



IN THEIR OWN RIGHT

Actions to improve children and young people's safety from domestic, family and sexual violence

SOPHIE GILLFEATHER-SPETERE | AMY WATSON

ANROWS acknowledgement

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Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present, and we value Aboriginal and Torres Strait Islander histories, cultures and knowledge. We are committed to standing and working with First Nations people, honouring the truths set out in the [Warawarni-gu Guma Statement](#).

Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women, children and young people affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include Kids Helpline (1800 55 1800), 1800RESPECT (1800 737 732), Lifeline (13 11 14) and, for Aboriginal and Torres Strait Islander people, 13YARN (13 92 76).

Author acknowledgement

We would like to recognise and give our sincere gratitude to the many people who contributed to this work. In particular, we thank the young victim-survivors of family violence who worked alongside us to contribute their expertise and voices.



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About ANROWS

Australia's National Research Organisation for Women's Safety Limited, or ANROWS, was established as an initiative of Australia's first *National Plan to Reduce Violence against Women and their Children 2010-2022* by the Commonwealth Government and all state and territory governments of Australia. ANROWS's primary function is to build the evidence base that supports ending violence against women and children in Australia. ANROWS is embedded in the National Plan architecture and will continue to deliver and develop this function across the next decade under the *National Plan to End Violence against Women and Children 2022-2032*. Every aspect of our work is motivated by the right of women and children to live free from violence and in safe communities. We recognise, respect and respond to diversity among women and children, and we are committed to reconciliation with Aboriginal and Torres Strait Islander peoples.

Artist statement

Amani Haydar is an award-winning author, artist and advocate for women's health and safety, based on Dharug Land. Amani is a former Archibald Prize finalist, and her illustrations have been featured in various publications including *The Very Best Doughnut* by Randa Abdel-Fattah and *Safar* by Sarah Malik.

“ It is a privilege to provide art to accompany this crucial research from ANROWS. The cover art for this report is a collaboration with my 9-year-old daughter who drew her 'happy place' for me to use as a base for the artwork. As both an artist and survivor advocate raising children, I am conscious of the ways in which children's knowledge and creativity is often dismissed and undervalued. The images in this report are intended to evoke a nostalgic, whimsical picture-book feel, reminding us of who this research is intended to serve and what the world looks like through their eyes. For me, healing includes using creativity to embrace my inner child and the symbols in my illustrations represent places and things that made me feel safe and excited when I was younger. May we use this work to reflect on our own oppressive systems and practices and raise safe, empowered, and compassionate adults. ”





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QUICK LOOK:

Impacts, priorities and actions

There are no circumstances in which children and young people are subjected to domestic, family and sexual violence and not harmed. They are victims and survivors in their own right, and they know it.

In most situations we are overlooked, ignored, or barely included. This is not only an issue that creates more trauma for children and young people but can affect our physical safety as well.

ANNIE, SHE/HER, A YOUNG VICTIM-SURVIVOR OF FAMILY VIOLENCE¹

Children and young people's lives are diverse, and they experience violence as individuals. All children and young people demonstrate strengths, resilience, and use acts of resistance to protect themselves and others from violence.

The impacts of domestic, family and sexual violence on children and young people can be ongoing and lifelong and include ...

Mental health conditions

Poor physical health

Fragmented family relationships

Increased likelihood of being subjected to or using violence

Difficulty forming healthy connections with others

Disrupted ties to faith, community and culture

Decreased school engagement and educational performance

Physical injury

Death caused by a parent (filicide)

The death of family members through filicide or homicide

Service and system responses do not always meet the needs of children and young people subjected to domestic, family and sexual violence or using violence themselves. This is particularly apparent for ...

Children and young people and families with disability

Aboriginal and Torres Strait Islander children and young people and their families

Regional and rural children and families

Culturally and linguistically diverse families

LGBTQ+ and intersex children and young people and families

Children and young people's experiences of domestic, family and sexual violence can intersect with and be influenced by other complex issues. These include ...

Parental alcohol and other drug use

Physical or mental health issues

Parental incarceration

Trauma from harm caused by institutions, systems and services

Intergenerational trauma

Financial stress and poverty

¹ The quotes used in this guide were provided by the young victim-survivors we consulted. Some of these quotes are provided under pseudonyms.

The "how": Four principles to underpin reform

Systems of oppression intersect to create compounding forms of discrimination

There is no single experience of being a child or young person. When working to support the safety and wellbeing of children and young people we must use an intersectional approach.

A rights-based approach upholds the dignity of all children and young people

Policy and service systems need to be rights-focused to avoid causing further harm.

A clear authorising environment enables child-centred reform and practice

Policy and system change needs to be supported by an authorising environment with supportive leadership, adequate resourcing, child-focused and DFSV-informed policies and procedures, and education and training.

Where there is violence, there is resistance

The strengths, resilience and resistance of children and young people should be recognised and incorporated into trauma-informed, strengths-based system responses.

The "what": Eight priorities for action

Recognise the profound and diverse impacts of domestic, family and sexual violence on children and young people

- Protect and support children and young people's safety and healing.
- Correct narrow representations of children and young people's experiences of domestic, family and sexual violence in public discourse.

Centre the voices, strengths and needs of children and young people

- Recognise that children and young people are aware of their needs and facilitate their right to contribute to solutions.

Prioritise primary prevention centring children and young people's wellbeing and safety

- Invest in the prevention of and early intervention for domestic, family and sexual violence and other forms of childhood maltreatment.
- Support children and young people to develop healthy relationships and behaviours.

Acknowledge and act on Aboriginal and Torres Strait Islander peoples' knowledge of what is best for their children

- Advocate for and invest in Aboriginal and Torres Strait Islander-led healing approaches.
- Embed culturally appropriate approaches into mainstream services.

Design and deliver holistic child-centred systems, policies and supports

- Respond to service gaps that ignore children and young people's safety and healing needs.
- Deliver child-centred responses to intimate partner violence involving parents.
- Challenge the binary of seeing children and young people as either victim-survivors or perpetrators.

Collaborate across systems to respond holistically to children and young people's needs

- Deliver holistic services and responses through information sharing, service navigation and a shared understanding of domestic, family and sexual violence.
- Increase the visibility of children and young people in adult-centred services.

Invest in skill development in trauma- and DFSV-informed care across systems and services

- Ensure all sectors working with children and young people are equipped to deliver trauma- and DFSV-informed care.

Share knowledge across services working with disability; domestic, family and sexual violence; and children and young people

- Develop workforce understanding of disability and its intersections with domestic, family and sexual violence across sectors.
- Accompany policies with concrete action for children and young people with disability.
- Develop capacity within both mainstream and specialist services to respond to the specific needs of children and young people with disability.

ANROWS research is clear: Children and young people need real evidence-informed action now

Children and young people have told us that their experiences of violence are often overlooked by the systems and services meant to support their safety.

Policy, programs, practice and research have often assumed that children and young people are not affected by domestic, family and sexual violence directed towards the adult carers in their lives. In many cases, we have not listened to their voices, heard their experiences, or acknowledged their strength and resilience as they resist violence and control. Nor do we always know how to respond when children and young people use violence themselves. Children and young people have been let down by this response.

However, the tides are shifting.

We have seen increased recognition that children are not just “exposed” to domestic, family and sexual violence or simply “witnesses” to violence inflicted by one parent or caregiver upon another. We know that there are no circumstances in which children and young people are living with domestic, family and sexual violence without also being impacted.

This is reflected in the *National Plan to End Violence against Women and Children 2022-2032* (the National Plan), which recognises children and young people as victims and survivors in their own right. It identifies a need to “elevate” the voices of children and young people and “establish appropriate supports and services that will meet their safety and recovery needs” (Department of Social Services [DSS], 2022a, pp. 110, 121).

Policy should be used to drive urgent action. Research evidence is an integral part of informing this action, alongside meaningful collaboration and partnership with children and young people and victim-survivors.

ANROWS has produced over 20 research reports on children and young people’s unique experiences of domestic, family and sexual violence. These reports were published over five years, from 2019 to 2024, and include over 130 policy and practice recommendations. These calls to action cannot be left to gather dust.

This is a guide to the common policy recommendations made across the ANROWS reports. Policy actors at all levels of the Australian Government, practice leaders and advocates can use it to create and advocate for more consistent and effective policy responses for children and young people.



Who is responsible and how can they use this guide?



Building a society where children are safe is everyone's business.

Children and young people's experiences of domestic, family and sexual violence have for too long been seen as primarily the responsibility of those working in child protection services. The number and scope of actions included in this resource show that this needs to change.

This resource is for policy actors, practice leaders and advocates whose work touches the lives of children and young people and people who have been subjected to domestic, family and sexual violence in their childhood. That is a large and diverse group of people working across a range of systems. This diversity can be a strength in building better responses that support children and young people's needs. There are policy levers across federal, state and territory jurisdictions - including in key portfolios like family law, disability, education, child protection, juvenile justice, health and specialist services - that can create the change that children and young people need to be safe, supported, connected and thriving in their families and communities.

Some actions in this resource refer to the specific portfolios of states and territories, for example the child protection or juvenile justice systems. These actions also need national leadership to ensure clarity of message, purpose and approach.

All policy actors, practice leaders and advocates can embed and advocate for the safety and wellbeing of children and young people in their work. These efforts can be large or small, but they all contribute to a system that works better for children and young people. Children and young people need these champions at all levels of the political and service systems, and across diverse portfolios and sectors.

We know that the systems and sectors that work with children and young people and their families are complex. The policy recommendations in this resource are not exhaustive. They can, however, point towards good practice and opportunities to strengthen and transform system responses. They can guide our work towards a child-centred approach to domestic, family and sexual violence.

People working to address children and young people's experiences of violence often know what the problems are but may feel less confident about how to actually address them.

This resource is your guide to driving evidence-informed action.



How was this guide developed?

Review of recommendations from ANROWS research

ANROWS has a unique role in the Australian research landscape as the national institute dedicated to developing and sharing the evidence base on domestic, family and sexual violence to keep women and children safe.

We began developing this guide by identifying ANROWS reports focusing on children and young people. Across more than 20 research reports, we identified over 130 recommended actions. We reviewed a small sample of these actions to identify and refine thematic codes. These themes were then applied across all actions identified from the relevant ANROWS research. A further analysis of these codes identified eight priority areas for policy action, which form the basis of this guide.

Review of non-ANROWS research and reports

There has recently been a significant amount of research and development of promising practice, alongside some policy reforms, aimed at better supporting the safety of children and young people.

This review does not aim to provide a complete analysis of this broad body of work. However, it does feature some external research and reports to represent the landscape and context in which ANROWS's work is situated. Certain themes and actions persist across ANROWS's research and external research about children and young people's experiences.

Incorporating a wider range of research also helps address limitations within existing ANROWS research, such as gaps in knowledge specific to culturally and linguistically diverse children and young people, LGBTQ+ and intersex children and young people, and those living in regional and remote areas.

Consultation with young victim-survivors and policy, practice and research stakeholders

We worked with a variety of stakeholders to develop this guide. This included young victim-survivors of family violence, whose input has supported this guide to reflect their experiences, advocacy goals and policy priorities. We also consulted with leading academics and experts in policy and practice to ensure the guide is responsive to current practice and policy problems.

Limitations

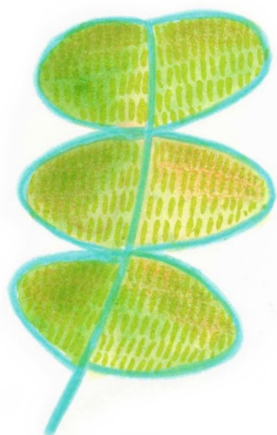
We do not aim to cover all research on children and young people's experiences of domestic, family and sexual violence in this guide. We also do not aim to provide a comprehensive overview of the findings of all the research we have undertaken or commissioned. We focus on actions to move the discussion beyond research findings into opportunities for policy reform.

Actions for policy emerge from research in varying ways. Sometimes the language is clear and specific and at other times it is broad. Some research recommendations can be challenging to implement without specific examples. We have provided examples in this guide to help illustrate the possibilities. The examples included are not the only instances of progressive reform and practice.

We encourage policy actors, practice leaders and advocates to explore what reforms would look like in their jurisdiction and to evaluate policy and practice changes to continue building evidence about what works, when, for whom and in what context.

What policies and strategies already exist?

This guide complements ongoing work to support children and young people who are victims and survivors of domestic, family and sexual violence and those who use violence themselves. Multiple national plans and strategies set the standard at a national level. These can inform action at a state and territory level.



