# MARAM Practice Guide – Practice Note Update: Minimum response to victim survivors during COVID-19 period

For up to date public health advice, visit the [Department of Health and Human Services website](https://www.dhhs.vic.gov.au/coronavirus).

**This is a minimum response guide under MARAM during COVID-19 quarantine and isolation period**

Adult and child victim survivors are at increased risk of violence during required measures for the current outbreak of Coronavirus Disease 2019 (COVID-19). This can be due to factors including increased time in quarantine/isolation with the perpetrator, reduced opportunities to seek support from professionals, family and/or friends, less incidental contact with other systems such as child care and school and increased family stressors related to finances, employment or housing instability. Alcohol and substance use as well as mental health issues, may also be impacted by COVID-19, known risk factors for a potential escalation in family violence.

*No matter the external stressors, violence is never excusable.*

**It is recommended that all current and new clients have a revised risk assessment and updated safety plan in response to COVID-19 related quarantine or increased government imposed physical distancing and travel restriction measures.**
Where possible, services are expected to prioritise accordingly:

* RAMP Clients – current and referred
* Clients identified at serious risk especially if the perpetrator is on remand (and release is imminent)
* Clients: who are pregnant; with children (esp. under 3 years); who require an interpreter; with complex needs (including children with complex needs, such as disability or medical condition); who are over 60 years; who are in hotel accommodation
* All clients

# Key messages and service responses during coronavirus (COVID-19)

* Many universal services are identifying an increase in family violence disclosures from service users, including adults, children and young people experiencing violence, and service users seeking support for use of violence.
* There is also an increase in disclosure and/or identification of indicators of suicide ideation or self-harm. Threats to suicide or self-harm are evidence-based high risk factors under MARAM.
* Specialist family violence men’s and women’s services, as well as Legal Help[[1]](#footnote-1), Child Protection, Courts[[2]](#footnote-2), Corrections and Victoria Police continue to operate and can respond to individuals experiencing or using violence or abuse, and specialist services and police can respond to professionals seeking support for their clients.
* Specialist family violence services are supporting increased secondary consultation from non-specialist services where victim survivors are experiencing barriers to direct engagement.
* Victim survivors are at increased risk of suicidal ideation generally which can be exacerbated during COVID-19. Victim survivors are also at increased risk of experiencing threats to suicide or self harm from perpetrators – if this occurs they should be considered at serious risk and requiring immediate protection responses.

## Recognising change to behaviour or risk during coronavirus (COVID-19)

When working with victim survivors, in response to current circumstances, be aware that required working from home, physical distancing and isolation measures increases the opportunity for perpetrators to monitor and control victim survivors. Other contributors include new coronavirus (COVID-19) pressures everyone is experiencing, and risk factors like financial stress from loss of employment and/or heightened housing instability. This may relate to variation of IVOs excluding perpetrators from the home. Access to formal support services are also reduced due to cope with increased demand and capacity restrictions. Perpetrators may also increase threats of suicide or self-harm.

**Perpetrators may exploit coronavirus (COVID-19) pandemic measures**, by:

* monitoring and controlling behaviours; controlling communication, movement, social and services connections and household functioning, finances and assets
* using misinformation to increase control or fear, like claiming “police will not respond” or that the victim survivor will get in trouble for calling police
* increased control of access to telecommunication devices, movement and connection to friends, family, community and services
* limiting access or increasing the victim survivor’s fear around help-seeking, such as counselling and/or mandated services or use coronavirus (COVID-19) as a reason to restrict access to health services, or to justify escalation in family violence risk behaviours
* exacerbating victim survivors risk related to mental health issues, such as anxiety or depression (new or pre-existing)
* threats to cause the victim survivor, adult or child, to contract coronavirus (COVID-19)
* disengaging with therapeutic or mandated services, escalating use of AOD or causing withdrawal (such as limited access to substances or pharmacotherapy, contributing to withdrawal), contributing to escalated mental health issues, gambling or other behaviours.
* interfering with the victim survivors’ access to health, counselling and support services.

During the coronavirus (COVID-19) pandemic, it is likely some perpetrators:

* may escalate their demands for changed parenting orders/increased access to children
* may make unreasonable demands and expectations of children and young people who are in the home 24/7, or attack parenting by an adult victim survivor
* who are ‘essential workers’ may escalate their violence during the coronavirus (COVID-19) pandemic, exploiting changed power dynamics or using their position to further control victim survivor/s.

