

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children

Compass

Research to policy and practice

Issue 03 | June 2017

The Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services—the PATRICIA Project:
Key findings and future directions

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ANROWS Compass (Research to policy and practice papers) are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This report addresses work covered in ANROWS research project 4.5 "The PATRICIA Project: Pathways and Research in Collaborative Inter-Agency working". Please consult the ANROWS website for more information on this project. In addition to this paper, ANROWS Landscapes and ANROWS Horizons papers are available as part of this project.

ANROWS acknowledgement

This material was produced with funding from the Australian Government and the Australian state and territory governments. Australia's National Research Organisation for Women's Safety (ANROWS) gratefully acknowledges the financial and other support it has received from these governments, without which this work would not have been possible. The findings and views reported in this paper are those of the authors and cannot be attributed to the Australian Government, or any Australian state or territory government.

Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land 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 history, culture and knowledge.

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Published by

Australia's National Research Organisation for Women's Safety Limited (ANROWS)
PO Box Q389, Queen Victoria Building, NSW 1230 | www.anrows.org.au | Phone +61 2 8374 4000
ABN 67 162 349 171

The Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services: Key findings and future directions / Marie Connolly, Lucy Healey, and Cathy Humphreys.

Sydney : ANROWS, c2017.

Pages ; 30 cm. (ANROWS Compass, Issue 03/2017)

I. Victims of family violence - Services for. II. Child protection. III. Domestic violence. IV. Service delivery.

I. Connolly, Marie. II. Healey, Lucy. III. Humphreys, Cathy.

ISSN: 2204-9622 (print) 2204-9630 (online)

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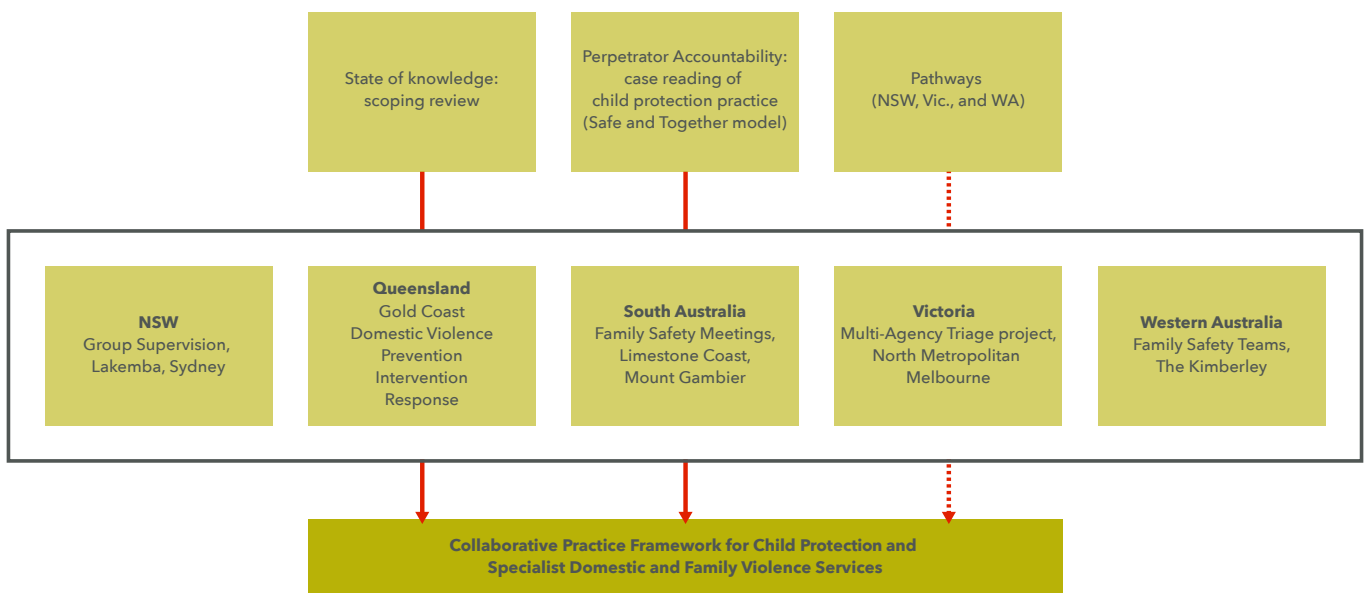
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Introduction