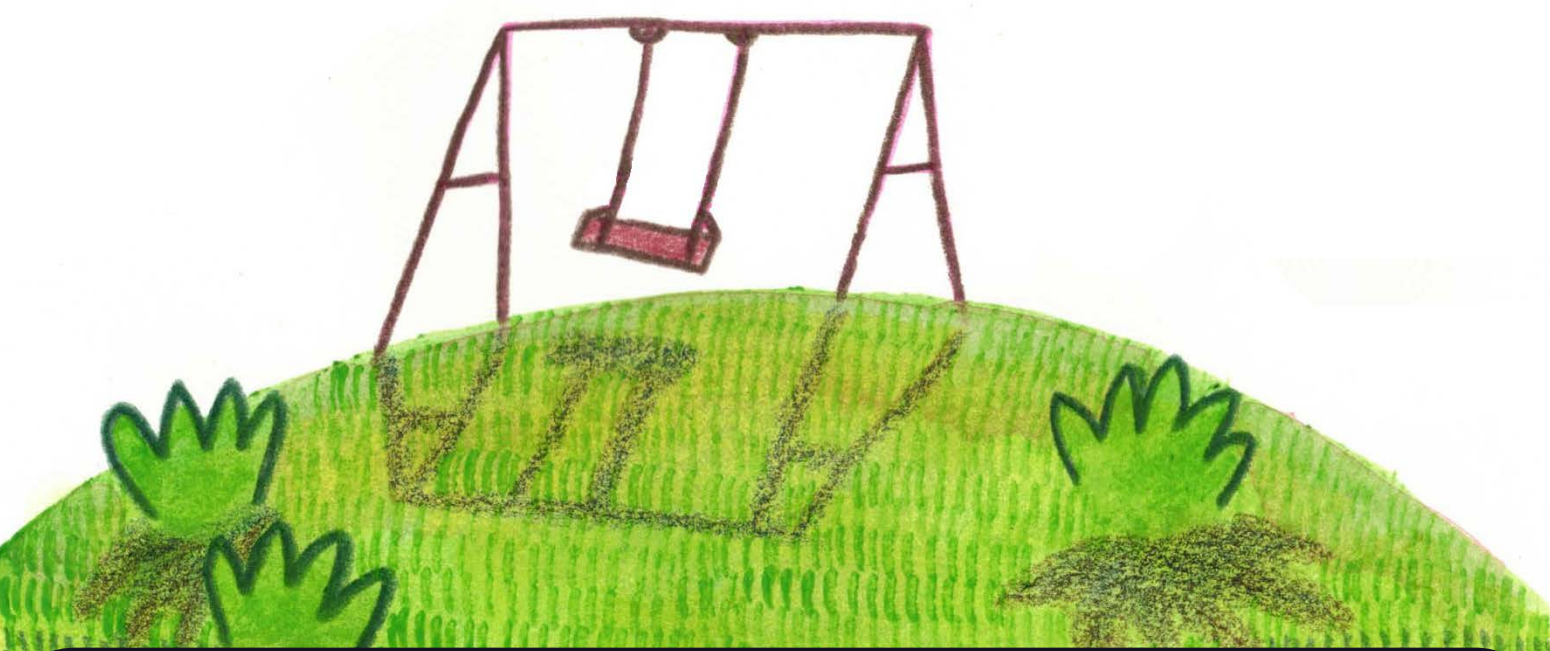
The *National Plan to End Violence against Women and Children 2022-2032* (the National Plan; DSS, 2022a) guides action to end violence against women and children. The *Aboriginal and Torres Strait Islander Action Plan 2023-2025* and the *First Action Plan 2023-2027* currently guide delivery of the National Plan (DSS, 2023a, 2023b).

Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031 focuses on supporting the safety of children and young people, including recognition that they are impacted by domestic and family violence (DSS, 2021b). It is delivered through the *Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan 2023-2026* and the *Safe and Supported: First Action Plan 2023-2026* (DSS, 2022b, 2022c).

The *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* is a nationally coordinated framework to prevent and respond to child sexual abuse (National Office for Child Safety, 2021). It is included here in recognition that intimate partner violence and coercive control can create environments in which child sexual abuse is perpetrated, and that experiences of sexual abuse in childhood are linked to being subjected to intimate partner violence and sexual violence in adulthood.

The *National Agreement on Closing the Gap* (the National Agreement) is a strategy that sets out reforms and target outcomes to change the way that governments work to improve life outcomes experienced by Aboriginal and Torres Strait Islander peoples (Joint Council on Closing the Gap, 2020). While only Outcome 13 – “Aboriginal and Torres Strait Islander families and households are safe” – has a specific target of reducing domestic and family violence, other outcomes are closely related and capture the impact of violence on the lives of Aboriginal and Torres Strait Islander children and young people. These outcomes include the impacts of domestic and family violence across early childhood development, school success, over-representation in the child protection and legal systems, and the mental health and wellbeing of First Nations people, including suicidality. It is important that our strategies recognise the myriad impacts of domestic, family and sexual violence, and work to address these.

The *Australian National Research Agenda to End Violence against Women and Children 2023–2028* (the National Research Agenda) is a national framework, developed by ANROWS, that identifies what evidence is needed to end DFSV and how this evidence should be produced (Lloyd et al., 2023). Children and young people are a priority for research investment. In particular, it is important now to trial and evaluate interventions that aim to prevent potential revictimisation and use of violence and which help young victim-survivors to heal.



Why do we use certain terms?

The language used about domestic, family and sexual violence is continually changing.

We use gendered language when talking about domestic, family and sexual violence because it is a gendered issue. Men are more likely to use violence, whereas cisgender and transgender women, children and young people, and intersex and non-binary people are more likely to be victims and survivors.

Some specific terms we use are:

Children and young people Infants, children and young people up to the age of 25.

Domestic, family and sexual violence

We refer to the following terms in this guide: domestic, family and sexual violence; domestic and family violence; and domestic violence. We use each of these terms depending on the term used in the research we are referring to.

We spell out domestic, family and sexual violence in this guide rather than using an acronym. We do this because we want to encourage conversations that are accessible, acknowledge the full range of lived experiences, and limit the use of jargon.

We use the term “DFSV-informed” when talking about ways of working such as tools and policies.

The National Plan defines domestic violence as:

... any behaviour within an intimate relationship (including current or past marriages, domestic partnerships or dates) that causes physical, sexual or psychological harm. This is the most common form of violence against women. Intimate partner violence can also occur outside of a domestic setting, such as in public and between two people who do not live together (DSS, 2022a, p. 47).

The National Plan further states that family violence refers:

... not only to violence between intimate partners but also to violence perpetrated by parents (and guardians) against children, between other family members and in family-like settings. This includes for example elder abuse, violence perpetrated by children or young people against parents, guardians or siblings, and violence perpetrated by other family members such as parents-in-law. Family violence is also the term Aboriginal and Torres Strait Islander peoples prefer because of the ways violence occurs across extended family networks (DSS, 2022a, p. 37).

The *National Principles to Address Coercive Control in Family and Domestic Violence* emphasise that coercive control is almost always an underpinning dynamic of domestic, family and sexual violence (Attorney-General’s Department, 2023b). Coercive control occurs when people using violence exert power and control over a victim-survivor through patterns of behaviour over time that deny liberty and autonomy. These patterns of abuse can include physical or non-physical behaviours, or a combination.

ANROWS notes that coercive control can be used against current and former domestic and intimate partners, family members including extended family, and members of community groups.

Health system This refers to all healthcare providers working in Australia. This includes general practice, allied health, hospitals, and child, maternal and family health services.

Intimate partner violence In this report, intimate partner violence refers to a person using acts and patterns of violence and abuse against another person who they share, or have previously shared, an intimate relationship with. Intimate partner violence can occur in the relationships of both adults and young people. Intimate partner violence – specifically violence used by one parent or caregiver towards another – is under-recognised as a form of child abuse.

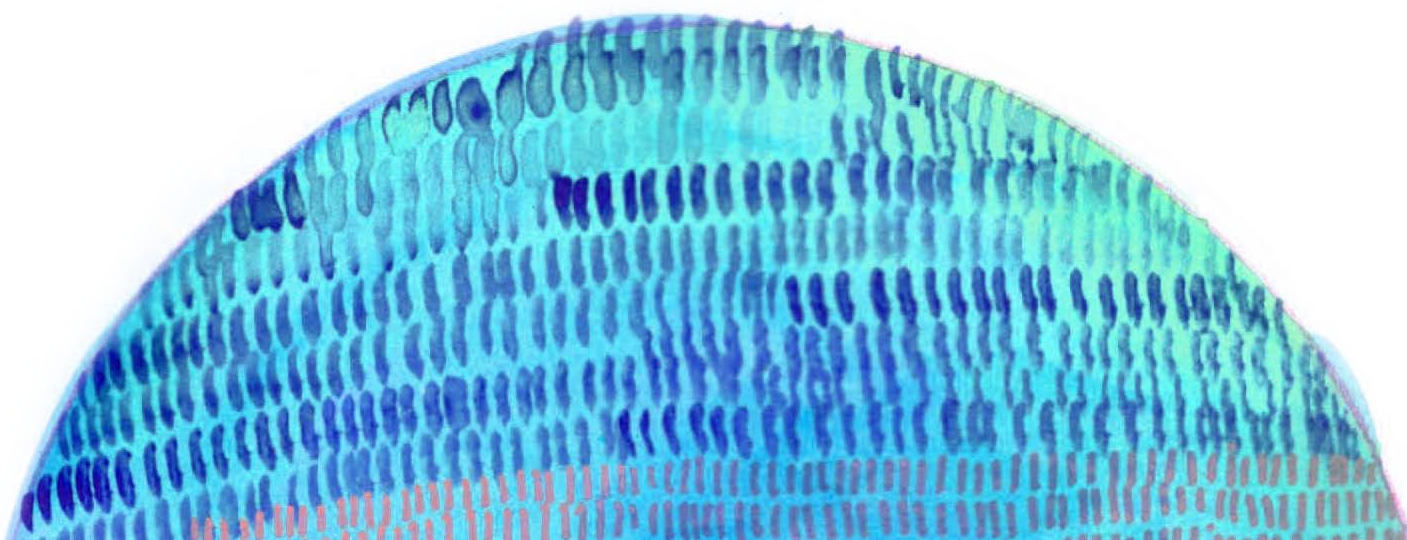
Parent or caregiver Parents or caregivers include adults in caregiving roles for children and young people on a more than temporary basis. This includes step-parents, foster and adoptive parents, parents’ partners, and extended family members who take on caring roles.

For Aboriginal and Torres Strait Islander children and young people, this also includes a person who is regarded as the child’s parent under Aboriginal tradition or Island custom.

Person using violence We use the term “person using violence” instead of “perpetrator”. This shifts the focus from “perpetrator” as an identity, to the use of violence as an action that is a choice. If the use of violence is a choice, then change is possible. A person using violence can also be a young person.

Policy actors Policy actors are individuals and groups that can influence policy formally or informally. This includes governments, businesses, non-government organisations, peak bodies, advocates, media and the public.

Safety and wellbeing Children and young people’s right to physical, emotional and psychological safety and wellbeing, and their right to culture, connection and agency.



Four principles to underpin reform

The following four principles emerged from ANROWS research as key underpinning themes to inform how we should work with children and young people. Each is equally important and should be applied across all forms of policy and service reform.

Systems of oppression intersect to create compounding forms of discrimination

There is no single experience of being a child or young person. When working to support the safety and wellbeing of children and young people we must use an intersectional approach. This means understanding the ways in which systems of oppression – like racism, classism, ableism, sexism and ageism – intersect and overlap to create unique forms of oppression, further entrenching structural and systemic barriers and discrimination.

Every child's experience of violence is unique – our services should reflect that.

EMILY, THEY/THEM, A YOUNG VICTIM-SURVIVOR OF VIOLENCE

A rights-based approach upholds the dignity of all children and young people

Multiple research projects emphasise that policy and service systems need to be rights-focused to avoid causing further harm (Australian Domestic and Family Violence Death Review Network [ADFVDRN], & Australia's National Research Organisation for Women's Safety [ANROWS], 2024; Morgan et al., 2023b; Robinson et al., 2022). Despite being legally bound by the terms of the United Nations' Convention on the Rights of the Child (UNCRC; United Nations [UN], 1989), and the United Nations' Convention on the Rights of Persons with Disabilities (CRPD; UN, 2006), and announcing support for the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP; UN, 2007), Australia's approach to human rights has been piecemeal. Adopting a comprehensive rights-based approach to child-centred policy can contribute to more holistic reforms that uphold the dignity of all children and young people, while addressing deep-seated power imbalances and systemic injustices.

We have the right to receive age-appropriate services that support us as victims in our own right.

CONOR, HE/HIM, A YOUNG VICTIM-SURVIVOR OF FAMILY VIOLENCE

A clear authorising environment enables child-centred reform and practice

New ways of working need support and socialisation through clear communication, relationships, champions, networks, as well as the proper allocation of time and resources in their implementation (Kertesz et al., 2022). For these changes to become embedded in the culture of our service system and its practice, we need an authorising environment that has the following:

- Leadership: Inclusive and diverse leadership that champions the change process and advocates for child-centred, DFSV-informed and collaborative practice, including centring the voices of children and young people.
- Resourcing: Adequate resources provided to support the implementation of the approach, including resourcing a culture of care that extends to practitioners and all people they are working with.
- Policies and procedures: Child-focused and DFSV-informed policies and procedures in place, including formalised agreements between organisations.
- Education and training: Timely and relevant education and training to increase skills, confidence and safety across the broad spectrum of workers who can support the safety and wellbeing of children and young people (Healey et al., 2020; Kertesz et al., 2022). This includes supporting the deepening of specialist skills and knowledges, alongside uplifting mainstream services and general practitioner capability.

Treating us as victims in our own right, just "acknowledging" us is not enough. There needs to be actions to back up this statement.

ANNIE

Where there is violence, there is resistance

Children and young people use acts of resistance to protect themselves and others from violence. Their strengths, resilience and resistance should be recognised and incorporated into trauma-informed, strengths-based system responses. Resistance to violence can take many forms. It can look like skipping school, staying out late to avoid danger at home, striving for perfection, protecting a sibling, disclosing abuse, and expressing their views. The possibilities are endless and represent the strength of children and young people when faced with adversity.

... children are not just passive victims but can also be agents of change in their own lives and within their families. Recognising their agency is key to empowering them to break the cycle of violence.

EMILY

What does the evidence say we need to do?

Evidence on children and young people's experiences and use of violence is extensive. This guide outlines eight priority areas for evidence-informed action to support children and young people's safety and wellbeing.

Recognise the profound and diverse impacts of domestic, family and sexual violence on children and young people

Protect and support children and young people's safety and healing

Domestic, family and sexual violence can impact a child or young person's mental and physical health, familial relationships, ability to form healthy connections with others, school engagement and academic achievement, as well as their ties to faith, community and culture (Carson et al., 2022; Fitz-Gibbon, Meyer, Maher, et al., 2022; Hooker et al., 2022; Morgan et al., 2023b; Octoman et al., 2022; Orr et al., 2022). For the young people we consulted to develop this guide, seeing the impacts of domestic, family and sexual violence listed out was "sobering". When unaddressed, the impacts of violence can be enduring and cumulative, with one stressor building upon another. It can also be passed down through the ways we parent and care for the children in our lives.

The impacts of violence on children and young people are not always recognised. Failure to recognise these impacts can block children and young people from receiving necessary supports. One victim-survivor told us:



I experienced school refusal, bad grades [and] ended up dropping out of high school. This had never been recognised as an impact of my FV [family violence], and I believe if this was identified when I was young, I would have been able to receive appropriate support.