**Review all risk assessments as soon as possible**

See revised screening template identifying immediate risk, at **Attachment 1.** Ask:

*Has a DHHS self-assessment or medical screening for COVID-19 occurred?*

If positive and in quarantine, different forms/levels of risk will be present compared to physically distancing measures.

Be aware of heightened mental health issues for all victim survivors resulting from increased isolation, control and fear. New questions to ask about suicide or self-harm risk are in **Attachment 1**[[3]](#footnote-3).

Be aware of new perpetrator coercive and controlling behaviour /tactics. Perpetrators may: start using violence; continue, escalate or vary previous tactics of violence and abuse or coercive and controlling behaviours; or exploit COVID-19 pandemic measures, and use pandemic specific behaviour below:

* misinformation about the pandemic to control or increase fear, or limit help-seeking to available support
* control access to, or use COVID-19 as a reason to disengage with therapeutic or mandated services, or and/or justify escalation in problem behaviours
* increased isolation within the home and/or increased control of communication devices
* denial of access to medical care
* increased threats to suicide or self-harm, and/or expressions of hopelessness
* increased demands for custody of children and attacks on parenting
* threatening to cause the victim survivor, adult or child, to contract the COVID-19 virus.

If these serious risk perpetrator behaviours are identified, an **immediate intervention response** is required.

**Update your risk management and safety planning – use updated MARAM Safety Plan**

* Encourage the victim survivor or key contacts to contact 000 if risk changes or escalating.
* Safety plan for isolation periods where the perpetrator is in the home.
* Apply for or vary a family violence intervention order to exclude the perpetrator from the home or places victim survivor (adults, children and young people) frequent – **some extremely serious risk cases should have proactive intervention to exclude perpetrators during the isolation period**
* Plan tailored risk management strategies for marginalised groups of victim survivors
* Continue to monitor risk for women and children in physical isolation/quarantine with perpetrators – develop plan for contact for clients at serious risk to monitor, such as weekly.
* Activate additional resources such as relocation to crisis accommodation or refuge, a Personal Safety Initiative or RAMP referral, welfare checks by local police, access to courts and legal support and brokerage
* Where possible and safe to do so, intervention should prioritise victim survivors (including children) to remain at home and source alternative accommodation for the perpetrator.
* New questions to ask about suicide or self-harm risk are in the updated Safety Plan (**Attachment 2**)
* Support connection to Legal Help 9 am and 5 pm, Monday to Friday by phone (1300 792 387) or webchat at <http://www.legalaid.vic.gov.au/>.

**New ways to communicate with clients in physical isolation**

All communication with victim survivors should promote the language of ‘physical distancing’ with a social inclusion messaging – victims are already methodically isolated by perpetrators which means this language can make people even more reluctant to seek support.

Plan ahead for methods of communication during physical isolation/social distancing period. Communicate that support for safety continues, even if they need to leave. This may mean not returning home for some time or removing the perpetrator to isolate elsewhere.

Plan in advance for limited opportunities to contact families, friends and services. **Always state**:

* “Help is still available – how can we help you to continue to access support?”
* “Call police on 000 if you need immediate help”
* “If you call emergency services and need to leave the phone, try not to hang it up”
* “If possible, teach children or young people how to call police in an emergency”[[4]](#footnote-4)
* “Your safety still comes first - you won’t get into trouble for calling police during quarantine or physical distancing/isolation periods”

**Technology** – note perpetrators will escalate use of technology to monitor and control communication. Discuss safe communication, including safe devices that can be kept private. If unsafe to directly communicate, arrange alternative methods with ‘safe’ third parties.

Identify and prioritise known serious risk and RAMP victim survivors and set up expectations around communication. Let the person know they can continue to ask for help any time you call to check in.

* Consider alternative methods if phone is unavailable or restricted, e.g. email safesteps@safesteps.org.au.
* Ask when and how to call – weekly/fortnightly? If a victim survivor does not respond to calls, consider their most recent risk assessment and use your professional judgement if you need to call police.