PATHways and Research In Collaborative Inter-Agency practice (the PATRICIA Project) is an action research project focused on the collaborative relationship between specialist community-based domestic and family violence (DFV) support services for women and their children, and statutory child protection (CP) organisations. The PATRICIA Project drew together a diverse range of participants from five states of Australia (New South Wales [NSW], Queensland [Qld], South Australia [SA], Victoria [Vic.], and Western Australia [WA]). The PATRICIA

Project comprised five components of research, each with its own methodology, set within an action research framework (see Figure 1) that facilitated a process of changing things while simultaneously studying the “problems” of developing collaborative work and strengthening perpetrator accountability (Wicks, Reason, & Bradbury, 2008). The intended outcome was to use evidence to foster greater collaboration to support the safety and wellbeing of women and their children, and strengthen accountability for perpetrators of DFV.

Figure 1 The components of the PATRICIA program of action research



The PATRICIA Project found that no “silver bullet” emerged as the one factor that made a difference to collaborative processes between DFV specialist organisations and child protection departments. Instead, a complex array of factors enabled or challenged the collaborative working. Some of these elements would be common across all collaborations; others were specific to the statutory and DFV context.

The following Compass publication provides resources to guide policy and practice in two main sections. Part 1 provides the Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence. The framework was designed to build, maintain, and sustain collaboration where DFV involving children was identified. It pays particular attention to the safety of women and children and the complex array of factors which need to be addressed to support collaboration between the DFV and CP sectors. Part 2 summarises the recommendations for policy and practice emerging from the whole project.

Part 1: Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence

Introduction to the practice framework

Although there has been a longstanding emphasis on the importance of using research evidence in practice, conceptualising and illustrating the means through which this occurs is often underdeveloped in the literature. There is a confusing array of terms describing this use of knowledge in action—for example, knowledge translation, knowledge transfer, dissemination, and knowledge exchange (Graham et al. 2006). While researchers often provide recommendations for practice at the end of their research reports, these are rarely framed in practitioner user-friendly ways.

The development of practice frameworks that draw upon multiple sources of knowledge has been identified as one way of bridging the research and practice divide. According to Connolly and Healy (2013, p. 31) “a practice framework integrates empirical research, practice theories, ethical principles, and experiential knowledge in a compact and convenient format that helps practitioners to use the knowledge to inform their everyday work”. Influenced by the development of practice frameworks, particularly in the child and family welfare area (Connolly, Kiraly, McCrae, & Mitchell, 2016), and the Graham et al. (2006) knowledge into action process, the PATRICIA

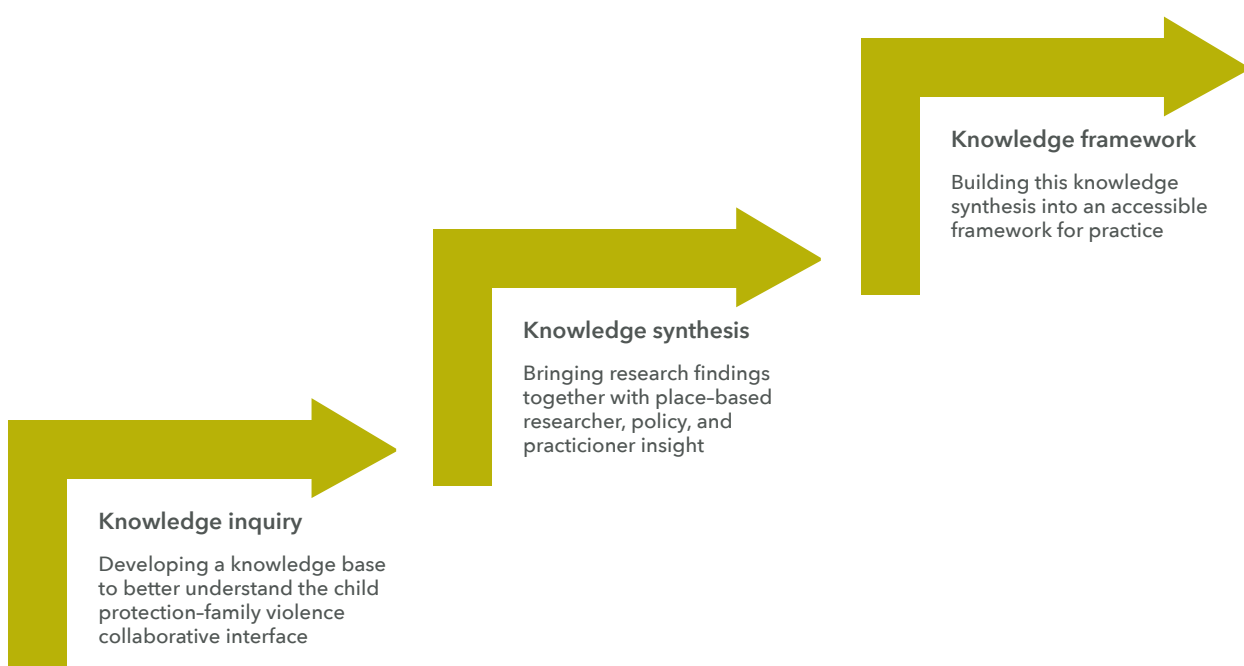
Project has used findings from the research process to generate a practice framework that can be used to inform the **child protection**¹ and **domestic and family violence** collaborative interface. The Collaborative Practice Framework relates specifically to the way in which domestic and family violence and child protection services work together to make decisions about referrals and who should respond to them. Although relevant to frontline practice, the framework is positioned at the higher level of collaborative practices.

