The Centre for YouthAOD Practice Development

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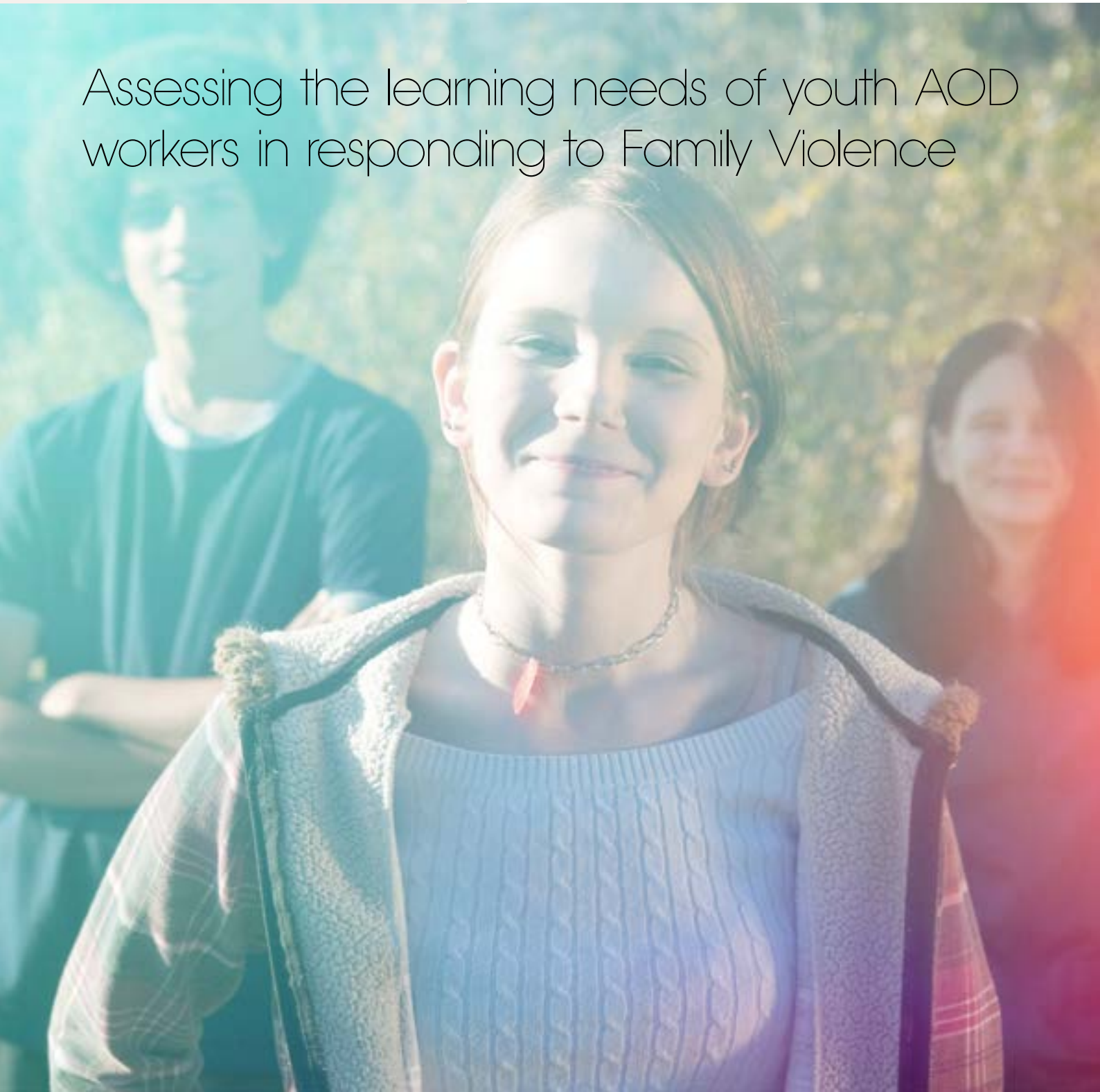
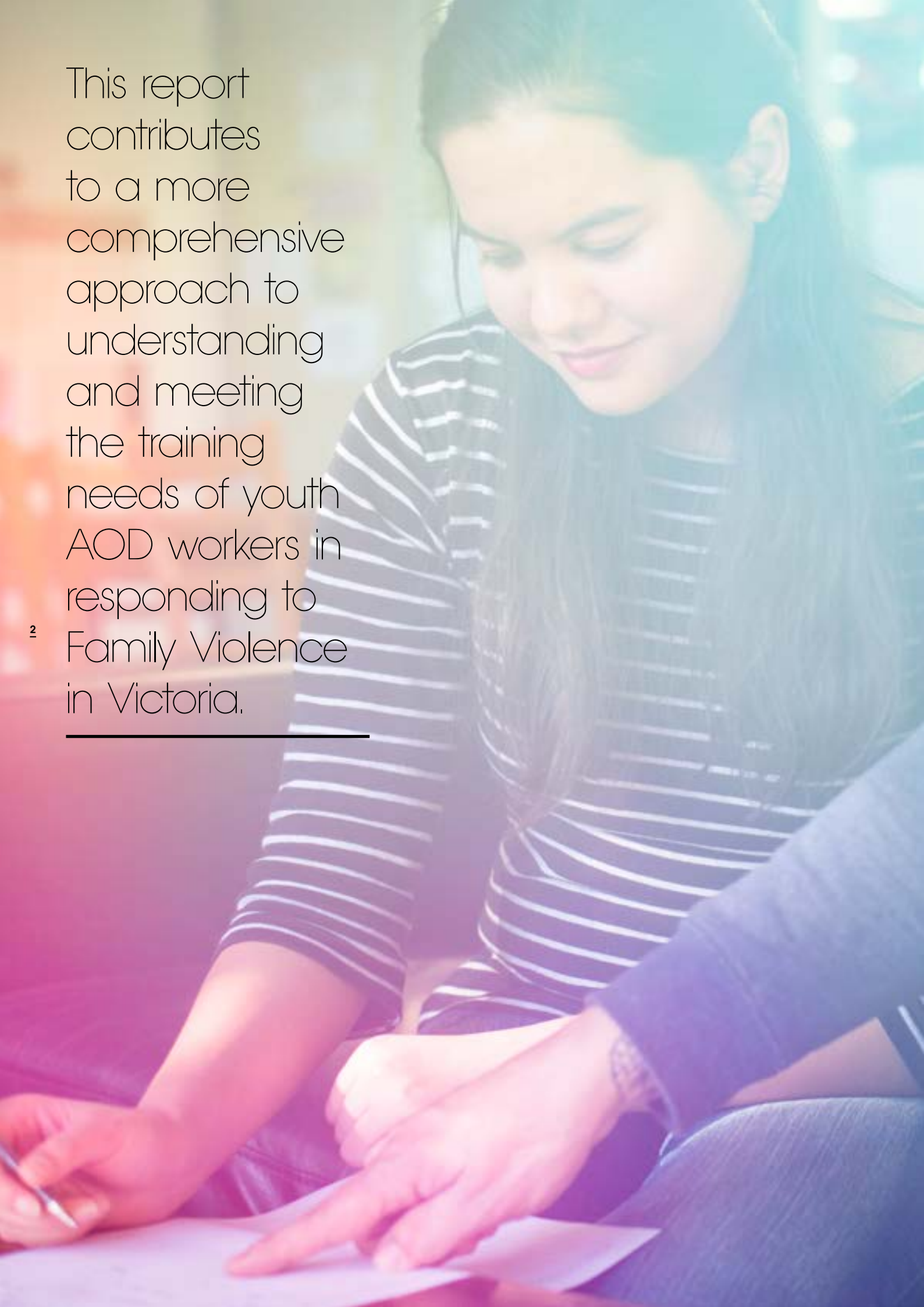
YSAS SEEING YOUTH IN A DIFFERENT LIGHT

Assessing the learning needs of youth AOD workers in responding to Family Violence





This report contributes to a more comprehensive approach to understanding and meeting the training needs of youth AOD workers in responding to Family Violence in Victoria.

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Executive Summary

In this report, the FVRC made 227 recommendations – many of which directly relate to workers in health and welfare organisations, including youth alcohol and other drug services.

The final report of the Royal Commission into Family Violence (FVRC) was tabled in Parliament on 30 March 2016.

To inform the sector's response to these recommendations, The Department of Health and Human Services (DHHS) and Youth Support and Advocacy Service (YSAS) commissioned a needs analysis of the capacity of the youth alcohol and other drug (AOD) workforce to respond to family violence in the state of Victoria. This included a survey of workforce attitudes, confidence, knowledge and learning needs around family violence. Data from the survey was then used to inform a focus group (and series of teleconferences) with youth AOD workers to further identify learning needs in relation to working with Family Violence (FV). Finally, young people were consulted in relation to worker responses and invited to provide a youth perspective on the issues arising.

These data converge to provide recommendations for best practice training approaches to incorporating the FVRC recommendations into the youth AOD sector, services and worker practice. A blended learning approach (combining in-person and online activities) is recommended for developing general skills and knowledge in working with family violence; while small team learning is the preferred method for identifying and assessing the risks associated with family violence. Finally, shared inter-agency training with non-youth AOD services (e.g. police, health, child protection, schools, etc.) is recommended for facilitating more effective communication within and between services. This is particularly relevant in regional, rural and remote communities, where the FVRC highlighted the need to build the capacity of existing services (e.g. youth AOD workers, health, police, schools, etc.) to reduce and respond to family violence in these communities, rather than establishing additional specialist family violence services (which would be cost prohibitive).

Summary of Recommendations

THEME	STRUCTURE	RECOMMENDED APPROACH
General training on family violence	Blended learning (online & direct)	Acquire family violence knowledge via online learning Practice family violence skills in workshops
Identification, risk assessment and using CRAF	Whole small team training	Whole team learning and reflection Activities to develop team culture to support and guide practice
Communicating more effectively within/ between services	Shared inter-agency training with non-AOD services	Structured workshops to review best practice Developing inter-agency capacity & service knowledge

About this Report

To inform the response of the Youth AOD sector to the recommendations of the Family Violence Royal Commission.

Our organisations and practitioners are committed to supporting people experiencing Family Violence.

Our goal is to improve responses to Family Violence within the youth AOD sector.

This report presents the findings of the needs analysis, conducted by Outlook Matters (OM) at the request of Youth Support and Advocacy Service (YSAS), to inform the response of the youth AOD sector to the recommendations of the FVRC. This needs analysis report contributes to a more comprehensive approach to understanding and meeting the training needs of youth AOD workers in responding to FV in Victoria.

The report is arranged in the following sections: the first section outlines key findings of the FVRC in relation to the youth alcohol and other drugs (AOD) sector, as well as a brief review of the occurrence and impacts of FV amongst young people and relevant recommendations from the FVRC; the second section outlines the methodology used in the current needs analysis and the third section presents the findings from the survey and focus groups; which then underlie the specific recommendations made in the final section.

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outlook matters PSYCHOLOGY

The youth alcohol and other drug (AOD) sector utilise and conceptualise their work around a socio-ecological perspective.

