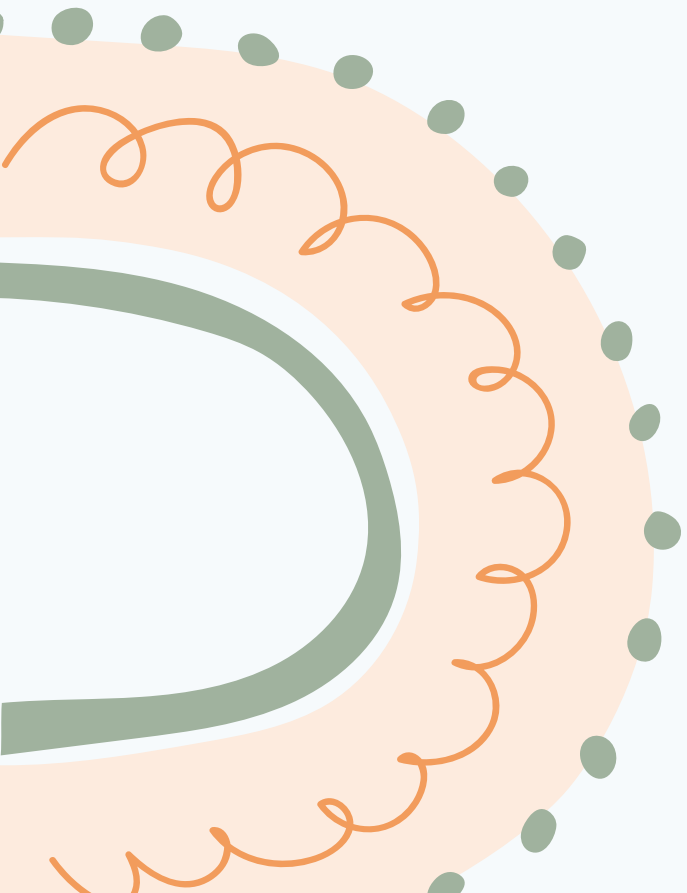


Integrating Harm Reduction in Family Violence Services

A Collaborative Initiative in Victoria

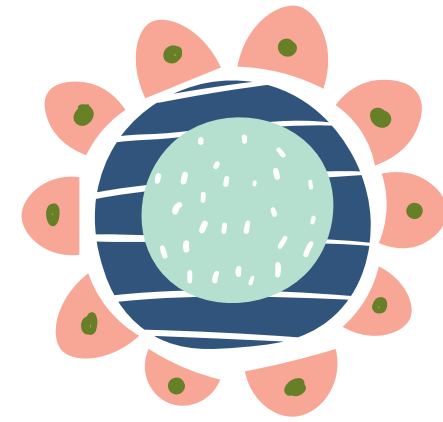


About Us

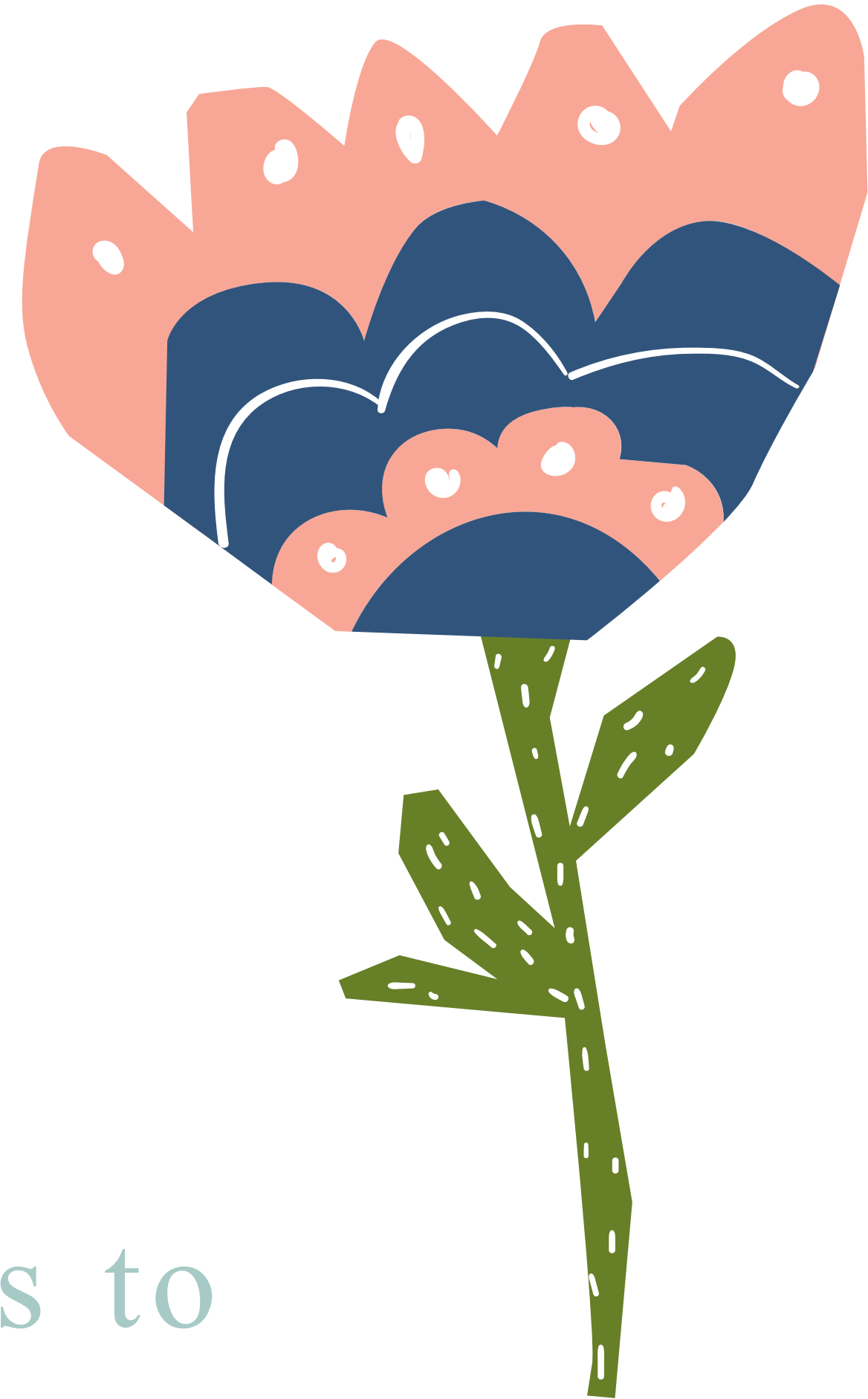
Alannah Cavalieri *(she / her)*
AOD Family Violence Advisor
Odyssey House Victoria