The PATRICIA Project brought together existing knowledge and developed new knowledge relating to the child protection–domestic and family violence collaborative interface (knowledge inquiry). Throughout the duration of the project, it used the action research process to synthesise the research findings with insights from multi-site researcher and practitioner teams (knowledge synthesis). The knowledge synthesis was then used to build a knowledge framework to inform collaborative practice, as illustrated in Figure 2.

Discussed within this paper are the processes of knowledge inquiry and knowledge synthesis and the development of the Research into Practice Collaborative Practice Framework that has been modelled on the PATRICIA Project research into action process.

¹ Terms in bold appear in a glossary titled “Key definitions”.

Figure 2 The PATRICIA Project research into action process



Knowledge inquiry (generative)

The generative phase of the project involved building the elements to inform the PATRICIA Project research-to-practice framework. Foundational knowledge was drawn from the project’s four streams: the state of knowledge scoping review; the Perpetrator Accountability Project with its underpinning Safe and Together approach; the Pathways Project; and the multi-site case studies (Figure 3).

The state of knowledge scoping review generated important knowledge relating to a range of collaborative interagency working issues, including: governance, management and operations, quality monitoring, service planning and provision, leadership, and shared goals and vision. The Perpetrator Accountability Project provided insights into aspects of the collaborative interface between domestic and family violence and child protection, which explored the issues of **perpetrator accountability** and evidence of domestic violence–informed perspectives (Mandel, 2014). The Pathways Project identified common pathways through the child protection system for families where domestic and family violence was identified and the factors that impact on a child’s likelihood to move through the child protection system—for example, the child’s age, Aboriginality, and history with the child protection system. The case studies provided a

