeing).

Topic 3: Working with complex risk

- Understanding risk and risk escalation, including risks associated with attempted strangulation and other high-risk factors.
- Appropriate responses and support options for people with intersectional needs.
- Working with children and young people who both experience and use violence.
- Understanding victim-survivor resistance and retaliatory violence.
- Identifying the person most in need of protection.

Topic 4: Holding perpetrators to account

- Elements of an effective web of accountability.
- Engaging with persons using violence and understanding the tactics used to harm the victim-survivor.
- Appropriate service responses, including trauma informed approaches and tailoring interventions to the specific needs of the individual.
- Implementing risk management strategies.

Table 8: Indicative training outcomes, learning aims and learning objectives for 'Leaders (People)' workforce level

Leaders (People)	
Training outcome:	Capable managers equipped with the skills and knowledge to support their own staff and volunteers impacted by DFV through a trauma-informed lens.
Learning aim:	This level of training builds on other relevant training to provide people leaders with the skills and knowledge to support their staff and volunteers in a DFV context.

Proposed learning objectives
Following completion of this training participants will be able to:

4.1: Understand the importance of establishing a work environment that is aware of the drivers of gendered violence and actively supports its prevention

- Promotes gender equality at an organisational level.
- Creates an environment where inappropriate sexist behaviours and attitudes are called out and acted upon.
- Actively role-models and empowers staff and volunteers to challenge gender norms, disrespectful and harmful attitudes in their workplaces and communities.

4.2: Recognise the signs that a colleague, staff member, or volunteer may be directly impacted by DFV as victim-survivors

- Responds with empathy.
- Recognises trauma, including warning signs and impacts.

4.3: Recognise signs a colleague, staff member or volunteer may be a person using violence

- Recognises the warning signs and potential patterns of abuse and responds appropriately without colluding. Prioritises safety of the victim-survivor.

4.4: Recognise the signs that a colleague, staff member, or volunteer may be experiencing vicarious trauma

- Understands the signs and indicators of vicarious trauma.
- Responds with empathy and is able to connect the person with appropriate workplace supports.

4.5: Know how to respond with empathy and connect staff and volunteers with supports if they are impacted by DFV or vicarious trauma

- Is aware of the role that supportive leadership has in violence prevention and in supporting appropriate intervention around trauma, including vicarious trauma.

4.6: Know their workplace's DFV policies and supports and how to access these

- Understands the workplace's specific DFV and trauma related policies, provisions and directives and the practical steps to connect staff and volunteers to relevant support.
- Understands the role of formal and informal debriefing in supporting staff and promoting good practice and actively connects staff and volunteers to debriefing opportunities.
- Engages appropriately skilled Employee Assistance Programs that are culturally appropriate and equipped to respond to DFV and vicarious trauma.

Table 9: Leaders (People) suggested training content

Leaders (People)	
Aim:	Capable managers equipped with the skills and knowledge to support their own staff impacted by DFV through a trauma-informed lens.
Audience:	Individuals in people leadership roles working across government, non-government and community organisations.

Suggested training content overview

Topic 1: Your role as a people leader

- The importance of a consistent approach to DFV across government, non-government, and community organisations.
- The impact of supportive leadership in preventing DFV and supporting appropriate interventions.
- Understanding and recognising vicarious trauma and managing the psychological wellbeing of staff and volunteers.
- The importance of leading by example and fostering a culture of DFV capability and proficiency.
- Demonstrating support for staff self care e.g. providing access to clinical supervision (where required) and cultural supervision for First Nations staff.

Topic 2: DFV in the workplace

- Signs and indicators of DFV in the workplace.
- Understand trauma and its impacts in a cultural and DFV context.
- DFV and Intersectionality in the workplace.
- How to respond with empathy and connect staff and volunteers to support if they are currently impacted by DFV or vicarious trauma.
- Engaging with others in a culturally safe, responsive and inclusive manner.
- Engaging appropriately with persons using violence who are staff members, volunteers, or colleagues.
- Responding to, and calling out, the beliefs, attitudes, and behaviours that underpin violence towards women.
- Addressing inappropriate and harmful attitudes and poor behaviour (e.g. through performance management).
- How to actively role model respectful behaviours in the workplace.

Topic 3: Your workplace's supports

- Service specific DFV policies, directives and supports and how to access and apply these.
- Referral pathways and how to access specialist support.
- Supervision delivered in a trauma informed and culturally safe and responsive context.
- Policy and procedures that prioritise safety for victim-survivors within the workplace as well as the safety of staff offering support to their colleagues, including when engaging with people using violence.

Table 10: Indicative training outcomes, learning aims and learning objectives for 'Leaders (Systems)' workforce level

Leaders (Systems)	
Training outcome:	Actively leading DFV proficient organisations and embedding DFV aware policies and services.
Learning aim:	This level of training will extend fundamental understanding of DFV concepts into application at a system level so that those who shape, and influence policies, processes, and services understand how their work can support trauma-informed and victim-centred responses.
Proposed learning objectives *Following completion of this training participants will be able to:*	
5.1: Understand the importance of, and influence systemic factors, to build a consistent and trauma-informed response to DFV wherever an individual engages with the service system • Can identify how systemic organisational, policy or program factors impact the service system's ability to deliver a consistent, trauma-informed, culturally safe, intersectional responses regardless of where an individual first engages with the system. • Understands service system accountability in a DFV context. • Reviews and strengthens gender responsive policy to advance gender equality and improve the health, safety, wellbeing and economic independence of women.	**5.2: Understand DFV legislation in Queensland and Queensland's DFV Strategic Policy landscape** • Can apply DFV legislation and relevant state and national policies and priorities to inform and align internal strategic priorities, policy and service design. • Demonstrates commitment to gender equality at an organisational level to prevent gendered violence.

Table 11: Leaders (Systems) suggested training content

Leaders (Systems)	
Aim:	Leading DFV proficient organisations and creating DFV aware policies and services.
Audience:	Individuals in organisational leadership roles.

Suggested training content

Topic 1: How systems and services impact experiences of DFV and help seeking

- Case studies and examples of the impact of system and service design on people with lived experience of DFV. Include effective and ineffective examples to illustrate good practice and align to the geographic context e.g. areas with higher First Nations populations would focus on the importance of culturally appropriate responses.
- The role that organisations can play in addressing the systemic drivers of DFV and preventing DFV through encouraging staff and volunteers to be active bystanders.
- Understanding the role different organisations play within the system and the purpose, nature, and importance of integrated service responses to the safety and wellbeing of people impacted by DFV.
- Effective change management strategies to support staff and volunteers and build DFV proficiency.
- Reflective practice and exploration of values and underlying assumptions, processes and systems that contribute to poor or ineffective responses to DFV.

Topic 2: DFV legislation in Queensland and the strategic policy landscape

- Legislation and relevant directives, workplace health and safety responsibilities.
- Strategic policy and reform in Queensland and relevant national policy drivers.
- Understanding the DFV service delivery landscape and the organisation's role within this.
- Information sharing requirements/standards and application, including effective documentation and recording of DFV.
- Establishing a policy environment grounded in an understanding of the drivers of violence against women and helps people understand the benefits of an inclusive work environment that supports gender equality and diversity.

Table 12: Guidelines for delivery of training and ongoing change management

Guidelines for delivery of training	
Optimal learning methods	**For Mainstream, Non-DFV Specialist Service Roles and DFV Specialist Service Roles this may *also* include**
• Use skilled trainers with specialist DFV expertise. • Preference face-to-face delivery where possible. • Use First Nations trainers with DFV experience to support culturally appropriate, safe understanding and intervention. • Use culturally safe spaces for training and implement culturally appropriate communication strategies. • Consider and address the specific challenges for service providers in remote areas – make training 'real' for their context. • Include opportunities for 'break out' groups to support interactive learning where delivery is facilitated on-line. • Is experiential and is practical to engage staff and volunteers across the different workforce levels. • Reflect the voices of people with lived experience of DFV and ensure any engagement with victim-survivors is conducted in a trauma informed way that prioritises safety and wellbeing. • Is contextualised to ensure training is relevant and real for staff and volunteers across the different workforce levels. • Is tailored to the specific audience and organisational setting to make the training meaningful and applicable to the local context staff and volunteers operate within. • Provide staff and volunteers with practical skills (e.g. scripts, job aids, how to have trauma informed conversations) to support embedding of training and learning on the job. • Include ongoing opportunities to engage in training including refresher training. • Adopt a trauma informed approach, recognising that some people attending training will be triggered and know how to respond if this occurs. • Ensure training is delivered in a trauma-informed manner with trigger warnings and opportunities for self-exclusion. • Anticipate resistance to the issues being discussed and be equipped to respond, including using evidence informed myth busting approaches (making an affirmative statement followed by key facts rather than re-stating the false argument). • Promote behaviour change through challenging attitudes and biases. • Encourage persons who use violence and who may not be aware their behaviour constitutes DFV, to seek support to address their behaviour.	• Encouraging connections, mentoring and appropriate sharing between peers and colleagues to learn from their experiences, what worked well, what they would do differently. • Offering ongoing opportunities to engage in training, including refresher as well as specialist training. • Adopting a place-based approach to designing training that is sensitive to local community needs, particularly in remote and discrete communities. • Offering opportunities for 'shadowing' workers in other specialist organisations to enhance intervention skills and understanding of each other's roles. • Cross agency training to foster and support collaboration. • Experiential and contextualised to ensure training is relevant for policy, program, and system leaders. • Using opportunities such as the annual Domestic and Family Violence Prevention Month and Sexual Violence Prevention Month to raise awareness of violence against women. • Modeling behaviour change to staff by participating in **All Roles** training. • Ensuring training is delivered in a trauma-informed manner with trigger warnings and opportunities for self-exclusion. **For Leaders (Systems) this may *also* include** • Cross agency training to foster and support collaboration. • Experiential and contextualised to ensure training is relevant for policy, program, and system leaders. • Using opportunities such as the annual Domestic and Family Violence Prevention Month and Sexual Violence Prevention Month to raise awareness of violence against women. • Modeling behaviour change to staff by participating in **All Roles** training. • Ensuring training is delivered in a trauma-informed manner with trigger warnings and opportunities for self-exclusion.