ANNIE



Children and young people of different ages, developmental stages and personalities show distress in various ways. This may lead adults, including those mandated to support their safety and healing, to mistakenly believe that they are unaffected. As one young person explained:

Each child will be different. They will present differently (some may be very explicit and honest about their experiences, while others will be more reserved and shut off). Each child [or] young person may have different reactions to different kinds of violence. The extent to which [children and young people] struggle with violence will differ depending on the individual person, not necessarily their experience.


ANNIE

While some adults may minimise the impact of domestic, family and sexual violence on children, especially that of intimate partner violence, others may assume all children and young people in a family group are impacted in similar ways. Each child needs to be treated as an individual, as even siblings may not have the same needs or level of risk.

It is common for adults to assume a child or young person is unaffected by the violence in their home if they believe that the violence is not directly targeting the child or young person, or they assume the child or young person is unable to understand. These assumptions can occur for children and young people of all ages but may especially occur when children are infants, in early childhood (from birth to age 3), or have disability (Hooker et al., 2022; Robinson et al., 2022).

This misconception undermines the multiple and complex ways in which domestic, family and sexual violence, including coercive control, generates stress and trauma within relationships and how this is imbued in the caregiving and environment children and young people exist in. It also ignores the fact that using domestic, family and sexual violence is a parenting choice, one that ultimately does harm to children and young people, including damaging the relationship between children and their mothers, both as a consequence of violence and as an active tactic used by people using violence (Kaspiew et al., 2017).

While all children and young people are impacted when they are subjected to domestic, family and sexual violence, infancy and early childhood are critically important developmental periods where children's brains are particularly vulnerable to the harms of stress and trauma. For any child aged 0 to 10 living in a home where parents are using and being subjected to intimate partner violence, there is an increased likelihood of poorer child health outcomes (Gartland et al., 2021, as cited in Hooker et al., 2022).



Domestic, family and sexual violence can be fatal for children and young people. The potentially fatal impacts of domestic, family and sexual violence for children, especially intimate partner violence used by a parent or caregiver towards another, was made strikingly clear in data from the Australian Domestic and Family Violence Death Review Network on filicide (the killing of a child by their parent). This data revealed that domestic and family violence was present in the lead up to most cases of filicide in Australia (ADFVDRN & ANROWS, 2024). It also showed that in nine in 10 filicide cases in a domestic and family violence context there was a history of intimate partner violence (ADFVDRN & ANROWS, 2024).

Recognising the impacts of domestic, family and sexual violence on children and young people requires us to also acknowledge the ways in which the stress and trauma of violence in childhood can inform future intimate relationships and gender-based violence. This relationship is complex and does not represent an inevitable pathway from victimisation to using violence but does highlight the importance of healing. As one young person told us:

It must be possible to have a nuance[d], non-victim-blaming conversation about this.

FLORENCE, SHE/HER, A YOUNG VICTIM-SURVIVOR OF FAMILY VIOLENCE

All work with children and young people who are subjected to domestic, family and sexual violence, from prevention to healing and recovery, must begin with one essential fact: there are no circumstances in which children and young people are living with domestic, family and sexual violence and are not also being impacted. The question is not if they are affected, but how are they affected, and how can we walk alongside them to protect and support their safety and healing.

The potential impacts of domestic, family and sexual violence on children and young people should be key considerations in prevention and response initiatives, including pathways towards healing and recovery (Hooker et al., 2022; Orr et al., 2022). This could look like implementing policies that prioritise child safety and wellbeing, providing support services tailored to children and young people affected by domestic, family and sexual violence, and raising awareness among adults and professionals about the prevalence and wide-ranging impacts of violence on children and young people and the importance of addressing their needs. These approaches ultimately all come down to taking a child-centred approach to domestic and family violence.

Recognising children as survivors is the first step to helping us heal.

EMILY

PRACTICE INSIGHT

Child-centred means embedding child-development principles into policy and systems

The Center on the Developing Child at Harvard University (2021) outlines three key principles for designing child-centred policies and systems:

- Support responsive relationships for children and adults.
- Strengthen core skills for planning, adapting and achieving goals.
- Reduce sources of stress in the lives of children and families.

Responsive relationships are crucial as they promote healthy brain development and buffer against stress. These relationships, including serve and return interactions between infants and parents, are foundational for resilience and healthy development. Extending these relationships to a child's broader family, kinship network and community, including practitioners, is essential.

Key policy enablers include:

- preventing disruptions to children's relationships (e.g. housing insecurity, financial stress, child removals)
- supporting strong parent-child relationships (e.g. carer's leave policies, community-based parent education)
- promoting continuity of care with adult workers (e.g. preventing worker burnout, reducing referral stress).

Correct narrow representations of children and young people's experiences of domestic, family and sexual violence in public discourse

Media and public discourse influence how society understands what domestic, family and sexual violence is. There is an opportunity to improve the current discourse on children and young people's experiences of domestic, family and sexual violence to build awareness of how violence impacts children and young people, including the intergenerational and long-term impacts, and what support is available. This could be supported by building awareness among media professionals on children and young people's experiences of violence, including coercive control, and the limited capacity of Australia's current systems to respond to children and young people as victim-survivors in their own right (Carlisle et al., 2022).

ACTIONS

- 1 Introduce a broad and consistent definition of domestic, family and sexual violence across research, policy, services and public discourse that encompasses the experiences of children and young people.

LED BY

Federal government

DELIVERED BY

Federal, states and territories

- 2 Develop materials and campaigns to raise awareness of children and young people's experiences of domestic, family and sexual violence and the need for a whole-of-society approach to supporting their safety and wellbeing.

LED BY

Federal government

DELIVERED BY

Federal, states and territories

- 3 Develop advice for media and other professionals to support a public discourse that captures children and young people's experiences of domestic, family and sexual violence.

LED BY

Federal government

DELIVERED BY

Federal, states and territories

Centre the voices, strengths and needs of children and young people

Recognise that children and young people are aware of their needs and facilitate their right to contribute to solutions

There is now greater recognition within policy, practice and research of the unique perspectives and knowledge that experts by experience contribute to our understanding and approach to domestic, family and sexual violence. While there has been growth in the representation of adults as experts by experience, children and young people are under-represented and underappreciated as the holders of knowledge that is specific to them and their experiences (Dimopoulos et al., 2024). This continues despite children and young people demonstrating their capacity as agents of change on major issues like climate action and consent (Struthers et al., 2019).

The National Research Agenda calls for researchers, policy actors and service designers alike to “listen to children when they are children” to “better design system responses and services to accommodate and appropriately respond to their needs” (Lloyd et al., 2023, p. 38). Hearing directly from children and young people about their experiences, needs and priorities upholds the right of children and young people to express their views in all matters affecting them. As one young person told us:

Everyone deserves the right to have a say in decisions that affect them.

EMILY

Hearing from children and young people can also improve responses to the current gaps in policy and service delivery for children and young people. For example, many children and young people know what they need to be safe, and they show this through using protective behaviours to manage their own and others' safety. We just need to pay attention (Morgan et al., 2023b).





Children and young people’s experiences are also complex. For example, children and young people may never feel that they have “left” domestic, family and sexual violence. Many systems, such as courts, expect or order continuity of the child or young person’s relationship with a parent or caregiver who uses violence. Children and young people may also choose to maintain a relationship with the parent who uses violence even if the relationship between their parents has changed. Even where there is no contact with the parent who used violence, people who were subjected to violence as a child or young person may still feel that they cannot fully leave this relationship. One young victim and survivor told us:

As my main perpetrator was my father, I regularly feel that I cannot escape, even if I have no contact with him, since he is a “part” of me.

ANNIE

It is these unique perspectives and conditions that make children and young people’s voices essential to our national plans to end violence against women and children. Systems, like the family law system, are largely adult-centric and limit the participation of children and young people in matters regarding their lives (Carson et al., 2022).

Evidence shows that engaging children and young people as experts by experience is valuable. Involving children and young people in research has helped identify service and support gaps and has created opportunities for research to move beyond the negative impacts of domestic and family violence to understand how children and young people experience agency in navigating their relationships in an unsafe world (Dimopoulos et al., 2024; Morris et al., 2020).

RESEARCH INSIGHT

A national body for children and young people from culturally and linguistically diverse backgrounds

Children and young people from culturally and linguistically diverse (CALD) backgrounds are particularly underserved across the Australian service system and policy landscape. A report by Settlement Services International with Myriad Kofkin Global (2023) outlines recommendations to meet their needs in the context of domestic and family violence. These were developed through roundtable discussions across multiple jurisdictions.

The principal recommendation of the report is that the Australian Government should support the establishment of a national body for children from multicultural backgrounds, including an advisory group to address the needs of children and young people affected by domestic and family violence.

The report further recommends that:

The Australian Government should:

- develop inclusive practice approaches through co-design with CALD children and young people
- create educational materials for migrants, refugees and new visa holders about domestic and family violence, with a focus on children.

The Australian, state and territory governments should:

- establish consistent data collection parameters and data-sharing agreements across jurisdictions
- mandate culturally responsive training for various roles working with CALD families and children
- fund model and service reforms to improve access to culturally specific domestic and family violence responses for children
- increase funding for grassroots domestic and family violence prevention programs supporting the safety of CALD children
- deliver specialised domestic and family violence training for interpreters, focusing on children
- expand in-language and child-focused domestic and family violence communication materials
- increase funding for culturally responsive prevention, support, and behaviour change programs for men
- review and implement child-specific risk assessment tools.

The state and territory governments should:

- map and expand educational and therapeutic supports for CALD children
- fund culturally responsive child specialist workers in domestic and family violence services
- establish a no-closed-door policy to ensure emergency assistance for CALD parents and children, regardless of visa status or time in Australia.

Children and young people are also asking to be heard. The young people who provided feedback on this guide told us that it is essential for children and young people to be recognised as victims and survivors in their own right. They emphasised that this needed to go beyond acknowledgement and be backed up with genuine engagement and action, for example, through the full participation of children and young people in the co-design of programs, services and policies that impact them.

Research supports this call for a move from rhetoric to substantial action (Struthers et al., 2019). Young people consulted for this guide emphasised that expertise from lived experience of domestic, family and sexual violence needs to be included from the start of design to achieve the best outcome. One young person noted that this can be effective where there is support, an accessible and inclusive environment, and the opportunity to develop the skills and confidence to engage as equal partners in decision-making. This young person suggested that this engagement could be done through co-production in service design, the establishment of young people advisory councils that represent people from diverse backgrounds, and leadership development programs to upskill young people to advocate for themselves and others.

Young people noted that this process is mutually beneficial – organisations and governments benefit from the valuable insights from lived expertise, while their involvement gives children and young people autonomy and decision-making power. As one young person put it:

Children and young people don't want the system fixed for them – we want to be part of the systemic change that needs to happen for the system to service us as victims in our own right.

CONOR

Failure to include children and young people, or relying on caregivers and practitioner participants as proxies, can lead to the views of children and young people being misrepresented and their agency compromised (Lloyd et al., 2023). It can also further limit access to services and involvement in decision-making processes for Aboriginal and Torres Strait Islander people (Morgan et al., 2023b).

The meaningful inclusion of children and young people as experts with experience requires long-term organisational and government commitment. Young people told us that there needs to be a paradigm shift from viewing children and young people as passive service recipients to recognising them as active leaders and change agents in their own right. This needs to be underpinned by training for children and young people and those working with them, funding for remuneration, undertaking genuine co-design, and an authorising environment that creates space for and values this work.

PRACTICE INSIGHT

Upholding the right to participation: Tools for centring children and young people's voice in policies and systems

Children and young people want, and have the right, to be involved in decisions that affect them. They should be able to participate in the design, implementation and evaluation of policies, systems reforms and new ways of responding to domestic, family and sexual violence. Resources to support you in this work include the following:

Protective Participation: The Voices of Young People on Safety

Designed to support schools and other institutions to involve children in discussions, decision-making and processes which involve their safety. It includes a tool to prepare for participation, reflective tools for staff, and self-audit checklists (Moore, 2018).

Doing Good Business: A Resource for Researchers about Conducting Research with Aboriginal and Torres Strait Islander Children about Family Violence

For those interested in funding or researching family violence with Aboriginal and Torres Strait Islander children. It includes insights from Indigenous researchers, ethics committee members, Elders, community members, service providers, parents and young people across Australia. While focused on research, its guidance and prompts can support those working with First Nations children and young people on policy and system reforms (ACU Institute of Child Protection Studies, 2018).

The CHANGE Children's Feedback Tool

A practical, interactive resource for practitioners, organisations and government agencies working with children and young people who have been subjected to family violence. It provides guidance for how to support children and young people's participation in end-to-end feedback (Adams, n.d.).

Towards Meaningful Engagement: Key Findings for Survivor Co-Production of Public Policy on Gender-Based Violence

Provides key actions for those working on gender-based violence policy reform on how to ethically and practically support partnerships with victim-survivors. While not focused on children and young people, we know that including children's experiences also means including adults who have been subjected to violence as children (Wheildon & ANROWS, 2023).



ACTIONS

4

Co-design, review and evaluate policies, programs and services that impact children and young people with them, including those with lived expertise of domestic, family and sexual violence.

LED AND DELIVERED BY

Federal, states and territories

5

Develop frameworks, guidance and training on good practice principles for supporting children and young people to safely and meaningfully contribute to and co-design policy, practice, research and evaluations.

LED BY

Federal government

DELIVERED BY

Federal, states and territories



Prioritise primary prevention centring children and young people's wellbeing and safety

Invest in the prevention of and early intervention for domestic, family and sexual violence and other forms of childhood maltreatment

Ending domestic, family and sexual violence requires a whole-of-society effort to keep children and young people safe. This requires a radical shift in how child safety is conceptualised and how resources are spent in Australia, moving away from relying primarily on child protection systems towards including a primary prevention approach that centres on children and young people's wellbeing and safety.

The overwhelming evidence that children and young people's experiences of violence are widespread highlights the need for a primary prevention approach. One ANROWS study found that 28 per cent of children and young people in Western Australia had been subjected to domestic and family violence in the form of parental intimate partner violence (Orr et al., 2022). As this percentage is drawn from hospital and police data, this number is likely a significant underestimate. The Australian Child Maltreatment Study found that 39.8 per cent of Australians aged 16 and over had been subjected to domestic, family and sexual violence before the age of 18 (Haslam et al., 2023).

