

WELCOME

VAADA Biennial Conference 2025

From Challenges to Solutions: Responding to a Changing World

Integrating Harm Reduction in Family Violence Services

A Collaborative Initiative in Victoria

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Acknowledgement of Country



Image Source: Charlotte Allingham

We acknowledge the sovereign and unceded lands of the Wurundjeri Woi Wurrung Peoples of the East Kulin Nation, who are the Traditional Custodians of this country on which we stand. We pay our respects to Elders past and present and to any First Nations people in the room today.

We recognise the ongoing systemic oppression experienced by First Nations women and gender diverse folk; oppression that is compounded by the impacts of colonisation, gendered violence, discrimination, and the stigmatisation associated with substance use policies.

We stand in solidarity with the resistance, strength and demands for justice by First Peoples across this continent.

The Royal Commission into Family Violence and MARAM

The Multi-Agency Risk Assessment and Management Framework (MARAM) is a **Legislative Instrument** included in the Family Violence Protection Act (Vic) that prescribes organisations to:

- Identify, assess and respond to domestic, family and sexual violence (DFSV)
- Align policies, procedures, practice guidance and tools to support practice

Family Violence Information Sharing Scheme facilitates the sharing of information between services for family violence risk assessment and risk management purposes.



Specialist Family Violence Advisors

The Royal Commission into Family Violence (2016) Recommendations 98 & 99:

The Victorian Government funded the establishment of the SFVA program, with positions located in major MH and AOD services, across the state.

- Strengthen connections and reduce service barriers between the AOD, mental health and family violence sectors
- Strengthen organisational alignment to the MARAM framework
- Strengthen collaborative risk management systems and practices

Refusal of service and discrimination

- Women seeking access to refuges were consistently being told they needed to have stopped using alcohol or other drugs for six weeks prior to entering refuge [1]
- The refuge workforce reported feeling ill-equipped to manage safety of women who were using substances [1]
- Women who experience DFSV are more likely to use or become dependent on substances [2]



Prevalence of family violence for women seeking AOD treatment

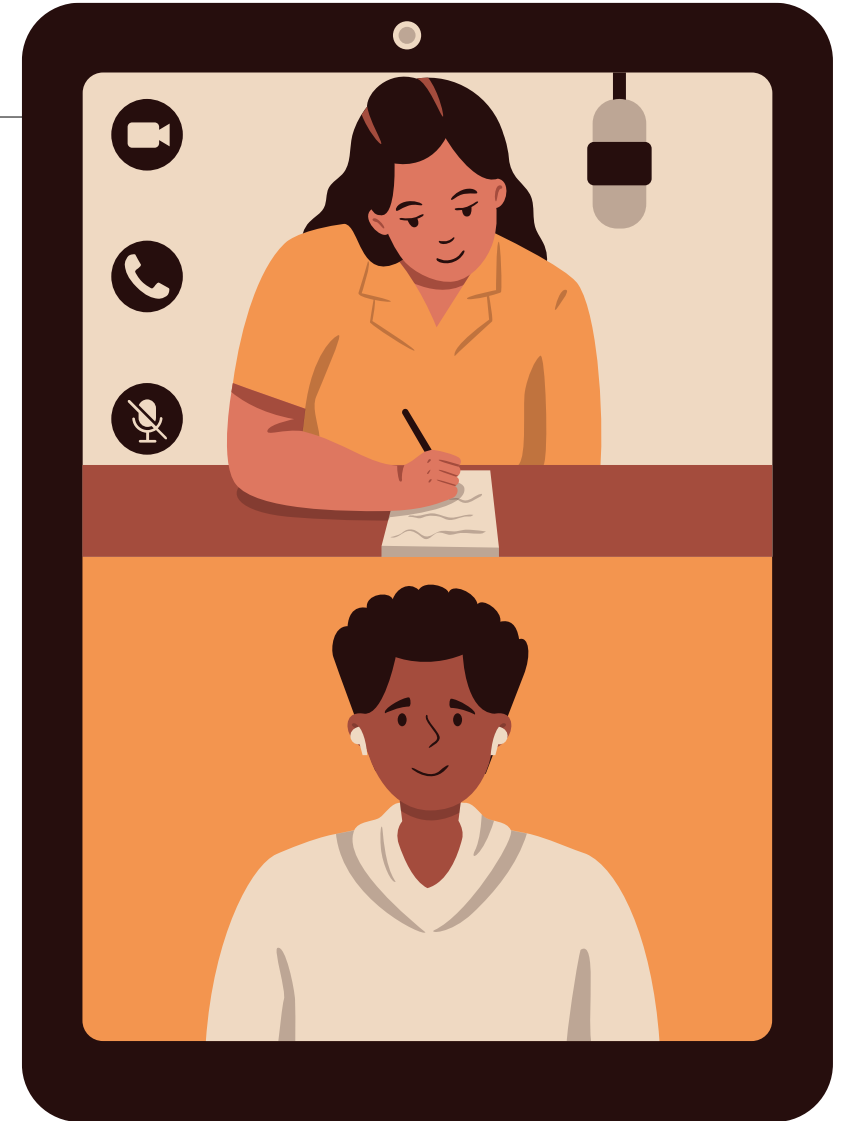
80% of women in **AOD treatment** have experienced **DFSV** in their **lifetime**