Guidelines to support change management	
Ongoing change management support	**For Leaders (Systems) this may *also* include**
• Executive and leadership support and accountability – leading by example. • Provision of practical support and encouragement to engage in training (i.e. time, resources). • Specific resources for policy, program, and system leaders to support DFV proficiency at an organisational level (e.g. authorising environment). • Regular monitoring and review of training outcomes including updating training content. • Monitoring the implementation and impact of training and alignment with desired outcomes. • Forging a leadership team that people can trust through detailed understanding of DFV related policy, trauma informed training, culturally safe practices, etc.	• Executive and leadership support and accountability – leading by example. • Provision of practical support to engage in training (i.e. time, resources). • Regular monitoring and review of training outcomes including updating training content. • Establishing feedback loops to report back to staff on how the organisation is making a difference to the lives of people impacted by DFV. • Practical and relevant DFV tools that people can use in their day-to-day work. • Clear direction and guidance on when and how staff can escalate issues or seek further advice. • Identifying opportunities to embed DFV prevention and support across all organisational policy and practice. • Developing a primary prevention plan for the organisation to empower people to make a difference in preventing gendered violence. • Engaging with other stakeholders across the DFV service system to support service system integration (formal and informal) and establish effective referral pathways. • Engaging with community partners and stakeholders to ensure organisational responses to DFV are relevant and inclusive of the diverse needs of the local community, especially if operating within discrete communities. • Procuring training through First Nations businesses to provide culturally safe training designed and delivered by First Nations peoples and to support employment and economic development opportunities for First Nations peoples, organisations, and businesses. • Acknowledging that supporting DFV proficient practice may mean embracing change – letting go of previous ways of doing things and doing something different. • Identifying opportunities to engage men and boys in initiatives to prevent gender-based violence and to oppose harmful masculine stereotypes. Promoting a strengths-based approach to promote positive masculinity.
For Leaders (People) this may *also* include	
• Specific resources to support staff and volunteers (e.g. DFV proficient Employee Assistance Programs and DFV capable clinical supervisors). • Recognition that leaders to drive change won't always be senior executives, but also people managers, change champions, and those in community leadership roles not necessarily attached to an organisation e.g. CALD community leaders and Elders in Aboriginal and Torres Strait Islander communities. • Establishing mechanisms for staff feedback on how the organisation is responding to DFV and actively encouraging and listening to feedback.	

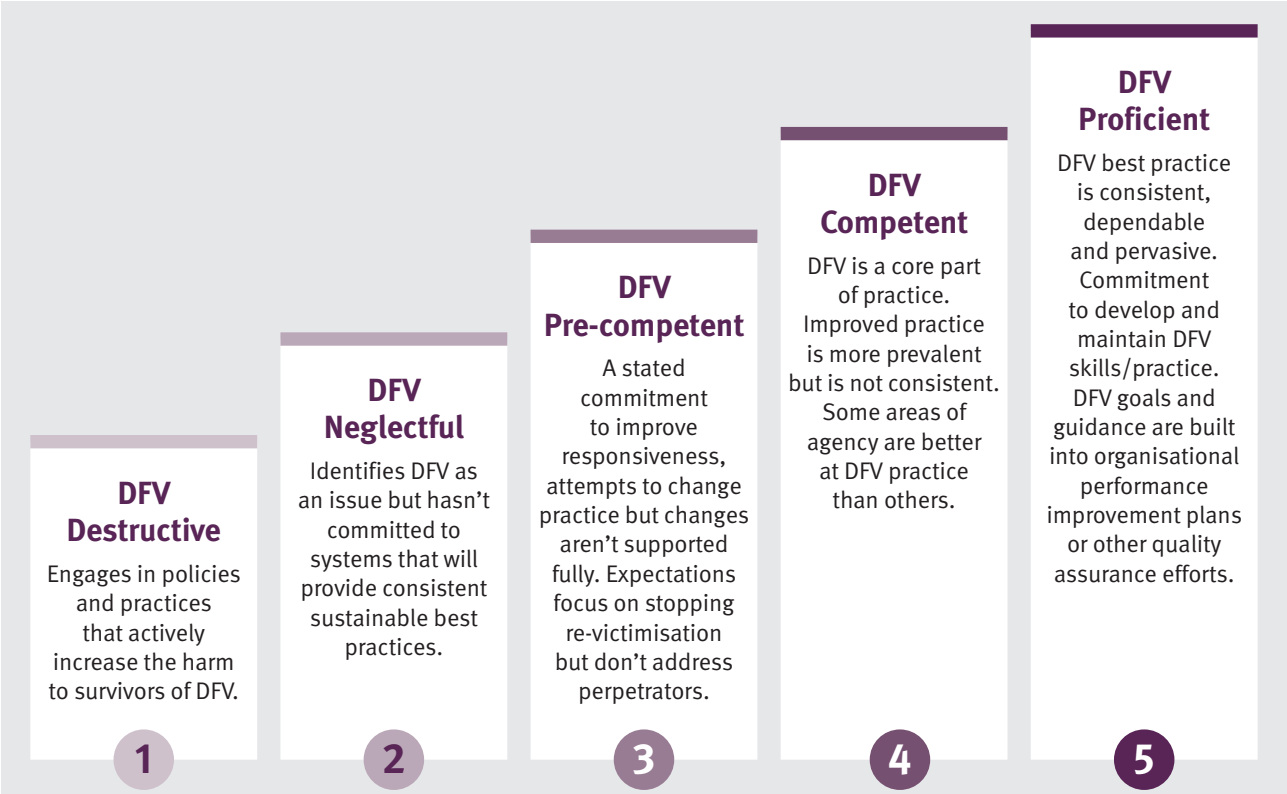
7 Applying the Framework

This section provides tools and guidance for consideration by individual organisations in applying the Framework. This includes undertaking local training needs analysis, developing a training strategy and approach and activating other enablers for change.

Undertake local training needs analysis

Each organisation and its individual staff members will be at different stages of DFV practice maturity. The Framework supports organisations to meet staff and volunteers 'where they are at' and provides guidance on training content. Figure 3 illustrates the DFV informed continuum of practice that helps organisations assess where their current response is located and to strive to build DFV prevention and response capability over time.

Figure 3: DFV informed continuum of practice



Adapted from 2015 David Mandel and associates LLC – Domestic Violence-informed Continuum of Practice

Identify workforce levels for training

The first step in a local training needs analysis is to understand the audience to be trained. This involves understanding the different role types or groups of roles within an organisation, using the workforce levels map in the Framework as a guide, to determine where each role fits and the capabilities that may be needed.

Not all roles across an organisation may require the same depth or type of capability. However, there is a foundational level of capability that is applicable to everyone in an organisation, regardless of their role.

Nature of the work performed

- **All Roles** includes any role performed across the service system that does not meet the criteria of the subsequent levels (example roles: Policy Officer, Procurement Officer, Biosecurity Officer, Sports Coach) but where people should have a foundational level of DFV related knowledge to be able to recognise and appropriately respond.
- **Mainstream and Non-DFV Specialist Service Roles** includes roles that provide services or advice to support victim-survivors and persons who use violence – but who are not specialist DFV services and responding to DFV is not the core focus of their service (example roles: Custodial Correctional Officer, courts registry staff, mental health practitioner, youth worker, disability support worker). These roles may require a more in-depth understanding of the nature and impact of DFV, how to identify risk and how to appropriately respond.
- **Specialist DFV Service Roles** includes specialist DFV roles that should have a deeper and more nuanced understanding of DFV related risk and risk escalation and appropriate responses and are likely to link with other services as part of an integrated response to meet client need (example roles: DFV High Risk Team, DFV Specialist Counsellor, embedded specialist DFV workers).

  Note: Specialised workers may require and access additional DFV related training and development above and beyond the 'Specialist DFV Service Roles' segment depicted here.

Leadership responsibilities

- **Leaders (People)** includes those who lead, support, or manage staff or volunteers (example roles: Service Manager, Team Leader, volunteer coordinators or managers).
- **Leaders (Systems)** includes those in organisational, policy or program leadership roles (example roles: Executive Director, Head of Human Resources, Board or Management Committee members.)

Figure 4: Workforce levels map for DFV Training and Change Management Framework

Workforce Levels

All Roles

For **all staff and volunteers** across government, non-government and community organisations.

- has an awareness of the drivers, nature, and impacts of DFV
- demonstrates a shared understanding of, and language around, DFV
- reflects on own bias and privilege and how this may impact their understanding and empathy for others affected by DFV
- actively listens and responds with empathy to victim-survivors and safely promotes accountability for persons who use violence
- understands how sexism and poor behaviour underpins violence and control and is capable at responding to this in the workplace
- is familiar with and able to provide referrals for those experiencing, or at risk of experiencing DFV as well as persons who use violence

Mainstream and Non-DFV Specialist Service Roles

For roles across government, non-government and community organisations **who provide services or advice to support** individuals who may be impacted by DFV – though DFV is not their central role focus. These roles should understand how their service can provide an informed response.

- skilled at applying tools and frameworks such as information sharing, screening for signs of DFV, supporting individuals experiencing DFV or using violence, including recognising risk
- supports individuals through referral processes and escalation pathways
- actively listens and responds with empathy to victim-survivors and supports persons using violence without colluding, minimising or excusing their behaviour

Specialist DFV Service Roles

Specialist service-provision and client contact roles across government, non-government and community organisations should have a higher level of understanding and capability to respond where DFV is identified or suspected.