Meg Bagnall *(she/they)*
Lead AOD, Family Violence
VAADA

Lisa Levis *(she/her)*
Manager, Statewide Coordination
Safe and Equal



No Conflicts to



Acknowledgement of Country



We acknowledge the sovereign and unceded lands of the Ngunnawal people, 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, whose pain is compounded by the impacts of colonisation, gendered violence, discrimination, and the stigmatisation associated with substance use policies.

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

Image Source: Charlotte Allingham

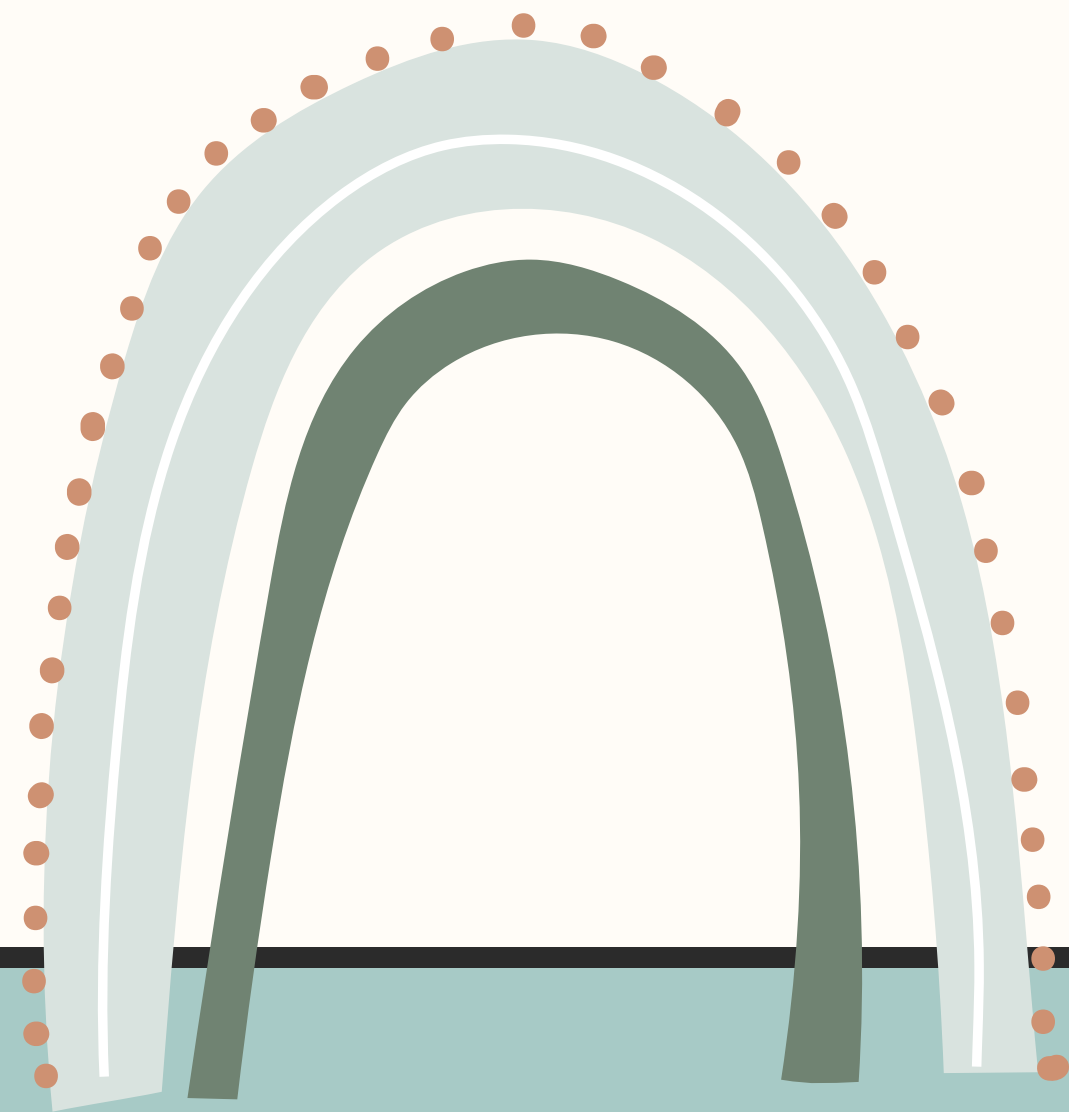
Setting the context:

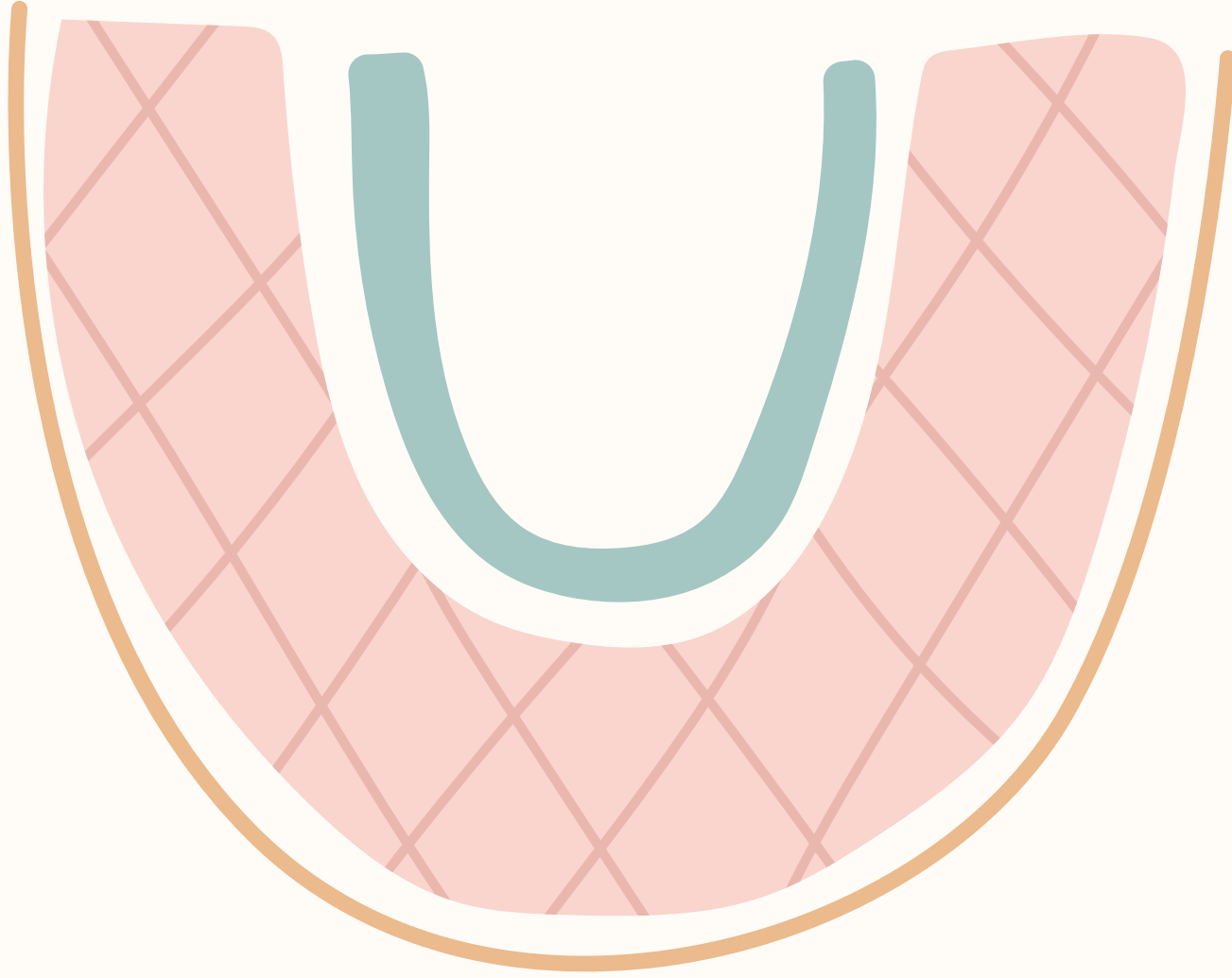
The MARAM (Multi Agency Risk and Management) Framework