1. Background and Brief

The Royal Commission into Family Violence (Victoria)

On 22nd February, 2015, the Victorian Government established the Royal Commission into Family Violence (FVRC) following a series of family violence-related deaths (notably the case of Luke Batty). This was an acknowledgement of the growing awareness of the scale of family violence in Victoria, as well as a recognition that existing policies have so far been insufficient.

The task of the FVRC was to identify the most effective ways of preventing and responding to family violence in Victoria. The Commission identified core goals including improved early intervention; co-ordinated community and service responsiveness; better support for family violence victims including support to manage the complex psychosocial impacts of family violence; improved accountability and transformative programs for perpetrators; and evaluation of the effectiveness of existing strategies, frameworks and programs to stop and respond to family violence.

An important remit of the FVRC goals was the development of practical recommendations. The final report of the FVRC was tabled in Parliament on 30 March 2016. It contained a comprehensive 227 recommendations to improve prevention, identification and responses to family violence, as well as build the capacity of multiple services to reduce family violence in Victoria.

The FVRC report noted that while Victoria has strong foundations on which to build a response to family violence, including pockets of service integration, increased awareness, growing expertise, and the development of family violence-specific (and some culturally sensitive) programs and approaches, significant limitations remain. Some of the major themes running through the recommendations were:

- **Transforming responses to family violence**
- **Reflecting the experience of victims**
- **Services working better together**
- **A sustained focus on effective perpetrator interventions**
- **Moving beyond a crisis response (including prevention, early intervention, recovery and resilience)**
- **Development and use of technological solutions**
- **Harnessing community effort**

What is Family Violence?

The term 'family violence' refers to violence in relationships that not only involve an intimate partner relationship but also broader family members or other people in a family structure. The Family Violence Protection Act (2008) uses this term as it is more inclusive and holistic than the term 'domestic violence' which typically refers to intimate partner violence. Notably, the concept of family can vary and is relative to community context, with many culturally and linguistically diverse (CALD) and indigenous communities, for example, having a more extensive concept of family, community and kinship. These cultural differences must be considered when identifying those involved in family violence to support an effective service and systemic response.

The FVRC used the definition from Section 5 of the Family Violence Protection Act 2008 (Vic).

Family Violence is:

1) Behaviour by a person towards a family member that -

(i) is physically or sexually abusive; or

(ii) is emotionally or psychologically abusive; or

(iii) is economically abusive: or

(iv) is threatening; or

(v) is coercive; or

(vi) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or

2) Behaviour by a person that causes a child to hear, witness, or otherwise be exposed to the effects of the behaviour referred to in paragraph 1).

The Act defines 'family member' broadly. Family violence can occur in any family relationship, including current and former partners, married or de facto, heterosexual or same sex relationships; as well as parents (or step parents) and children, siblings, grandparents and grandchildren, cousins, uncles, aunts and nieces and nephews. It can also occur in relationships that are "family-like" for example in certain cultural traditions (see above) or between a disabled person and their non-family carer.

An ecological perspective

The youth alcohol and other drug (AOD) sector utilise and conceptualise their work around a socio-ecological perspective. This perspective views youth alcohol and other drug use as a complex interplay between the individual, their system and the wider community. The recommendations of the FVRC similarly reflect the importance of a multi-systemic approach to preventing and improving responsiveness to family violence. There is a recognition that family violence cannot be understood by focussing solely on victims and perpetrators but also on the social networks and wider society that these individuals are encompassed by.

The experience of children and young people

Children and young adults may be both direct and indirect victims or perpetrators of family violence. Research indicates that domestic violence is more likely to occur in a household where children are present (Romans et al., 2007). Children may become victims of family violence in these contexts by a range of mechanisms (Holden 2003, figure 1), including direct involvement (such as intervening, participating in or being a victim of family violence), indirect involvement (e.g. an impact on the child-parent relationship as a result of a parent experiencing family violence), directly witnessing family violence or indirectly witnessing (e.g. by overhearing family violence as it is occurring, seeing the aftermath or hearing about it from others).

Figure 1. Ways that children and adolescents may experience family violence.

Direct Involvement	Indirect Involvement	Direct Witness	Indirect Witness
Intervenes	Perinatal Exposure	Eyewitness	Overhears
Victimised			Observes the initial effects
Participates			Experiences the aftermath
			Hears about it from others

Children and adolescents who experience family violence have higher risks of cognitive, emotional and social functioning issues, increased risk of mental health concerns, reduced employment prospects, increased willingness to use violence against women and involvement in violent relationships with peers (Morgan & Chadwick, 2009), increased risk of becoming perpetrators or victims themselves; and, in turn, impacts on their own parenting style and capabilities (Flood & Fergus, 2008). These last two impacts are contributors to what has commonly been called the 'cycle of intergenerational violence' where the experience of violence as a child or young adult impacts on development, emotional regulation and perception of women (or other victims). Combined with the social learning of violence in their own background (e.g. social learning theory), this leads to an increased risk of a young person engaging in violence or becoming a victim of violence and so on (Mullens et al., 2015; Glasser et al., 2001).

The Royal Commission into Family Violence highlights that services working with young people often lack the knowledge and expertise to identify and respond when young people are experiencing family violence. The few resources that are available are working near or at capacity and are not supported systemically. Moreover, the FVRC highlighted a lack of suitable accommodation for young people forced to leave home because of family violence (including young mothers). The FVRC made a series of recommendations aimed at increasing the availability of therapeutic interventions, counselling and early intervention programs for young people, as well as youth-appropriate accommodation for those escaping family violence. Other recommendations relate to engaging and supporting young people, workforce training and development and specifically addressing the rights and needs of young people in developing service standards.

The FVRC highlights the need for both a better understanding and improved support for this particularly complex group of young people who fill the role of both victim and perpetrator at various (or the same) times.

Family violence and substance use in young people

Substance misuse and dependence continues to be a leading cause of harm for young Victorians and their families. Victoria has an established youth AOD service system that works with young people and their families to reduce risk of harm and prevent problems from escalating. In 1998 the Premier's Drug Advisory Council established the Victorian youth AOD system. The focus of this system is on engaging and maintaining connections with young people who experience substance related harm (Bruun, 2015). Data from the Victorian Statewide Youth Needs Census (SYNC) highlighted childhood experience of trauma, homelessness and mental health issues as major issues facing young people who engage in substance use (Kutin et al., 2014). The literature around family violence demonstrates the strong link between the harms caused by family violence and substance use in young people.

Akin to the YSAS recognition of an ecological perspective on substance use, data from research of the impacts of violence from a range of sources on substance use indicates complex social interplays. Wright, Fagan and Pinchevsky (2013) indicate that exposure to both community violence and experience of child abuse predict alcohol and marijuana use three years later. Moreover, accumulated experiences of violence (community, school, family) were associated with both future alcohol and marijuana use. These risks directly relate to the SYNC cohort who display the greatest substance related challenges with alcohol and cannabis (Kutin et al., 2014). These risks also speak to the FVRC findings: services and systems need to work collaboratively to assist those experiencing family violence, in addition to services and society collaborating to change attitudes and perceptions about family violence and those who experience it. A comprehensive longitudinal study of Australian women, and the impacts of parental family violence showed that at 21 years of age, people who had experienced family violence as a child manifested increased alcohol and cannabis use as well as increased rates of depression and anxiety (Schiff et al., 2014). The relationship between adolescent substance use and family violence is bidirectional.

Young people who perpetrate family violence

Young people may be involved in family violence as both victims and perpetrators. Young people may use family violence by using engaging in child/adolescent/young adult to parent violence, sibling violence and/or problem sexual behaviour. While the FVRC indicates that these forms of family violence are a relatively small proportion of reports, social research using self-report measures in a number of countries (including Australia) highlight a prevalence rate between 6.5% and 10.8% of all adolescents (Holt, 2015). There are many reasons why a young person may engage in family violence including the presence of an intellectual disability or mental illness. Research indicates that alongside these biological and psychological factors, witnessing family violence again leads to a greater risk that (particularly) males will use violence to resolve issues (Carlson, 1991) or become violent towards family or partners (Carr & Vandeusen 2002). It is notable that violence towards the mother is four times more likely than towards the father and may reflect the social learning of violence within the home (Holt, 2015). Data within the youth AOD sector highlights how common substance use and legal issues related to violence are within this vulnerable cohort. More research is needed to understand these co-occurring issues but it is clear that substance use is an additive risk factor related to the use of violence by young people, particularly in the context of a background of family violence. The FVRC highlights the need for both a better understanding and improved support for this particularly complex group of young people who fill the role of both victim and perpetrator at various (or the same) times. Because adolescence is an important developmental period with significant changes occurring in complex reasoning, moral decision making, social development and identity formation, the response of services to adolescents who use family violence must be tailored

The problems caused by Family Violence are further exacerbated in regional, rural and remote communities by the impacts of isolation, cultural factors and service limitations.

to these developmental needs. This highlights the specialist need for youth workers to develop specific skills and understanding of this unique context when working around issues of family violence and substance use, emphasising an early intervention and diversionary approach - as has occurred in the youth mental health and youth justice sectors.

Challenges for particular populations

Young people from diverse backgrounds and communities who experience family violence can face multiple and intersecting barriers to reporting family violence as well as in finding appropriate help and support.

The FVRC specifically noted the needs of Aboriginal and Torres Strait Islander (ATSI) young people, who face additional challenges including difficulty accessing culturally sensitive interventions, systemic experiences of racism and fears regarding the potential involvement of child protective services. The situation can be further complicated by drug and alcohol use, mental health concerns (particularly depression) and disconnection from culture, particularly when ATSI young people are unable to remain at home. Young people from culturally and linguistically diverse (CALD) communities were also identified given that the normal challenges of adolescence are complicated for CALD young people by the need to simultaneously adjust to new cultural norms. In addition, CALD young people may have been exposed to traumatic experiences such as witnessing violence in their country of origin, spending time in a refugee camp or detention centre and being separated from other family members, all of which can compound the impact of family violence. There is an additional risk of re-traumatisation if CALD young people are required to act as an interpreter for other family members in relation to family violence concerns.

The FVRC made a number of recommendations specific to the needs of young people from these diverse backgrounds and communities, as well as other populations with special needs, such as gender diverse young people (who can be vulnerable to specific forms of family violence, such as in relation to being outed) and young people with disabilities (who often face additional difficulties accessing appropriate accommodation if they are required to leave home). These recommendations primarily related to the need for service appropriateness and accessibility to meet the specific needs of these populations.

Regional, Rural and Remote Communities

Whatever their situation, young people living in regional, rural and remote communities face particular challenges in accessing appropriate family violence support. The problems caused by family violence are further exacerbated in regional, rural and remote communities by the impacts of isolation, cultural factors and service limitations. In addition, victims may be reluctant to seek help for fear that service providers know the family violence perpetrator or that the circumstances surrounding their (and the perpetrator's) experience of family violence may become known in the community, leading to ostracism.