When children and young people are subjected to violence, it is often through multiple complex forms of abuse and can involve more than one person using violence: for example, multiple caregivers and siblings.



RESEARCH INSIGHT

Child maltreatment: Frequent, varied and demanding prevention

More children in Australia have been subjected to maltreatment than not. This sobering statistic was revealed by the Australian Child Maltreatment Study (ACMS), the first Australian study to identify how many people have been subjected to child abuse and neglect. It captured five types of child maltreatment: physical abuse, sexual abuse, emotional abuse, neglect and domestic violence.

The ACMS found 62 per cent of people aged 16 to 65 have been subjected to at least one type of child maltreatment (Higgins et al., 2023). Domestic violence was experienced the most commonly and was reported by almost 40 per cent of people (Haslam et al., 2023).

When child maltreatment occurred, it was more common for people to have been subjected to more than one type of maltreatment. The ACMS found that 40 per cent of people have been subjected to more than one type, with 23 per cent experiencing 3 to 5 different types (Haslam et al., 2023). Domestic violence was present in all of the six most common multi-type maltreatment patterns (Haslam et al., 2023). Parental separation, family mental illness, family substance problems and family economic hardship double the risk of multi-type maltreatment (Haslam et al., 2023).

The ACMS results indicate how prolific experiences of domestic, family and sexual violence and other types of childhood maltreatment are. It also reveals the interconnected nature of abuse. This highlights how underprepared Australia's service system is to respond to current levels of need, and the need for domestic, family and sexual violence responses to be complemented by a broader prevention approach.



Experiences of domestic, family and sexual violence and other types of child maltreatment are forms of adverse childhood experiences. Adverse childhood experiences also include other often interrelated experiences such as the incarceration of a family member, family breakdown, and parental mental health and substance use issues. When domestic, family and sexual violence intersects with parental mental health issues and problematic substance use, it is a key risk factor for the removal of children and young people from their families and into out-of-home care (Luu et al., 2024). Adverse childhood experiences have also been identified as risk factors for boys using sexual violence (Ogilvie et al., 2022).

Despite its significance, our understanding of childhood adversity - how it manifests, the experiences classified as "adverse" and its impact on child development - remains limited. Current adverse childhood experience frameworks and checklists have notable shortcomings.

These frameworks overlook critical experiences like some forms of peer violence, residential instability, exposure to sexually explicit material, peer relationship dynamics, and educational instability. They feature a narrow definition of domestic and family violence (Harris et al., 2022), and fail to reflect colonisation, systemic racism and intergenerational trauma and the unique needs of LGBTQ+ and intersex children and young people and those with disability.



There are opportunities to better engage with these complexities, as well as developing a better understanding of how the age at onset and duration of adverse childhood experiences impacts child development (Harris et al., 2022). We need age-relevant, inclusive, First Nations- and culturally and linguistically diverse-driven approaches to understanding trauma as experienced by children and young people, and the tools and approaches to assess the impacts (Ogilvie et al., 2022).

The scale and complexity of this violence requires real shifts in how we think and respond to children and young people, the family and society.

Research supports taking a public health approach that focuses on universally reducing the risk factors for adverse childhood experiences and enhancing protective factors (Wright et al., 2021). Instead of a model that relies on children, young people and their families needing to experience harm to receive support, a public health model prioritises wellbeing, builds strengths, connections and belonging, and addresses child and family needs before problems emerge or become entrenched (Wright et al., 2021).

My sense is that child maltreatment exists along a continuum. If this is the case, then why not adapt our systems to fit with this continuum?

FLORENCE

Normalising help-seeking acts as a buffer against the stigma and discrimination often associated with the current child protection system (Wright et al., 2021). One example of this approach is the introduction of evidence-based parenting programs, where government investment focuses on building supportive caregiving practices through a combination of universal and targeted parenting supports.

PRACTICE INSIGHT

Universal evidence-based parenting supports: Uplifting the change-agents in children's lives

Parents and caregivers play a central role in children's safety and wellbeing. The Parenting and Family Research Alliance (PAFRA) uses evidence about how parents can be "change-agents" in their children's lives and recommends that greater access to evidence-based parenting supports (EBPS) should be a policy priority (Doyle et al., 2023).

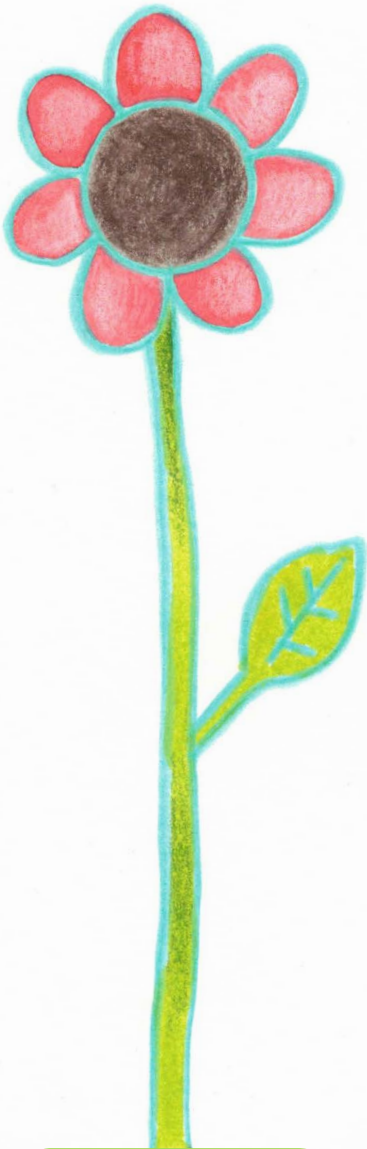
EBPS can lead to improved wellbeing and mental health for caregivers, more positive relationships with their children, enhanced parenting skills and confidence, and more realistic expectations of themselves and their child. Benefits for children include improved mental and physical health, skill strengthening, better academic attainment and decreased risk of being subjected to maltreatment.

Despite these benefits, access to EBPS remains limited. The PAFRA recommends a population-level approach that normalises parents accessing parenting education and other forms of supports. Population-level access for parents and carers can be enabled through the following strategies:

- Accessible: offer services in a range of community settings including childcare, schools and healthcare settings.
- Multi-modal: offer services in a range of delivery modes - in-person, telehealth, online.
- Start low, aim high: offer low intensity support to all parents, and increase intensity where needed.
- Adapt: tailor for parents who are First Nations, parents who are culturally and linguistically diverse, gender and sexuality diverse fathers, parents living in rural and remote areas, and parents of children with disability.
- Promote: share positive parenting messages, programs and services on mainstream and social media.
- Resources: build capacity and infrastructure through workforce training, research and research funding.



Investing in the wellbeing of all children and young people, especially against experiences of domestic, family and sexual violence, is both a short- and long-term strategy in their safety (Fitz-Gibbon, Meyer, Maher, et al., 2022). Early adversity, especially domestic, family and sexual violence, is linked to increased victimisation and the use of violence later in life (Campbell et al., 2020; Fitz-Gibbon, Meyer, Maher, et al., 2022; Harris et al., 2022; Ogilvie et al., 2022; Sutherland et al., 2022). Although most children and young people who are subjected to abuse will go on to use violence or be further victimised, investing in the prevention of adverse childhood experiences needs to be a priority in domestic, family and sexual violence reforms. Regardless of the long-term effects, all children and young people have a right to thrive and be buffered against adversity as much as possible.



PRACTICE INSIGHT

Overhauling the child protection “front door”: Prevention reforms in South Australia

The South Australian Government is making big changes in child and family support systems to address the alarming statistic that 1 in 3 children will be reported to the Department for Child Protection by age 10 (Department of Human Services, 2024).

These reforms, based on a public health approach, aim to prevent violence against children and lower the rate of children entering into out-of-home care by providing the “right support at the right time”. This ranges from universal to targeted tertiary services.

Changes to the *Children and Young People (Safety) Act 2017 (SA)* include raising the threshold for mandatory reporting and adding responsibilities for mandatory reporters to build child safety. Child protection expert Professor Leah Bromfield (2024) has likened low mandatory thresholds to sending everyone to the emergency department instead of the GP.

Prevention and early-intervention approaches for domestic, family and sexual violence and childhood maltreatment must be developed with children, young people, parents, caregivers and their communities. Approaches can be universal, addressing an entire population, or targeted, focusing on groups at heightened risk of being subjected to or using domestic, family and sexual violence. What is key is that we are responding earlier: both earlier in the lead up to, or experience of violence, and earlier in children and young people’s lives.

Targeted prevention approaches could include investment in key services such as alcohol and other drugs and mental health services in areas with increased need, as identified through community consultation alongside routine data collection (Luu et al., 2024). Targeted prevention interventions must always be designed alongside the people they are aimed at and their communities. Failure to do so can contribute to systemic injustice through over-surveillance, or increased involvement of statutory child protection or police.

A young victim-survivor gave examples of universal prevention programs that they would like to see. These included developing programs to mobilise communities to act against domestic and family violence, including establishing local support networks and community-led initiatives, introducing corporate social responsibility initiatives to support prevention and survivor support programs, and advocating for systemic policy change. They also suggested opportunities for early intervention, including launching community education campaigns to raise awareness about the signs of domestic and family violence and the need for early intervention, and the introduction of universal screening programs in schools, healthcare and community services to identify and support children at risk of domestic and family violence.

Support children and young people to develop healthy relationships and behaviours

A primary prevention approach needs to take all of children and young people's relationships seriously and acknowledge the unique role of peers in their lives. One way to do this is through respectful relationships education. Respectful relationships education focuses on preventing gender-based violence by supporting school students to challenge and change attitudes, behaviours, norms and practices that create environments where violence can occur (Our Watch, 2021).

Respectful relationships education can strengthen children and young people's understanding and skills around gender, sexuality, sexual activity, consent and relationships. It can support children and young people to identify jealousy, conflict and problematic behaviours within their relationships and among their peers and aims to give them the tools and strategies to respond (Cahill et al., 2023; Struthers et al., 2019). Respectful relationships education leads to a range of positive outcomes including increased recognition of others' perspectives and rights, the ability to engage socially, and a reduction in bullying and sexual harassment (Cahill et al., 2023).

However, building confidence alone is not enough to counter negative social behaviour. In fact, high levels of individual confidence are linked to pro-violence attitudes (Cahill et al., 2023). To build anti-violence and pro-gender equality attitudes and behaviours, confidence needs to be accompanied by empathy – recognition of others' perspectives and rights (Cahill et al., 2023).

The way that respectful relationships education is delivered is key to achieving benefits. Respectful relationships education programs are more effective when delivered as intended (Cahill et al., 2023), for example, by using collaborative learning strategies that draw on and develop the skills and insights of students instead of skipping these and defaulting to a teacher-led approach (Cahill et al., 2023).

Respectful relationships education delivered by peer educators in a peer-to-peer model can also be effective (Struthers et al., 2019). Young people agree that having peer educators, generally aged under 25, lead learning on respectful relationships is helpful and leads to better understanding of what behaviours are okay, as well as improvements in their respectful behaviour (Struthers et al., 2019). Peer educators may have greater knowledge of young people's experiences and relationships and can be viewed as more trustworthy and relatable by other young people (Struthers et al., 2019).

Understanding of, and attitudes towards, violence against women and gender inequality develop early among young people in Australia (Coumarelos et al., 2023). It is therefore important that respectful relationships education as a violence prevention technique begins early and is delivered in an ongoing and age-appropriate way (Coumarelos et al., 2023).

Children and young people cannot bear the burden alone. Universal evidence-informed parenting supports, including education for all caregivers, needs to be part of the primary prevention solution. As one young victim-survivor told us:

I would like to see more discussion about universal parenting supports. Have we fully implemented a public health model without this piece of primary prevention in place? ... if we don't also have greater supports for parents – who may face all kinds of stresses at different points, and may not have had the opportunity to learn how to parent well (may not have had this modelled to them as was the case for both my parents) – then aren't we implicitly placing the onus on children and young people to take responsibility for their own experiences of family violence/child maltreatment? Aren't we in a way asking them to be more responsible for their own growth and development than it is reasonable to ask of a child/young person?

FLORENCE

Children and young people have identified that parenting education is vital, calling for a need to “better educate parents around the use of violence, its impact on children and the risk of intergenerational transmission and normalisation of violence” (Fitz-Gibbon, Meyer, Boxall, et al., 2022, p. 27).

ACTIONS

6

Invest in a public health model that centres child safety and wellbeing by reducing risk factors, enhancing protective factors, ensuring universal access to services, encouraging collaboration and ongoing monitoring, evaluation and public education.

LED AND DELIVERED BY

Federal, states and territories



7

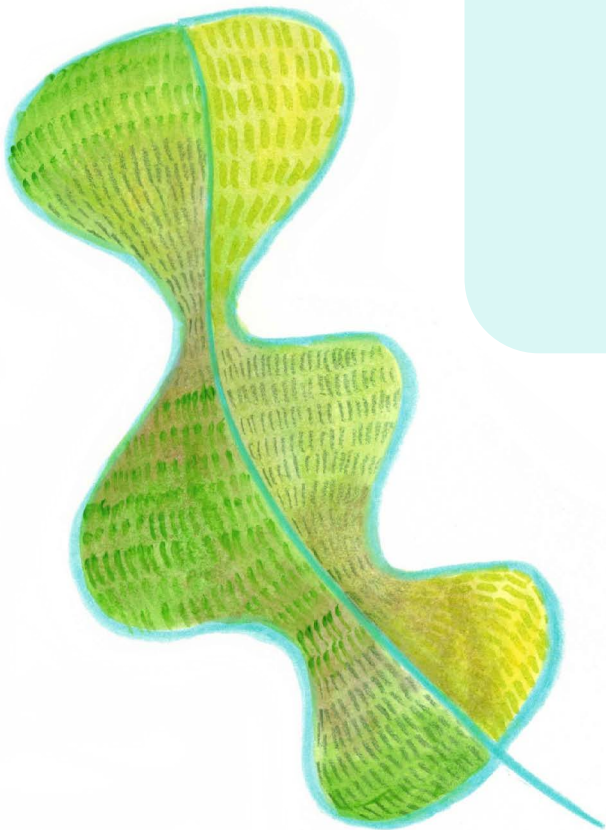
Invest in the development and implementation of a practical and nuanced way of assessing and responding to adverse childhood experiences that considers the child's developmental stage, how adversity is experienced over their life, and reflects the impacts of systemic oppression and intergenerational violence.