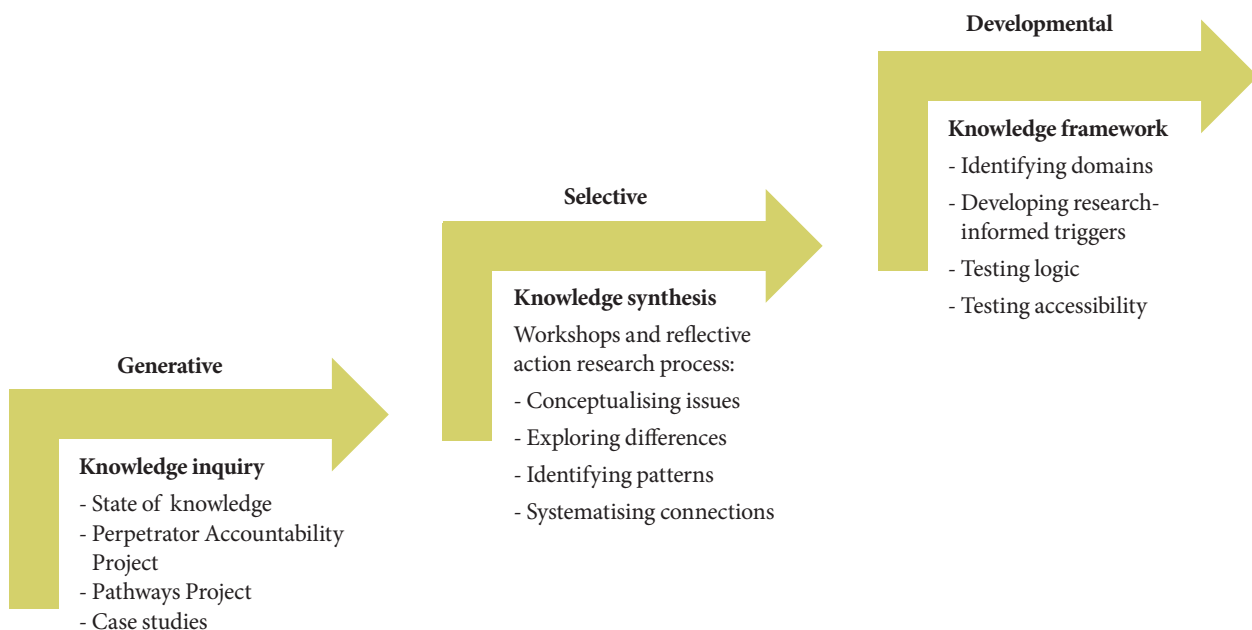
rich source of information from across states that identified the enablers of and challenges to good collaborative practice (Healey, Humphreys, & Wilcox 2010).

Throughout the life of the PATRICIA Project, insights from the project’s four streams were used to inform workshops, the synthesis that was necessary to the overall understanding of the various streams, and their contribution to the development of the knowledge framework.

Knowledge synthesis (selective)

The process of knowledge synthesis involved the research team in a process of selective reduction and specification. The full research team came together a number of times to workshop the integrity of the emerging findings and to conceptualise the issues. Patterns and relationships between the various sources of knowledge were explored and points of difference noted as the critical messages from the research were identified. These messages from research were then used to develop the knowledge framework’s domains.

Figure 3 Development of the Collaborative Practice Framework



Knowledge framework (developmental)

The knowledge framework aims to provide an overview of the elements contributing to good collaborations and an accessible tool that workers can use in practice.

Domains of the framework

From the knowledge synthesis, three domains were identified as being critically important to the development of good collaborative practice across the child protection–domestic and family violence interface: integrated service focus, **democratising practices**, and partnership supportive collaboration.

The integrated service focus recognises that good collaboration across (at minimum) child protection and specialist domestic and family violence services is critical. However, the collaboration may also include family support services, thereby being inclusive of women’s, men’s, and children’s services. Collaboration between these three key service areas is considered essential to safe decision-making for women and children. The Perpetrator Accountability Project identified a number of areas where child protection practice was limited from a domestic and family violence-informed perspective (for example, despite high levels of violence by fathers with direct involvement with children, there was a lack of documented comprehensive assessment of the pattern of coercive control). In addition, the importance of specialist expertise to the collaboration cannot be underestimated—for example, in the areas of mental health, drug and alcohol, disability, Indigenous, and CALD services. Based on the needs of the adults and children, it is important that these specialist areas of expertise are incorporated into collaborations when necessary. Given the multifaceted nature of violent offending, stronger collaboration between key services is critical to safe practice for women and children.

The importance of democratising practices is represented in the second domain of the framework. The concept of democratising processes, and in particular the opportunity we have to make processes and systems more democratic as we review and reform them, is well established in the literature on human rights (Shapiro, 2011). Democratising collaborative processes makes interventions more democratic by including services across the sector who are involved in the work with women, children, and men. These inclusive practices ensure the right expertise is around the table—for example, disability services when there are issues of disability, Aboriginal and Torres Strait Islander representation, and so

on. Power dynamics, perhaps inevitably, feature in service delivery settings: hierarchies exist and not all voices are equal.