The MARAM Framework is a **Legislative Instrument** included under Part 11 of the Family Violence Protection Act 2008 (Vic) and prescribes organisations to:

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

Part 5A of the FVPA creates the Information Sharing Scheme





The Specialist Family Violence Advisors's

The Royal Commission into Family Violence (2016)

Recommendations 98 & 99:

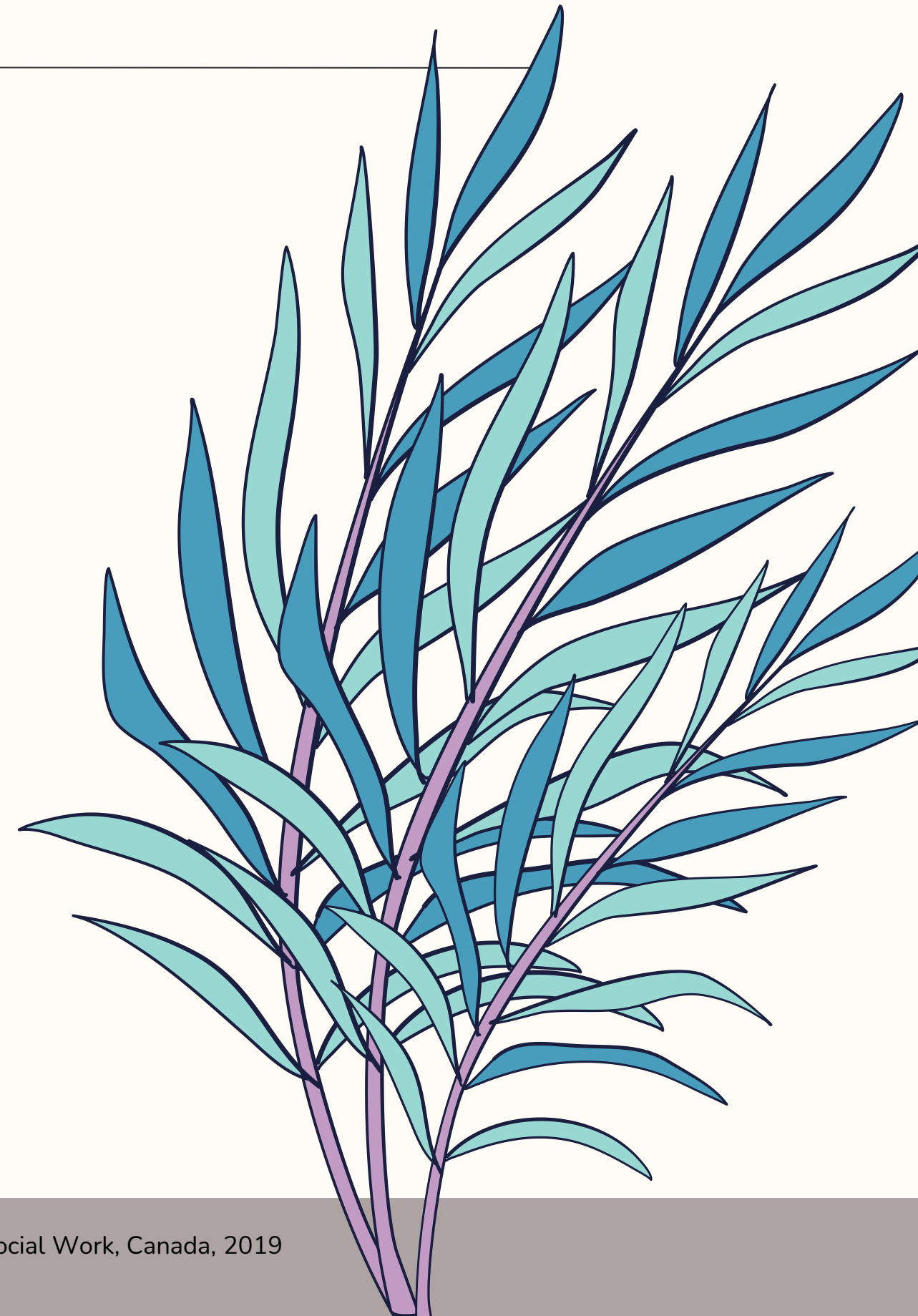
The Victorian Government funded the establishment of the SFVA program in 2017, with positions located in major MH and AOD services, across the state.

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



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]



A stylized rainbow graphic with multiple concentric arcs in shades of orange, yellow, and white, set against a light orange background with small white dots.