67% of women reported **physical violence** within last **6 months**

90% of women attending a **pharmacotherapy clinic** have experienced **DFSV** over their **lifetime**

What we did

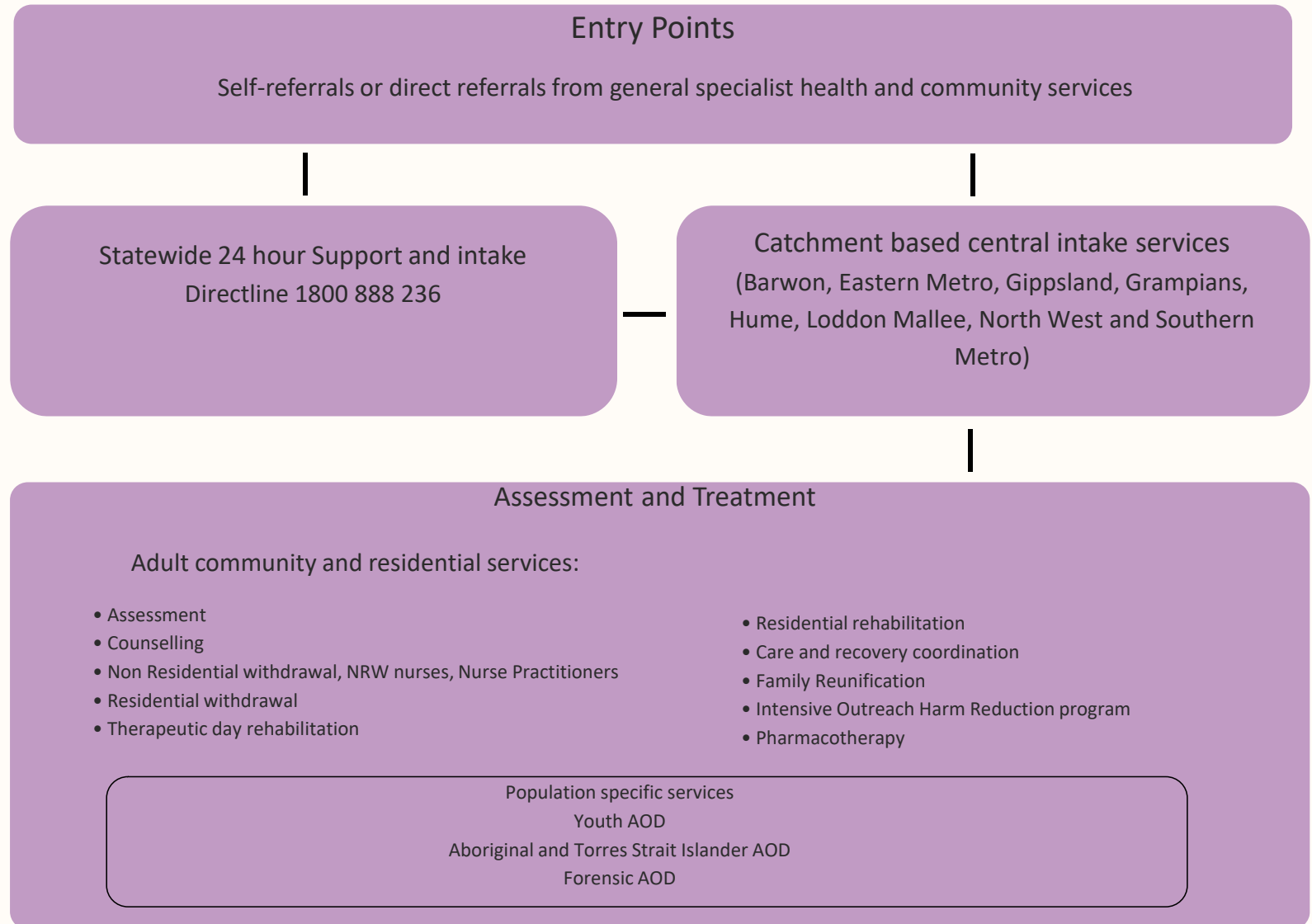
- Presented at statewide “**roundtable sessions**” to support SFVS leadership consider the Harm Reduction Framework.
- Held a series of online “**drop-in sessions**”:
 - GHB Educational Session
 - Safety Planning for AOD and Substance Use Coercion
 - Overdose Awareness Training: Naloxone
 - Reflective Practice Case Discussions