The FVRC identified various plans and initiatives already in progress in regional, rural and remote areas, many initiated and led by local communities, noting that the social connectedness and resilience present in these communities offers great potential for addressing the impacts and reducing the occurrence of family violence.

Given the geographical distance, the FVRC acknowledged that establishing stand-alone family violence services in every non-metropolitan community would be financially prohibitive. Instead, the Commission has recommended that services with existing coverage in regional, rural and remote communities, including youth AOD workers (e.g. health practitioners, maternal and child health services, hospitals, schools and other education providers) be supported to build their capacity in responding to family violence.

Effective and strategic use of technology (for example in relation to record keeping and communication technology) was also identified as having potential to assist in disseminating information and providing services. However, the FVRC noted that communications technology infrastructure of the scale required is not currently in place.

FVRC Recommendations Relevant to the Training Needs of Youth Alcohol and Other Drug Workers in Responding to Family Violence

The FVRC made a number of recommendations that directly relate to the workings of the youth AOD sector. The following recommendations relate specifically to the training needs of youth AOD workers in responding to family violence. In addition to being referenced throughout this report, these recommendations are linked to the training recommendations made in the final section.

Risk Assessment and Management

Recommendation 1: The Victorian Government review and begin implementing the revised Family Violence Risk Assessment Framework that delivers a comprehensive framework with minimum standards, roles and responsibilities for screening, risk assessment, risk management, information sharing and referrals throughout Victorian agencies.

Recommendation 3: The Victorian Government implement the revised Family Violence Risk Assessment and risk management framework and develop a sustained workforce development and training strategy that provides for minimum standards and competencies in family violence specialist services, mainstream services and universal services. This requires whole of workforce training for priority sectors including general practice and hospitals, mental health, drug and alcohol, child protection, aged care and disability workers – that takes into account and aligns with their roles and standards of practice.

The Role of the Health System

Recommendation 99: The Victorian Government encourage and facilitate mental health, drug and alcohol and family violence services to collaborate (within 12 months) by a) resourcing and promoting shared casework models and b) ensuring that mental health and drug and alcohol services are represented on Risk Assessment and Management Panels and other multi-agency risk management models at the local level.

Rural, Regional and Remote Communities

Recommendation 182: The Victorian Government and other relevant parties, in designing the recommended Statewide family violence Action Plan and implementing the Commissions other recommendations:

- Give priority to reducing family violence in rural, regional and remote communities
- Improve access to services in such communities
- Investigate and fund the use of technological solutions to provide access to service providers – among them those with experience in safety planning and counselling
- When contracting for and funding services in these communities, recognise a) the importance of building the capacity of universal services to deliver family violence services in order to facilitate an effective, locally based response and b) the need for flexibility in contracting and funding arrangements in order to facilitate collaboration between different services and providers.

Industry Planning

Recommendation 212: The Victorian Government determines the best means of delivering comprehensive workforce development and interdisciplinary learning about family violence across the health, human services and justice sectors.

Recommendation 207: The Victorian Government develop or commission the development of a 10-year industry plan for family violence prevention and response in Victoria, to be delivered by 31 December 2017, with commensurate funding for workforce transition and enhancement to begin from that date. The plan should cover a) the workforce requirements of all government and non-government agencies and services that have or will have responsibility for preventing or responding to family violence – among them specialist family violence services, perpetrator interventions, police legal and justice services, and universal and secondary service systems.

2. Methodology

Recommendations were also made in relation to other workforces likely to come in contact with young people experiencing family violence, including the Police, Child Protection Workers and the Courts. The FVRC made a number of recommendations to facilitate better information sharing and referral pathways between services. The Commission also made reference to a range of existing treatment programs to support young people who experience or perpetrate family violence, and recommended evaluating and expanding these, as well as building capacity to provide practical assistance (e.g. appropriate accommodation). Finally, a number of specific recommendations were made to strengthen the systemic knowledge and response to family violence for particular populations, including ATSI and CALD communities.

The youth AOD sector is at the coalface of the health and welfare sector. As such, this sector regularly works around areas of family violence in relation to both victims and perpetrators. Further, the FVRC highlights increased family violence risks around factors such as substance use, socio-economic disadvantage, homelessness and unemployment, which are regularly encountered by workers in the youth drug and alcohol field. These factors are exacerbated by the additional barriers in regional, rural and remote communities, as well as those faced by the specific populations noted above.

Workforce training and development

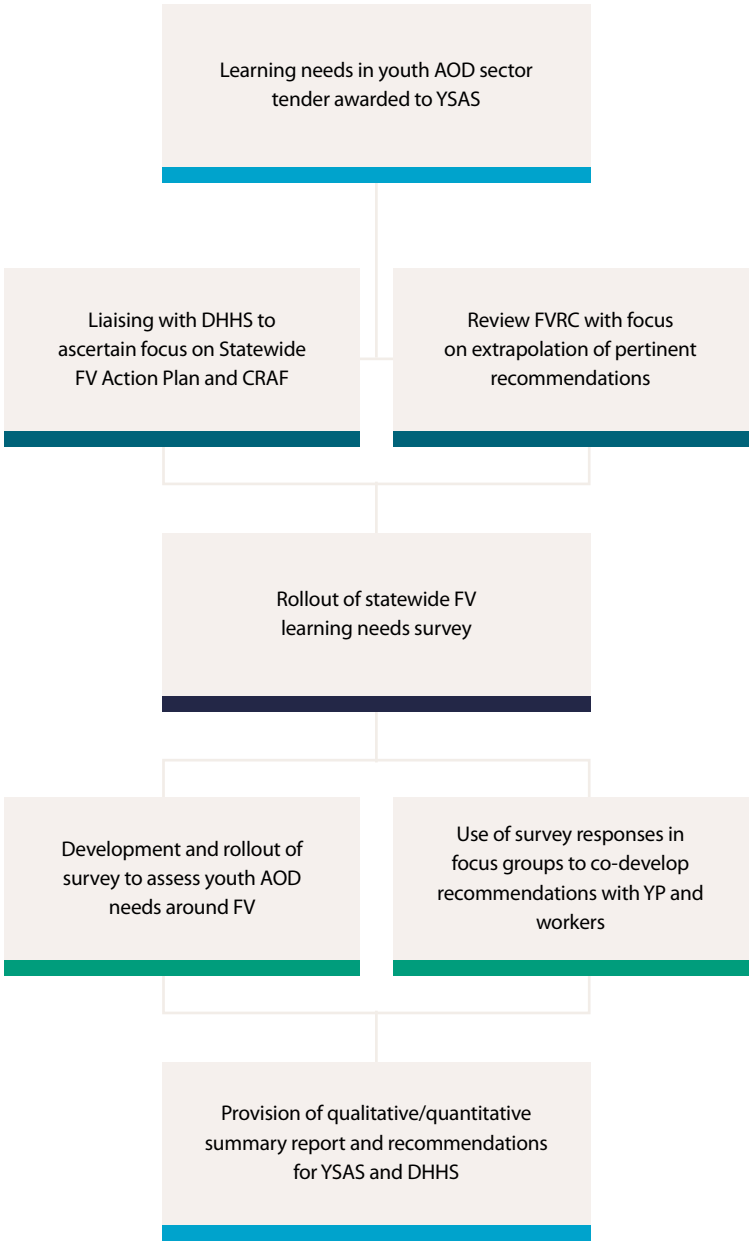
The FVRC specifically identified a focus on training and development of the AOD sector (which includes youth AOD services) as a target for whole of workforce family violence training and development. This includes training in both the assessment and management of risk, as well as in working with people who experience family violence to reduce the impact and promote recovery, recognising the important role of youth AOD services in working with and caring for young people who are (or have been) perpetrators and/or victims of family violence. The Government's focus on core competencies for workers in these areas highlights the need for shared language, assessment and reporting of family violence across a wide range of sectors.

This section has outlined the key findings of the FVRC in relation to the youth AOD sector, and briefly reviewed the occurrence and impacts of family violence in young people. Relevant recommendations from the FVRC in relation to youth AOD worker training and development were also highlighted. The next section outlines the needs analysis process used to obtain input from the youth AOD workforce in Victoria regarding their perception of youth AOD training needs in responding to family violence.

The Department of Health and Human Services (DHHS) and Youth Support and Advocacy Service (YSAS) have collaborated to respond to the recommendations made by the FVRC. An evaluation of the Youth AOD workforce was conducted to assess their development needs in responding to family violence, particularly adolescent perpetrators of violence or victims (including as witness to) family violence. This needs analysis report documents the outcome of the evaluation, which included a survey of workforce attitudes, confidence, knowledge and learning needs around family violence. Data from the survey was then used to inform a focus group (and series of teleconferences) to further identify worker learning needs in relation to these complex issues. Finally, young people were consulted in relation to worker responses and invited to provide a youth perspective on the issues arising. These data converge to provide recommendations for best practice training approaches to incorporating the FVRC recommendations into the youth AOD sector, services and worker practice.

Industry survey

DHHS and YSAS commissioned a survey related to training needs related to family violence. This survey considered whether the worker had experience in working with family violence and how confident they were with their skills in identification, risk assessment and intervention for family violence issues. The survey also investigated whether workers were currently aware of, or using the Common Risk Assessment Form (CRAF) developed by the DHHS in the Victorian Government (currently in revision). The survey also assessed the learning needs that workers self-identified and their preferred learning modality to improve their skills in working with family violence. The survey had a total of 17 items and was delivered through a standardised online platform (Survey Monkey). It was anticipated that the survey would take between 7-10 minutes based on pilot tests. The final survey utilised is attached (Appendix A).



Focus groups

Following on from the survey, a focus group and series of teleconferences were conducted with youth AOD workers in Victoria, to identify specific training needs and priorities in relation to family violence. Participants were presented with a brief overview of the purpose of the FVRC, as well as the results of the survey above. Drawing on their day to day work experiences as youth AOD workers, participants were first asked to consider instances in which they have been required to:

1. identify family violence,
2. work with young people to support change in the context of family violence and
3. facilitate appropriate referrals. Based on these experiences, participants were then asked to identify areas of potential training to support youth AOD workers in these interactions. Finally, the ideas from the group were collated and each participant was asked to nominate three training priorities from the total number of training needs generated.

Teleconference calls (with youth AOD workers in regional areas and those from the metropolitan area who were unable to attend the focus group) followed a similar format, whereby participants were asked to reflect on their work with young people and family violence, identify any additional areas of potential training (to be added to the list of combined ideas from previous participants) and then nominate three training priorities from the collective list of potential training ideas.

Youth input

A selection of young people (who were identified by YSAS as being willing to provide input and assessed as being at minimal risk of distress in discussing issues related to family violence) were consulted via telephone at the conclusion of the focus group and teleconferences. These young people were presented with a brief overview of the context of the FVRC and the training priorities identified by youth AOD workers. They were then asked for input regarding any additional information that may be relevant to the work of youth AOD workers in engaging and supporting young people who are (or have) experienced family violence.