Prevalence of family violence for women seeking AOD treatment

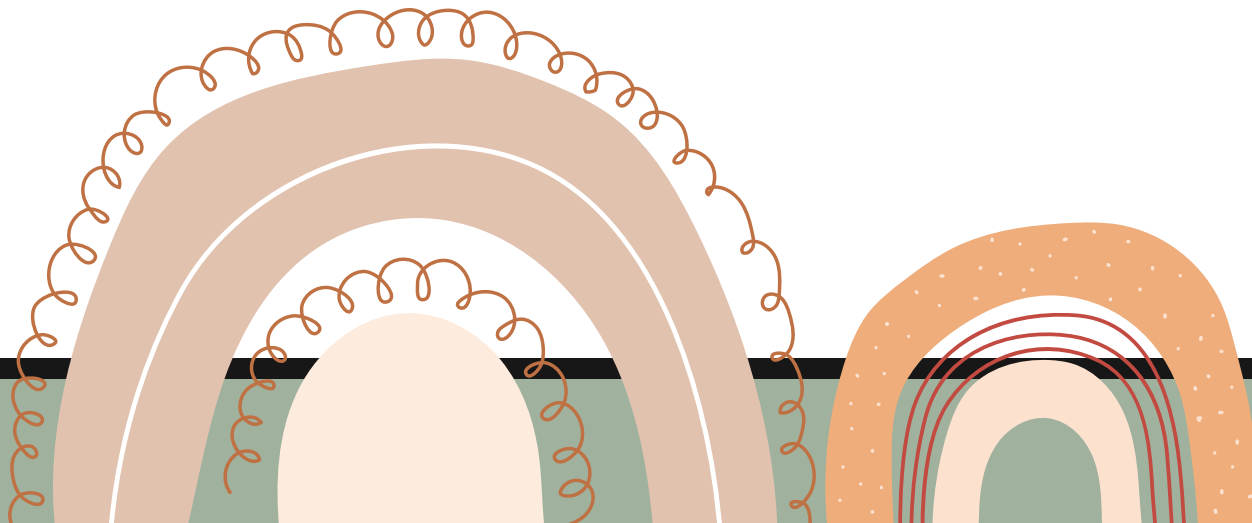
80% of women in AOD treatment have experienced DFSV in their lifetime

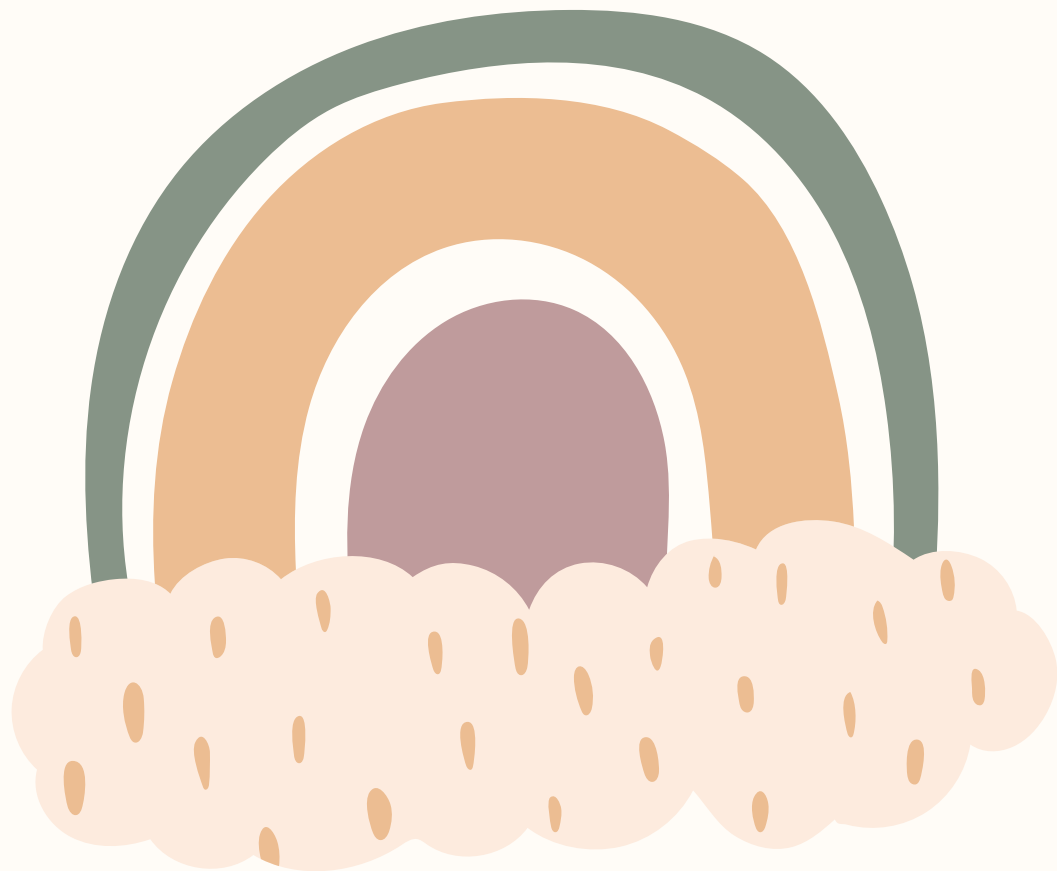
67% of women reported physical violence within last 6 months

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

What we did:

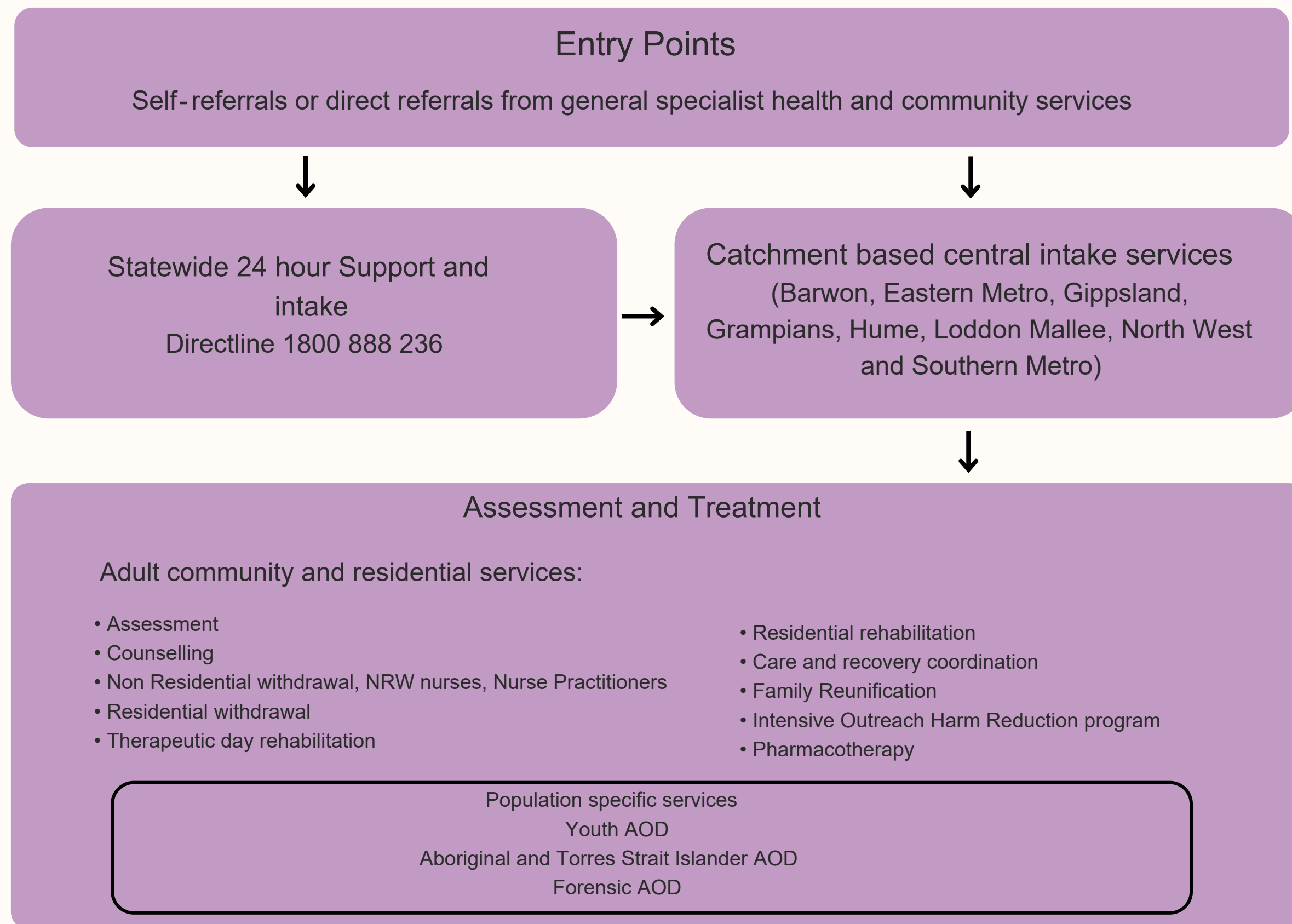
1. Presented at statewide **“roundtable sessions”** to support SFVS leadership consider the Harm Minimisation Framework
2. Held a series of online **“drop -in sessions”** :
 - GHB Educational Session
 - Safety Planning for AOD and Substance Use Coercion
 - Overdose Awareness Training: Naloxone
 - Reflective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

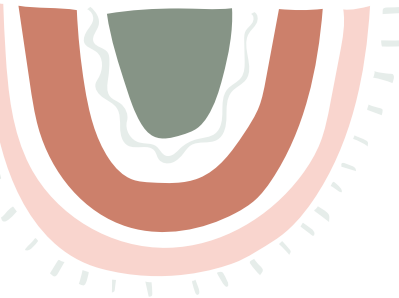




- Created a service navigation resource
- Built local connections between services
- Set-up a secondary consultation pathway for refugees to seek advice and guidance for safety planning and AOD treatment access

Standard AOD Treatment Pathway





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?