LED BY

Federal government

DELIVERED BY

Federal, states and territories



8

Deliver age-appropriate respectful relationship education early, consistently, and using evidence-based approaches.

LED AND DELIVERED BY

Federal, states and territories

Acknowledge and act on Aboriginal and Torres Strait Islander peoples' knowledge of what is best for their children

Advocate for and invest in Aboriginal and Torres Strait Islander-led healing approaches

Self-determination, the right to make decisions about matters that affect their lives, is key to genuine reform and improvement for Aboriginal and Torres Strait Islander children, young people and families. However, investment in First Nations-developed and -led responses is lacking.

Family violence against Aboriginal and Torres Strait Islander children and young people is shaped by the ongoing intersecting impacts of colonisation. These impacts include state-sanctioned violence and child removal, efforts to eradicate culture and parenting practices, and enduring systemic and structural racism, disadvantage, and intergenerational trauma (Morgan et al., 2022). Research led by Aboriginal and Torres Strait Islander people notes the compounding impact of “colonial government strategies, political and economic discrimination and implicit and unconscious bias that permeate social services to this day” and the ways in which they further marginalise Aboriginal and Torres Strait Islander people (Carlson et al., 2024, p. 22). This includes the continued harm caused by child protection systems that remove children from their families and do not respond in healing-focused ways that recognise and respond to the trauma experienced by Aboriginal and Torres Strait Islander children, young people and families who are subjected to domestic, family and sexual violence (Morgan et al., 2023b).

Aboriginal and Torres Strait Islander people are best placed to respond to the needs of their children, young people and communities in culturally safe and supportive ways that promote healing and prevent further harm. While governments have acknowledged the successes of Aboriginal and Torres Strait Islander-controlled service delivery, transfer of power and shared decision-making to First Nations-led services is slow, ad hoc and fails to address the changes necessary to genuinely transform the system and its outcomes (Productivity Commission, 2024). Working in this way prevents Aboriginal and Torres Strait Islander-controlled services from reaching their full potential.

Aboriginal and Torres Strait Islander children and young people, families and communities need access to healing approaches. Healing is described by The Healing Foundation as:

... not an outcome or a cure but a process; a process that is unique to each individual. It enables individuals, families and communities to gain control over the direction of their lives and reach their full potential. Healing continues throughout a person's lifetime and across generations. It can take many forms and is underpinned by a strong cultural and spiritual base (Healing Foundation, as cited in Morgan et al., 2023a, pp. 5-6).

Healing approaches need to include the following key elements:

- “Led by Aboriginal and Torres Strait Islander people, with and for their own communities. This reflects the important principle of self-determination, which is an essential part of healing for Aboriginal and Torres Strait Islander people.
- Founded in an Aboriginal and Torres Strait Islander worldview ... [which] strengthens cultures. This means that healing builds familial and community connectedness, as well as connectedness to the environment and culture.
- Empowering of individuals and communities to overcome trauma and its causes, as well as its symptoms. It does so both through modern and traditional healing practices” (Healing Foundation, as cited in Morgan et al., 2023a, p. 6).

Healing is central to change and to breaking the cycles of trauma that Aboriginal and Torres Strait Islander children and young people are subjected to due to the systemic racism, discrimination and colonialism embedded in policy and practice (Morgan et al., 2023b). Child protection and social service systems will continue to cause harm to children and young people and their families unless they focus on healing underpinned by systems change led by Aboriginal and Torres Strait Islander peoples (Morgan et al., 2023b). This means they need to recognise their role in replicating power and oppression, and shift to empowering Aboriginal and Torres Strait Islander communities to drive change through systems that are designed, developed and led by Aboriginal and Torres Strait Islander peoples (Morgan et al., 2023b).

PRACTICE INSIGHT

Healing our children and young people

The *Healing our Children and Young People* framework provides guidance to practitioners working with Aboriginal and Torres Strait Islander children who have both been subjected to domestic, family and sexual violence and experienced the child protection system (Morgan et al., 2023a).

The framework was developed as part of an ANROWS-funded project lead by the Queensland Aboriginal and Torres Strait Islander Child Protection Peak. The framework built on community-owned and place-based knowledge and insights. This was possible due to a team of First Nations community members who were supported to contribute to participatory action research in rural and remote Queensland.

The framework was specifically designed to support practitioners at Aboriginal and Torres Strait Islander Community-Controlled Organisations (Morgan et al., 2023a). The framework provides actions and ideas to reflect on in your work with Aboriginal and Torres Strait Islander children and young people. It also includes links to useful supporting resources. It is designed to be implemented locally to support a place-based response to child protection practice.

The framework also includes insights for government to support policy and systemic change that can enable new ways of working. It can provide policymakers with an understanding of the processes and responses that need funding and government backing to support the safety and wellbeing of Aboriginal and Torres Strait Islander children and young people.

Embed culturally appropriate approaches into mainstream services

Aboriginal and Torres Strait Islander children and young people, and their families, also need First Nations-led domestic, family and sexual violence services and responses across other systems such as the legal, mental health and education systems.

Mainstream services, including schools, healthcare and disability services must also be equipped to acknowledge, understand and respond to the needs of Aboriginal and Torres Strait Islander children, young people and families. First Nations families often hesitate to access these services due to a lack of culturally safe responses, fear of child removal, and distrust of non-Indigenous services, which can provide prejudiced and inferior support to First Nations people (Langton et al., 2020). While First Nations-led services are better positioned to provide support, they are under-funded and under-resourced (ADFVDRN & ANROWS, 2024). It is critical to ensure Aboriginal and Torres Strait Islander people have choice and access to safe and appropriate responses, regardless of what door they enter and where they live.

System responses also need to recognise that non-Indigenous men also use domestic, family and sexual violence against Aboriginal and Torres Strait Islander children and young people, as well as First Nations women. An examination of filicide cases with a history of domestic and family

violence in Australia found that 1 in 5 Aboriginal and/or Torres Strait Islander filicide victims (21%) were killed by a non-Indigenous parent (ADFVDRN & ANROWS, 2024). The perpetration of violence by non-Indigenous men towards First Nations children, young people and women is often overlooked and needs to be targeted in responses to violence against Aboriginal and Torres Strait Islander women and children.

PRACTICE INSIGHT

Beyond shared decision-making towards self-determination

The Productivity Commission's (2024) review of the National Agreement on Closing the Gap urges government to share decision-making power with Aboriginal and Torres Strait Islander people, emphasising that relinquishing control leads to better outcomes.

The review stresses that shared decision-making alone is insufficient and that self-determination must be the ultimate goal. Shared decision-making without self-determination perpetuates the power imbalance between governments and First Nations people by implying that decision-making power lies with governments and that it is theirs to share only when they decide it is appropriate.

The Victorian Government has made strides in this area with its Aboriginal Children in Aboriginal Care (ACAC) and Community Protecting Boorais programs.

ACAC connects Aboriginal children, young people and families involved with the child protection system with authorised Aboriginal Community-Controlled Organisations (ACCOs) to deliver culturally relevant services. The Community Protecting Boorais program, an Australian first, allows authorised ACCOs to take legal responsibility for investigating reports made to child protection for Aboriginal children.

An evaluation of the ACAC program found that, when ACCOs hold decision-making responsibilities for their communities, children and families engage better and feel stronger in their culture. It found that ACCOs have been able to achieve high rates of children returning to their families, keeping children connected to culture, and increased parental involvement in decision-making.

The Yoorrook Justice Commission's (2023) *Report into Victoria's Child Protection and Criminal Justice Systems* recommended that the Victorian government support Aboriginal and Torres Strait Islander self-determination in the child protection system by transferring power, authority, control and resources to First Nations peoples.

First Nations self-determination for children and young people creates the opportunity to genuinely tackle the institutionalised racism embedded in child protection systems, reduce the rates of First Nations children in out-of-home care, and support those who are in care to thrive through cultural connection and belonging.

ACTIONS

9

Commit adequate and sustainable funding to ensure Aboriginal and Torres Strait Islander people, including Aboriginal and Torres Strait Islander Community-Controlled Organisations, lead policy and program agendas, keeping their children and young people safe, well and thriving in family and culture.

LED AND DELIVERED BY

Federal, states and territories

10

Implement the *Healing our Children and Young People* framework to guide policymakers and practitioners working with Aboriginal and Torres Strait Islander children and young people who are subjected to domestic, family and sexual violence and experience the child protection system.

LED AND DELIVERED BY

Federal, states and territories

Design and deliver holistic child-centred systems, policies and supports

Respond to service gaps that ignore children and young people's safety and healing needs

Children and young people need services and policies specifically designed to meet their needs. The unique challenges experienced by children and young people are currently unmet, an issue that is exacerbated for children and young people who are subjected to further marginalisation.

Current services, systems and policies are failing to meet the needs of children and young people affected by domestic, family and sexual violence. These gaps are evident in policies that lack child-centred guidance; services that either exclude or inadequately support children and young people; services that support them but are under-resourced; and the absence of tailored, child-focused supports.

The lack of child specialised services for children and young people represents a significant barrier to a child-centred domestic, family and sexual violence response (Cahill et al., 2020). Services for children and young people who have been subjected to violence are often non-existent, age-inappropriate, non-inclusive, or have long wait lists (Cahill et al., 2020). Additionally, service inclusion criteria can limit access, such as the exclusion of some children from refuges based on age (Morgan et al., 2023b). Major reforms, like the federal government's Escaping Violence Payment, often fail to include children and young people as victim-survivors in their own right (Campbell et al., 2024).

Where children and young people live can also greatly inhibit their access to the right support. Living in regional, rural and remote locations is associated with higher rates of child abuse and serious service access issues (ADFVDRN & ANROWS, 2024). Many geographic regions simply do not have critically needed services (ADFVDRN & ANROWS, 2024). When services are available, the context of a close-knit and small community can make safe, discreet access difficult and limit children and young people's opportunities to safely disclose violence (ADFVDRN & ANROWS, 2024). First Nations communities have raised the need for inclusion of brokerage funds for ACCOs to specifically support children and young people's access to services that are not available in their communities (Morgan et al., 2023b).

As children and young people grow, their needs evolve. Building expertise of child development, including how trauma can impact development, within organisations and services can create more tailored and supportive systems that recognise these needs as unique and changing, rather than as mere extensions of their parents' or siblings' needs.

RESEARCH INSIGHT

Building specialist expertise on children and young people across mainstream and tailored services

The lack of specialist services for children and young people who are subjected to violence and limited in-house expertise within mainstream services has been reported on outside of ANROWS research.

The Department of Social Services commissioned a pilot study in Queensland that was conducted by the Australian Catholic University. They found a range of gaps in data collection, policy and service availability that hindered child-centred responses for children in Queensland's statutory child protection system (Cahill et al., 2020). We must better recognise and respond to the needs of children and young people exposed to domestic, family and sexual violence who come to the attention of child protection services.

To ensure child-centred therapeutic responses within statutory child protection systems, we need to:

- strengthen expertise within these systems on children and young people by resourcing specialist knowledge in the therapeutic needs of children and young people, for example, child psychologists, occupational and speech therapists or youth workers
- invest in child and young people specialists across a range of areas, like mental health or young parenting, especially in rural, regional and remote areas.

Specialist expertise can help responses to:

- build rapport through regular communication with children and young people in contact with the child protection systems
- identify children and young people's needs and wishes with them
- provide opportunities for children and young people to be involved in case management processes.

Family law responses can also ignore children and young people’s safety and wellbeing needs. Research from 2022 found that orders for shared or equal parental responsibility were being made in cases where this was unsafe and unworkable, including where family violence and safety concerns existed (Carson et al., 2022). Some young people were “voting with their feet” by refusing to comply with the orders their parents were subject to, at the risk of them facing legal responses for non-compliance (Carson et al., 2022). Punitive responses to non-compliance were not effective and could prevent parties seeking safer arrangements (Carson et al., 2022). The research recommended that punitive responses not be increased; a recommendation that was directly cited in the Joint Select Committee on Australia’s Family Law System’s decision not to introduce additional penalties (Attorney-General’s Department, 2023a; Carson et al., 2022). Recent legislative reforms in family law have emphasised simplifying and enhancing the focus on the best interests of the child and ensuring safety from domestic, family and sexual violence. Implementation of these reforms must be supported through monitoring, review and continual improvement.

ANROWS research highlights the critical need for specialised mental health supports for children and young people subjected to domestic, family and sexual violence (Humphreys, Kertesz, et al., 2020; Orr et al., 2022). On average, there is a six-year delay between the visibility of children and young people’s experiences of domestic, family and sexual violence in police or hospital data and the provision of a mental health response (Orr et al., 2022). This delay contributes to the increased risk of a mental health disorder, including substance disorders and self-harming, experienced by young victim-survivors of domestic, family and sexual violence, especially among First Nations children and young people (Orr et al., 2022).



RESEARCH INSIGHT

A world turned upside down: Children and young people bereaved by homicide

Between 2010 and 2018, nearly 300 children lost at least one parent or sibling due to domestic and family violence homicide (ADFVDRN & ANROWS, 2022, 2024). This number is likely an underestimate because there is no consistent and reliable data collection to recognise the experiences of these children and young people.

When a child loses a parent or sibling to homicide, they can experience multiple complex losses at the same time due to: homicide, suicide, imprisonment of a parent, the loss of their home, and separation from their siblings. Life as they know it changes drastically (Alisic et al., 2023).

The impacts of losing a sibling or parent to domestic and family violence-related homicide can be profound and long-lasting. This includes a mixture of grief, traumatic stress, and attempts to find meaning (Alisic et al., 2023). These impacts are worsened by stigma and silencing, which takes various forms such as suggesting the child is too young to remember, focusing only on their strength and overlooking their struggles, or labelling them as “damaged” or “doomed” (Alisic et al., 2023, pp. 6-7).