- advanced skills in confidently applying tools and frameworks, such as information sharing and the CRASF, including capacity to identify escalation of risk
- provides a point of support for individuals affected by DFV or using violence
- works with other services to provide an integrated service system response to individuals
- actively listens and responds with empathy to victim-survivors and holds persons who use violence to account, including by keeping them in view

Leaders (People)

Additional training for people managers

- equipped with the skills and knowledge to support their own staff impacted by DFV (both victim-survivors and persons using violence) through a trauma-informed lens
- responds empathically to staff impacted by DFV in a way that supports their safety and wellbeing (either experiencing DFV themselves or experiencing vicarious trauma from their day-to-day roles)

Leaders (Systems)

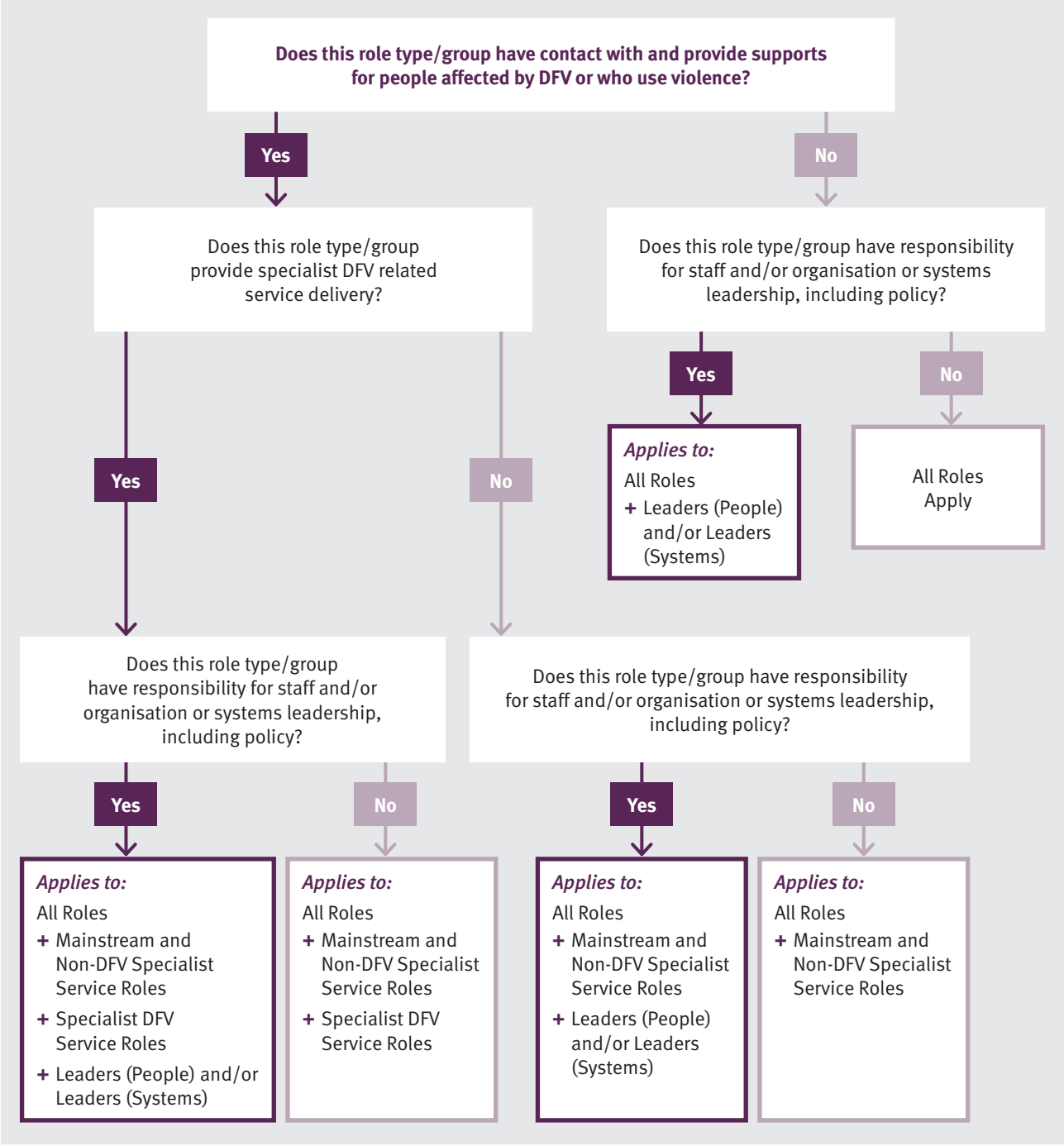
Additional training for those in organisational leadership roles

- applies understanding to develop, sustain and lead DFV proficient organisations that adopt a trauma and intersectional lens in preventing and responding to DFV
- responds empathically to staff impacted by DFV (either experiencing DFV themselves or experiencing vicarious trauma from their day-to-day roles)

Education and skills to promote self wellbeing, safety and support

To understand where staff and volunteers fit within the Framework's workforce levels, refer to the descriptions and decision criteria in Figure 5.

Figure 5: Decision criteria supporting workforce levels



Audit existing training and resources against the Framework to identify needs

Understanding how existing training aligns with the Framework is the second step in a local training needs analysis. Table 13 is provided to support organisations to assess their current training and areas for development to support DFV proficiency. If 'Yes' is selected, users can then check their materials against the learning objectives of the Framework *(see pages 14–25)* to test for gaps. If 'No' is selected, the Framework can support the development of training to meet this gap.

Table 13: DFV Training Assessment Tool for leaders and learning and development professionals

DFV Training Audit Questionnaire	Yes/No
Does the agency or organisation have a stated commitment to addressing DFV within their workforce and within their interactions or services provided to Queenslanders?	
Is there training or materials on DFV accessible within the organisation such as induction training?	
Is there training for staff and volunteers to understand their role in responding to DFV, including recognising risk and working as part of an integrated service system?	
Does existing training on DFV support participants to address unconscious bias, attitudes, and values to gender-based violence and promote behaviour change, through understanding: • drivers of violence towards women and girls • forms of DFV and coercive control, including physical and non-physical forms of abuse • understanding trauma, including vicarious trauma • understanding the DFV service system	
Is there training on how to provide a culturally capable, victim-centred, trauma-informed response to a victim-survivor? Are there existing procedures and processes for staff and volunteers to access and use on the job, such as support to assess risk and conduct safety management planning?	
Are there processes for staff and volunteers to access and use on the job when engaging with persons using violence? Is there training on how to engage safely with persons using violence while still holding them to account? This applies equally to persons using violence within the workplace.	
Is there training on intersectionality, including how to engage sensitively and appropriately with First Nations peoples, people with disability, people from CALD communities, people from LGBTIQA+ communities and older people (among other groups)? Is an intersectional lens applied across other training and procedures?	
Is there training on different types of trauma and how this may impact how victim-survivors and persons using violence engage with services? Does training support staff to respond in a trauma informed way that is relevant to their role?	
Is there cultural capability training to enhance understanding of issues specifically impacting First Nations peoples' experiences of DFV? Does this include understanding impacts of intergenerational trauma and colonisation? Does it take a strengths-based approach?	
Is there training on the experiences of children and young people impacted by DFV?	
Is there training on understanding perpetrator tactics, such as systems abuse and image management?	
Is there training on DFV that is tailored for staff and volunteers operating across geographically dispersed regions in Queensland, including links to local referral pathways, if applicable?	
Is there training on listening and communication, including how to communicate with empathy?	
Is there training on DFV specifically tailored to: • people leaders? • organisational and system leaders?	
Is there training for staff and volunteers to understand and support their own self-wellbeing? Is this supported by policies and procedures?	
Is DFV training delivered at regular, spaced intervals and not just on a one-off basis?	

Develop an optimal training strategy and approach

Once the training needs and capability gaps are identified, organisations are encouraged to develop a plan to address these.

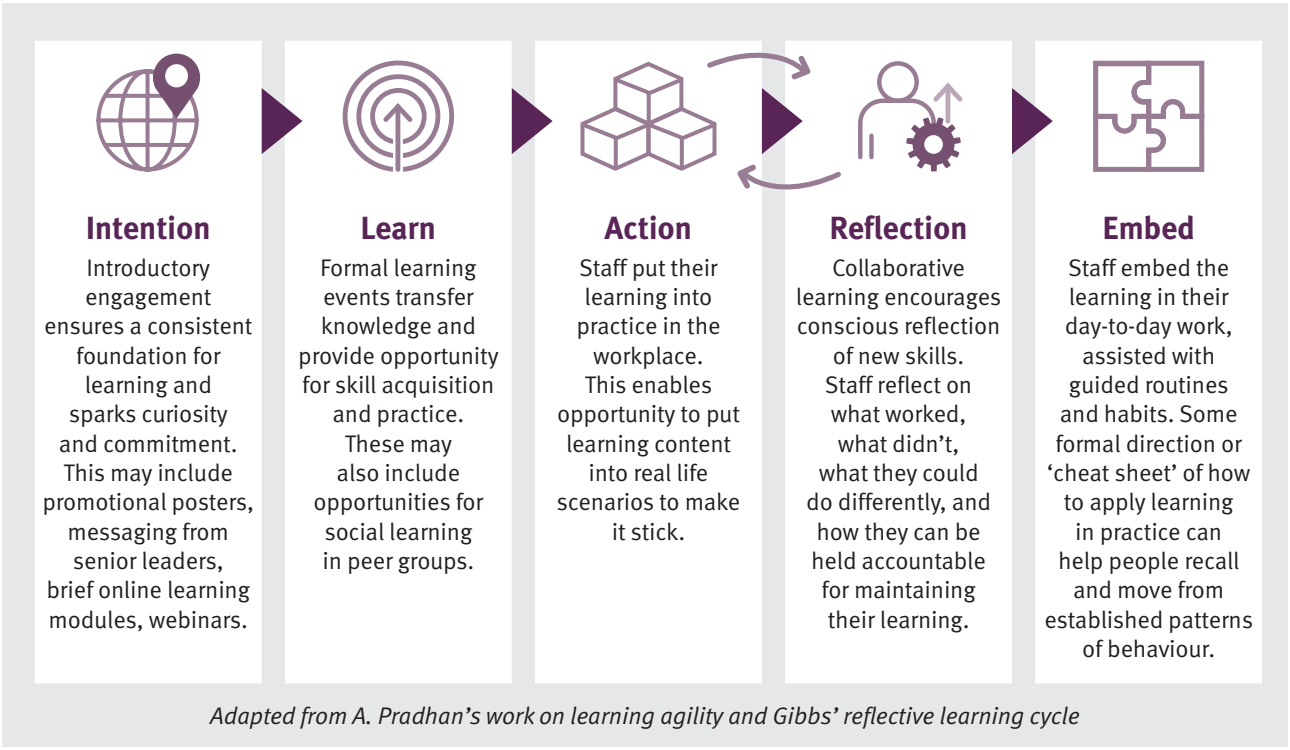
Developing DFV capability should be viewed as part of an ongoing change process – not a one-off event. The Learning and Behaviour Change Cycle in Figure 6 demonstrates that learning happens continuously and incrementally – not from a single-point training activity.