3. Understanding the training needs of youth drug and alcohol workers in responding to Family Violence

Outcomes of State-wide Survey

Sector survey of training needs in response to FVRC

An online survey was distributed to Victorian youth AOD workers to investigate their current attitudes, knowledge and confidence in working with family violence more broadly, their use of the Common Assessment Risk Framework (CRAF) and preferences regarding ongoing training and development to increase their confidence and capabilities in relation to work with family violence. The survey was conducted in June 2016, developed based on stakeholder consultation and focused on developing sound recommendations for the later focus groups to draw on in identifying appropriate training approaches. The 17 items of the survey represented five sections of responses: characterisation of respondents; familiarity with the work of the FVRC and exposure to family violence in work role; experience, challenge and confidence in working with clients experiencing family violence; assessing, reporting and sharing information around family violence (including the CRAF) and identifying training needs and approaches.

Response set

Due to the need for a timely delivery of the needs analysis, the online survey was conducted over a relatively brief period between 20th June and 1st July 2016. The survey was distributed by YSAS via the Victorian Drug and Alcohol Association (VAADA) member newsletter, through the Youth Drug and Alcohol Advice Service (YoDAA), internal recruitment group e-mails amongst the YSAS service and word of mouth amongst workers. The recruitment drive led to a total of 76 completed online surveys by workers engaged in the youth AOD system.

Respondents experience in youth AOD varied from three months to 26 years. The average experience was 6.5 years in the sector. These workers were 45% from rural/regional areas and 58% from metropolitan services (some workers may have endorsed practice in both regions). The respondents were from a range of work areas including outreach, day programs, withdrawal unit work, home based withdrawal, management, advocacy, counselling and early intervention services (for mental health and/or forensic referrals). This diversity of respondents is a reflection of the diversity and geographic spread highlighted by the Victorian Department of Health and Human Services (https://www2.health.vic.gov.au/alcohol-and-drugs/alcohol-and-other-drug-workforce) as a requisite for a strong system to respond to this population.

Results of the survey

Exposure to family violence in work role and the work of the FVRC

The results of the survey indicated that 50% of workers have received formal training in working with victims or perpetrators of family violence. In relation to their knowledge of the recent release of the FVRC report, the data highlighted variable awareness of the Commission's report amongst youth AOD workers (see table 1).

Despite this variable awareness of the FVRC report, the majority of youth workers endorsed the importance of this report to their work (table 2). Importantly, 85.5% of workers identified this report as extremely, very or moderately important to their work indicating a strong interest that may translate into sector engagement with the recommendations and changes in practice associated with the outcomes.

Summary

Together these data indicate that this sample of youth AOD workers are already somewhat engaged with family violence training (with half having already received formal training in family violence), and once made aware of the FVRC report strongly endorsed the importance of this work to their practice.

Experience, confidence and challenge in working with clients experiencing family violence

The survey investigated the experience of youth AOD workers around issues of family violence. The questions focused on their awareness of the impacts of family violence in the population of young people that they work with. Next, the items investigated youth workers' confidence in their skills in working with young people around this issue generally, as well as specific skills. Finally, questions measured how difficult youth workers found working with young people who are victims or perpetrators of family violence.

45%

Of survey respondents were from rural/regional areas.

50%

Of workers have received formal training in working with victims or perpetrators of Family Violence.

Table 1. Workers aware of the recent release of the FVRC report

	Not at all	Slightly	Somewhat	Moderately	Extremely
Percentage of sample	**6.6%**	**15.8%**	**34.2%**	**31.6%**	**11.8%**

Table 2. Workers endorsement of the relevance of the FVRC to their practice.

	Not at all	Slightly	Somewhat	Moderately	Very	Extremely
Percentage of sample	**1.3%**	**0%**	**6.69%**	**6.6%**	**10.5%**	**57.9%**

Table 3. Workers awareness, confidence and difficulty in working with youth in AOD around FV

In my work in youth AOD, I am…	Yes	No	Unsure	Not Relevant
Awareness				
Working with young people who are currently experiencing FV	51	4	9	0
Working with young people who previously experienced FV	61	3	0	0
Aware of the impact of FV	62	2	0	0
Confidence				
In my ability to identify FV	38	9	17	0
In my ability to assess FV	36	12	16	0
In my ability to plan care that incorporates AOD and FV needs	35	12	17	0
In working with young people using/experiencing FV	47	7	10	0
In working with other services around FV cases	48	8	7	1
Difficulty				
Finding it hard to work with perpetrators of FV	19	32	10	3
Finding it hard to work with victims of FV	8	46	9	1

The data on awareness highlighted that workers held a strong overall level of understanding of the prevalence and impact of family violence in the young people serviced in the youth AOD sector. Combined, these denote that this sample of the youth AOD workforce recognises the impact of family violence on young people. In relation to confidence, this sample showed variability in confidence to identify, assess and care plan around family violence. These results highlight a workforce that is aware of the need to incorporate family violence work into practice but a significant number of workers also reported uncertainty as to how they would achieve this. It is notable that workers show more confidence in working with young people experiencing family violence overall than in these specific areas. Finally, there is considerable confidence within workers in their ability to liaise with other services on issues of family violence. Questions on the difficulty of working with young people experiencing family violence highlighted that workers felt capable of working with both victims and perpetrators of family violence but working with perpetrators was associated with higher levels of difficulty. This implies a need for special consideration of the learning and development needs around working with these distinct populations of young people. It is notable that often the young people engaged with youth AOD services may have histories of being both victims and perpetrators of family violence.

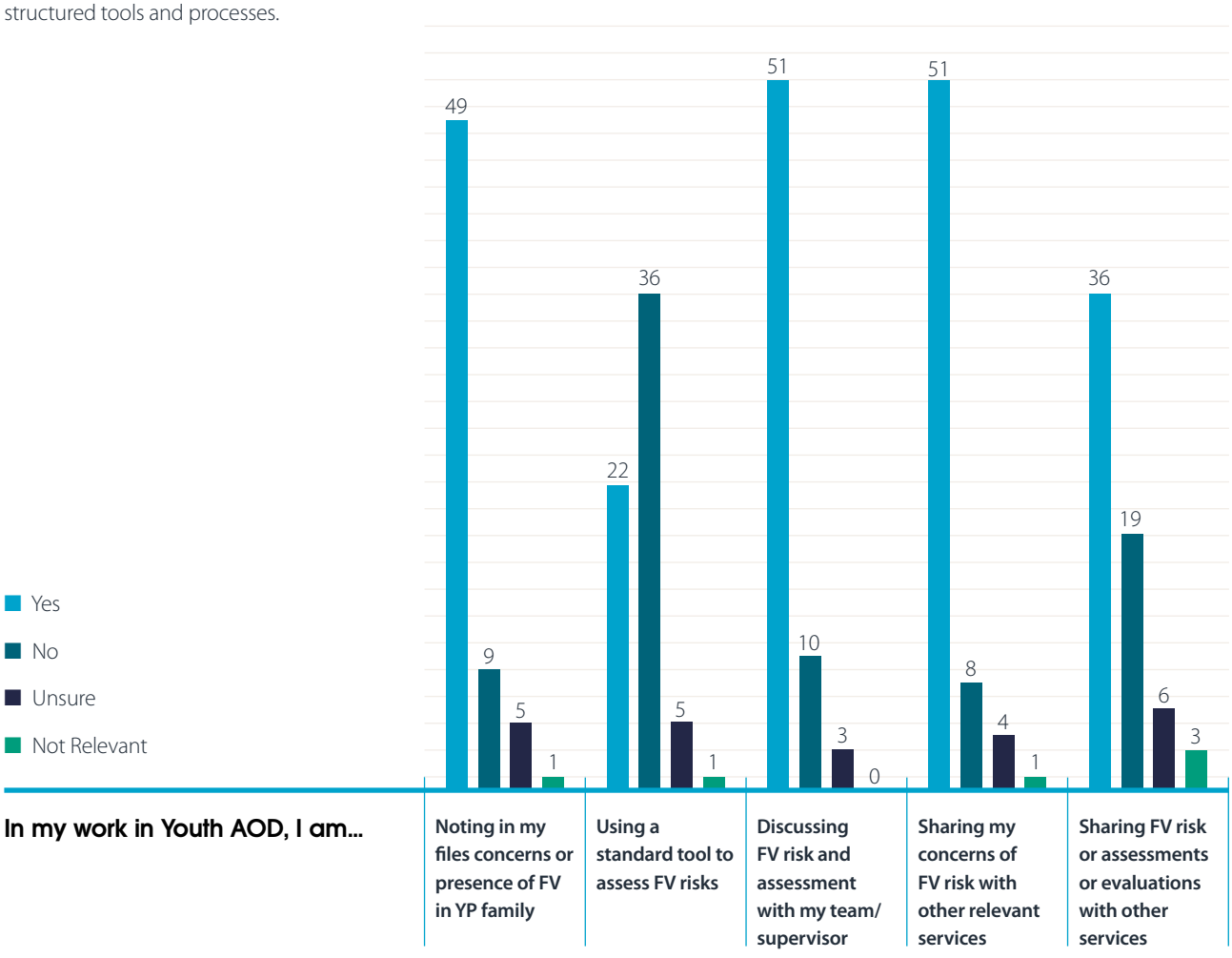
In relation to working with other services and sectors, the workers logically highlighted the need to train collaboratively with these other services.

Assessing, reporting and sharing information around family violence

The FVRC highlights a particular need for workers in a range of sectors to better identify, assess and share information related to family violence risk. The results of these questions are depicted in figure 2.

Figure 2 highlights that the vast majority of youth workers are engaging in recording and discussing family violence risk internally (with peers and supervisors) as well as with other organisations. There is a notable decrease in the use of standardised tools and sharing risk assessments with other services. This indicates a trend for more informal recording and communication around issues of family violence within this workforce, rather than the utilization of structured tools and processes.

Figure 2. Youth workers assessment, reporting and sharing of information around FV (counts).



Familiarity and Use of the Common Risk Assessment Framework

The Common Risk Assessment Framework (CRAF) was developed by DHHS to help workers to identify and assess risk of family violence. DHHS have indicated a preference for services to use this shared assessment tool. Survey respondents were asked to identify whether they were familiar with the CRAF based on their work and training in youth AOD. The results indicated that 45% of respondents had heard of the CRAF with a further 17% being unsure if they were familiar. The survey followed up with respondents who indicated they were familiar (those who responded 'yes') to assess how they were utilising the CRAF in their work. Fifty one percent indicated they used sections or materials from the CRAF, indicating good penetration of the scale into practice. In line with the aversion to formal assessment and communication indicated formerly, only 31% of those familiar with the CRAF templates utilise these in their work. Workers were asked if they would be interested in learning more about the CRAF or why not. These results appear in Appendix B.

Table 4. How would workers like to receive training on focus areas in working with FV?