A study by Eva Alisic and colleagues reveals a lack of support for children and young people experiencing grief after domestic violence homicide (Alisic et al., 2023). The study's authors highlight the need to:

- systematically record the number of children impacted by domestic and family violence-related homicide
- include children and young people in related investigations and inquests
- provide accessible, tailored trauma- and grief-focused mental health treatments for bereaved children and young people
- support caregivers to help them better respond to children and young people's needs
- establish a team of trained mental health specialists to guide professionals, including schools and services
- facilitate the establishment of dedicated peer-support groups
- develop resources for key practitioners
- co-design with victim-survivors and take a child rights-based and child-centred approach.

Research and consultation with young victim-survivors suggest approaches to child safety and wellbeing need to be both child-focused and relational. Relational approaches, like whole-of-family or child-parent models, align with child development research. These approaches recognise the deeply relational nature of children and young people's safety and wellbeing, including their healthy development. These approaches can be expanded to include family, kin and community beyond the child's nuclear family. These approaches can be both culturally inclusive and build opportunities for respite for children, young people and families. Children and young people have identified this as a support need (Fitz-Gibbon, Meyer, Boxall, et al., 2022).



Deliver child-centred responses to intimate partner violence involving parents



While whole-of-family approaches are important, they must sit alongside children- and young people-specific supports that build safety and opportunities for wellbeing even when parents cannot. Children and young people have also said that in some cases they need to live away from unsafe environments. To leave unsafe homes and family members, these children and young people need resources, such as alternative living arrangements (Fitz-Gibbon, Meyer, Boxall, et al., 2022).

It is important to explore the unique benefits of both approaches and to uphold the rights of children and young people to agency and choice in the design, development and evaluation of all responses designed to support their safety and wellbeing. Ultimately, we need services that work with adults, services that work with children, and services that work with them together.

The domestic, family and sexual violence experiences of children and their mothers are often deeply interconnected, but they are not one and the same. Any risk of violence towards a woman should flag concerns for the children and young people in her care and the care of the person using violence. The rates at which domestic and family violence, especially intimate partner violence, were found to be a precursor to the killing of a child by their parent underscores this (ADFVDRN & ANROWS, 2024). But our assessments of risk, and our approaches to planning for safety, must be tailored to the child and young person, and the unique needs and rights of the child.

This requires a comprehensive assessment of how children and young people are currently accounted for in our approaches to intimate partner violence, including how their safety is assessed through risk assessment tools and practices, and how domestic, family and sexual violence legal interventions, such as protective orders, function to either create or obstruct the safety and rights of children and young people (ADFVDRN & ANROWS, 2024).

Integral to this assessment is taking a gendered approach to how parental intimate partner violence is understood as a risk to children and young people. Intimate partner violence in the lead up to the killing of a child by a parent is gendered (ADFVDRN & ANROWS, 2024). When men killed their children it most often followed a history of using intimate partner violence (ADFVDRN & ANROWS, 2024). When women killed their children it followed a history of being a victim-survivor of intimate partner violence (ADFVDRN & ANROWS, 2024). Men were also more likely to have violent criminal histories, while women more often had mental health issues (ADFVDRN & ANROWS, 2024). This speaks to the need to have supports that are tailored to respond to the gendered nature of intimate partner violence and that keep children and young people's safety at their heart.

RESEARCH INSIGHT

The urgent need for knowledge and action on young people's use of intimate partner violence

Consultations on this guide revealed the need for more research-informed actions on how to respond to young people's use of intimate partner violence. The 2018 Growing Up in Australia: The Longitudinal Study of Australian Children found that around 3 in 10 adolescents aged 18-19 years reported being subjected to intimate partner violence in the previous year (O'Donnell et al., 2023).

Supportive friendships, trust and good communication with parents were identified as protective factors, the latter especially buffering against sexual abuse victimisation. This further underpins the potential of public health approaches to preventing violence that focus specifically on building parent capacity, alongside highlighting the possibilities of building community-level services that support healthy relationships with peers.

There is little understanding of the patchwork of services and agencies seeking to intervene in young people's use of intimate partner violence and the capacity to deliver on developmentally appropriate and family violence risk-informed responses.

To fill this gap, ANROWS (2024) has commissioned "The IVY study: Towards an Australian response to the use of Intimate partner Violence by Young people" led by Elena Campbell of the Centre for Innovative Justice. The aim of this project is to deliver a systems blueprint for responding to young people's use of intimate partner violence.

RESEARCH INSIGHT

Young people as parents subjected to intimate partner violence

Young people who are pregnant or parenting face increased risk of intimate partner violence, with rates exceeding 50 per cent (Herrman et al., 2019). Australian research found that being a young parent (aged under 21) was “one of the clearest risk factors for DFV” among families reported to Queensland’s statutory child protection system (Cahill et al., 2020, p. 32). However, their needs are not being met.

Young parents are subjected to heightened rates of some forms of violence from their partners like serious injury to their belly during pregnancy, reproductive coercion, and restricted access to school and work. These issues are compounded by their limited experience of intimate relationships and changing family dynamics, like intergenerational multi-household living arrangements (Herrman et al., 2019).

We heard through consultations that young parents subjected to intimate partner violence need tailored support. This involves ensuring that services are suitable for CALD families, where cultural norms may result in higher rates of early parenthood, or where some young victims of forced marriage may have children before turning 18. Young parents report a lack of community supports when experiencing abuse (Herrman et al., 2019), underscoring the critical need to invest in this area.

Young parent-specific interventions include:

- enhancing and tailoring existing parenting programs
- targeting unique stressors of young parenthood, for example, through supports aimed at improving co-parenting skills and family-strengthening programs that include grandparents, as well as those that help young people respond to the new family dynamic when they become parents
- addressing specific forms of abuse experienced by young parents, for example by supporting educators and employers to intervene with young parents frequently absent from school and work and supporting healthcare providers to screen for reproductive coercion and to provide culturally responsive contraceptive advice
- investing in young parent-specific resources and services addressing intimate partner violence that are accessible and welcoming to young parents (Herrman et al., 2019).

Adapting programs for young pregnant and parenting people yields better results than using general programs, especially considering the diversity within this group (Kan et al., 2021, pp. 87-97).

Challenge the binary of seeing children and young people as either victim-survivor or perpetrator

Most children and young people who are subjected to domestic, family and sexual violence do not go on to use violence. However, childhood trauma, particularly from domestic, family and sexual violence, is often a precursor for those who do. The high rates at which children and young people who use violence are also victims and survivors of violence reveal the inadequacy of a binary “victim” or “perpetrator” approach, which current service and legal systems fail to address.

ANROWS research has been at the forefront of building understanding of children and young people’s use of violence towards family members, mostly mothers and siblings. This includes adolescent violence in the home (AVITH) and sibling sexual abuse (SSA).

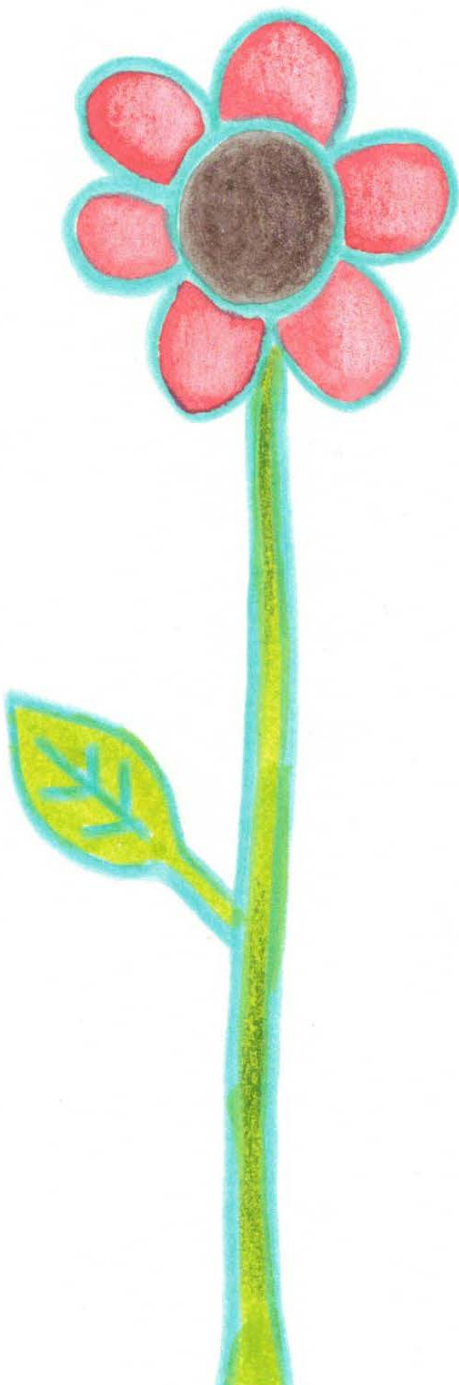
Through this research we have heard that support and legal interventions responding specifically to AVITH are “coming 10 years too late” (Campbell et al., 2020, p. 15). Young people facing legal responses for their use of violence often experience a diverse constellation of issues that requires earlier intervention, rather than waiting until AVITH becomes visible to the legal system (Campbell et al., 2020).

Responses to AVITH should be whole-of-family where safe (Campbell et al., 2020). This involves assessing and addressing the needs of all family members, focusing on family strengths, and keeping families safely together, where possible. Early engagement can reduce the need for specialist AVITH interventions, relieving pressure on an already under-serviced area and avoiding punitive responses.

Building trust and engagement over the long term is critical (Campbell et al., 2020). It takes time to develop trust with children and young people who have experienced trauma (Campbell et al., 2020). The typical 6- to 12-week timeframe of many service provision models is not sufficient (Campbell et al., 2020). Therefore, long-term engagement is essential for effective support.

Providing whole-of-family support early in children and young people’s lives can prevent the need for future intervention (Campbell et al., 2020). When working with Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities, it is vital that this support is community-led, holistic and culturally safe.

Responses to AVITH must consider the harmful effects of criminal justice responses on the safety, health and wellbeing of children and young people, including the potential consequences of being misidentified as the predominate aggressor. The consequences for young people being labelled as a “perpetrator” by courts or services can be devastating and can include their exclusion from key supports such as crisis accommodation (Campbell et al., 2020). Preclusion from such services can force children and young people into further unsafe situations. As victim-survivor Emily told us:





Children using violence often need help, not punishment.

EMILY



The labelling of young people both subjected to and using violence as a “perpetrator” and the risks associated with criminalisation can also be weaponised as a form of coercive control by caregivers using domestic, family and sexual violence, which can compound and multiply harm (Campbell et al., 2020). The harmful effects of being labelled as a “perpetrator” also need to be understood within the context of young people’s lives. This includes experiences of disadvantage and the present and historical practices of systemic racism, discrimination and colonisation experienced by Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander families can be especially reluctant to seek help where a young person is using violence due to fear that their child may face incarceration and that younger children may be removed from the home by statutory child protection services (Campbell et al., 2020).

PRACTICE INSIGHT

Collaborative practice responses to young people using violence in the home

The *AVITH Collaborative Practice Framework* provides guidance on collaborative practice for working with young people and their families experiencing adolescent family violence in the home (Campbell et al., 2023). The framework can support practitioners, organisations and government agencies responding to AVITH. It aims to:

- facilitate knowledge-sharing and consistent practice among practitioners and across systems
- improve understanding and recognition of AVITH to enable effective system responses
- create role clarity across the systems and sectors involved in responding to AVITH
- bridge knowledge gaps to support informed decision-making.

The framework outlines four pillars, six principles and six enablers for collaborative practice. It outlines clear actions for practitioners, organisations and government, and explains what collaborative practice looks like through practice examples.

This framework was developed with practitioners as part of an ANROWS-funded research project and drew on this practice wisdom.

RESEARCH INSIGHT

Coherent laws, policies and systems are needed to transform child justice and improve safety and wellbeing

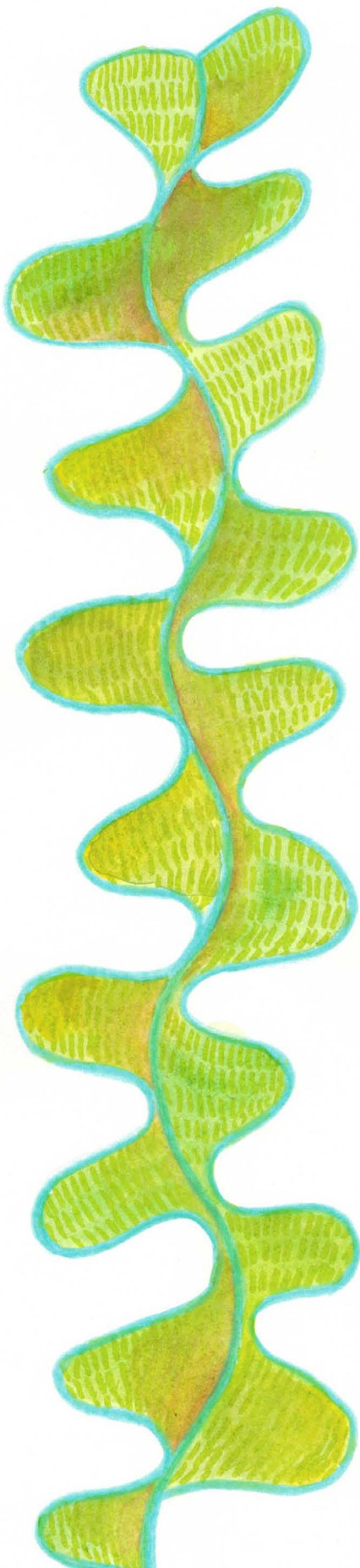
The Australian Human Rights Commission (the Commission; AHRC, 2024) investigated opportunities for reform to the child justice system to improve safety and wellbeing. They drew on submissions as well as consultations with children, young people, families, community members, and with government and non-government stakeholders.

The research report delivered 24 recommendations. These call for a nationally consistent approach to the child justice system and the “social determinants of justice system involvement” (AHRC, 2024, p. 16). At the heart of these social determinants – the drivers of children and young people’s use of violence and other criminally offending behaviour – are experiences of maltreatment and trauma including domestic, family and sexual violence.

National leadership sets the authorising environment for evidence-informed reforms to be implemented across jurisdictions. The Commission called for an Australian Government Cabinet Minister for Children and greater incorporation of the Convention on the Rights of the Child into Australian law (AHRC, 2024; UN, 1989).