Training events can be supported by:

- peer leadership and mentoring
- communities of practice
- informal practice and group discussions
- reflective case reviews or reflective supervision where you reflect on your practice – what went well and what didn't – and how you can improve
- cultural supervision to support positive engagement with First Nations clients and clients from diverse cultural backgrounds

The formality and set-up of these mechanisms can adapt based on the capacity and capability of the organisation. The base concept of ongoing conversations in the workplace, sharing of experience and learnings with colleagues, and reflection on practice in a safe, non-judgemental environment, are the core of this application.

Figure 6: The Learning and Behaviour Change Cycle



Adapted from A. Pradhan's work on learning agility and Gibbs' reflective learning cycle

The below advice can help organisations in developing a training strategy and approach to capability building.

Consider an incremental approach to 'All Roles' training

Recognising the volume of 'All Roles' learning objectives, and the transformative nature of some of the content, a 'grouped' approach that aligns with the Learning and Behaviour Change Cycle (Figure 6) may have the most impact. This approach recognises that staff and volunteers come from various levels of baseline understanding of DFV and openness to core DFV concepts and ideas. It allows staff and volunteers to build their understanding incrementally and over time, creating opportunities for self-reflection, behavioural and attitudinal change, and openness to deeper DFV learning.

Stage training roll-out based on priority need

The frequency and nature of engagement with DFV related issues means that some individuals should be proficient immediately upon starting their roles, while others can develop capabilities at a steadier pace. This lens can help decision-making regarding sequencing of training based on role priority.

Use training approaches that work

The Framework sets standard concepts and learning objectives to promote consistency across the service system but is not so prescriptive that it restricts an organisation's ability to deliver tailored, meaningful training. The modes and mechanisms used to deliver DFV prevention and response training will – and should – vary between agencies or organisations. Figure 7 outlines some best practice learning strategies for delivering DFV training, which serve as a guide when considering approaches that best fit specific contexts.

Figure 7: Good practice learning strategies for effective DFV prevention and response training

Good practice learning devices for effective DFV training	
Hearing stories of lived experience	To build empathy and embed understanding of intersectional experience.
Using leaders as role models of change	Leaders are upskilled and visibly demonstrate application of the learning outcomes. They reinforce the desired behaviour.
Embedding learning with routines and habits	Application of learning in the flow of work is where behaviour change comes to life. Providing a degree of formal guidance on routines, processes and reflective practice will embed change.
Peer learning and communities of practice	Connecting with colleagues both in the local work environment and the broader service system encourages social learning and embeds appreciation and understanding of each other's roles, such as joint training across organisations to promote collaboration.
Self-reflection and insight	Understanding one's own cultural frame and experience of privilege and how this may unconsciously impact behaviour.
Exploration through case studies	Practical case studies that outline both how staff, in their specific roles, might engage with victim-survivors or persons who use violence, and which provide practical examples of a DFV proficient service response.
Working together as part of an integrated service system	Demonstrating the impact of different roles within the service system enables staff/volunteers to see themselves as part of a broader service system response to DFV and to understand how they can support the safety and wellbeing of people affected by DFV.

Activate enablers of change

For training to become embedded in the flow of work and contribute to consistent and capable responses across the DFV service system, other change enablers should be considered. The following outlines some of the most critical of these enablers.

Clear responsibilities and governance

As part of a system-wide response to DFV, individual organisations are encouraged to support consistent, effective, and appropriate responses to DFV. The following outlines who is responsible for implementing and using the Framework across levels of government, non-government, and community organisations:

- **Department of Justice and Attorney-General**
  DJAG is responsible for reviewing and revising the Framework.
- **Queensland Government Agencies and statutory bodies**
  Each Queensland Government Agency and statutory body is responsible for using the Framework to guide training solutions.
- **Queensland Government-funded service delivery organisations**
  All Queensland Government-funded service delivery organisations are encouraged to use the Framework to guide training solutions.
- **Community service organisations**
  All community service organisations are encouraged to use the Framework to guide training solutions.

Within organisations, executive and senior leadership responsibility should include:

- communicating DFV prevention and response expectations to staff, volunteers, and managers across the organisation
- creating an authorising environment that prioritises and creates capacity for staff and volunteers to engage in DFV training and capability building activities
- responsibility and accountability for building and maintaining organisational DFV prevention and response capability
- creating a workplace environment that reflects the organisation's commitment to address the drivers of DFV such as promoting gender equality and addressing sexist and inappropriate behaviours.

DFV specific tools and resources for staff and volunteers

Beyond a theoretical understanding of core concepts, staff and volunteers should be able to locate and apply tools and resources that support them to identify and respond to a victim-survivor or person who uses violence, in an informed and appropriate way. For some organisations, this may mean development, refresh or promotion of resources will be required before training can be implemented.

DFV understanding is embedded across other organisational content and training areas

If treated as purely discrete content, staff and volunteers have less opportunity to understand DFV in the context of their work. DFV intersects with many organisational policies and practices as it impacts all parts of a victim-survivor's life. DFV content focused on issues for victim-survivors, as well as persons using violence, may be incorporated into education and training around policies addressing (but not limited to) sexual harassment, privacy, bullying, leave policies, and practice frameworks.

Continuous improvement and sustainability

As the DFV service system continues to evolve in response to changing needs and legislative or policy reforms, the learning objectives and suggested content areas of this Framework will also evolve. The Framework will be regularly reviewed and amended to incorporate new learnings and reflect contemporary best practice. Organisations should set a regular monitoring and review point to revise and update training and change management plans and resources in line with iterations of the Framework.

8 Monitoring, reporting and evaluation

Monitoring, reporting, and evaluation outcomes for this Framework will align with the Domestic, Family and Sexual Violence System Monitoring and Evaluation Framework developed in response to the Taskforce findings. Monitoring and reporting are important to track implementation of training in alignment with the Framework across Queensland, determine if it is making a positive difference to the lives of people impacted by DFV and support a culture of continuous improvement.

The vision for the Framework's intended outcomes is outlined in Figure 8 on page 37. It shows how these intended outcomes contribute to the vision of the *Domestic and Family Violence Prevention Strategy 2016–2026*[19] that Queenslanders are able to live in safe communities and free from violence.

Monitoring and reporting against implementation of training in alignment with the Framework include activities and outcomes, occurring at various levels across the service system.

- **Activities** are the actions that form the 'doing' of implementation such as 'local training needs analysis' and 'design of training that meets the Framework Learning Objectives'. These are the actions which, when implemented effectively, will produce the Framework's desired outcomes, and primarily take place at the agency or organisational level.
- **Outcomes** are the observable and measurable changes resulting from effective implementation. They are the improvements made across the service system and across various levels including system-wide, individual staff and volunteers, agency or organisational, and end-user level (victim-survivors and persons who use violence).

Table 14 details the expected outcomes for each stakeholder group, including potential indicators to measure these outcomes. An important element of monitoring and reporting will be to monitor progress against these outcomes using by their respective indicators and available data sources.