Type of Training	General training on FV	Identification, risk assessment and using the CRAF	Communicating more effectively within/between services
Shared training with non-youth AOD services (e.g. police, health etc)	68.0%	72.0%	**82.0%**
Workshop training shared with other youth AOD services	76.6%	70.2%	70.2%
Whole of site workshop training	77.8%	61.1%	61.1%
Training focused on whole small teams	65.9%	**86.4%**	59.1%
Training provided through blended learning*	82.1%	71.8%	59.0%
Online training (e.g. a learning module)	**88.6%**	62.9%	54.3%
Self-directed learning (via online and physical materials)	**88.6%**	65.7%	51.4%

(Note that workers were able to endorse more than one approach)
**Blended learning is a mixture of in-person and online materials*

■ Blue highlighting indicates most endorsed training modality

Identifying training needs and approaches

The final section of the survey investigated respondents assessment of their training needs and what approaches would best help them to become capable workers in the realm of family violence work with young people within youth AOD services.

The identification of specific questions regarding training were drawn from three priority areas, namely: general skills training around family violence, the need for formalised and shared assessment measures and finally, improving the quality of inter-service communication.

The results of these questions showed that 85% of respondents indicated they believed that general training in identifying; understanding and working with family violence was a priority. A further 77% indicated that specific training in improving their skills in identifying and assessing family violence was a priority. Finally, 87% indicated that specific training in improving inter-service communication around family violence is a priority. All three questions highlight the prioritisation of family violence training in the work and training of workers in the youth AOD sector. This would indicate a strong workforce 'buy in' for training if workers were offered the opportunity to develop specific skills in this area.

Workers were provided the opportunity to indicate how they would like to receive training around these three main issues in response to the FVRC. The outcomes of this question are shown in table 4.

Table 4 highlights worker identification of a needs based learning approach that is bespoke to each type of learning. Workers have indicated that being supplied with online and self-directed learning materials would be the most appropriate learning approach when trying to increase general awareness and understanding around family violence. However, in relation to developing specific identification and risk assessment skills (particularly around the CRAF) workers highlighted the need for education to be provided and tailored to the needs of their own small work groups. Small work group training fits with the psychometric focus of this category as the strongest inter-rater reliability, transferability of knowledge and shared understandings of complex issues are developed within small groups that will then use products and approaches together. Support in service training with these small groups on formal measurement would seem the most fitting response. In relation to working with other services and sectors, the workers logically highlighted the need to train collaboratively with these other services, highlighting an awareness of the importance of inter-professional practice when working with issues as complex as family violence and intergenerational cycles of victimization and/or offending. The final question of the survey offered respondents opportunity to provide feedback on the survey. These responses are reported in Appendix C.

A subset of youth AOD workers were consulted to develop a deeper understanding of the training needs identified in the survey (outlined above), as well as identify training priorities and barriers to effective service provision in working with young people and family violence.

Seven youth AOD workers participated in a focus group in metropolitan Melbourne, in July 2016; two youth AOD workers from regional Victoria participated in a subsequent teleconference; and a further two participants were contacted via phone in the days following. Several of these youth AOD workers occupied senior positions in the services where they work, and were thus considered representative of a range of worker experiences within that service. Participants included youth outreach workers, youth residential facility workers and specialist youth AOD workers. The diversity of participants was considered to be a reflection of the diversity and geographic spread of youth AOD workers in Victoria.

The consultation process was considered complete when participant input led to the generation of no further additional training ideas.

Training themes

Table 5 identifies the main themes arising from the focus group and teleconferences. Following discussion, participants were asked to endorse three priority training areas for their work in the youth AOD sector from the total number of ideas generated. Full details of worker responses and identified areas of training priority for youth AOD workers are in Appendix D.

It can be seen that all participants highlighted the need for more practical tools with which to work with young people experiencing the impacts of family violence. This is consistent with survey findings, which also highlighted a workforce that is aware of the need to incorporate family violence work into practice but not always certain as to how

Table 5. What are the priority training areas for youth AOD workers?

Training theme	Identified as a priority
Practical ways to constructively challenge FV and build resilience amongst young people	**14***
Development of local community networks and referral pathways	**7**
Legal rights, responsibilities and options	4
Risk assessment and decision making tools	3
Understanding and working with FV in culturally and linguistically diverse communities (including young people of Aboriginal and Torres Strait Island background)	3
Managing vicarious traumatisation amongst youth AOD workers in relation to FV	2

■ Blue highlighting indicates most endorsed training themes

** Four participants endorsed two items under this training theme*

to achieve this. It is noted that while seven participants overall identified a need for the establishment of local networks and referral pathways, all participants from outside the metropolitan area endorsed this as a priority. This reflects the challenges identified by the FVRC in working with family violence in regional, rural and remote communities. It is also consistent with the training preferences highlighted in the survey, where shared training with non-youth AOD services (e.g. police) was identified as likely to be of most benefit in facilitating more effective communication between services.

The following is a more detailed review of the main themes arising from the focus group and teleconferences:

Practical ways to constructively challenge family violence and build resilience amongst young people

Consistent with the findings of the FVRC, participants highlighted the importance of maximising opportunities to engage young people in learning about healthy relationships, including relationships with parents (and other family members), friendship and dating relationships. This included basic concepts such as defining consent and understanding healthy boundaries. Workers also highlighted the importance of identifying strategies to assist them to work in a developmentally appropriate way with young people who have experienced family violence. In particular, how to maintain resilience, build protective factors (e.g. by maintaining engagement at school) and reduce maladaptive coping strategies (such as substance use or self-harm) for young people who live with family violence on a regular basis. Participants highlighted the value of finding ways to educate young people about managing anger appropriately. While participants acknowledged awareness of some of the theoretical and conceptual frameworks underpinning current family violence practice, they highlighted a need for training that translates this knowledge into practical strategies that they can use every day. Finally, several participants also spoke about the value of learning how best to address and challenge societal attitudes in relation to family violence, including understanding what family violence is and exploring workers' own reasons for hesitating to name it as such at times.

Development of local community networks and referral pathways

Participants acknowledged the challenges involved in working efficiently with other services in relation to family violence and young people. Workers from the metropolitan area identified the value of being able to readily access information regarding services (for example, via a service guidebook or website that is updated regularly) and negotiate referral barriers, as well as having opportunity to reflect openly and honestly about the impacts of their work in family violence. Only one participant seemed to be aware that these resources already exist in metropolitan areas (for example, the Domestic Violence Resource Centre publishes a Domestic and family violence Referral Options booklet, which can be downloaded free from their website, and a number of local family violence networks provide opportunity for workers to meet regularly (e.g. Yarra Family Violence Network, Eastern Family Violence Network, etc.).

Workers from regional areas specifically highlighted the importance of training with other key agencies within their local community (including schools, Child Protection and the police), to develop a shared understanding of what family violence is and build better relationships between agencies. This aligns strongly with Recommendation 182 from the FVRC. Of note, given the isolation of many providers working outside of the metropolitan area and the inter-generational impacts of family violence, participants from regional areas also highlighted the value of a directional approach (for example, developing best-practice service guidelines and principles at a state level, which could then be workshopped by local networks for implementation). This idea of a Victoria-wide forum to develop shared understandings and service standards in relation to family violence was echoed by participants from the metropolitan area. Items for potential discussion at such a forum included consideration of what constitutes respectful and sensitive interventions for young people experiencing family violence, including CALD and ATSI young people.

Risk assessment and decision making tools

Consistent with the survey results, which suggested good integration of the CRAF risk assessment tool into practice amongst youth AOD workers, and the findings of the FVRC (Recommendations 1 and 3), participants acknowledged the importance of risk assessment and planning tools. This included tools to assist in identifying when family violence is occurring, work with young people to identify safety supports, and assess risk to inform decision making on an ongoing basis for young people who are living in family violence situations.

Understanding and working with family violence in culturally and linguistically diverse communities (including young people of Aboriginal and Torres Strait Island background)

Participants acknowledged the additional needs of young people from culturally and linguistically diverse communities. This is consistent with the FVRC, which devoted several chapters and made 16 recommendations responding to the specific needs of these populations in relation to family violence (144 to 152 relating to Aboriginal and Torres Strait Islander (ATSI) communities and 156 to 162 relating to culturally and linguistically diverse (CALD) communities). Of note, several workers raised concern about how to work with young people from some CALD communities in particular, who report that family violence is an acceptable part of their culture. The FVRC report addresses this issue in the context of discussion with ATSI elders who note that while family violence may be prevalent and inter-generational within their community, it is not an inherent part of ATSI culture and any young person who believes this is mistaken. This concern about the importance of teaching young people about healthy relationship patterns may also be present in many CALD communities. However, the FVRC also acknowledges that customary practices within some CALD communities (such as arranged marriage, the dowry system and female genital mutilation) have been associated with family violence. Finding ways to understand and approach these issues in a culturally sensitive manner emerged as an area of training need for youth AOD workers who work with young people from ATSI and some CALD communities.

Legal rights, responsibilities and options

Many workers expressed uncertainty about the possible legal avenues available to young people experiencing family violence, including how best to communicate with other services (such as Police and the Courts) to advocate for appropriate legal interventions. This is consistent with the FVRC who also identified the navigation of legal avenues as an area of concern and made 25 specific recommendations in this area (60 to 78 relating to court-based responses to family violence and 79 to 84 relating to offences and sentencing).

Managing vicarious traumatisation amongst youth AOD workers in relation to family violence

Finally, many participants highlighted the need for training to manage and address vicarious traumatisation amongst youth AOD workers who are exposed to family violence, including how to identify when colleagues may be at risk. This included specific training about how to facilitate discussion with one another about the impacts of family violence on them personally, as well as supervision and support for workers regarding their responses to working with family violence, particularly for workers who have experienced family violence themselves or have had to make choices that conflict with their personal values (for example, dropping a young person back to house where they know family violence will occur because there are no alternative accommodation options).

Other themes

A number of other themes arose from the focus group and teleconferences regarding the training needs of youth AOD workers in relation to family violence. These included training in specific areas, such as how alcohol and other drugs interact with family violence, evidence-based trauma counselling and understanding the neurobiological impacts of family violence on young people. Training for specific populations was also identified as likely to be of value, for example, strategies to work with parents (in the case of young person-parent violence), repairing family relationships (if a young perpetrator remains in the family home), working with young people in residential care and facilitator training for working with groups of young people in relation to family violence. Many participants expressed the view that basic training in family violence should be included as part of the induction process for youth AOD workers.

Input from young people

Two young people (who were identified by YSAS as being willing to provide input and assessed as being at minimal risk of distress in discussing issues related to family violence) were contacted (separately) via telephone following the worker focus group and teleconferences to obtain their input regarding the training needs identified. Both identified referral pathways, access to legal information and sensitivity in working with CALD and ATSI populations as important concerns for young people in relation to family violence. No new themes were raised, suggesting that the youth AOD workers who participated in the focus group and teleconferences were attuned to the concerns facing young people in relation to family violence.

In addition to identifying specific areas of training need, participants in the focus group and teleconference raised a broad range of other issues relevant to their work with young people and family violence. Many of these concerns referenced systemic challenges that are outside the scope of the current needs analysis. However, these issues are considered to be

portent to understanding the context of youth AOD work in relation to family violence.

The table on the next page documents these additional concerns as they relate to the challenges identified by the FVRC in Victoria. Specific FVRC recommendations appear in parentheses:

The table indicates strong alignment between the recommendations of the FVRC and the systemic needs of the youth AOD sector in responding to and working with family violence in young people.