**Strengthening coordinated and collaborative practice during COVID-19[[5]](#footnote-5)**

During COVID-19, there is recognition that there may be further reduced capacity for some victim survivors to communicate or engage directly with specialist family violence services due to their choice, circumstances, risk or fear, such as monitoring and controlling behaviours from a perpetrator.

In these circumstances, there is increased need to work collaboratively with other sectors who are directly engaged with victim-survivors to provide specialist expertise and guidance for risk assessment and risk management. It is important to ensure secondary consultations are provided to other agencies in a timely manner and to enable inclusive and culturally safe responses.

During the COVID-19 period, it is important for specialist family violence services to lead coordinated responses to support victim-survivor safety and wellbeing, identify and respond to risk, and collaborate across sectors, including through information sharing, providing secondary consultation, and collaborative action plans.

Based on assessed risk and need, you may be able to facilitate access to brokerage funds for victim-survivors and perpetrators[[6]](#footnote-6) that are not otherwise directly engaged with your service. Where risk assessment, safety planning, coordinated action plans or brokerage is facilitated through other sectors (e.g. mental health, AOD), the supported perpetrator or adult and child victim-survivor are considered clients during the service support period.

## Attachment 1: Updated Immediate Risk Assessment [Template presumes personal/demographic information already collected or can be when safe to do so]

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Comments (or not known) |
| **Do you have any immediate concerns about your safety?** Questions below aim to identify escalating mental health, controlling behaviours, physical or sexual violence, threats, including perpetrator threats to suicide. |  |  |  |
| PERPETRATOR ACTIONS | **Have they ever…** |
| physically hurt you in any way (hit, slapped, kicked or otherwise physically hurt you)?  | [ ]  | [ ]  |       |
| threatened to hurt you or any children? (including threats to cause you or your children to contract COVID-19?)  | [ ]  | [ ]  |       |
| increased control of your communication or activities?\* or increased emotional abuse? | [ ]  | [ ]  |       |
| threatened to self-harm or suicide? | [ ]  | [ ]  |       |
| **The following risk related questions refer to the victim survivor:** |
| IMMEDIATE THREAT or RISK TO SELF | Are there any children or people in your care in immediate danger?  | [ ]  | [ ]  |       |
| Do you have any thoughts of self-harm or suicide? Are they overwhelming? Do you have an uncontrolled feeling of hopelessness? Consider:* Frequency and context of suicidal thoughts
* If the person describes a plan (method and likely lethality of method)
* Intent (passive or active?)

These questions aim to identify if victim survivor is also at increased risk of mental health issues or suicide – See suicide and self-harm assessment and safety plan at **Attachment 2**.* Do you know how to ask for or access support if you need it? What are your coping strategies?
* What helps you to feel or shift your mood? Feel distracted from problems and helps you to feel calm and safe?
* Can you continue to use these distractions/strategies now?
 | [ ]  | [ ]  |       |
| HELP ACCESS | Can you call police on 000? If yes – hang up and do so now Do you need me to do this for you? What is your location? | [ ]  | [ ]  |       |

## Attachment 2: Victim Survivor Safety Plan during COVID-19

### Victim Survivor Safety Plan during COVID-19

| Plan detail and questions to support planning | Checklist and detail |
| --- | --- |
| **Safe place to go**  |
| *What is the fastest/easiest/safest way to exit the house?**If you need to leave quickly, where could you go?***Discuss emergency planning, what to do, and where they will go in case of immediate danger.** The safety plan may include: * If the victim survivor is self-isolating and continuing to live with the perpetrator, identify a space in the house that is lower risk to go to where they can phone police/000 for assistance, or which may be an escape option
* Plan for the perpetrator restricting food, medicines, support equipment, private spaces (e.g. bathroom), care, services.
* Pre-programming the victim survivor’s phone with emergency contacts and preparing an emergency ‘go bag’.
 | Address or name of place and how will you get there?      |
| **Emergency contacts** |
| Would you feel comfortable calling the police (000) in an emergency? If not, how can we support you to do so? [ ]  Yes [ ]  No [ ]   N/A Call 000 in an emergency or Safe Steps on **1800 015 188 or local family violence organisation on**       |
| Who are your personal emergency contacts? (plan for them to be a point of contact) | Name, relationship, contact details      |
| **System intervention**  |
| * How have the coronavirus (COVID-19) restrictions affected your relationship with family members? How?