Table 14: Monitoring and reporting on outcomes

Outcomes	Potential indicators
Reform element: Victim-survivors (adults, children and young people)[20]	
Increased confidence to ask for help	• Rates of disclosure of violence and coercive control in non-DFV specialist settings • Victim-survivors report receiving victim-led responses • Victim-survivors report receiving trauma-informed, culturally safe responses
Improved safety and consistency in service responses that meet victim-survivors needs	• Victim-survivors self-report not having to repeat their story as they engage with multiple services • Number and proportion of victim-survivors who are supported, including crisis support
Victim-survivors and the broader Queensland community are willing and able to report DFV	• Number and proportion of occurrences of DFV reported by victim-survivors, family and friends, and the broader community
First Nations victim-survivors are able to access culturally safe interventions	• Organisations delivering supports can clearly demonstrate how cultural safety is embedded into their service delivery models • First Nations victim-survivors self-report receiving culturally safe interventions

Outcomes	Potential indicators
Reform element: Persons using violence	
Improved accountability	• Persons who use violence are supported to address their own trauma or support needs while still being held accountable for their violence or abuse • Increased rates of participation in behaviour change programs • Evidence that participants in behaviour change programs demonstrate ongoing commitment to behaviour change after program completion • Number and proportion of DFV incidents where use of violence results in a Police Protection Notice or DV Protection Order and/or referrals to and engagement in alternative approaches to justice (e.g. community-led responses)
Increased identification of persons using violence and understanding of tactics used	• Organisations across the system have formalised training and policies for staff and volunteers about engaging with persons using violence • Organisations are equipped to respond to attitudes and behaviour that drive violence, supported by trauma-informed and culturally safe resources
First Nations peoples using violence can access culturally safe interventions	• Availability of culturally safe programs and interventions, including behaviour change programs and men's and women's cultural healing programs on country • Participation in and completion of culturally safe interventions for First Nations peoples using violence and coercion
Reform element: Staff and volunteers working across the system	
Staff and volunteers have a consistent and increased awareness and understanding of DFV and coercive control	• Capability assessments before and after training demonstrate improvement levels in knowledge and understanding • Capability assessments delivered at regular intervals to assess trends in an organisation's DFV proficiency over time • Staff and volunteers self-report being confident to recognise DFV and patterns of abusive behaviours
Increased confidence responding to DFV in line with their roles	• Staff and volunteers self-report a clear understanding of what services exist in their context or local area (including where their role sits within the broader DFV service system, both at a local and whole-of-system level) • Staff and volunteers are accessing and applying DFV training relevant to their roles through 'job aids' or procedures (e.g. staff and volunteers are confident to respond by accessing and using a 'job aid' to provide support) • Training assessments that measure core competencies of response • Staff and volunteers report confidence delivering trauma-informed, culturally safe responses to victim-survivors and persons who use violence that promote healing and accountability respectively
Supported to engage in a process of continuous learning	• Measures that indicate DFV training received on multiple occasions • Embedded communities of practice • Formalised case reflection processes • Formalised peer learning and opportunities for role shadowing

Outcomes	Potential indicators
Reform element: Organisations across the system	
Increased alignment to DFV capable policies, processes and supports	• Embedded DFV leave policies • Organisations model practices that address the drivers of gendered violence (such as gender inequality and disrespectful and discriminatory attitudes and behaviours) • Embedded DFV capable and tailored Employee Assistance Programs • People leader capability assessments around identifying and responding to vicarious trauma • Supports for staff and volunteers both experiencing and using DFV • Staff and volunteers report that their managers/organisational leaders take DFV and gender inequality seriously
Increased trauma-informed support responses for victim-survivors	• Investment and application of trauma-informed, culturally safe service delivery models • Review of policies, practices, processes and service models applying a DFV, victim-survivor, and cultural safety lens • Development of DFV practice guides, strategies, and other policies
Increased capability to hold persons using violence to account	• Formalised training, policies, and procedures for staff and volunteers about service responses available to persons who use violence to hold them to account for the violence and/or disrupt violent and controlling tactics
Increased alignment to authorising environments that support uplift in DFV capability	• Leaders understand the role of their agency within the DFV service system • Funding and/or internal resource allocation that supports the development and delivery of high-quality DFV prevention and response training • Evidence that people responsible for designing and delivering training have taken a place-based approach to training that reflects local community needs and engagement approaches, particularly in discrete communities
Reform element: System-wide uplift	
Increased consistent use of shared language and understanding of DFV and coercive control	• Review training materials and policies to align with shared language and understanding of DFV, promoting whole-of-system consistency
Increased service system integration, cross agency collaboration and information sharing	• Evidence of increased agency and service cross-referrals among service providers • Evidence of appropriate information-sharing between organisations and services

Figure 8: Theory of change for the Framework

Theory of change

The Training and Change Management Framework has been designed to support consistent, whole of system strategic training and change management. This will improve outcomes for victim-survivors and hold persons who use violence to account by ensuring they receive a consistent, trauma-informed, and evidence-based response, no matter where they enter the service system.

If we...

Set a whole-of-system strategic direction for training and change management across the DFV service system

Support a shift toward service system integration and DFV proficient service responses

Then there will be systemic reform...

Staff DFV capability

- Understand what it means for their role and where it to fits within a broader service system response
- Can confidently deliver responses to victim-survivors and persons using violence that are consistent, trauma-informed, and prioritise victim safety
- Have a shared understanding of core DFV concepts, the drivers, dynamics, and nature of DFV

Organisational DFV maturity

- DFV capable policies and processes to support staff
- Understanding of trauma-informed and culturally safe service delivery for victim-survivors and persons who use violence
- Appropriate authorising environment to deliver effective, meaningful DFV training for all staff and volunteers

Service system integration

- Common language and shared understanding of core concepts underpinned by shared guiding principles
- Collaboration between services
- Service users are provided with an effective and appropriate response, no matter the 'touchpoint' across the service system

And progress made across key reform pillars...

Prevention | **Early intervention** | **Response** | **Recovery and healing**

So that...

Victim-survivors, children and young people feel supported to seek help with the confidence they will receive a consistent, safe and appropriate response that prioritises their needs

Persons who use violence are held accountable and supported to change their behaviours

Ensuring...

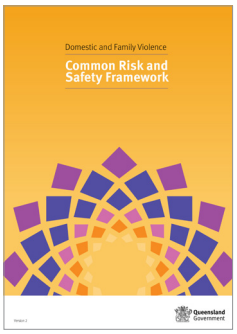
Queenslanders are able to live safe and free from violence

9 Alignment to other frameworks

The Framework is part of a broad program of DFV reform across Queensland. It is designed to be a tool that can be easily and effectively used across the DFV and justice service systems. To support its use the design of the Framework aligns with other relevant tools and resources to support consistent and complementary DFV responses. Figure 9 outlines this alignment with key frameworks.

Many organisations will have their own frameworks, strategies, and practice guidance in place to respond to DFV. Figure 9, below highlights direct connection points with key resources but it is not intended to reflect a holistic overview of the policy and practice guidance landscape.

Figure 9: Key aligned tools and frameworks



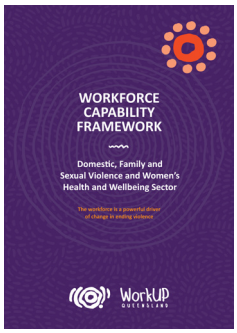
Common Risk and Safety Framework (CRASF)

The CRASF is the whole-of-system framework for identifying, assessing and managing DFV risk and is used by Queensland Government workers, non-government organisations and community members.

It provides three levels of tools (including screening tools for working with children and young people):

- **Level 1 tool**
- **Level 2 tool**
- **Level 3 tool**

The Framework's role competencies align with specific CRASF tool levels.



Domestic Family and Sexual Violence and Women's Health and Wellbeing Sector Workforce Capability Framework

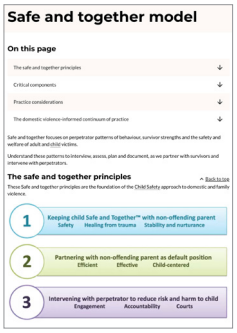
This framework, developed by WorkUp, outlines the capabilities required in the specialist DFV and specialist sexual violence, and women's health and wellbeing sector.

It includes four staff tiers:

- **Allied support**
- **Practitioner**
- **Advanced practitioner**
- **Leader**

The Framework's role types are aligned to the staff tiers outlined in the Workforce Capability Framework.

Figure 9: Key aligned tools and frameworks *(continued)*

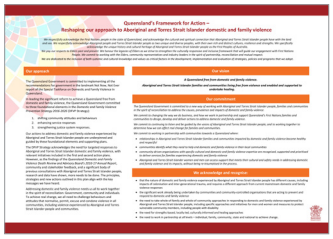


Safe & Together™

This model works to fill the gaps in knowledge and practice to assist DFV adjacent support systems to be DFV informed when working with children and young people. It has three core principles:

- keep the child safe and together with the non-offending parent
- partner with the non-offending parent as default position
- intervene with persons using violence to reduce risk and harm by mapping patterns of behaviour

The Framework aligns with Safe & Together™ through its emphasis on children and young people as victim-survivors in their own right identifying patterns of abuse and engagement with persons using violence.



Queensland's Framework for Action – Reshaping Our Approach to Aboriginal and Torres Strait Islander DFV

This framework outlines the vision for a Queensland free from DFV, including Aboriginal and Torres Strait Islander families and communities living free from violence and enabled and supported to undertake healing. It reflects the commitment to a new way of working with Aboriginal and Torres Strait Islander peoples, families and communities in the spirit of reconciliation to address the drivers, prevalence and impacts of DFV.

The Framework aligns with Queensland's Framework for Action through its alignment to the core principles, and strategies and actions.

The Training Framework also aligns with the National Agreement on Closing the Gap, Target 13: By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.

Appendix A

Core concepts to be reinforced through the Framework

The Taskforce identified inconsistent training across the broader DFV and justice service systems. It recognised inconsistencies in how staff and volunteers understand DFV and especially coercive control how this hinders service system integration and can result in inappropriate responses for victim-survivors. The Taskforce outlined that a core component of the Framework is to 'support the use of common language and concepts.' The following section outlines a list of core DFV concepts. If incorporated consistently into DFV training across the broader service system, these will contribute to consistent, coordinated responses for victim-survivors and uplift community understanding of DFV and coercive control.

DFV including coercive control

DFV includes behaviour, or a pattern of behaviour, that is physically, sexually, emotionally, psychologically or economically abusive, threatening, coercive, or aimed at controlling or dominating another person through fear. The violence or abuse can take many forms ranging from physical, emotional, and sexual assault, through to financial control, spiritual and cultural abuse, isolation from family and friends, threats of self-harm or harm to pets or loved ones, stalking or constant monitoring of the victim-survivor's whereabouts or other forms of stalking.

