

About VAADA

The Victorian Alcohol and Drug Association (VAADA) is the peak body for Victoria's alcohol and other drug (AOD) sector. Our Family Violence Project works closely with the AOD sector and relevant Victorian Government departments to support the sector's alignment to the family violence reforms, as part of the 2015 Royal Commission into Family Violence.

Background to this paper

Our reflections on both the Risk Assessment and Risk Management Framework and the Family Violence Information Sharing Schemes have been collated through agency case studies, sector-wide surveying, and engagement with frontline workers and specialist family violence advisors.

Family Violence Risk Assessment and Risk Management Framework

A significant part of the AOD sector's alignment to MARAM has involved the alignment of the AOD Intake and Comprehensive Assessment tools, with additional questions added to help identify and respond to victim survivors and people using violence (as of this submission, the tools have only been aligned to the MARAM Victim-survivor guidelines). AOD clinicians who perform both Intake and Comprehensive Assessment now ask their clients direct questions regarding their experience of family violence. If victim survivors are identified, clinicians are trained to perform relevant Risk Assessment and Risk Management processes. There is an assumption (without adequate data collection it would be difficult to properly deduce) that this alignment will lead to greater identification of victim survivors through the AOD sector, and into the Family Violence sector.

However, a sector-wide survey into the impacts of MARAM-Alignment on AOD Intake/Comprehensive Assessment tools has identified inconsistencies with referrals from AOD agencies into The Orange Door and other Family Violence services. Clinicians have shared they have difficulty accessing specialist family violence services for their clients. This challenge has been further highlighted by responses from some Specialist Family Violence Advisors, pointing to patchy and inconsistent pathways between the sectors. This ultimately leads to a bottle-neck if victim survivors identified through the AOD sector are not properly supported when entering the Family Violence sector.

Moreover, we have identified through continual case examples that victim survivors that use alcohol and other drugs are routinely denied crisis accommodation due to their alcohol and drug use. This is a great concern as it places the victim survivor back in the household of the person using violence, and further disenfranchises them from the service system. We further know that when victim survivors speak out, or show signs of moving on from a relationship, they statistically increase their risk of being killed. VAADA is currently in dialogue with Safe Steps to build their capacity in AOD and harm reduction so that their frontline workers are better equipped to assess and manage risk when AOD is present in the scenario. However, we maintain that this requires a whole-of-sector approach (and have outlined several solutions below).

Solutions:

- Remove discriminatory abstinence policies from crisis accommodation services (e.g. “come back in six weeks/when you’re clean”). These remarks not only work to entrench stigma and disenfranchise victim survivors from the service system, but also elevates risks to the victim survivors (including children in their care).
- Provide funding for specialist family violence services and family violence crisis services to build capacity in basic alcohol and other drug and harm reduction training (just as the AOD sector has done with family violence) to prevent service bottle-necks. This would include;
 - Mandatory overdose prevention and Naloxone training for all crisis and supported accommodation workers. The harm reduction model tells us that some victim survivors who use drugs will access crisis services regardless of any abstinence policies - crisis workers need to be trained in case of emergencies.
 - Basic harm reduction training for all Intake workers at Family Violence services. This would help them assess and manage risk associated with alcohol and drug use, including being able to distinguish where substance use coercion is a tactic being used by the adult using violence.
- Support a funded specialist AOD role at each Orange Door to help with secondary consultations, service design and delivery, risk assessment and wrap-around referrals and advocating on behalf of victim survivors who use alcohol and other drugs..
- Provide adequate detox capabilities/spaces at refuge – the shift to core and cluster for Victoria’s refuge system allows for the optimisation of wrap-around services, but only if this is embedded in the design process. Refuge and crisis accommodation could either work in partnership with external services to deliver these facilities, or add a specific purpose-secure facility to their core administration.

The Family Violence Information Sharing Scheme and Central Information Point

The Information Sharing Scheme legislation has allowed for information to be requested and shared across agencies to better understand, assess and manage risk as posed by adults using violence. For example, we know cases where agencies have requested information from clients leaving incarceration to identify any family violence in their history (e.g. an Intervention Order).

While these processes will certainly help the service sectors with Risk Management when working with victim survivors, we are concerned about the potential for Information Requests to be abused and the unintended consequences that may result. For example, we have heard many times where Child Protection has requested the entire Comprehensive Assessment for a client identified as a person using violence, stating that knowing all substances the client is or has historically used pertains to the risk of the Victim Survivor. While we understand that there is still a learning curve with this new legislation, there have been many instances where it appears the scheme permits other services to work outside the scope of their expertise. This creates a risk where staff and service may make assessments and judgements they may not be necessarily qualified to make, and which may be erroneous and detrimental to the help-seeking client.

Solutions:

- Enabling a regulatory environment for the provision of the Information Sharing Schemes - We believe an Independent Monitor who could review all information sharing requests would help make sure that clients entering the service system are free from discrimination and bias, and that all Information Sharing Entities are in line with current legislation.