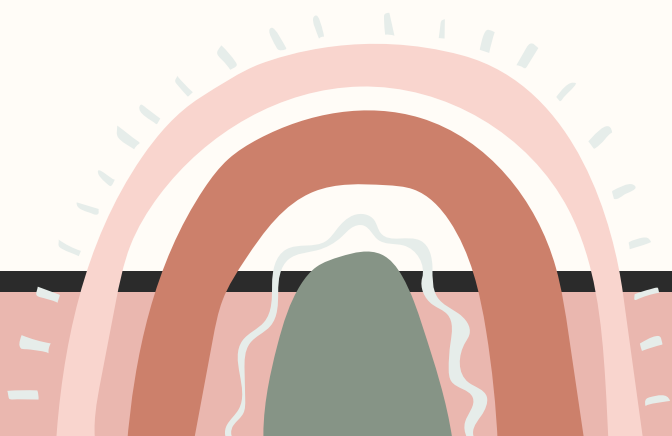
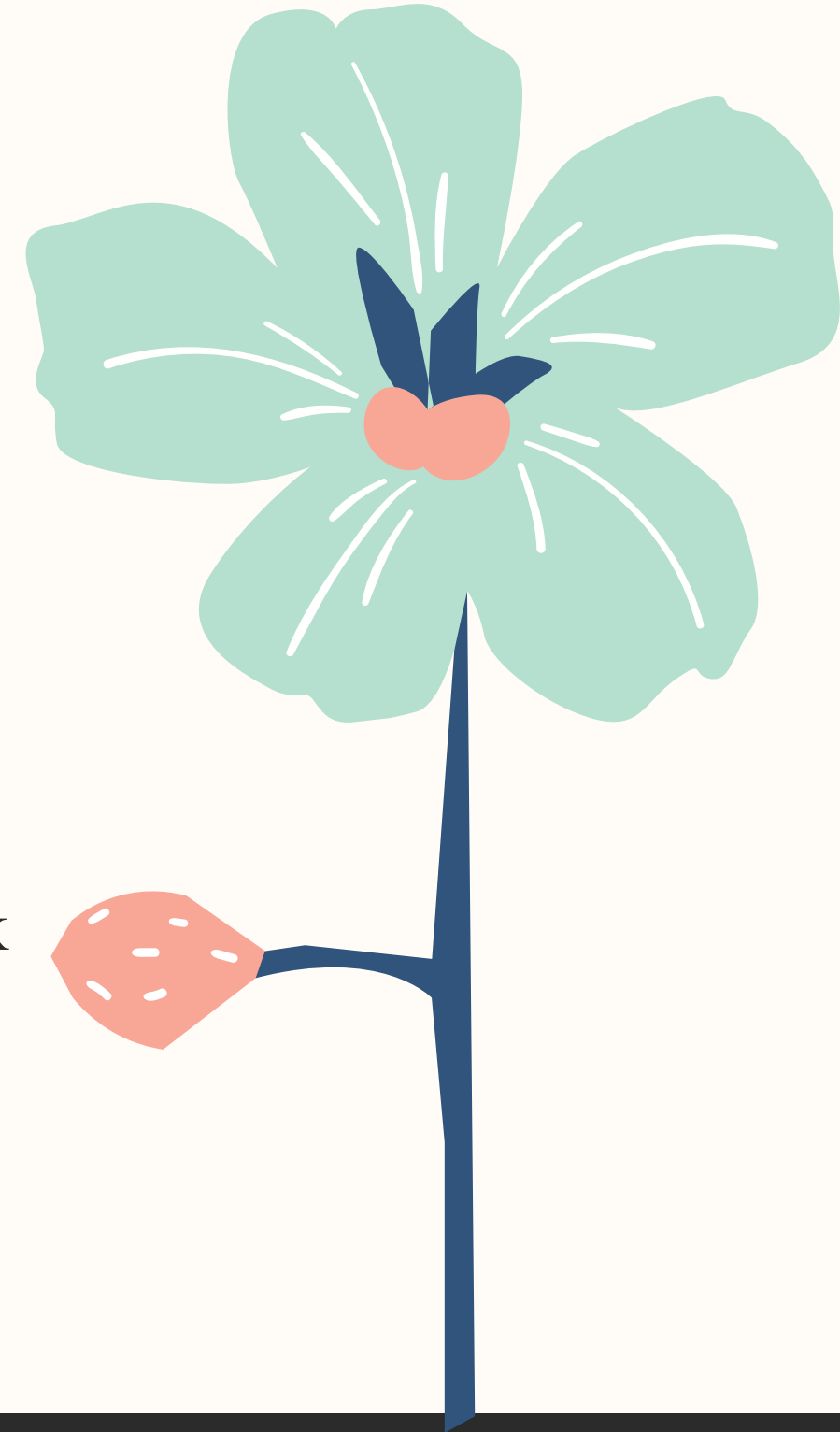
- What supports for children in your care need to be considered so you can access treatment & support services safely?
- Clinicians to consider completing a secondary consultation with your local Specialist Family Violence Advisor AOD to support client outcomes

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

Ongoing Activity....