The Women's Safety and Justice Taskforce defines coercive control as:

> "a pattern of behaviours or 'course of conduct' perpetrated against a person to create a climate of fear, isolation, intimidation, and humiliation. Perpetrators use physical and non-physical forms of violence and abuse against the victim. Their use of violence and abuse vary in frequency and range and can occur across space and time. Perpetrators rely on these dominating and oppressive behaviours to ultimately restrict their victim's freedom and deprive them of their autonomy."

Coercive control is more than a form of DFV. It is the context in which acts of DFV occur and underpins the vast majority of high-risk cases of DFV. The level of control exerted over a victim-survivor is considered a greater predictor of severe and fatal violence than the presence of prior assaults. Importantly, physical violence is not a necessary component of coercive control, as the person using violence predominantly seeks to control their partner. However, physical violence can become a mechanism to reinforce that control.

The Framework will support service system and community capability uplift around DFV and coercive control, particularly as new legislative provisions criminalising coercive control are implemented across Queensland.

Forms of domestic and family violence

There are many different forms of DFV and coercive control. A person who uses violence may use a combination of behaviours to exert control over the victim-survivor. These behaviours can include:

- manipulation and abuse
- jealous and obsessive behaviours
- stalking, monitoring, and surveillance
- micromanagement
- verbal abuse
- financial and economic abuse
- physical violence
- systems abuse
- sexual violence
- technology-facilitated abuse
- threats to harm themselves or loved ones such as children and pets

Building the service system's capability and capacity to understand and identify these forms of abuse is an integral part of building its capacity to respond to DFV. In the context of the Framework, this is particularly true for systems abuse, whereby staff and volunteers across systems (particularly the justice, courts, and child protection systems) should be alert to the methods leveraged by people using violence to exert power and control over a victim-survivor.

Further information relating to the different forms of DFV is detailed in the CRASF.[21]

Trauma and trauma-informed practice

Trauma-informed practice is a framework for human service delivery that is based on knowledge and understanding of how trauma affects people's lives and what they need from services. Trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful and which has lasting adverse effects on their functioning and mental, physical, social, emotional, or spiritual wellbeing.[22]

Trauma-informed practice occurs at two levels: trauma-specific interventions and trauma-informed models of care. Organisational responses to trauma occur on a continuum from basic trauma awareness to trauma sensitivity, through to trauma-specific interventions.[23]

The principles for trauma-informed practice include:[24]

- safety – including physical and emotional safety
- trustworthiness
- choice
- collaboration
- empowerment

In the DFV service system, trauma-informed practice ensures services are designed and delivered in ways that appropriately respond to those who have experienced trauma. It appreciates that each person's experience and expression of trauma is unique, and that trauma can affect people in many ways, including physically, emotionally, psychologically, behaviourally, socially, and interpersonally. Services should to ensure the ways in which they engage with people impacted by DFV will not cause further trauma, harm, or distress.

Trauma is a common experience for victim-survivors of DFV, including children and young people. Ensuring trauma-informed practice is delivered in a way that meets the needs of each individual, is paramount.

Many people who use violence may also have experienced trauma as a child, including experiencing DFV within their family. This may have manifested in issues with drug and alcohol misuse or mental health related issues. They have a right to access support to help them deal with trauma and any related issues. However, this needs to be done in a way that still prioritises the safety of the victim-survivor and does not minimise or condone the abuse being perpetrated.

The Framework emphasises trauma-informed practice as a core capability. All staff and volunteers, and organisations across the service system should understand what trauma is, the impacts of trauma and how to respond to individuals in a trauma-aware and capable manner.

Systems abuse

Victim-survivors are at risk of being re-traumatised when engaging with systems, such as those for family law, child support, income support and mental health, where there may be barriers to receiving assistance, if the systems are intimidating or if responses are provided by staff that demonstrate unhelpful or dismissive behaviours that minimise the experiences of the individual seeking assistance. Service systems should ensure they are 'doing no harm' and strive to engage in an informed and understanding way.

Systems abuse by persons using violence

This refers to the manipulation of systems such as the courts, child protection and Centrelink by the person using violence to exert control over, threaten and harass the victim-survivor. This may involve making multiple applications and complaints across various systems with the intention of interrupting, deferring, prolonging, or dismissing judicial and administrative processes. Using systems in this way perpetuates the harassment and intimidation of the victim-survivor. Examples include the person using violence failing to appear in court for Protection Order matters, seeking repeated adjournments, applying for a Protection Order as the victim, and misleading the victim-survivor into breaching the conditions of a Protection Order.

Collusion with persons using violence

Collusion occurs when professionals, organisations and the DFV service system reinforce, support, excuse or minimise a person's use of DFV including coercive control and its impacts. Collusion reduces the service system's capacity to keep the person using violence engaged and accountable for their behaviour, and to keep victim-survivors safe. Some persons who use violence actively promote collusion through their narrative and description of their needs or circumstances which can be very deliberate, considered and calculated. This helps them to avoid responsibility for their abusive behaviour, through denying, minimising, or justifying their abuse and controlling behaviour.[25]

Collusion between the service system and the person using violence is not always intentional or deliberate. Manipulation of a part of the service system by a person using violence may result in inadvertent collusion. The actions of a service provider who has been deceived by a person using violence are not always collusive, even if they cause harm.

Gendered nature of DFV and coercive control

Nationally, 1 in 4 women report having experienced physical and/or sexual violence by a current or previous partner since the age of 15,[26] and 75–94% of victim-survivors report a male perpetrator of violence.[27] Evidence further shows that instances where female perpetrated violence is present frequently involve retaliatory violence, meaning they were often victims as well.[28] Compared to men, the DFV women experience is more severe, more frequent, and more often results in death, serious injury, and extensive negative health and social consequences.[29]

Research shows that at the population level, violence-tolerant attitudes and gender inequality are underlying drivers of violence against women. Our Watch's *Change the Story: A Shared Framework for the Primary Prevention of Violence against Women*[30] outlines the key drivers of violence against women to include:

- condoning of violence against women
- men's decision-making and limits to women's independence in public and private life
- rigid gender stereotyping and dominant forms of masculinity
- male peer relations and cultures of masculinity that emphasise aggression, dominance, and control
- the ongoing impacts of colonisation for both Aboriginal and Torres Strait Islander peoples, families and communities, as well as for non-Indigenous people and society[31]

Gender inequality creates the social conditions for violence against women to occur. The significant over-representation of women as victim-survivors and men as perpetrators requires a gendered response to DFV. However, it's acknowledged that men can be victims-survivors of DFV. In addition, the nuanced experiences of LGBTIQA+ people who are victim-survivors of DFV needs to be acknowledged and addressed.

Primary prevention of violence against women

The primary prevention of violence against women means stopping violence from occurring in the first place by identifying and addressing the underlying causes of violence. Primary prevention requires a whole of society approach to drive social and cultural change. This means everyone has a role to play in prevention. It requires all kinds of individuals and communities to act on the underlying causes in everyday places, to promote respect and equality and to reject violence in all its forms.

Primary prevention is different to early intervention (also referred to as secondary prevention) which aims to stop violence from escalating or crisis responses (also referred to as tertiary prevention) that seeks to stop violence from reoccurring. Primary prevention seeks to shift the social structures, norms and practices that drive violence.

There are many ways individuals, organisations and communities can make a difference in preventing violence. This can look like: not laughing at sexist jokes; supporting and believing victims when they speak up; teaching boys it's OK to express their emotions safely, including sadness; making male-dominated spaces inclusive for everyone; and engaging men and boys in primary prevention activities. It's a reality that, when men and boys are free from harmful masculine stereotypes, they are more likely to enjoy healthy, respectful relationships.

Intersectionality

Individuals are multifaceted, with many parts forming one's identity and experience. There are different aspects of a person's identity that can expose them to overlapping forms of discrimination, disadvantage, or marginalisation. These aspects can include (but are not limited to) gender, class, ethnicity, cultural background, religion, disability, sexual orientation, mental health and drug and alcohol issues and age. In the context of DFV, adopting an intersectional approach means identifying and responding to these different elements. This means applying a trauma-informed DFV lens to understand how these different sources of discrimination and oppression can lead to increased risk, severity and frequency of experiencing different forms of violence and abuse.[32]

The Framework takes an intersectional approach to DFV. This looks beyond a person's individual identities to focus on how those identities influence one another. It recognises that these points of intersection will alter the way people experience violence, the types of violence they may experience, and how, in many instances, they will increase risk and amplify barriers to disclosure and access to services.

Carer abuse and control

Intimate partner violence is the most prominent form of DFV in Queensland; however, it is not the only one. Carer abuse occurs where someone in an informal care relationship (they depend on another person for help with daily living activities) experiences violence, abuse, or control at the hands of their carer.

In a DFV context, carer abuse is most frequently experienced by people with disability, and older people, leaving them extremely vulnerable. Reporting the abuse may mean losing their carer. As with intimate partner violence and control, carer violence occurs where a person uses patterns and systems of power and coercion to dominate or control someone or cause them to fear for their safety or wellbeing.

Note: It is not considered a relevant relationship under the *Domestic and Family Violence Protection Act 2012* when the person using violence is helping under a commercial arrangement.

Children and young people as victim-survivors in their own right

The right of children and young people to live free from violence continues to be recognised as critical.

A child's world view and development is shaped by their experiences in formative years. Children or young people often experience DFV, and the trauma impacts can be long-lasting, impacting their development, behaviour, and wellbeing.[33]

Many organisations across Queensland use the Safe & Together™ model when working with children and young people as victim-survivors. This model states that a pattern of abuse and control toward victim-survivors can impact on children in multiple intersecting ways. It can impact their safety, they can experience trauma and physical injury, it can impact on the family ecology (housing, loss of income, school), and the victim-survivor's parenting (loss of authority, interfering with the relationships and attachment to the child).[34]

This Framework recognises that when working with children and young people, including adolescents, services should treat them as victim-survivors in their own right. This includes recognising experiences of violence and abuse, understanding the effects of trauma on a developing brain, and providing age-appropriate responses. It also supports keeping the child or young person with the non-abusive carer wherever possible and focusing on engagement with people using violence given the harm they are inflicting upon the child, young person and their family.