**If the perpetrator or victim survivor is in quarantine** Are they at home? Are they confined to a smaller space? Are they in hospital? If at home they are likely to have regular contact from health or designated services who can also assist to monitor risk. **Health or designated monitoring services should be contacted so they are aware of the family violence risk and to support monitoring if serious risk is present.*** Is the perpetrator living with you in the home during quarantine/physical isolation period? Is the perpetrator returning to the home due to job or housing loss?
* Have additional people moved into the home recently?

If the victim survivor is not living with the perpetrator – the perpetrator will likely increase their use of violence towards victim survivors who they believe are more vulnerable as they know where they are at all times. If the victim survivors is currently living with a perpetrator, ask:* Are you planning on staying with them during isolation?

If yes, **explore their reasons and options for isolating elsewhere.** Some people may feel they don’t have any other choices – due to reduced or lost income, care needs, options to leave with children, or fears of putting at-risk cohorts at risk of contracting COVID-19. Increased financial stress may limit perceived choices where available support not known. | [ ]  Yes [ ]  No [ ]   N/A  |
| See Legal Help – 1300 792 387:Family Violence Intervention Orders; Child Protection; Parenting issues (Family Law); Criminal law; Tenancy; Migration; Social security (Centrelink). Available in a range of languages and for people who are deaf or hearing/speech impaired.**Legal Help is available** – Victoria Legal Aid can provide advice and/or triage to local community legal service support. Court duty lawyer services for intervention order matters can provide support, even if applicant not attending court, ideally ahead of Court date. All applicants for intervention orders or variations should be provided with legal help contact information.The Federation of Community Legal Centres has support access at [www.fclc.org.au/familyviolence](file:///C%3A/Users/fjac0306/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/G3AM4B63/www.fclc.org.au/familyviolence), and from a tile on the [fclc homepage](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.fclc.org.au_&d=DwMFAg&c=JnBkUqWXzx2bz-3a05d47Q&r=p9o8O_is1vYhWLfaZeLwAKU5_V2YDdfenNnKZf3Y-LGBKHfNLKWFOw3ZqstPRjd_&m=4o13TP_WOg2WkKM56ECztEecPs6Rwtv4gACKahIkFr8&s=GbyI5XaTHodTaED2NpMpSA781DKsRD4JTedeTr_v4cM&e=), and contains referral lists for: CLC family violence duty lawyer services; state-wide specialist services; and local CLCs providing family violence assistance, by LGA. | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| Does intervention order need variation to exclude perpetrator from home?(if perpetrator has returned to the home due to housing or employment stress – discuss alternative housing options for perpetrator to increase safety and enable exclusion) | [ ]  Yes [ ]  No [ ]   N/A |
| If an intervention order in place, is it being adhered to? (note if any breaches, list/describe) | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| **Safe communication / Support of someone close by**  |
| *Do you have other options for accommodation?***Explore why if they are reluctant to use other available options**  | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| How can we communicate during quarantine or physical isolation? Do you have access to a phone or internet? (Skype, Teams, social media, or contact with friends, family or school? | [ ]  Yes [ ]  No [ ]   N/A (provide details) (check technology safety – below)      |
| Can you contact friends, family or someone trusted if you need to? Consider a **code word** or signal with a safe person or someone close by who knows how to respond if you contact them in an emergency? Ask:- can they **contact police on** 000on your behalf?Code word or signal may be flashing internal lights, the position of internal blinds, toys or ornaments arranged outdoors or the shouting of certain words to tip off observers.Note willingness to assist may change or diminish with fear/ risk of infection – let the person know they will not be in trouble if they come to your assistance | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| Does anyone else have access to your phone or online accounts? (email, Facebook, other social media etc.) | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| Can you access essential services for help? (GP, pharmacist, supermarket worker, teachers or other staff)Think in advance how you could communicate with them.Services can plan and support risk management ahead of escalation. | [ ]  Yes [ ]  No [ ]   N/A (provide details)     Can you give them a note with your name and address on it and the help you need, e.g. *My name is [NAME], Please call the police, I live at [ADDRESS] and I am in danger.* |
| **Check online and phone security:*** Install free Aurora or Daisy app on the [1800RESPECT website](https://www.1800respect.org.au/help-and-support/safety-apps-for-mobile-phones/%29)
* keep records of abusive texts, emails, social media etc.
* Clear browser history, use private browsing, for example by opening ‘incognito’ in Chrome or ‘private’ in Safari
* Instant messaging can be tracked and recorded. It may be safer to call from a landline or friend’s telephone.
* Create an anonymous email account but keep using your old accounts to avoid suspicion
* Protect or change passwords
* If possible, have a spare mobile with prepaid credit
* Limit social media contacts to only those you trust
* Install anti-virus protection to help block spyware.
* Check for signs of spyware:
* Battery of device is dying faster/speeds slower
* Any unknown programs operating
* Perpetrator knows what you are doing, where you are, who you talk to online/by emails/texts/calls
 | [ ]  Yes [ ]  No [ ]   N/A (provide details)      **Check actions completed:**       |
| Can you tell someone close by about the violence who can call the police? **What is a code word or signal you can use?**i.e. flashing internal lights, the position of internal blinds, toys or ornaments arranged outdoors or the shouting of certain words to tip off observers.  | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| Could they assist if you want to leave? (note willingness to assist may change or diminish with fear/ risk of infection) | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| Could they come with assistance or call the police if they hear sounds of violence coming from your home? | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| **Ask questions to assist managing the perpetrator** |  |
| Use the language of the perpetrator to be less challenging and allow the victim survivor to talk about how the family are going to manage and stay safe: * Does the perpetrator acknowledge the impact of his behaviour towards you and the children?
* Would they be open to agree on a designated space in the house as a ‘safe zone’ for you and the children when he becomes ‘angry’ ‘frustrated’ or thinks ‘they’re losing it’ that they agree not to breach.
* Would they agree to take a walk or leave the room when they feel their feelings are getting the better of them.
* Would the perpetrator call men’s referral service (1300 766 491), beyond blue (1300 22 4636) or lifeline (13 11 14) for support if things were getting too big for them to manage?
 | Consider all personal plans for responding to violence in the home. Increased and sustained emotionally abusive tactics, including abuse related to parenting and communication, personal self-worth etc. will take an increased toll on victims. Discuss personal strategies to manage this impact and how to determine when and how they can leave if they need to. Refer to suicide first aid if indicators present. |
| **Planning for children, older people or people in your care [if applicable]** |
| What would you need to arrange for people in your care? |  (provide details)       |
|  |  |
| What are their support needs? | (provide details)       |
| Would they come with you if you leave in an emergency? | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| **If you have children in your care** | Make sure children understand the safety plan, where age and developmentally appropriate. See Child Safety Plan in MARAM Responsibility 4, Appendix 10. |
| How many children do you have in your care? Ages? | (provide details)       |
| Do they have any particular needs? | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| Do your children attend school? (including online platforms – noting teachers and school staff can support wellbeing and safety checks for children and adults experiencing violence – and report to Child FIRST, Child Protection, police and specialist family violence services) | [ ]  Yes [ ]  No [ ]   N/A (provide school address/contact details) |
| Is there anyone in your child’s life you trust they can talk to? Can they talk to teachers online if they are unsafe or afraid? | [ ]  Yes [ ]  No [ ]   N/A Name of trusted person, contact details:       |
| **Planning for pets** |  |
| Would pets come with you if you leave in an emergency?  | [ ]  Yes [ ]  No [ ]   N/A |
| **Transport**  |  |
| Do you have access to a vehicle to get to a safe place?  | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| Can someone come to pick you up? (let safe person know in advance they may need to assist you in an emergency) | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| **Items to take with you – escape bag** |  |
| Key items including phone, keys, money (cash, bank cards), documents, medication, support aides, prescriptions? | (provide details)       |
| Can you put together items in a safe place or leave them or copies with someone, just in case? | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| **Financial access** |  |
| Do you have access to money? Access in an emergency? | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| **Current supports** |  |
| Do you have supportive people who you trust to talk to about your situation? Can they help you in an emergency? | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| Are you connected to social networks (family, friends, etc)? | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| What do you usually do day-to-day to manage your safety?How has/will this change during physical isolation? |  (provide details)       |
| Are you engaged with any professional/therapeutic services? Will they continue by phone/online during physical isolation?  | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| Access to antenatal services? (if applicable) | [ ]  Yes [ ]  No [ ]   N/A (provide details)      |
| **Personal emotional supports – Suicide first aid and safety plan** |  |
| If perpetrator increases their emotional attacks, what strategies can you use to manage your mental health?Can you spend time in different rooms?Can you do exercise at home or close to home? |  (provide details)       |
| **Suicide and self harm first aid and safety plan*****When suicidality is identified:***Can you identify when/if you are feeling suicidal? – * What strategies can you use when feeling suicidal?
* What are your early warning signs for increased risk of suicide?
* Who are your identified supports when feeling unsafe?
* Have you identified a suicide plan or decision to suicide?
* What needs to happen to increase your safety at
* this time?