This domain supports the democratisation of voices within the collaboration itself, through decision-making processes, and in terms of the needs and rights of women and children who are supported by the collaboration. It promotes shared and equal investment in safe outcomes for women and children, the importance of diversity in collaborative representation, and the promotion of equal voices, both in decision-making and in the ongoing development of the partnership. This would involve service representation in the collaboration across the different areas of practice, including women’s services, children’s services, and men’s services, and also other services as appropriate—for example, disability services. Democratising practices support inclusive processes by requiring reflective responses when building, maintaining, and sustaining collaborations. They also ensure meaningful cultural representation, the appropriate management of power dynamics, and working towards cultural safety. In this regard, parties to the collaboration would ensure these issues are discussed in open and transparent ways, exploring possibilities of shared chairing of collaborative meetings, and working together on ways that ensure processes are fair and equitable.

The third domain in the framework relates to partnership supportive collaborations that reflect a strong **authorising environment** and the internal means through which the collaboration can be sustained over time. The term “authorising environment” refers to the legitimising of processes within and across systems. Collaborations within an authorising environment have clear accountability expectations mandated by bodies—government and non-government—to whom the collaboration is accountable. This includes a degree of formalisation of the partnership where expectations are clearly articulated, and where there is authoritative support for collaborative practices—for example, information sharing and risk assessment. Collaborative partners also need to create a space for discussion around these issues, as there will invariably be challenges.

Information sharing can provide important opportunities for better understanding safety needs, but can also create barriers to safety when information is shared. The focus of information sharing needs to be on perpetrator risk and history, not the issues associated with the child’s mother. For example, if information shared about issues of mental

health are then introduced into **family law** matters, this could compromise safety for women and children. It is therefore vital that informed consent is based on **victim-centred** practice so as to ensure that when a victim provides consent to share information, they have a clear understanding of what information will be shared, when it will be shared, and with whom it will be shared (Jones, 2016). It is important therefore that a shared commitment to addressing challenges and monitoring progress towards a shared vision is valued and supported by those providing leadership and authorisation of the collaboration.

Within the framework, each of the three domains link to stages of the collaborative process: building, maintaining, and sustaining collaborations (Figure 4).

Knowledge-to-practice triggers

The framework is populated with “practice trigger” questions. The purpose of the practice triggers is to encourage exploration of issues relevant to the domain areas that have been identified as important. Practice triggers are informed by the knowledge synthesis, providing messages for practice across the child protection–domestic and family violence collaborative interface. The *integrated service* triggers pay attention to ensuring the right services are involved, cross-agency service protocols are in place, and services are developing more responsive service pathways that support the particular safety needs of women and children. Triggers also focus on the need for a common language and process relating to risk and perpetrator accountability, the need to support the mother–child relationship, and the need to ensure that all sources of information are brought into the decision-making process—for example, information held by family law. Practice triggers for *sustaining collaboration* focus on building trust across the sector and working together to support service improvement.

The *democratising* practice triggers set out the expectation of a shared vision for women’s safety and perpetrator accountability and the ways in which this can also provide safety for children. These democratising practices are also culturally sensitive and informed practices that embrace diversity and are inclusive to meaningful representation, and in particular, Indigenous and CALD populations. Triggers explore power and the exercise of power, and whether there is an equality of voice within the partnership.

The *partnership supportive collaboration* practice triggers focus on the support and sustainability needs of the collaboration—whether the partnership has champions to sustain the collective vision, and its capacity to be self-regulating in its review and further efforts toward improvement.

Conclusion

Practice frameworks have the potential to provide an accessible means through which messages from research can be translated into practice. The PATRICIA Project has used the action research process to generate new knowledge about the child protection–domestic and family violence collaborative interface and then translate this knowledge into a framework for practice. The framework has been developed to inform higher level collaboration across services. However, there is also potential for the domains to inform frontline practice where partnership work is also important.

For systems wanting to support collaborations, the practice framework described here provides an overview of good practice to help them provide a strong authorising environment within which collaborations can flourish. For services involved in the collaborative decision-making processes, it offers ideas about how to support good collaborations over time that will provide safety for women and vulnerable children.

Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services

Figure 4 Collaborative Practice Framework

	Building partnership	Supporting safe decision-making for woman and children	Sustaining collaboration
Integrated service focus	<ul style="list-style-type: none"> Do we have the primary services involved in the collaboration: CP and specialist DFV? Are cross-agency service protocols in place, including meaningful involvement with family law? Are we exploring responsive service pathways for women and children? Are there linkages with specialist services—e.g. MH, DOA, disability, Indigenous, CALD? 	<ul style="list-style-type: none"> Do we have a common language around risk and perpetrator accountability? Do decisions support the mother-child relationship? Do we have all the appropriate information we need to make safe and good decisions? To what extent is information sharing based on victim-centred practice? 	<ul style="list-style-type: none"> To what extent do workers trust services will respond appropriately to referred clients? Do we need new collaborative practice tools? In what ways are we sharing data and data analysis to inform service improvement? Are key members remaining in the collaboration?
Democratising practice	<ul style="list-style-type: none"> Does the partnership have a shared commitment to and understanding of women's and children's safety and perpetrator accountability? Do we have a shared and equal investment in outcomes for women and children? Does the partnership embrace diversity with meaningful representation—e.g. Indigenous, CALD, disability, LGBTIQ? 	<ul style="list-style-type: none"> Is decision-making collaborative? Are decisions focused on perpetrator accountability? Who exercises decision-making authority in the partnership? Does the collaboration support alternative pathways for referrals relating to children? 	<ul style="list-style-type: none"> Do we have equal voices in the partnership? Are we monitoring progress against the collaborative vision? In what ways do our systems promote safe information sharing, and is this working to support the safety of women and children?
Partnership supportive collaboration	<ul style="list-style-type: none"> Do we have champions supporting the collaboration? Is there space for relationship-building? Is the collaboration formalised within a supportive authorised environment? Are the expectations of collaboration clearly authorised—e.g. in PDs? 	<ul style="list-style-type: none"> Are we working towards responsive risk assessment-informed triaging? Are women and children safer through the collaboration, and how do we know? Are we evaluating the collaboration and identifying and engaging new DFV-sensitive champions? 	<ul style="list-style-type: none"> In what ways is the collaboration fostering stability and managing change? Is the collaboration open to new ideas and challenges? What opportunities are there for relationship-building and joint training?

CP: child protection; DFV: domestic and family violence; FSS: family support services; PDs: position descriptions; MH: mental health; DOA: drug or alcohol; CALD: culturally and linguistically diverse; LGBTIQ: lesbian, gay, bisexual, transgender, intersex, and queer/questioning.

Part 2: Recommendations to inform policy and practice

The PATRICIA Project provided the following recommendations for policy and practice. Detailed discussion of these recommendations, along with specific recommendations for research, are outlined in the Horizons publication.

Policy recommendations

1. That the sustainability of collaboration between child protection and specialist DFV services be supported through formalisation of protocols; agreements about information sharing, shared risk assessment, and risk management tools; and joint training. Additional support should be considered for sustaining collaborations in remote, regional, and rural areas.
2. That policy development align with the NOSPI and take account of developments (such as high-risk DFV panels) that would need to align with Safe and Together principles.
3. That the DFV intervention systems develop programs that engage fathers who use violence to address the impact of abuse on their children.
4. That appropriate policy and legislative changes be created to allow the sharing of information about the perpetrator of DFV within appropriate collaborative forums and based on an informed consent process that is victim-centred.
5. That common risk assessment and agreements about the strategies for the management of risk should be developed and implemented in all jurisdictions, and that the frameworks, tools, and associated protocols should be a fundamental requirement for effective practice between child protection and specialist DFV services.
6. That policy be developed and implemented for a differential response for children living with DFV. This will require investment in diversionary pathways to ensure that, where appropriate, children and their mothers receive services outside child protection.
7. That high-risk conferences and their members, child protection workers, and specialist DFV workers should develop policies that ensure that more effective protocols are developed that have positive impact on the family court arena and mitigate post-separation child abuse.
8. That the CP database in each jurisdiction be further developed to allow more detail on the context in which DFV emerges and is managed by CP workers.