Some young people can be victim-survivors of DFV but may also use violence, abuse and controlling behaviours towards others, including family members or intimate partners. This adds a layer of complexity when engaging with young people who are both victims of trauma while causing harm to others.

Intergenerational trauma

Unresolved individual or collective trauma can be transferred to later generations in a growing, prolonged, and persistent pattern. At the individual level, intergenerational trauma relates to how experiences of childhood exposure to violence can result in the use of DFV in later life, as a result of trauma and learned behaviour. At the collective level, it relates to how a group of people engage with systems based on experiences of historical and societal trauma. For example, First Nations victim-survivors may be reluctant to engage criminal justice responses as a result of experiences of intergenerational trauma, the history of colonisation, the role of police in forced child removal, and racialised patterns of policing.[35]

Vicarious trauma

Trauma-informed practice extends beyond the experiences of victim-survivors themselves. Vicarious trauma is the cumulative effects of exposure to information about traumatic events and experiences, potentially leading to distress, dissatisfaction, hopelessness, and serious mental and physical health problems.[36]

It's important to understand that the person affected by DFV is not the cause of vicarious trauma experienced by workers. Often, it is the inability of the broader service system to address the safety and support needs of individual clients that contributes to vicarious trauma.

Experiences of vicarious trauma are not ubiquitous. They manifest differently between people and roles. It typically includes cognitive changes to a person's belief system and may also include intrusive thoughts, disturbed sleep, difficulties with boundaries, and withdrawal from others and from pleasures.[37] It can lead to inappropriate service responses for victim-survivors, and compassion fatigue and carer burnout for the staff and volunteers experiencing it.

The Framework proposes all staff and volunteers across the service system are equipped to identify and respond to vicarious trauma in themselves and others. It supports organisations to ensure they are set up, at an organisational level, to respond to vicarious trauma among their staff and volunteers.

Risk and safety planning

DFV can emerge, increase, and change over time. It fluctuates throughout a relationship and may increase significantly after certain events such as pregnancy and separation (or attempted separation).

DFV risk assessments identify and mitigate risks to the victim-survivor posed by the person using violence. Risk assessments are used to assess the level of risk for the victim-survivor, inform safety and support planning and risk management with a view to preventing future violence as well as to prioritise cases for intervention such as referral to a High-Risk Team. Risk management is an ongoing process to be regularly reassessed as circumstances change.

Risk assessment is a complex, continuing, and evaluative process rather than a static event. The process must remain dynamic. Events and circumstances in a victim-survivor's life may undergo rapid and frequent change to alter the severity of risk.

Once DFV risk has been assessed, risk management strategies are leveraged to promote the safety and security of the victim-survivor. This includes enacting service responses to support the victim-survivor and hold the person using violence to account.

Victim-survivor led approach

When undertaking any intervention or engagement with a victim-survivor, it is essential to ensure the approach is victim-survivor led and informed.

Victim-survivors are the experts in their own unique experience of DFV. They know the patterns of behaviour, and the impacts on themselves, their children, and their families. They also know what strategies for harm minimisation have been used previously and the degree to which they have worked or not.

Taking a victim-survivor led approach is crucial in increasing safety and reducing risk. It is worth acknowledging, however, that there may be instances where organisations/providers may have information that materially affects risk assessment and that the victim-survivor is not aware of. Hence the importance of information sharing to develop a holistic assessment of risk. This does not, however, supersede the criticality of taking a victim-centred and victim-led approach to risk and safety planning.

Cultural safety

Cultural safety is about creating an environment that is safe (spiritually, socially, emotionally, and physically) for First Nations and culturally and linguistically diverse (CALD) peoples. It includes:

- listening with respect to hear, not respond and critically reflect
- using simple open-ended questions to gather knowledge and using inclusive dialogue
- asking questions without assumption
- asking questions about the important people in a client's life, avoiding assumptions about upbringing and Western familial structures
- decolonising research to understand and acknowledge culture as a strength
- prioritising safe working practices

There is a long history of distrust between First Nations peoples and mainstream organisations because of how institutions such as police, schools, and hospitals have been used to remove First Nations children from their families. These are places most Australians consider safe to seek help, however, this is not the experience of First Nations women, who are frequently misidentified as the person using violence and are more likely to be criminalised within the criminal justice system.

First Nations peoples are significantly over-represented as victim-survivors. They are between two and five times more likely than non-Indigenous peoples to experience DFV[38], and experience rates of hospitalisation due to DFV that is 35 times higher than for non-First Nations women.[39]

In recognising the over-representation and distinct experiences of First Nations victim-survivors, including those with a disability, the Framework supports all organisations and staff/volunteers across the system to be equipped to provide culturally safe responses.

Queensland's Human Rights Act 2019 (section 28) recognises the cultural rights of First Nations peoples, including the right to practice their beliefs and teachings, use their languages, protect and develop their kinship ties and maintain their relationship with the lands, seas and waterways.

Person most in need of protection

In some instances, it can be difficult to identify who the person most in need of protection is, where there may be mutual allegations of violence and/or coercive controlling behaviour. Understanding the dynamics of DFV is important to avoid misidentifying the person using violence and the victim-survivor (the person most in need of protection). Although both parties may be using violence, the person most in need of protection is likely to be fearful of the other person who will often use a pattern of coercive and controlling behaviours over the victim-survivor. The presence of fear is key.

Victim-survivor using retaliatory violence or self-defence

Victim-survivors may utilise violence to avert an attack from the aggressor or in self-defence. This is not a form of coercive control. It is important that victim survivors are not misidentified and charged with the coercive control offense. Misidentification can occur due to how the victim-survivor is perceived regarding their reliability and credibility based on preconceived notions of the 'ideal victim', especially when an incident-based response to DFV is used by police.[40]

Misidentification can be a result of the perpetrator manipulating the police into misidentifying them as the primary victim as the perpetrator may have a visible injury cased by a victim's attempt to defend themselves. A person using violence may try to convince the police, courts, or others that they are the 'real' victim as a way to avoid responsibility for their own behaviour and to further coerce and control a victim-survivor. This is known as systems abuse.

Episodes of misidentification reduce the likelihood of subsequent reporting, thereby exposing victims to further harm, and potentially emboldening perpetrators to continue to use violence and abuse.[41]

The Framework supports staff and volunteers across the system to understand these dynamics and to identify the person most in need of protection. If victim-survivors are confident they can seek help and receive an appropriate response, they will be more likely to engage in future help-seeking behaviours.

Person using violence accountability (and keeping the person using violence in view)

Person using violence accountability is about supporting the individual to take responsibility to end their violent, controlling, and coercive behaviours. Service responses for persons using violence should be collaborative and coordinated as part of a system-wide approach that collectively and systematically creates opportunities for accountability. This includes mainstream services, agencies, and organisations outside of formal justice and legal responses. DFV is everyone's business, and everyone has a role to play in holding persons using violence to account, in a way which supports an understanding that their behaviour is unacceptable and being held accountable for behaviour change (without compromising on victim-survivor safety).

Keeping persons using violence 'in view' refers to the process of identifying, assessing, monitoring, and managing their risk over time. This notion of 'visibility' relies on coordination and information-sharing between a range of services, criminal justice organisations, DFV specialists, and other support services. Where persons using violence are not 'in view' they are not held accountable. This raises the possibility that patterns of risk escalation may undermine the effectiveness of risk mitigation and safety planning. It is important the system is visible to a person using violence in a way that promotes consistency and shared language and understanding as this mitigates systems abuse and continues to keep persons using violence 'in view' and accountable for their behaviour.

DFV as everyone's business

Everyone has a right to feel safe at home. Domestic and family violence is a societal issue; it is pervasive across all communities. 1 in 4 women in Australia report experiences of violence by a current or previous partner.[42] This prevalence denotes a recognition at the societal level of the need for a whole-of-community response.

The Framework promotes an understanding that DFV is everybody's business. Across the community this requires building a collective understanding of DFV, and to addressing the entrenched social norms that drive and underpin DFV. Staff and volunteers working across the system should be equipped to appropriately identify and respond to DFV in their work. At an organisational level, there needs to be an understanding that employees may be affected by DFV, either as a victim-survivor or a person using violence. Organisations should ensure that appropriate processes and policies are in place to prioritise safety, encourage help-seeking behaviour and support those affected, both staff directly impacted as well as staff members offering support.

Integrated service system

DFV is complex and can have a wide range of impacts on the lives of people impacted, requiring responses from multiple services and organisations. Service system integration is a cornerstone of Queensland's DFV prevention and support policy and practice frameworks. This approach creates many benefits for victim-survivors including an increased focus on victim-survivor safety; reduction in secondary victimisation (system-created) by limiting the number of times victim-survivors recount their story; facilitation of a common language between organisations; and formalised information-sharing.[43]

Working in an integrated way means all services who have contact with a victim-survivor, their children, or a person using violence, have a common understanding and approach to DFV. It aims to provide consistent, quality responses across all services who may engage victim-survivors and/or persons who use violence. Integration involves building service partnerships, referral pathways, and communication processes. It is where the system coordinates responses to the specific needs of the victim-survivor rather than making the individual navigate what can be a complicated and disconnected service system, often when they are at a crisis point in their lives.

The Framework supports integration by building an understanding across staff/volunteers and organisations about their role within the broader DFV service system. All organisations should understand how all parts of the system function and to build trust with other services over time. Common practices, processes, and joint decision-making ensure that responses are appropriate and seamless.