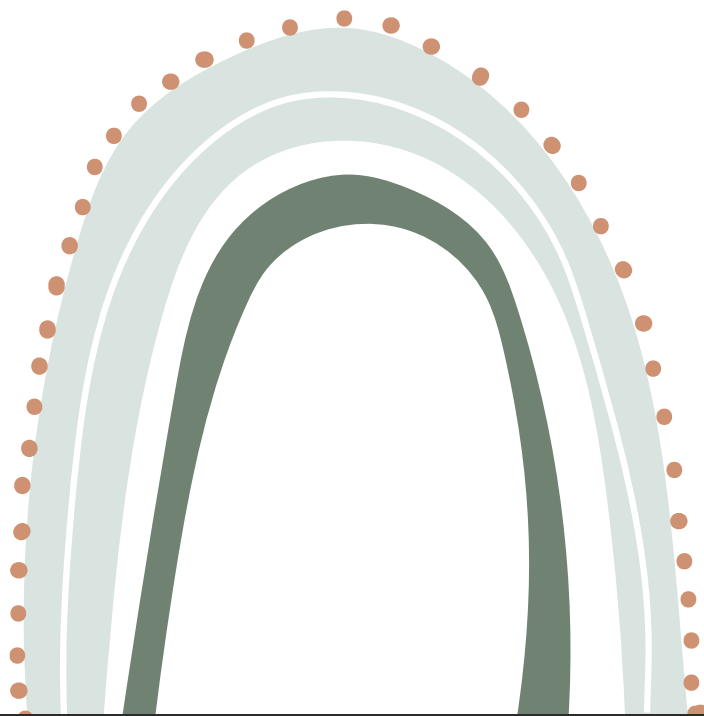
What we did

- Created a service navigation resource
- Built local connections between services
- Set-up a secondary consultation pathway for refuges to seek advice and guidance for safety planning and AOD treatment access

Standard AOD Treatment Pathway



Substance use coercion and safety planning



Things to consider in a **SAFETY PLAN** relating to a person using substance or partner using substance;

**Will vary depending on situation and risk factors, and complements the MARAM Safety Plan tool*

1. Do you use one or more substances?

(Ask these questions about a partner's use also)

- What substances and how much do you use per day/week?
- How do you take each substance—oral (liquid/tablet), inject, inhale (smoke, bong or bag/can)?
- Over what time period have you been taking these substances?
- How do you obtain the substance/s? How does this impact your risk & following a safety plan?

2. What does the situation at home look like when there is no accessible substances for yourself or partner?

3. Does your partner use any of the substance use coercion tactics? [What-is-Substance-Use-Coercion.pdf](https://www.gippslandfamilyviolencealliance.com.au/What-is-Substance-Use-Coercion.pdf) ([gippslandfamilyviolencealliance.com.au](https://www.gippslandfamilyviolencealliance.com.au/))

4. Do you have access to a safe place/access to services for treatment and/or withdrawal?

- Are there safe times or places for calls, send bills, meet for appointments?

5. What has worked and not worked for you in the past when accessing support for substance use?

6. Are you receiving a treatment plan, appointments or other service support? How will you continue to access these?

- Can you be flexible with appointments or accessing treatment to reduce stalking behaviours?
- Do you have sufficient prescribed (psychiatric) medication? How easily can a new prescription be arranged?
- Is there a safe place to leave or receive prescribed medications (e.g. treatment/prescriptions for opioid or alcohol recovery) ?

- How will you continue treatment plan or services if partner is pressuring you to leave these supports?
- Would you consider changing medication/treatment to support your safety? (e.g. long acting injectable medication, buprenorphine/Probuphine)
- What can help minimise harm (e.g. learning to self-inject safely, smoking rather than injecting or managing self-harm and suicidal thoughts)
- Do you have a relapse prevention plan? Who has a copy?

7. Are there any legal documents that allow your partner to have control over your care (e.g. power of attorney, advance directives)?

8. Are there any privacy concerns relating to your partner accessing or knowing your medical/health records?

- Can this be amended and changed with health professionals of releasing personal information to partner?

9. Are you open to a warm referral to AOD/FV services to share support of you & your substance use?

- The Orange Door www.orangedoor.vic.gov.au for family violence service
- Directline 1800 888 236 or ACSO 1300 022 760 for AOD referral in your region.
- PAMS (Pharmacotherapy Advocacy Mediation Support) 1800 443 844

10. Do you have children, and are they in your care?

- What supports for children in your care need to be considered so you can access treatment & support services safely?
- Clinicians to consider completing a secondary consultation with your local Specialist Family Violence Advisor AOD to support client outcomes

11. Can we involve your other supports or agencies to work together to increase your safety?

Harm reduction in refuge: continuum levels

Level 1

- Uses strategies that restrict active use of substances during a refuge stay / engagement with our service.
- If unable to accommodate for reasons related to substance use, refuge must provide safe alternative option.