Practice recommendations

1. That child protection organisations, in conjunction with the NGO sector, continue to explore and implement practice training and coaching with (or based on) the principles and resources derived from the Safe and Together approach developed by David Mandel to respond to DFV.
2. That the Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services be used to provide guidance for training and development of workers in partnerships between child protection and specialist domestic and family violence organisations.
3. That collaborative processes be informed by improved assessments of the risks and impacts of DFV on children and on the mother–child relationship. This entails separate assessments of risks being made in relation to the adult victim, child victim, and the mother–child relationship.
4. That practitioners be supported to engage with and clearly document DFV when it emerges in their intervention, including at which point it was identified. The documentation required will need to include: evidence of appropriate DFV screening at the time of each report and of ongoing assessment for DFV; evidence that each family member (including children) has been questioned or assessed for markers of coercive control; evidence that criminal history and probation periods were reviewed for the presence of DFV; evidence of an effort to find and engage the male caregiver; evidence of an assessment of the father’s caregiving role in the family or support for the mother’s care; evidence of supervisory review of work related to DFV; and evidence that the significance of prior DFV was integrated into the assessment and case planning in current work.
5. That practice developments be supported in order to widen the DFV service response to include intervention pathways for fathers who use violence and that statutory and non-statutory workers should be trained to support this service response.
6. That because risks to worker safety may be increased when attention pivots to the perpetrator and there is greater scrutiny of and engagement with the perpetrator’s behaviour, agreed safety guidelines and protocols should be developed within the collaboration between CP and DFV services.
7. That practitioners across sectors should be trained and supervised to document the impact on children of living with fathers who use violence to ensure that evidence is available to support the continued protection of children.

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Key definitions

Authorising environment

Refers to the legitimising of processes within and across systems. Collaborations within an authorising environment have clear expectations mandated by bodies—government and non-government—to whom the collaboration is accountable. The term derives originally from the work of Professor Mark Moore of the Harvard Kennedy School in the United States: *Creating Public Value: Strategic management in Government* (1995) published by Harvard University Press.

Child protection

The statutory child welfare authority in each state and territory that is responsible for providing assistance; investigation into allegations of child abuse (including domestic and family violence) or neglect; care; and protection to children suspected of, or vulnerable to, harm.

Democratising practices

Used to refer to practices that support inclusive processes when developing and sustaining interagency collaborations. They ensure meaningful cultural representation within a partnership, the just management of power dynamics to ensure processes are fair and equitable by parties to the partnership, and working towards cultural safety.

Domestic and family violence—specialist DFV services

“Domestic and family violence” (DFV) is the term used in this report to encompass the range of violent and abusive behaviours—physical, psychological, sexual, financial, technology-facilitated, and neglectful—that are predominantly perpetrated by men against women and their children in current or past intimate, familial, or kinship relationships. This is consistent with the *Third Action Plan 2016–2019 of the National Plan to Reduce Violence against Women and their Children 2010–2022*. The phrase “specialist DFV services” is used in this report to refer to a range of diverse agencies that provide specific interventions for women, children, or men who have experienced DFV either as victims/survivors or as perpetrators. They include (but are not limited to) agencies with a dedicated purpose to address DFV; agencies with a focus on a particular population (for example, Indigenous or CALD families and communities); legal and health agencies with particular expertise or programs in supporting women, children, or men who are affected by DFV; and peak DFV bodies in the different state and territory jurisdictions.

Family law system

Used in this report to refer collectively to the Family Court of Australia, the Family Court of Western Australia, the Federal Circuit Court of Australia, and family law and post-separation services, including legal aid, private legal services, and family relationship services. This is consistent with the *Family Law Council Report to the Attorney-General on Families with Complex Needs and the Intersection of the Family Law and Child Protection Systems: Final Report—June 2016*.

**Perpetrator
accountability**

The process of men as individuals, or as a collective (such as in the case of Indigenous communities), taking responsibility for their use of DFV. It also means that it is beholden on service systems—criminal justice, civil justice, and child protection systems, as well as non-mandated services—to ensure that the impact of their responses is not complicit in the violence and abuse and does not perpetuate the conditions that create it.

**Victim-centred/
child-centred**

Refers to practices that put the needs of the victim/survivor (whether child or adult) first. Similarly, "child-centred" refers to practices that put the needs of the child first. In the context of collaborative work, it means that agencies coordinate their responses so as to avoid jeopardising the safety and wellbeing of victims—for example, through re-traumatisation.

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