Macro level

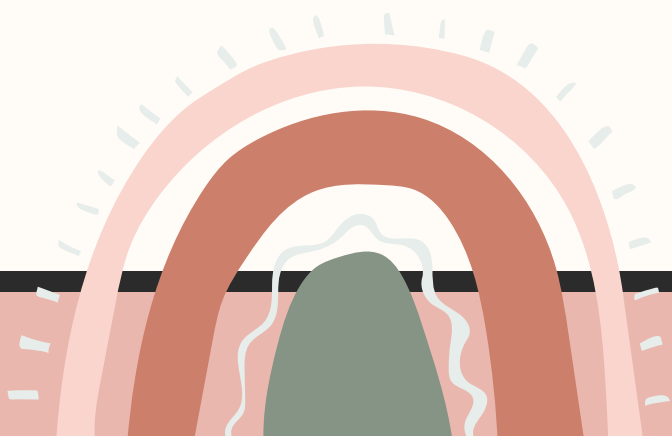
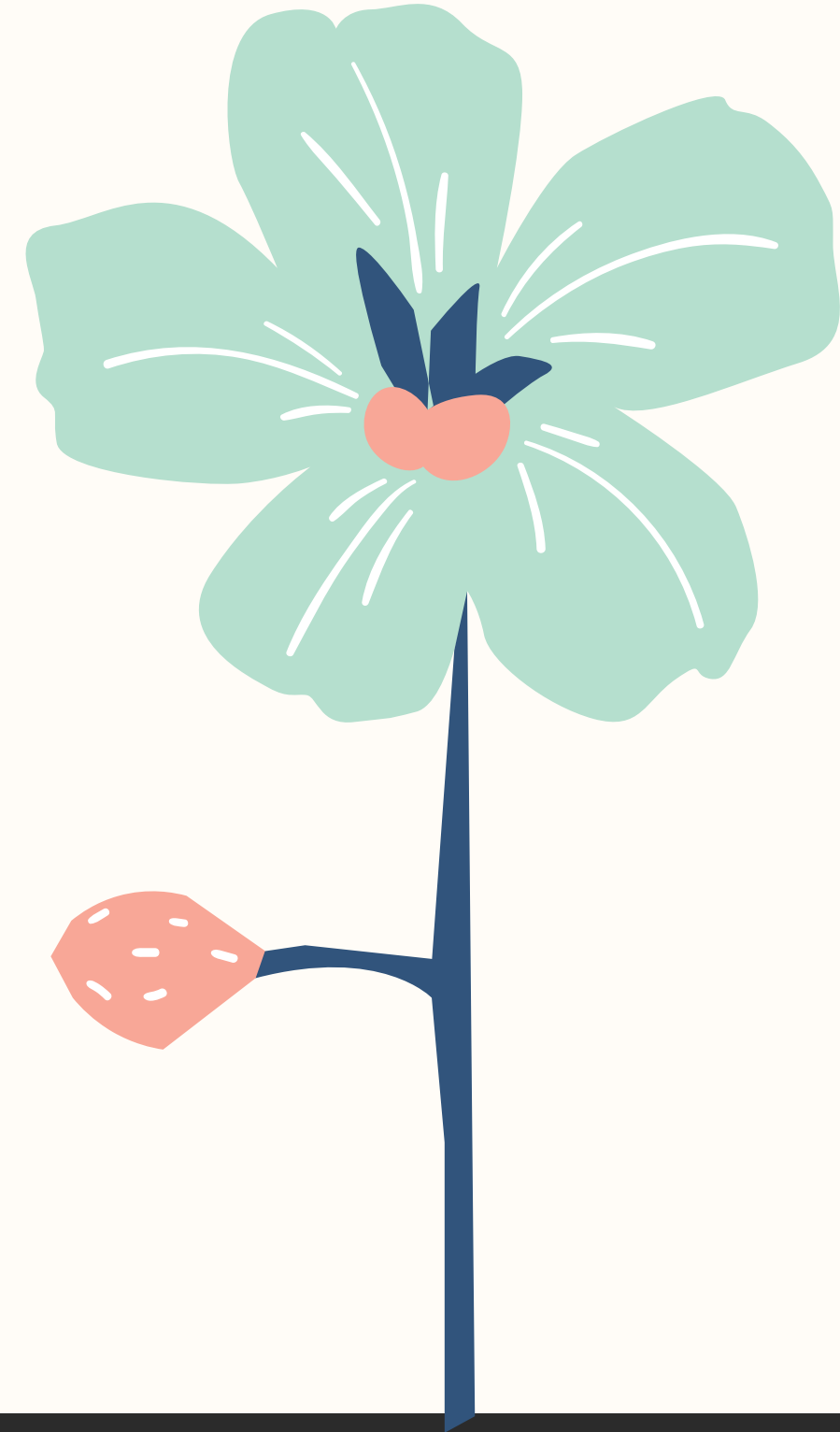
- Statewide Activity
 - VAADA and Safe & Equal present at the statewide *Practice Development Network* and the *Refuge Roundtable*
 - Have created a 3-hour training on Substance Use Exploitation in the context of DFSV
 - VAADA and the SFVA Program have presented to Statewide High-Risk DFSV Panels



Ongoing Activity....

Micro level

- Place-Based - Local Led Activity:
 - SFVA's continue to develop connection and collaboration with relevant refuges in their catchments
 - Information sessions
 - Secondary consultations/Clinical Guidance
 - Sector navigation (inc) prioritisation through clinical pathways etc.



Thank You for Your Time and Energy