The Commission calls for a public health approach to address the social determinants of justice system involvement and to meet the needs of children, young people, families and communities. This approach works through health, education and social services, and First Nations self-determination. Children and young people need to be consistently centred in policy and service delivery work through “coherent laws, policies and service systems” to ensure that they are not disadvantaged based on where they live (AHRC, 2024, p. 53).

By focusing on the potential pathways into and out of perpetrating domestic, family and sexual violence, the Commission’s recommendations provide a framework for responding to the safety and wellbeing of children and young people in ways that divert them away from increased risks of offending.



Children and young people may also fear that they could use violence themselves. Some of the young people who provided feedback on this guide told us that they are aware of intergenerational violence in their families and hold fears around unintentionally using violence in their own relationships. These impacts can persist and impact young people's decisions about their lives. As Annie told us:

In addition to this, because I remember the feelings I felt during my childhood, I am constantly worrying that I will make another person feel this way. Being a mother is something I have always wanted to do, however there have been many times I have changed my mind about having my own children because I am terrified that I will unknowingly put them through the same experiences as my parents did to me.

ANNIE

However, the young victim-survivors who consulted on this summary emphasised that children and young people who are victims and survivors resist violence in many ways. They also noted that children and young people need support to demonstrate self-compassion and forgiveness in this work to resist violence and develop positive self-image. As one young person told us, this work can take a long time:

I didn't know how to express anger in a fair but firm way as a child and young person – this certainly wasn't modelled for me. It has been [a] long path (mostly through intensive, self-funded private therapy) to getting better at doing this in a more artful, self-possessed manner.

FLORENCE

ACTIONS

11

Urgently invest in evidenced areas of immediate need for services.

LED AND DELIVERED BY

Federal, states and territories

12

Review policies, tools and practices to reflect that any risk of violence towards women is risk of violence towards children and young people, ensuring this is implemented in practice across the multiple sectors that work with children, young people and their families.

LED AND DELIVERED BY

Federal, states and territories

13

Review existing commissioning and funding approaches to align with promising and evidence-informed practice. This includes assessing the duration of funding, the degree of autonomy granted to organisations, and how funding structures reflect the nature of the work being done.

LED AND DELIVERED BY

Federal, states and territories

14

Support the development, implementation and evaluation of innovative and inclusive practice frameworks to guide work with children, young people and their families. Invest in the embedding of these practice frameworks into standard operating procedures to ensure consistent and effective support across services and geographic areas.

LED AND DELIVERED BY

Federal, states and territories

15

Respond to children and young people using violence with models, policies, frameworks and practice guides that recognise this violence as distinct from adult-perpetrated violence. Drawing on the *AVITH Collaborative Practice Framework*, focus on therapeutic, rather than punitive, responses that support families to remain safely together.

LED AND DELIVERED BY

Federal, states and territories

Collaborate across systems to respond holistically to children and young people's needs

Deliver holistic services and responses through information sharing, service navigation and a shared understanding of domestic, family and sexual violence

With children, young people and families often experiencing complex and intersecting challenges, a “one-size-fits-all” or single-service approach is rarely appropriate. They also need access to a broader service system that is collaborative and able to respond holistically across all systems and services working with children and young people and their families. These include (but are not limited to) health, domestic, family and sexual violence, mental health, alcohol and other drug, and homelessness services, and the family law, social services and education systems.

Different sectors bring unique strengths to supporting children.

EMILY

Information sharing is key to genuine cross-service collaboration (Quadara et al., 2020). Yet it remains elusive. One young victim-survivor suggested that collaboration could be improved through establishing formal agreements between services to coordinate care for children, the development and introduction of data-sharing protocols, and joint funding initiatives to incentivise collaboration across sectors and to pool resources for comprehensive support.

PRACTICE INSIGHT

Information-sharing in practice

The Australian Catholic University pilot study into the practices of the statutory child protection service, using data from Queensland, found that information-sharing was a key barrier to child-centred practice among those working with children and young people receiving a child protection response (Cahill et al., 2020). Non-government organisations (NGOs) were especially unsatisfied with the information provided by statutory child safety case workers. However, in regions where the Domestic Violence High Risk Teams (DVHRTs) had been rolled out, both caseworkers and practitioners in the NGO sector praised the information-sharing resources and collaborative practices of the DVHRTs. This is a promising practice model with national implications.

Genuinely collaborative work must be underpinned by a shared understanding of rights-based practice, domestic, family and sexual violence, and trauma. This can be built on the review of the philosophies, frameworks, mandates, pressures, evidence and drivers informing the different service systems engaging with children, young people and families (Quadara et al., 2020). This can enable recognition of where these factors contradict each other or are in tension with the principles of good practice (Quadara et al., 2020).

Although a collaborative service system can provide a holistic response, multiple referrals and complicated service pathways can lead to children and young people falling in between the cracks, underscoring the need for services and systems to work together rather than simply alongside one another. Victims and survivors need help to navigate these complex systems and services, particularly as many will be doing so in a time of crisis (Orr et al., 2022; Robinson et al., 2022). Children and young people may also need additional support outside of navigation support given to a family, as both their needs and ability to navigate services may differ from those of adult victim-survivors. Further, children and young people need opportunities to discuss service access privately, as expressing their wants and needs in front of the caregivers may jeopardise their safety. For example, young people may want help accessing alternative housing or family planning services.

Efforts should be made to buffer against the potential negative consequences of having multiple referrals to different and siloed services (Quadara et al., 2020, p. 15), especially where services may not be appropriate for the child or young person's needs. Service navigation should also reflect the child's rights to have agency and choice in what services they receive and how, including how their information is shared.



PRACTICE INSIGHT

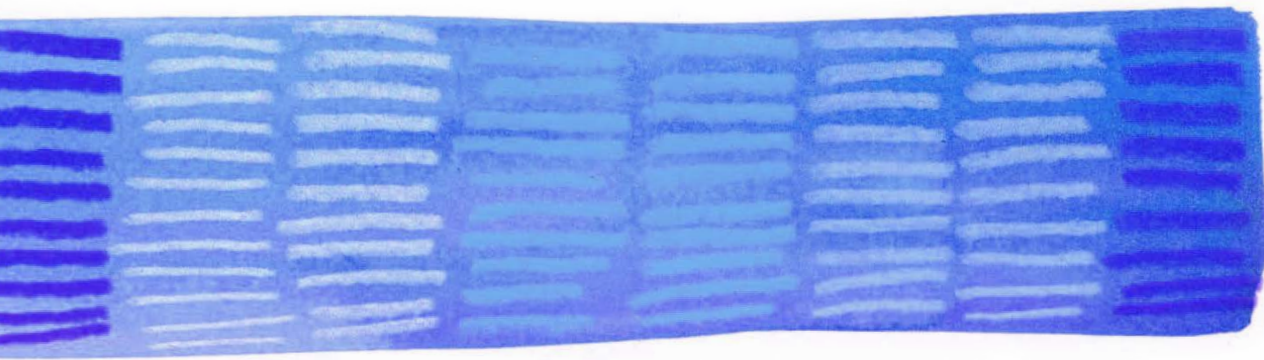
Delivering early support for children, young people and their families through health justice partnership

Health justice partnerships are a collaborative approach to including legal assistance in early supports for children and young people and their families (Chia, 2023).

Health justice partnership refers to an approach where legal help is integrated into the services that people access for health and wellbeing support. For children, young people and their families, this could look like legal help being present at child and family centres or through health practitioners referring them directly to legal supports if there are child protection concerns identified. This integration of services means that people who are vulnerable to experiencing intersecting issues, and who are unlikely to seek out legal services, are linked with the support they need.

Evidence suggests that health justice partnerships do help respond to the complex and intersecting issues experienced by families. For example, they can support parents by providing advice on child protection processes and rights; advocating for clients in the legal system; supporting access to services such as housing, drug and alcohol treatment; and reconnecting people to health services.

There is an opportunity to explore the role of health justice partnerships in delivering early support for children and young people and their families interacting with the child protection system.



RESEARCH INSIGHT

Protecting gender and sexuality diverse children and young people from falling through the cracks

Children and young people who are gender or sexuality diverse are three times more likely to face abuse compared to either heterosexual people or to cisgender males (Australian Catholic University, 2024). The ACMS found that these children and young people were more likely to have been subjected to multiple types of maltreatment (including experiencing domestic violence). In particular, they were more likely to have been subjected to child sexual abuse perpetrated by peers, family members and strangers (Higgins et al., 2024).

This increased risk can lead to serious physical and mental health issues both in the short and long term. Research shows that childhood sexual abuse can as much as double the chances of being subjected to sexual violence and domestic and family violence as adults (Townsend et al., 2022).

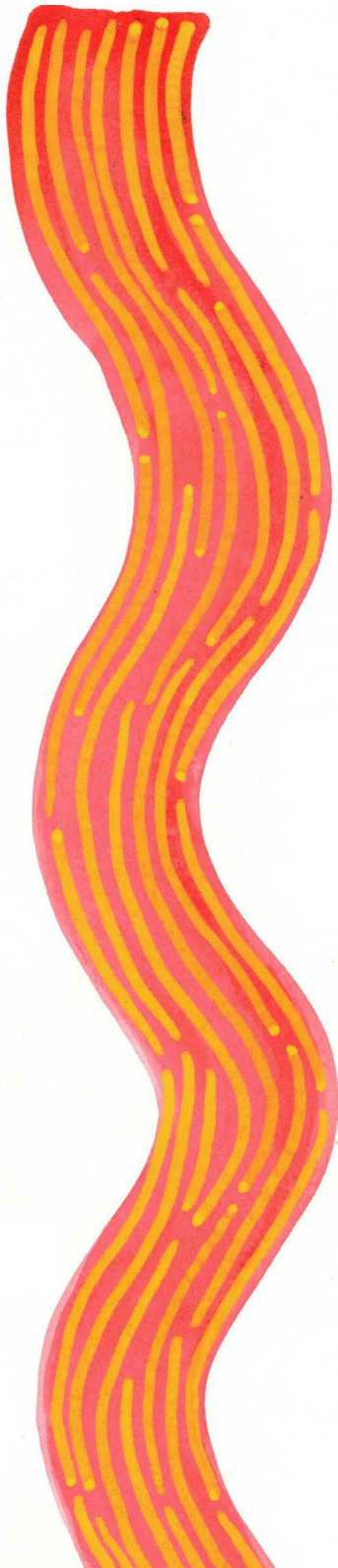
Gender or sexuality diverse children and young people need specific attention in policy and service system reform. They often do not feel safe in mainstream institutions and face oppression, discrimination and stigma, including from within their families (Russell et al., 2020, as cited in Higgins et al., 2024).

Prevention methods must recognise and respond to the heightened risk of maltreatment among gender and sexuality diverse children and young people. We need new strategies and supports tailored to their unique needs. For example, we need parenting programs and education strategies that encourage inclusive parenting practices and safeguarding approaches tailored to diverse children's needs (Higgins et al., 2024).

Responses across the service system - including primary health, specialist mental health, child protection, and domestic, family and sexual violence specialists - should consider how effective they are for gender and sexuality diverse individuals and ensure a thorough assessment of childhood trauma when working with gender and sexuality diverse people (Higgins et al., 2024).

Governments and service systems should also work on reducing discrimination, stigma or fear related to gender and sexuality identities to ensure their safety and wellbeing (Higgins et al., 2024).

Increase the visibility of children and young people in adult-centred services



The wellbeing of parents and caregivers has a direct impact on children and young people, making adult-centred services an integral part of a child-centred response to domestic, family and sexual violence. However, the safety and wellbeing of children and young people are often overlooked, especially in adult-centred services such as men's behaviour change programs, mental health, alcohol and other drug, family law, and homelessness services (Humphreys, Kertesz, et al., 2020). This oversight represents a missed opportunity to engage meaningfully with adults as parents and caregivers, to recognise the centrality of children and young people and therefore respond to their needs as victims and survivors in their own right.

The lack of visibility of children and young people in services working with their parents can also prevent their access to supports early in the healing and recovery journey. Research on the Safe & Together™ Model among practitioners working in domestic, family and sexual violence, alcohol and other drug, mental health, child protection, and justice and family services noted that the model supported practitioners to better see and consider the impacts of violence on, and the needs of, children or young people, when mapping a person's patterns of violence and control (Humphreys, Kertesz, et al., 2020). It also helped them explore the ways that children and young people are impacted by the constellation of domestic, family and sexual violence, parental mental health, and alcohol and other drug use. The evidence points to the benefits of having child-centred and DFSV-informed tools to support collaborative practices and services.

It is also important that parents and caregivers have access to adult-centred services for their own wellbeing and for their capacity to support the wellbeing and safety of their children, including supporting their parenting in the context of traumas. For example, limited accessibility of adult mental health services may contribute to safety concerns for children and young people subjected to domestic, family and sexual violence (Luu et al., 2024). Consultation on this guide also highlighted the opportunities of adult-centred services in the healing of childhood trauma among adults. This aligns with calls from ANROWS research for policies and services to employ a life course approach when delivering services. This is in response to findings that childhood experiences of sexual violence as much as doubled the risk of being subjected to other forms of violence in adulthood (Townsend et al., 2022). As such, taking a child-centred and DFSV-informed lens to policy and service design involves recognising the role of adults as caregivers and the journey from childhood to adulthood itself.

RESEARCH INSIGHT

Focusing on men as fathers

Shift cultural attitudes

We need to shift attitudes towards fathers and raise expectations for what a “good” father is. Increasingly, those working with families affected by domestic and family violence recognise that using violence is a parenting choice and that violence can be an indicator of, and contribute to, harmful parenting styles like neglectful, harsh and over-reactive parenting (Xyrakis et al., 2024). Evidence suggests that focusing on the behaviour of people who use violence is essential. This shift must also address how some men who use violence exploit systems, like family law courts and child protection, to further abuse and harm women and children.

Engage fathers

Fathers who use violence often want a relationship with their children. This may present an opportunity to engage them in interventions aimed at addressing their violent behaviour (Meyer, 2018). However, this motivation alone may not be sufficient for all fathers to change their violent behaviours.