\In summary, the needs analysis revealed specific training needs amongst youth AOD workers in working effectively with family violence. With regard to general training, youth AOD workers preferred a blended learning approach (using in-person and online activities) to review content in relation to the practicalities of challenging family violence and promoting resilience in young people, responding sensitively to family violence concerns in ATSI and CALD communities and understanding the legal system as it relates to young people and family violence. With regard to the assessment and management of risk, the needs analysis revealed good penetration of the CRAF tool amongst the youth AOD sector. Workers identified a preference for whole small team training in relation to risk, with a view to increasing inter-rater reliability, transfer of knowledge and shared understanding of family violence risk at the local team level. Finally, workers highlighted the value of shared inter-agency training with non-youth AOD services (e.g. police, health, child protection, schools, etc.) in facilitating more effective communication within and between agencies, and enhancing local community networks and referral pathways. This was particularly emphasised by workers outside of the metropolitan area, who echoed many of the concerns raised by the FVRC in working with family violence in regional, rural and remote communities.

The above training needs will be addressed in the following section, with specific recommendations for meeting the training needs of Victorian youth AOD workers in responding to family violence.

The process of integrating Family Violence knowledge and skills into practice is ongoing (requiring) the opportunity to meet for review and reflect on knowledge and skill development post-workshop.

Youth AOD-specific issues raised in focus group and teleconferences	Challenges raised by the FVRC and subsequent recommendations
Young people need to tell their story multiple times to every professional they come across. There needs to be a more efficient way of managing this.	The FVRC acknowledged that the process of gaining access to appropriate support is often difficult for victims and that service responses remain inconsistent and hard to navigate. In addition to this complexity, which causes further stress for people experiencing family violence, the existence of service and support 'silos' reduces the effectiveness of treatment aimed at reducing the impacts of family violence. There are six recommendations (35 to 40) specifically addressing the issue of service pathways. In particular, the FVRC has recommended the development of 'Support and Safety Hubs' in each of the state's 17 DHHS regions to facilitate easy access to family violence services.
There are few accommodation options available for young people aged 14, 15 and 16 years who are unable to remain at home as a result of family violence.	The FVRC acknowledged a lack of targeted resources to meet the specific needs of children and young people who have experienced family violence. A number of specific recommendations (21 to 24) are made in relation to this, including government support and funding for youth homelessness and other youth service providers to develop a broader range of supported accommodation options for young people experiencing family violence.
Services seem to have different understandings of family violence risk. As a result of this, youth AOD workers may not uncommonly have to drop a young person back to a home where they know that family violence is occurring because other services (such as Child Protection) have not evaluated the risk as significant enough to step in.	The FVRC acknowledged that the many different forms and manifestations of family violence are often insufficiently recognised and responses not tailored to the particular circumstances and needs of diverse victims. As such, victims are too often left to carry the burden of risk. Further, the safety of victims is often undermined by inadequate methods for sharing information between agencies about perpetrator risk. This is exacerbated by outdated information technology systems. In response to these concerns, the FVRC made five recommendations (5 to 9) specifically related to information sharing amongst professionals in relation to FV, including shared case management systems, and implementation of initiatives to develop an information-sharing culture amongst service providers working with family violence. There were also nine recommendations (85 to 93) regarding perpetrators, including clarifying agency roles, responsibilities and processes for interacting with perpetrators and managing perpetrator risk. Finally, six recommendations (25 to 30) made specifically in relation to the child protection system to strengthen current practice in relation to family violence.
AOD factors are often closely related to family violence. Substances can be used as a form of control and often reinforce violent relationship patterns. Risk assessment in the context of AOD and family violence is particularly complex.	The FVRC acknowledged the challenge of working with family violence in the context of AOD factors. A number of specific recommendations (e.g. 98 and 99) were made to support workers in navigating the complexity and risk associated with family violence and AOD use, including the establishment of specialist family violence adviser positions in all major drug and alcohol services in Victoria. The FVRC recommended that the expertise of these advisers be made available to all practitioners working in the AOD sector within 12 months. In addition, the FVRC recommended (93) that family violence and alcohol-related harms be included in the current review of the Liquor Control Reform Act 1998 (Vic).
Police and the Courts often identify a young person as the "sole perpetrator" of family violence in the family home when that young person may in fact have been watching acts of family violence between their parents for years. There is a need for systemic culture change in this regard. If a child or young person is committing acts of family violence they have learnt it from somewhere.	A total of 38 recommendations were made in relation to the current limitations of the police and the court system in Victoria to respond effectively to family violence. This includes specific recommendations for frontline policing (41 to 45), police leadership and organisational systems (46 to 59) and court-based responses to family violence (60 to 78). In addition, the FVRC made three recommendations (187 to 189) aimed at prevention initiatives, including the development of a state wide prevention strategy, co-ordinated research into primary prevention and the introduction of respectful relationships education into every government school in Victoria from prep to year 12, within five years. In summary, the FVRC acknowledged that too little effort is currently devoted to preventing the occurrence of family violence in the first place, and intervening at the earliest possible opportunity to reduce the risk. The FVRC also noted the importance of an increased focus on helping people (including young people) to recover from the effects of family violence and rebuild their lives.
Services are dealing with a very high number of young people impacted by family violence. In particular, the two participants from regional Victoria estimated that only approximately five young people in their entire current caseloads have NOT been impacted by family violence to date.	The FVRC acknowledged that virtually all parts of the system are currently overwhelmed by the number of family violence cases reported, with particular challenges faced by practitioners in regional, rural and remote communities. Recommendation 182 specifically refers to the importance of building the capacity of services already operating in regional, rural and remote communities to better respond to FV, as well as investigating the use of technology to provide improved access to specialist service providers.

Specific FVRC recommendations appear in parentheses ( )

4. Recommendations for youth alcohol and other drug worker training in responding to Family Violence in Victoria

Taking into account worker skills, knowledge and confidence; and the training needs and service challenges identified through survey data analysis and worker consultation, the following recommendations are made regarding training priorities for youth AOD workers in responding to family violence in Victoria. These recommendations consider the preferred content and structure of training identified by youth AOD workers and align these with training approaches to meet both worker requirements and the industry planning needs identified by the FVRC (outlined specifically in recommendations 207 and 212). A summary of recommended training approaches for youth AOD workers in relation to family violence is contained in Table 7 on page 25.

General training on FV

Survey respondents indicated a preference for blended learning in relation to general training on FV, with preferences for online training (e.g. a learning module), self-directed learning (via online and physical materials) and workshop training. The focus group and teleconferences identified a need to focus specifically on practical ways to constructively challenge family violence and build resilience amongst young people, as well as understanding and responding to family violence in CALD and ATSI communities. In light of these preferences, it is recommended that a blended learning approach be implemented, by providing youth AOD workers with opportunity to acquire knowledge in these areas, using existing online platforms (such as the YouthAOD Toolbox and the YoDAA portal) and then practice these skills in workshop training, incorporating opportunity to reflect on the practical applications of the knowledge gained via online learning and role play new skills. It is envisaged that online materials will include links and worksheets with key information, as well as a structured learning module(s), which would ideally be a pre-requisite for subsequent workshop training.

The process of integrating family violence knowledge and skills into practice is ongoing. Thus, it is recommended that workshop participants be provided with the opportunity to meet for review and reflect on knowledge and skill development post-workshop, as well as engage in ongoing skill development via coaching and supervision to ensure that new learnings are integrated into practice. While it is clearly useful for youth AOD workers to expand their knowledge and skills in working with FV, the opportunity to integrate new learning with existing practice over time is what will ultimately lead to a cultural change in identifying and working with family violence within the youth AOD sector. In addition, given that managing vicarious traumatisation amongst youth AOD workers was identified by focus group and teleconference participants as a training priority, ongoing supervision of family violence work would also provide an opportunity to build resilience amongst youth AOD workers while mastering the application of new skills and knowledge in this area.

Identification, risk assessment and using the CRAF

The identification of family violence and assessment of risk was identified as a training priority by focus group and teleconference participants, with survey respondents indicating that small team training is the preferred learning format. Small team training has a number of benefits over other learning modalities (such as online learning) for the identification and assessment of risk. While online learning modules are effective in providing key information, whole team learning and reflection provides an opportunity for teams to develop a shared understanding of family violence and a shared language for the identification and management of ongoing risk factors.

In addition, whole team training (particularly if this includes team review over time) provides an opportunity to facilitate the development of a team culture that can then provide the infrastructure to support and guide youth AOD workers in identifying family violence and assessing and managing family violence risk every day, within their specific organisational contexts, and in ways that are appropriate for the young people they work with. Once a common risk assessment framework is embedded in the practice of an organisation, it becomes easier for new workers to integrate this framework into their day to day work, regardless of whether they were involved in initial team training efforts.

Finally, it is noted that a whole team approach to understanding family violence and assessing ongoing risk would increase the opportunity for youth AOD workers to informally debrief and obtain guidance input from one another in relation to risk issues, which will also assist in reducing the likelihood vicarious traumatisation amongst youth AOD workers.

Communicating more effectively within/between services

Both survey respondents and focus group and teleconference participants identified the need for more effective communication between services, with shared inter-agency training with non-youth AOD services (e.g. police, health, child protection, schools, etc.) emerging as the preferred modality, particularly in regional, rural and remote communities.

Youth AOD workers have a strong interest in the work of the FVRC, which has the potential to translate into strong sector engagement with the FVRC and subsequent changes to practice.

Given the impacts of isolation on current knowledge and skill development in regional, rural and remote communities, as well as the limited collaboration between services in some areas, focus group and teleconference participants highlighted the value of a directional approach. This would involve a structured workshop format to review best practice principles and service standards with all relevant local stakeholders, to develop a shared understanding of family violence in the local community and facilitate discussion regarding local service barriers and possible solutions.

It is recommended that an inter-professional practice approach be utilised to clarify professional roles across all services (e.g. police, health, child protection, schools, youth AOD, etc.) and promote awareness regarding the scope and limitations of local services. It is envisaged that this process will also include reference to the most effective ways of communicating with different services in order to advise of risk and advocate for particular agency interventions.

Finally, the implementation of a process of structured reflective practice amongst local networks (e.g. the local family violence networks that have emerged in some municipalities) would provide an opportunity to build a culture of inter-agency collaboration and problem solving to further develop local capacity to effectively identify and respond to family violence.

Final comment

The Royal Commission into Family Violence (FVRC) highlighted the need for whole of workforce training in working with and responding to family violence. The current needs analysis identifies the training needs of Victorian youth AOD workers in responding to family violence. A blended learning approach (combining in-person and online activities) is recommended for developing general skills and knowledge in working with FV; while small team learning is the preferred method for identifying and assessing the risks associated with family violence. Finally, shared inter-agency training with non-youth AOD services (e.g. police, health, child protection, schools, etc.) is recommended for facilitating more effective communication within and between services. This is particularly relevant in regional, rural and remote communities.