***When self harm risk is identified:***If you feel like hurting yourself, enact your safety plan:* What self harm have you been engaging in or intending to engage in?
* What other strategies have you used or could you use to reduce or distract from self harm?

**Be aware that reducing non suicidal self harm can INCREASE the risk of suicide*** Do you have existing supports around self harm? Are you able to contact them?
* Are you able to alter the self harm to make it less dangerous?
* Are there ways to make your environment safer?
* Would it be helpful to engage in other activities?
 | Who can I contact? * In an emergency always call 000
* Lifeline 13 11 14 (24/7) / Beyond Blue 1300 22 4636
* Suicide Call Back Service 1300 659 467 (24/7)
* MRS 1300 766 491 (24/7)
* My GP: (provide details)

See service list of additional supports below, as needed. |
| **Referral options:*** Safe Steps on **1800 015 188 or local Specialist Family Violence Service**: to share information and collaborate on safety planning if a victim survivor is currently engaged in their service.
* **Legal Help** operates 9am to 5pm, Mon-Fri, by phone (1300 792 387) or webchat at <http://www.legalaid.vic.gov.au/>.
* **Crisis Assessment and Treatment Teams** (CATT): Call if a service user is showing acute signs of mental ill health, but may or may not be a threat to themselves and/or others.
* **Beyond Blue** or **Lifeline** 13 11 14 if risk of self-harm or suicide is present, or increased mental health issues that are not at crisis point.
* **Suicide call back service** 1300 659 467 if risk of self-harm or suicide is present, or increased mental health issues that are not at crisis point.
* **Child Protection**: to share information where children are involved or to obtain information about the level of risk a service user may pose to children
 | * **VACCA** individual case work, group work, counselling and practical support for Aboriginal people – (03) 9287 8800
* **Djirra** 9am-9pm (Mon-Fri) for women, and people who are currently experiencing family violence or have in the past – 1800 105 303
* **Crisis accommodation**: where excluded from the home; no alternative accom. available with family or friends, risk of/ homelessness – 1800 015 188
* **local police** for welfare checks
* **Nurse on call** – 1300 60 60 24
* **Kids Helpline** – 1800 55 1800
* **Alcohol and other drug use** – Direct line – 1800 888 236
* **Gay and Lesbian Switchboard** – 1800 184 527
* **Gambler’s Help** – 1800 858 858, 24/7
* **Bush support line** – people in rural and remote areas – 1800 805 391
* **Brokerage** for other needs-based interventions that could reduce risk.
 |

1. See referral details below [↑](#footnote-ref-1)
2. See link to Courts operational information [here](https://mcv.vic.gov.au/news-and-resources/news/your-questions-answered-during-covid-19) [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. See Child Safety Plan for conversation model in MARAM Responsibility 4, Appendix 10. [↑](#footnote-ref-4)
5. The MARAM Framework and the DVVic Code of Practice support specialist services to provide coordination of collaborative practice with non-specialist services, including through secondary consultation support. [↑](#footnote-ref-5)
6. Note: As per the FVCB guidelines brokerage can be used for perpetrators. Note, “The purpose must be to reduce the risk to, or enhance the safety of victim survivors and/or their children. Expenditure must directly link to this purpose such as increasing engagement and keeping perpetrators in view and therefore it is expected the majority of brokerage will be used for accommodation and transport purposes [↑](#footnote-ref-6)