Level 2

- Uses strategies characterised by basic harm reduction principles that acknowledges use of substances and their potential risks and harms without actively accommodating victim survivor or supporting safer use.

Level 3

- Uses passive and active strategies such as proactive discussion around substance use and safer use.
- Strategies work to reduce the stigma associated with substance use and support increased access to specialist services.

Level 4

- Uses active strategies: acceptance, accommodation and support of safe use.
- Strategies inclusive of all victim/survivors regardless of their substance use.
- Barriers to active use are removed.

Collaboration in practice: a case study

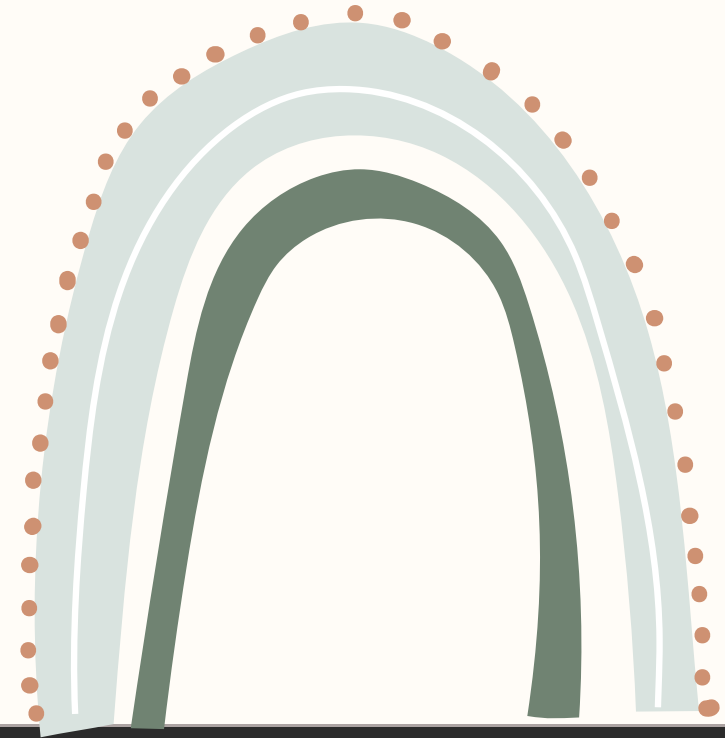
Anita is a 33-year-old female who was referred to a local refuge in the north of Melbourne. Anita had recently escaped from a violent relationship that had lasted 12-years. Anita had sustained multiple physical injuries due to assaults by her ex-partner, who was also the father of their two young children. The two young children had been removed from their parents' care over 12-months ago and were residing in kinship care. At the time of the referral Anita's partner was incarcerated due to a recent physical assault.

Upon doing their initial intake and assessment the refuge learned that Anita had been using a mixture of methamphetamine, cannabis and alcohol for a long period of time. The refuge were also made aware that the Person Using Violence (PUV) had a number of associates who lived in the area Anita resided in with her ex-partner who posed a risk to Anita's safety.

Acknowledging that Anita was likely physically dependent on substances but was at risk if she remained in the community, the refuge sought AOD expertise for guidance on how to best manage her use, while prioritising her safety by admitting her to the refuge.

Collaboration in practice: a case study

- Local refuge reached out for a secondary consultation regarding a victim survivor who was being admitted to refuge and was using methamphetamine, cannabis and alcohol.
- Harm reduction information was provided to ensure safe use (and safety to staff and other clients) in interim, while AOD treatment was being arranged.
- Referral and admission to the local inpatient detox facility was prioritised followed by AOD case management with view to seek admission to longer term rehab.
- Extensive collaboration between refuge and AOD service to manage admission, post-withdrawal plan and mitigate risk.



Ongoing activity

Macro level

Statewide activity:

- VAADA and Safe & Equal present at the statewide *Practice Development Network* and the *Refuge Roundtable*
- Created a 3-hour training on Substance Use Exploitation in the context of DFSV
- VAADA and the SFVA Program have presented to Statewide High-Risk DFSV Panels
- SFVA representative will be presenting at SAS Vic Right to Recovery Conference on incorporating harm reduction principles in the treatment of sexual assault



Ongoing activity

Micro level

Place-based - locally led activity:

SFVA's continue to develop connection and collaboration with relevant refuges in their catchments via:

- Information sessions
- Secondary consultations/clinical guidance/harm reduction policy and procedure development
- Sector navigation - including prioritisation through clinical pathways



Thank you for your time. Questions?