The current needs analysis revealed that youth AOD workers have a strong interest in the work of the FVRC, which has the potential to translate into strong sector engagement with the FVRC and subsequent changes to practice.

A full summary of recommended training approaches for youth AOD workers in relation to Family Violence is contained within the table on page 25.

Table of Training Recommendations

Table 7. Training recommendations for youth AOD workers in responding to family violence in Victoria

TYPE OF TRAINING	STRUCTURE	CONTENT	RECOMMENDED APPROACH
General training on family violence (Rec: 207+212)	Blended learning, including in-person and online activities	Practical ways to challenge family violence and build resilience amongst young people Legal frameworks Family violence in CALD and ATSI communities	Acquire family violence knowledge via online learning, using existing resources such as the YouthAOD Toolbox and YoDAA portal. Develop family violence specific learning modules, including links, worksheets and quizzes to broaden knowledge of family violence . Practice family violence skills in workshops, with opportunity to reflect on the application of family violence knowledge and role-play new skills. Integrate family violence skills and knowledge into practice via ongoing coaching and supervision.
Identification, risk assessment and using the CRAF (Rec: 1 + 3)	Training focussed on whole small teams	Identifying family violence Risk assessment and decision-making tools	Develop a shared understanding and language with which to describe family violence and assess current risk through whole team learning and reflection. Include activities specifically focussed on the development of a team culture that will provide an infrastructure to support and guide youth AOD workers in identifying family violence assessing family violence risk within their specific organisational context on a day to day basis.
Communicating more effectively within/ between services (Rec: 99 + 182)	Shared inter-agency training with non-youth AOD services (e.g. police, health, child protection, schools, etc.)	Development of local community networks and referral pathways	Enhance inter-agency communication and referral processes using a structured workshop format to review family violence best practice principles, develop a shared understanding and facilitate discussion regarding barriers and solutions. Develop inter-agency capacity to respond to family violence using an inter-professional practice approach to clarify roles and increase awareness regarding scope of local services. Implement an ongoing process of structured reflective practice amongst local networks to build a culture of inter-agency collaboration and further develop local capacity to effectively identify and respond to family violence .

Relevant FVRC recommendations appear in parentheses ( ).

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Appendix A – The Survey

Assessing the learning needs of youth drug and alcohol workers in responding to family violence

Introduction

This year, the Victorian Government released the Royal Commission into Family Violence (FVRC). This important document paves the way forward to creating a state and nation that reduces risks of family violence and improves our systems responses to this when it does occur. The FVRC has made specific recommendations that relate to workers in health and welfare organisations, including youth AOD services. Some of these recommendations relate to how this sector co-ordinates, communicates and works with people who experience family violence (as perpetrators or victims). This survey asks a range of questions that will inform how this sector will respond to these recommendations, so your feedback is invaluable to ensure we are responding in a way that is informed by workers and the young people we work with. We ask that you please take 15 minutes out of your day to complete the questionnaire and answer as honestly as you can, knowing no individual results will be used or shared with your organisation.

Terminology

Use of terms victim and perpetrator

The FVRC uses the standardised terms of perpetrator and victim (which includes witnesses) throughout their report. We recognise in this sector these terms are not always useful (as perpetrators may have been or remain victims). Throughout we refer to 'family violence' in discussing both groups unless otherwise stated.

Family violence defined by the FVRC

The FVRC highlights that "family violence can occur in all kinds of families and in family relationships that extend beyond intimate partners, parents, siblings and bold relatives… Family violence extends beyond physical and sexual violence and often involves emotional or psychological abuse and economic abuse" (p3, V1, FVRC).

A sample of the online questionnaire.

How long (in years) have you worked in youth AOD?

What type of youth AOD work do you do (e.g. outreach, residential withdrawal units, day programs)?

Do you work in a rural/regional or metropolitan area? *Please tick one*

Metropolitan	Rural/remote
❍	❍

Have you had formal training in working with people experiencing family violence?

Yes	No
❍	❍

How aware are you of the recent publication of the Royal Commission into Family Violence report?

Awareness	Not at all	Slightly	Somewhat	Moderately	Extremely
Click one					

How relevant do you think the Royal Commission into Family Violence findings and recommendations are for your work?

Relevant	Not at all	Slightly	Somewhat	Moderately	Very	Extremely
Click one						

We are interested in your thoughts on family violence in relation to your work in the youth drug and alcohol sector. First we are interested in your current work and experience…

In my current work I am…	Yes	No	Unsure	Not relevant
Exposure, attitudes and confidence				
Working with young people who are currently experiencing FV				
Working with young people who previously experienced FV				
Aware of the impact of FV				
Finding it hard to work with perpetrators of FV				
Finding it hard to work with victims of FV				
Confident in my ability to identify that FV is occurring				
Confident in my ability to assess risk around FV				
Confident in my ability to plan care that incorporates AOD and FV needs				
Confident in working with young people using/experiencing FV				
Confident in working with other services around FV cases				
Practice				
Noting in my files concerns or presence of FV in YP family				
Using a standard tool to assess FV risks				
Discussing FV risk and assessment with my team/supervisor				
Sharing my concerns of FV risk with other relevant services				
Sharing FV risk assessments or evaluations with other services				
Specific knowledge and skills				
Familiar with the Common Risk Assessment Framework (CRAF)#				
Using parts or materials from the CRAF in assessing FV				
Using the CRAF templates in my work with young people at risk of FV				

The CRAF is the Common Risk Assessment Framework. This is a tool developed by DHHS in helping workers to identify and assess risk of family violence. It is used across a range of services including Victoria Police and the public health system. The original version was developed in 2005 and the tool is currently being revised based on the outcomes of the FVRC.
Are there any barriers that impede your ability to use the above skills and knowledge in your work with young people experiencing FV?

Skip Logic on Program (Completed only by those who indicate they use the CRAF)

More on the CRAF. Do you…	Yes	No	Unsure	Not relevant
Use the CRAF for all young people you work with?				
Find the CRAF relates to your services assessment tools/practice?				
Have any thoughts about what you need to be able to complete the CRAF more effectively in your organisation (e.g. training)?	Free text cell			

Next, we are interested in what training and development that you think may assist you in working on family violence issues.

The FVRC has recommended training and development of workforces who engage with people who may be experiencing family violence. This specifically identifies people engaged with drug and alcohol services. Based on this, we wanted to find out your thoughts about engaging with training around family violence.

Do you think general training in identifying; understanding and working with family violence is a priority in your role?

Yes	No	Undecided/unsure
❍	❍	❍

Do you think specific training in improving your skills in identifying family violence is a priority in your role?

Yes	No	Undecided/unsure
❍	❍	❍

Do you think specific training in improving inter service communication in family violence is a priority in your role?

Yes	No	Undecided/unsure
❍	❍	❍

How would you like training to help the young people you work with to be delivered? *(Please rate from 1-8 for each area of training)*

Type of training	General training on FV	Identification, risk assessment and using the CRAF	Communicating more effectively within and between services
Shared training with non-youth AOD services (e.g. police, community, health)			
Workshop training shared with other youth AOD services			
Whole of site workshop training			
Training focused on whole small teams			
Training via registration with the internal training calendar			
Training provided through blended learning (see note)			
Online training (e.g. a learning module)			
Self-directed learning (via online and physical materials)			

Note: Blended learning delivers training through a mixture of digital training (e.g. podcasts, webinars, online readings and classes or learning materials) with in-person training.

Thank you for taking the time to help us plan our responses to the FVRC. Your feedback will identify how to best address organisational learning needs.

Appendix B

Free text feedback on interest in learning more about the Common Risk Assessment Framework

"Anything we can use to skill ourselves to assist the identification and risk assessment with safety planning."

"I would like to learn more."

"How to use the tool and whether it can be used in everyday work..."

"I would like to learn more about this tool. It does interest me however, I was not aware it existed."

"Would like to learn more of the updated version..."

"I'm sure I would find it beneficial to have an understanding of the tool."

"I want to learn more about it, it has been referred to in f/v training but I have received no training around it."

"Yes I would like to learn more around frameworks for consistency and care."

"I have done the training provided surrounding the CRAF and Family Violence."

"Yes definitely!"

"If family violence is identified through AOD assessment. I ref. to a family violence worker. . . "

"I would like to learn more."

"My risk assessment practices are achieved within conversation with the client as I find using a tool distracting and clinical when working with clients. However I also have work experience in direct service for domestic violence clients."

"Yes please - I would love a face-to-face presentation or seminar."

"I would like to learn more about CRAF."

"I would like to learn more about this tool and to see if I am already including elements of this in the way I practice."

"I had forgotten about it as I did the training some time ago. I'll definitely look up my resources again now after doing this survey!"

"Yes it would be good to learn this tool."

"Yes I would like to learn more about CRAF, only 10% of my team have done this training, but I would also be keen to see a youth tool that focuses in intimate partner violence between peers or sexual exploitation, which is highly relevant to our client group, and often co-occurs where there has been histories of FV and AOD use in the parent system."

"If it is culturally appropriate - I work in an ATSI service."

"I need to use a culturally safe tool so the need to adjust is vital with the CRAF tool."

"I have already done the specialist CRAF training."

"This tool is relevant in my work but not always required."

"I have completed CRAF course in 2012, I use most of the tools, however, think there needs to be a refresher regular.."

"Yes this would be of benefit to all."

"I need to use a culturally safe tool so the need to adjust is vital with the CRAF tool."

"Yes, I would be interested. Maybe it is something that needs to be used in AOD comprehensive assessment?"

"I am interested. I am especially interested if the tool provides prompts for strength based work with young people."

"I use the CRAF whenever I work with young people of families who have varying elements of Family Violence."

Appendix C

Respondent feedback on the survey

"The need is for more resources to respond to FV, such as AOD rehab, evidence based trauma counselling e.g. EMDR. No point just assessing risk if there is no way to respond effectively. The current budget strapped front end services are inadequate."

"More training needs to be provided on strategies to address FV perpetrated by adolescents, and also by people who aren't men. The focus tends to be on adult males, which whilst important, has not helped to address the large numbers that aren't in this cohort. PLEASE develop training that supports workers to develop in these areas."

"Just as Family violence is more than physical in relation to women I see the aftermath of violence in many of the young people we have come through our service. Sometimes it is parental neglect, sometimes violence directed at parents, sometimes it is accepting the violence as normal and perpetrating that and or remaining a victim to unacceptable living and relating situations. Hopefully we can encourage each other to strive for respectful and sensitive interventions that acknowledge that while there can be reasons for violence we cannot allow it to continue to be excused."

"Awesome survey. Has identified gaps in my knowledge/skill base. Hope the training comes to fruition soon."

"The reason I opted for training settings that were confined to same agency teams is to better embed the outcome of creating a whole team and service culture around prioritising family violence."

"All services need regular updates on safety planning with AOD and family violence."

"Although FV is important, FV specific training would be a low priority compared to so many other sector training needs. If FV training was part of another training (ie: trauma informed care) then it would be easier to justify sending staff."

More training needs to be provided on strategies to address family violence perpetrated by adolescents...