Appendix B
Glossary

Key term	Brief description
Carer violence	A type of DFV which occurs in informal carer relationships *(see Appendix A for further detail)*.
Closing the Gap	A national commitment to improving outcomes for First Nations Australians. The Framework supports Target 13 – by 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.
Coercive control	A pattern of abusive behaviours over time, which can be physical and/or non-physical, that hurt, humiliate, isolate, frighten, or threaten another person in order to control or dominate them *(see Appendix A for further detail)*.
Common Risk and Safety Framework (CRASF)	A series of tools used across Queensland to support people to identify DFV, assess and manage risk and undertake safety planning.
Culturally and linguistically diverse (CALD)	Culturally and linguistically (CALD) diverse communities are those whose members identify as having non-mainstream cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home.
Cultural safety	A process of ensuring that an environment is safe for First Nations peoples and people from culturally and linguistically diverse backgrounds *(see Appendix A for further detail)*.
Domestic and Family Violence (DFV)	Is behaviour, or a pattern of behaviour, that is physically, sexually, emotionally, psychologically or economically abusive, threatening, coercive or aimed at controlling or dominating a person through fear.
Domestic and Family Violence Protection Act 2012	This Act is Queensland's primary legislation designed to maximise the safety, protection and wellbeing of people who fear or experience DFV; to prevent or reduce DFV and the exposure of children to DFV; and to ensure people who commit DFV are held accountable for their actions. The Act defines DV as behaviour, or a pattern of behaviour, by a person (first person) towards another person (second person) with whom the first person is in a relevant relationship that is physically or sexually abusive; or is threatening or psychologically abusive; or is economically abusive; or is threatening; or is coercive; or any other way controls or dominates the second person and causes the second person to fear for their safety or wellbeing or that of someone else. The meaning of coerce under the Act is to compel or force a person to do, or refrain from doing, something.
Domestic and family violence service system (the service system)	All services or organisations (government and community-based) who may interact with victim-survivors and persons using violence, whether delivering specialist DFV or mainstream (non DFV specialist) services.
Early intervention	A process by which DFV is identified and responded to before it can escalate further.

Key term	Brief description
First Nations	The term First Nations recognises Aboriginal peoples and Torres Strait Islander peoples as the sovereign peoples of Australia. It recognises various language groups as separate and unique sovereign nations.
Gender	The socially constructed characteristics of women, men, girls, and boys (including the associated norms, behaviours, and roles). Patriarchal and gendered structures underpin DFV.
Hear Her Voice: Report One	The first report published by the Women's Safety and Justice Taskforce focused on addressing DFV and coercive control in Queensland.
Integrated service system	Involves all aspects of the service system having a shared understanding and approach to DFV and working together to deliver consistent, quality responses that meet the needs of victim-survivors and persons using violence *(see Appendix A for further detail)*.
Intergenerational trauma	The psychological and physiological effects that experiences of collective trauma has on subsequent generations *(see Appendix A for further detail)*.
Intersectionality	The ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation *(see Appendix A for further detail)*.
Keeping the perpetrator in view	The process of identifying, assessing, monitoring, and managing perpetrator risk over time *(see Appendix A for further detail)*.
Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual + (LGBTIQA+)	An evolving acronym that people use to describe their experiences of their gender, sexuality, and physiological sex characteristics.
Non-Government Organisation (NGO)	Non-profit organisations that operate independently from government, but can receive government funding.
Not-For-Profit (NFP)	Organisations that do not operate for the profit or gain of their members.
Perpetrator accountability	Ensuring persons who use violence take responsibility for the impacts of their actions and are held accountable to behaviour change.
Person-centred	A service approach that treats each person respectfully as an individual being.
Person most in need of protection	Identifying the 'real victim' in instances of mutual violence and systems abuse *(see Appendix A for further detail)*.
Person using violence	A person who uses DFV *(see Appendix A for further detail)*.

Key term	Brief description
Predominant aggressor	Although in some instances both parties may use violence, the primary aggressor will use a pattern of coercive and controlling behaviours. The presence of fear is key *(see Appendix A for further detail)*.
Primary prevention	Primary prevention seeks to stop violence before it happens by addressing the drivers of violence against women.
Risk	In the context of DFV, considers how a range of intersecting factors influence a victim-survivor's likelihood of experiencing harm.
Safe & Together™	Internationally respected model for working with families impacted by DFV.
Safety planning	An approach to identifying and implementing mechanisms to stay safe and reduce the risk of future harm *(see Appendix A for further detail)*.
Social and emotional wellbeing	Is the foundation of physical and mental health for Australia's First Nations peoples. It takes a holistic view of health as it recognises that connection to land, sea, culture and spirituality all influence wellbeing.
Strangulation	Strangulation, including attempted strangulation, is among the most lethal forms of DFV. Non-fatal strangulation can cause immediate or delayed neurological damage, along with significant emotional and psychological trauma. It is a high-risk factor for victim-survivors.
System abuse	System abuse refers to the manipulation of legal systems and other systems by perpetrators of family violence, done so to exert control over, threaten and harass another person, often a partner (current or former) *(see Appendix A for further detail)*.
Trauma	The lasting emotional responses that often results from living through a distressing event.
Trauma-informed practice	An approach that recognises that trauma is common, affects people in multivarious ways, and that people accessing services may be affected by trauma *(see Appendix A for further detail)*.
Women's Safety and Justice Taskforce (the Taskforce)	A Taskforce established as an independent, consultative taskforce by the Queensland Government to examine coercive control and the experiences of women across the criminal justice system.
Vicarious trauma	The cumulative effects of exposure to information about traumatic events and experiences *(see Appendix A for further detail)*.
Victim-survivor centred	An engagement approach that puts the victim-survivor at the centre and supports and empowers them to make decisions about their life.
Victim-survivor	A person who experiences DFV *(see Appendix A for further detail)*.

Endnotes

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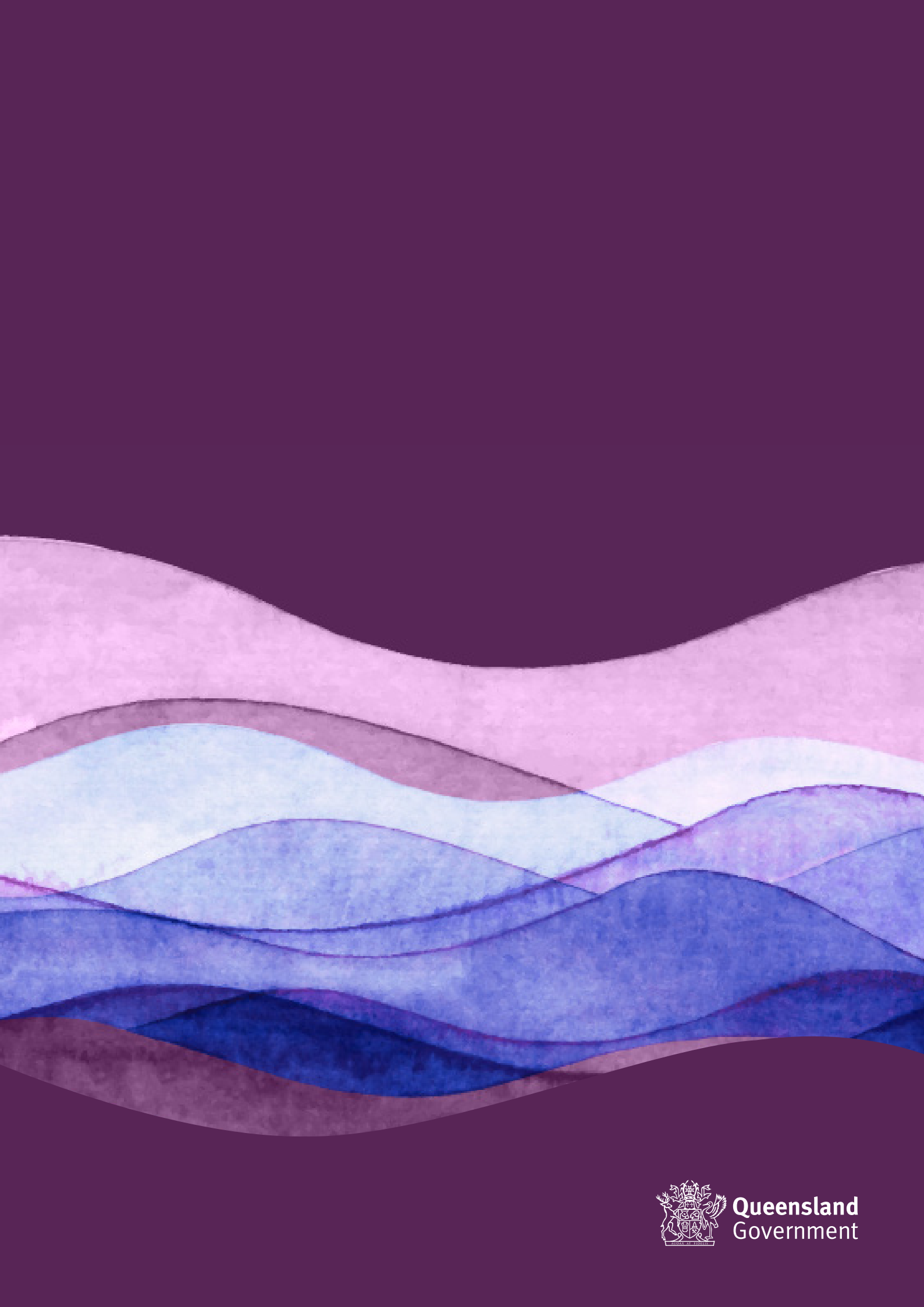

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