Appendix D

Training ideas and priorities from focus group

General and Specific Training in Understanding and Working with Family Violence

Bold highlighting indicates worker priorities.

Psychoeducation Tools to constructively challenge family violence and build Resilience (8)

(e.g. Cycle of Violence; How to talk with young people about this; Use of language that reinforces/challenges family violence patterns; Challenging negative self- and other-talk; Developmentally appropriate education tools)

Resilience strategies for those living in ongoing family violence situations (e.g. How to cope with family violence on a regular basis, whilst still staying engaged at school and reducing reliance on AOD and self-harming strategies)

How to teach young people about Healthy Relationships (parent-child, friendship, dating relationships) (1)

Including basic concepts, like what is permission/consent; the difference between setting healthy boundaries and being punitive; being aware that just because you might see something re: family violence happening around you often (so it feels normal) it doesn't mean that it has to be that way;

Anger Management Strategies (developmentally appropriate) (1)

Teaching young people to deal with anger re: workers (e.g. an angry young person will sometimes see their worker and take anger out on them). It's important for workers to understand that a young person debriefing loudly is not personal. Strategies to diffuse these situations appropriately and teach more appropriate ways of managing anger

Strategies to build resilience re: reporting family violence (e.g. Supporting victims through the court process, making a statement to police, getting an IVO, navigating the impacts on social relationships and reactions on social media)

Young people need to tell their story around (x10 or more) to every professional they come across. There needs to be a more efficient way of managing this. How to assist with the re-traumatisation.

Training in the broader need to Address & Challenge family violence Attitudes in Society (3)

Training that doesn't use the labels "perpetrator" and "victim." "Person using violence" and "Person subjected to violence" is more useful language

Debunking the myths – allowing people to be open to the range of situations that are FV

Refreshing our own understanding of what healthy relationships look like. If we can recognise family violence indicators (including basic relationship patterns re: boundaries, etc.) and confront it within ourselves, then we can support young people to also think about these issues and how to address them in their lives. Uncovering our reasons for hesitating to name something as family violence.

Intervention Frameworks and how to apply these in practice (1)

Person-centred intervention (ie. the focus of intervention should be on supporting the person who has been subjected to violence with what they want support with) family system-based interventions

Innovative strategies to help young people acknowledge their situation

Risk Assessment and Decision Making (including structured decision-making tools) (3)

Risk assessment and safety planning tools

How to identify family violence. What is FV?

Building "Safety Networks" (and how to have this discussion with a young person)

How to assist 14, 15, 16 year olds who cannot return home but are too young for supported accommodation. How to support them to stay out of violent situations when not at home (e.g. staying with a friend)

CALD-specific family violence Training (3)

(e.g. working with young men and women from different cultures, How to constructively challenge cultural norms when family violence is considered appropriate).

Also include Indigenous and Islander (ATSI) specific training

Managing Vicarious Trauma in Staff (Recognising distress in a team member, How to respond if a colleague discloses) (2)

Specific training re: facilitating discussions with each other re: safe disclosures

Supervision and support for staff on their responses when working with FV, especially for workers who have experienced family violence themselves

How to deal with other services normalising risk (e.g. have to drop a 12 year old back to a home where you know family violence is occurring because other services – such as Child Protection, won't step in)

A clear understanding of the Statutory Framework, legal rights and responsibilities (4); (Including for CALD young people, not born in Australia); Different legal avenues (e.g. partial vs full IVO, education to support young people in obtaining these; Tips re: communicating effectively with other services (e.g. Police and the Courts) to advocate for these interventions

Working with young people in residential care who have often had a very traumatic upbringing and require specific support and strategies to reduce the impact of FV

AOD Factors

(How substances can be used as a form of control; AOD Rehab; Safety planning in the context of AOD and FV; How substance use can be used to reinforce violent relationships and how to untangle this during interventions)

Trauma

Evidence-based trauma counselling (e.g. EMDR; Training in trauma-informed practices and the neurodevelopmental impact of FV)

Training for parents (in case of young person-parent violence)

Strategies to address family violence perpetrated by young people

Strategies to address family violence when the perpetrator is not an adult man

Repairing relationships post-family violence (e.g. in the case of a young person perpetrator who will be remaining in the family home)

Responding to intergenerational family violence. How to break the cycle? Police and the Courts often identify a young person as the "sole perpetrator" of family violence at home, when that person may have been watching acts of family violence between their parents for years. There needs to be a systemic cultural change – if a child or young person is committing violence, they have probably learnt it from somewhere…

Training re: running groups for young people re: family violence (Different demographics and cultural groups. What is FV? What are the supports?)

Workers to start with basic training as part of the induction process

Providing Effective Referrals

A Victoria-based forum (2)

Systemic change needs to be directional

A worker "space" for open and honest communication about FV

A Service Guidebook dependent on local needs (3)

Updated regularly; DVRC already has resource books like this but people don't know about it; Include information for workers about the networks that are already in existence (e.g. Yarra family violence Group)

Local Area Networks (a collaborative approach to building a local network, local support services, local police, local community) (2)

Training with other key agencies you may refer to within your community. Having an understanding of building relationships between agencies

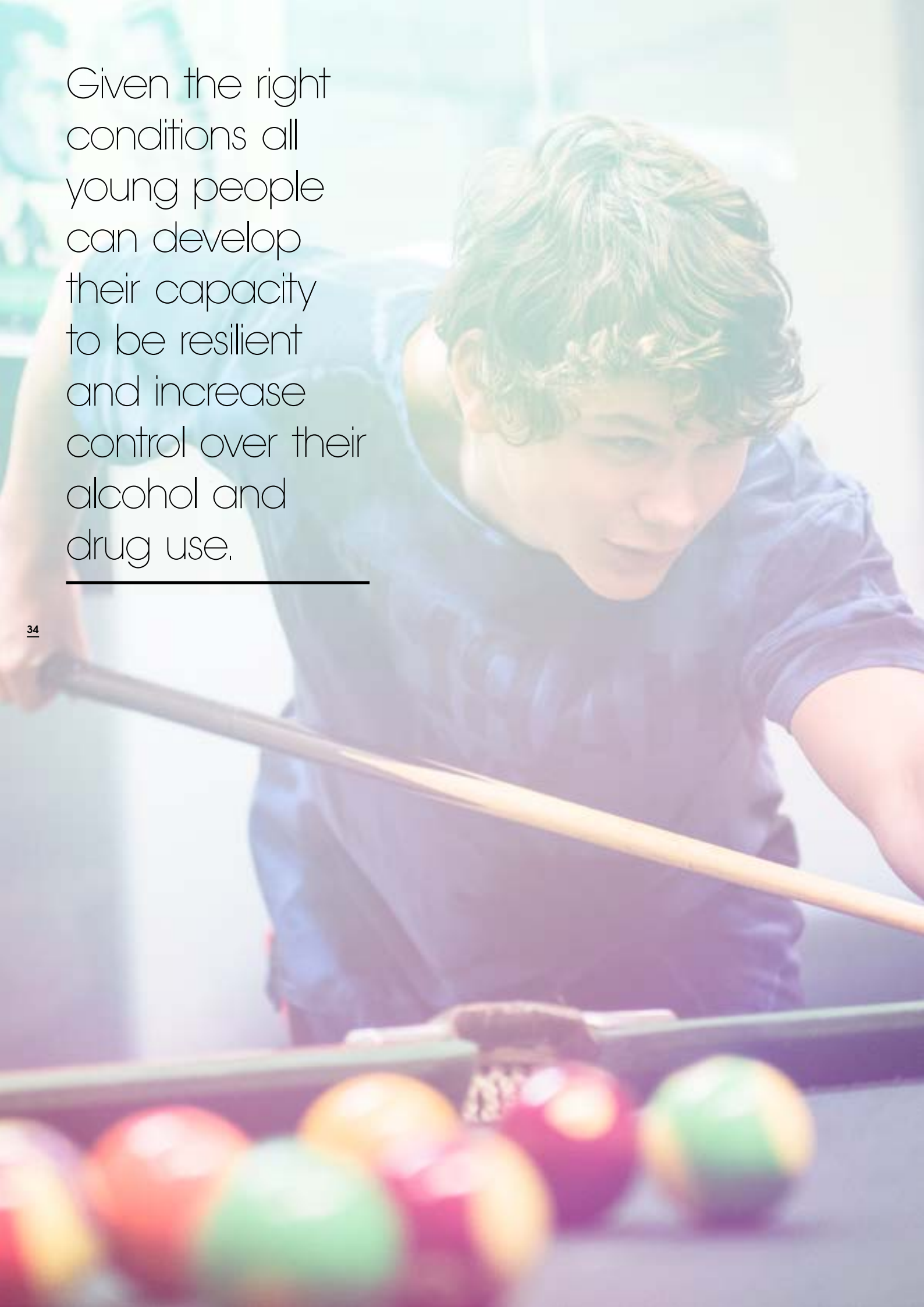
Training needs to be locally-based and have all relevant local services there (including schools, child protection and the police)

Come back to the basics of what family violence is; develop a shared understanding of what family violence looks like and how to identify it

Consideration of what constitutes respectful and sensitive interventions re: young people and FV

CALD-specific referral training

How to navigate roadblocks when trying to make referrals



Given the right conditions all young people can develop their capacity to be resilient and increase control over their alcohol and drug use.

About Us

YSAS

Youth Support + Advocacy Service (YSAS) is Australia's largest, youth-specific community service organisation. We are committed to putting young people first, and enabling those experiencing disadvantage to access the resources and support they require to lead healthy and fulfilling lives.

Operating since 1998 as Victoria's flagship youth AOD service, YSAS employs over 300 skilled staff across 19 sites in metropolitan and regional Victoria, providing diverse services for young people experiencing disadvantage.

The Centre

The Centre for Youth AOD Practice Development is based at YSAS in Melbourne, Australia. Being located in a practice setting is ideal for the development of research, training, education, and practice development initiatives which are responsive to the needs of young people and the practitioners who support them.

Our team are committed to practical and evidence-informed projects with the overarching aim of improving the lives of disadvantaged young people. We focus on the four areas of Practice, Research, Education, and Advocacy, and the intersections of these areas.

The Centre utilises partnerships and collaborations, along with 'in-house' expertise, to develop projects and products that respond to the needs of organisations, practitioners, and other supporters of young people.

YoDAA

YoDAA (Youth Drugs and Alcohol Advice) provides a state-wide Youth AOD information, resource, and referral service, created by YSAS through a collaboration of Victorian Youth AOD services. YoDAA's vision and purpose is to promote a coherent and consistent approach to Youth AOD need across Victoria.

YoDAA targets four key youth health stakeholders: youth workers, young people themselves, families and carers, and school wellbeing officers. We offer the simplest and quickest way to access specialist advice through a multi-channelled service including online content, telephone, webchat, and email.

The Centre's mission is to bring together expert practitioners and researchers to develop practical and effective responses to the needs of young people affected by alcohol and other drug (AOD) problems.

#practiceourway

The Centre for YouthAOD Practice Development

youthaod.org.au

A ysas.org.au initiative.

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