Deliver organisational and system support

Practitioners such as child protection workers and those in community, legal and health services are strongly encouraged to work with fathers. For this work to be effective, the organisational and sector context must support this complex practice through appropriate systems and policies. Four essential elements to support organisational development and improve practice include:

- leadership by senior managers
- recognition that domestic violence work requires strengthened collaborative efforts
- extensive training, supervision and coaching
- enhanced worker safety (Humphreys, Healy, et al., 2020).

Use frameworks to improve service system responses

The ANROWS *Quality Practice Elements for Men’s Behaviour Change Programs (MBCPs) in the Northern Territory* provides a framework for improving service system responses to people using violence, including fathers (ANROWS, in press). Although developed through the evaluation of MBCPs in the NT, these elements set a standard that has broader applicability for other states and territories and focuses on the safety and wellbeing of children and young people as essential aspects of an MBCP design and implementation. Key elements highlighted in the framework include:

- ensuring that MBCP strategies prioritise children’s safety when working with men using violence and their current/former partners
- establishing formal relationships with other services working with children affected by the men’s violence such as intensive family support services and child protection
- taking a deliberate approach to assessing the harm caused by the person using violence for each individual child
- proactively developing strategies to prevent harm, especially in family law matters regarding access to children
- considering affected children to be a part of the partner support process, even though direct contact with children may not occur
- keeping children’s needs in focus through group work and individual sessions, and allocating additional program time for fathers to explore child-focused parenting.

ACTIONS

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Implement, monitor and evaluate mechanisms to support meaningful collaboration and information-sharing between services that interact with children and young people and their families.

LED AND DELIVERED BY

Federal, states and territories



17

Map the interactions between service systems accessed and navigated by children and young people and their families to understand the complexity and gaps, including across jurisdictions.

LED AND DELIVERED BY

Federal, states and territories

18

Develop and implement frameworks, policies and practice guides that focus on the intersection between parenting and domestic, family and sexual violence.

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Federal, states and territories



Invest in skill development in trauma- and DFSV-informed care across systems and services

Ensure all sectors working with children and young people are equipped to deliver trauma- and DFSV-informed care

Workforce capabilities to address the trauma needs of children and young people must be strengthened across sectors including education, health, disability, domestic, family and sexual violence, mental health, and justice (Fitz-Gibbon, Meyer, Boxall, et al., 2022; Fitz-Gibbon, Meyer, Maher, et al., 2022; Hooker et al., 2022; Morgan et al., 2023a, 2023b; Ogilvie et al., 2022; Robinson et al., 2022). This should also extend broadly to all services working with children and young people, and their families. Development of these capabilities could begin during tertiary education. Workforce uplifts must be underpinned by a strong authorising environment and organisational culture that supports the implementation and resourcing of training and the application of learnings in practice.

While there are opportunities for workforce uplift across all sectors, the long-term effects of trauma on children and young people's mental health emphasises the need for mental health professionals to take a trauma- and DFSV-informed lens to their care (Hooker et al., 2022; Orr et al., 2022). This should include growing the profession's ability to adequately respond to the healing needs of children of all ages subjected to domestic, family and sexual violence.

If a [child or young person] has grown up learning that they cannot trust adults, they may need extra rapport-building before disclosing information – It is also important to note that [child or young person] may disclose abuse in more subtle ways.

ANNIE

The capability to identify and respond to domestic, family and sexual violence must be extended to general practitioners and other health providers, as they are often first point of contact for families subjected to violence (Hegarty et al., 2022). Notably, 71 per cent of families where a parent killed a child, where there was a history of domestic and family violence, had contact with general health services, more than any other service type (ADFVDRN & ANROWS, 2024). This finding is mirrored in





other research on victim-survivors of domestic, family and sexual violence and reflects the immense potential of healthcare settings in identifying and responding to domestic, family and sexual violence (Hegarty et al., 2022). Healthcare providers have the opportunity to offer support through risk assessment, active intervention, referrals and collaborative responses (ADFVDRN & ANROWS, 2024).

However, much of the existing research does not specifically address the needs of young victim-survivors in healthcare settings. This gap can be addressed through improved practice guidance, monitoring and continual improvement of existing educational resources for general practitioners. Key resources include the 5th edition of *Abuse and Violence: Working with our Patients in General Practice* (the White Book) by the Royal Australian College of General Practitioners (2022) and the GP Toolkit by Women's Legal Service NSW (2019). These resources provide information on safety assessment, planning and making referrals to other government and non-government agencies (ADFVDRN & ANROWS, 2024). Adopting a child-centred approach to improving and monitoring these supports is a critical first step towards enhancing the health sector's ability to respond to children and young people as victim-survivors in their own right.

The centrality of relationships, especially with caregivers, in children and young people's lives highlights the need to build knowledge and skills in therapeutic models that focus on the child or young person within their relationships and support children to heal from trauma alongside the mental health and wellbeing needs of family members (Hooker et al., 2022; Robinson et al., 2022). These skills must be built across a variety of workforces engaging with children, young people and families including those working in specialist domestic, family and sexual violence services, and more generally, through family support agencies and statutory child protection services.

A focus on children and young people within their relationships must be underpinned by the consensus that domestic, family and sexual violence, including intimate partner violence, is a parenting choice. It is critical for those working with families to pay attention to the behaviours of men who use violence, the associated impacts, and the relationship between men's violence and their fathering, as well as its impact on women's mothering. This includes recognising how people who use violence use mental health issues and substance use as tactics of coercive control (Luu et al., 2024).


Responses must also reflect how adult victim-survivors' experiences of domestic, family and sexual violence impact their parenting. It is essential to acknowledge the resistance and protective strategies used by victim-survivors to support their children's safety. For example, a mother may disconnect from services as a protective strategy when she senses her partner's violence escalating (Luu et al., 2024).

PRACTICE INSIGHT

Shared understanding of trauma-informed practice

The Victorian Government's *Framework for Trauma-Informed Practice: Supporting Children, Young People and their Families* outlines principles and domains to guide trauma-informed practice for a wide range of professionals, including those in child and family services, family violence, health and human services (Department of Families, Fairness and Housing, 2022). This can ensure children and young people receive safe and appropriate responses no matter who they turn to for help.

Each domain has indicators that support its implementation across practice, service leadership and systems. The framework serves as a valuable tool for services and systems to reflect on their current practices and align them with the framework's domains.



There are also opportunities to build the capacity for educators, across early childhood, primary and secondary education, to see and respond to children and young people's experiences of trauma. The consequences of limited skills and capacity to respond in trauma- and DFSV-informed ways can lead to children and young people's disclosures of violence being ignored by teachers; can lead to children and young people facing school exclusions; can negatively affect their educational outcomes; and can restrict their access to the safety, support and self-esteem drawn from school settings (Fitz-Gibbon, Meyer, Maher, et al., 2022; Morgan et al., 2023b). Children and young people have expressed their need for consistent and appropriate responses from trusted adults to their disclosures of being subjected to or using violence (Fitz-Gibbon, Meyer, Maher, et al., 2022).

Workforce capability is particularly important in settings where there are high rates of trauma such as in out-of-home care, including residential care, and in juvenile justice settings - where experiences of domestic, family and sexual violence and other childhood trauma are especially high (Ogilvie et al., 2022). Trauma-informed responses to children and young people within the criminal justice system are vital, particularly in light of the high likelihood that they are both victim-survivors of abuse and trauma and have used violence (Ogilvie et al., 2022).

All practitioners working with families where a person is using violence need to be equipped to manage and mitigate the risk of colluding with a person using violence (Healey et al., 2018). There is an opportunity to build knowledge of how people who use violence can manipulate systems and practitioners alike to collude with their violence. This includes those working in the family law, social services and health systems, as well as those working as domestic, family and sexual violence specialists and across child protection systems.

Regardless of the practice or profession, adults need to listen to children and young people when they express their fears and reveal their experiences. Validating their concerns and acknowledging their strengths and acts of resistance are critical first steps. These need to then be supported by meaningful protective actions that support children's safety. What these actions look like will be specific to the environment and context. To underpin this work, practitioners need policies that clearly outline those actions and support them to feel safe enough to act.

PRACTICE INSIGHT

Leading quality supervision for practitioners

Governments can help set and maintain quality supervision standards for those working with children and young people and their families. This helps build a skilled, safe and supported workforce and can be part of ensuring consistency for young victim-survivors.

Governments could also explore supervision as a mechanism for building cross-sector learning by sharing supervision principles across fields like education, health and law.

For example, the Victorian Government has created guidelines for best practice supervision for those working in family violence, sexual assault and child wellbeing, which will be supported by instructional videos that help translate the guidance into real-world learnings.

ACTIONS

19

Invest in workforce development, recruitment and retention to support a sustainable and skilled workforce with capacity to respond to increasing demand.

LED AND DELIVERED BY

Federal, states and territories

20

Update and deliver advice, training, supervision and coaching to the workforce across sectors working with children and young people and their families to equip them to respond where domestic, family and sexual violence intersects with other complex issues.

LED AND DELIVERED BY

Federal, states and territories

21

Increase expertise and professional development in domestic, family and sexual violence and its impacts on children and young people among the judiciary and legal profession.

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Federal, states and territories

Share knowledge across services working with disability; domestic, family and sexual violence; and children and young people

Develop workforce understanding of disability and its intersections with domestic, family and sexual violence across sectors

Children and young people with disability face much higher rates of domestic, family and sexual violence than their peers without disability (Octoman et al., 2022). One study shows that 30 per cent of all children and young people subjected to domestic, family and sexual violence have disability (Octoman et al., 2022). However, its reliance on hospital and police data suggests it is a significant underestimate. Children and young people with disability are also more likely to receive child protection interventions or be placed in out-of-home care (Octoman et al., 2022).

When subjected to domestic, family and sexual violence, children and young people with disability can enter through multiple doors of a complex service system. Their disability needs are unlikely to be met unless they enter the system through disability services. This is due, in part, to a historical tendency towards segregation and specialised disability institutions (Fawcett, 2016, as cited in Octoman et al., 2022, p. 6). In non-disability services, the response they receive is instead framed by the focus of the service they enter, for example, domestic, family and sexual violence, child protection, criminal justice, health, housing or crisis services for children and young people (Flynn, 2020, as cited in Octoman et al., 2022, p. 6).

This means that access to appropriate services is often limited where disability and domestic, family and sexual violence co-exist. Challenges include mothers with disability being unable to access domestic and family violence services or personal or legal justice when they have been subjected to violence (Dyson et al., 2017; Maher et al., 2018). Children and young people with disability face barriers to accessing domestic, family and sexual violence prevention and early-intervention services (Robinson et al., 2020). The lack of fit-for-purpose services can directly impact a child or young person's safety. For example, children and young people and their mothers can be forced to remain in unsafe housing because there are few accessible and safe alternatives suitable for their children's disability support needs (Robinson et al., 2022).





Disability services are often missing from joint efforts to address domestic, family and sexual violence. Many mainstream services lack understanding about disability, leading to poor “disability literacy”. Additionally, disability services often lack experience dealing with violence.

This knowledge gap can be harmful, especially when children and young people with disability use violence towards family members. Services often use approaches meant to respond to an adult’s use of power and control or default to focusing on a child or young person’s “behavioural issues”. These adult- and able-centric responses can lead to punitive practices that fail to create safety for everyone involved (Campbell et al., 2020; Sutherland et al., 2022).



An increased, consistent and shared workforce understanding of disability, domestic, family and sexual violence, and the needs of children and young people is needed across sectors. This has the potential to strengthen service and policy responses to children and young people with disability both as victims and survivors and as people using violence. It also creates opportunities to improve responses for children of mothers with disability.

All responses must be underpinned by recognition that disability results from the interaction between a person living with impairments and the barriers created by attitudes and environments which impact their ability to engage equitably in society (DSS, 2021a; UN, 2006). This social model of disability is core to the UN Convention on the Rights of Persons with Disabilities and *Australia’s Disability Strategy 2021-2031* (DSS, 2021a; UN, 2006). Disability is not an individual trait that exists independently of society.



Raising awareness of how violence and disability intersect is crucial. Stigma, discrimination and environmental and societal barriers compound victims’ and survivors’ experiences of violence and control, and further limit avenues for support. Mainstream understandings of domestic, family and sexual violence are not always appropriate for people with disability, and limited understandings of disability can similarly constrain domestic, family and sexual violence responses. It is important to see children and young people with disability as children first and to recognise that disability does not lessen the impact of violence on children or their right to participate in decisions (Robinson et al., 2022).

Accompany policies with concrete action for children and young people with disability

While the rights of children and young people with disability and their needs feature in some policy frameworks guiding responses to children and young people’s experiences of domestic, family and sexual violence, the intentions are often not fully embedded in everyday practice (Campbell et al., 2020; Dyson et al., 2017; Maher et al., 2018; Robinson et al., 2020). Policy change must be underpinned by, and support, practice change and cross-sector collaboration. Children and young people with disability require urgent policy attention and investment in trauma-informed prevention, early intervention, response, and healing and recovery efforts (Robinson et al., 2022).

Develop capacity within both mainstream and specialist services to respond to the specific needs of children and young people with disability



There is a longstanding problem of people with disability being recognised in statements of principles in policies without accompanying concrete strategies and actions to address their needs (Robinson et al., 2022). Children and young people with disability and their family members need to be at the centre of policy development and involved in the development of action plans to ensure policy intentions result in real-world solutions. (Robinson et al., 2022).

There is a need for urgent action to remedy the “siloeing” of the domestic, family and sexual violence and disability sectors, workforces and knowledge to better support children and young people. The domestic, family and sexual violence and disability service sectors must shift to a more collaborative way of working drawing on their shared understanding of violence, disability, and the compounding nature of systemic inequalities – including the ways in which the rights of children and young people with disability can be especially undermined.

There is currently limited understanding, skills and capacities of the workforce across sectors to provide services that meet the needs of children and young people with disability (Robinson et al., 2020; Robinson et al., 2022; Sutherland et al., 2022). The limited understanding of disability is also embedded in the tools and practices used by the workforce. For example, there is limited access to appropriate tools for safety assessment or case planning for children and young people with disability and a lack of trauma-informed practices (Robinson et al., 2020; Robinson et al., 2022; Sutherland et al., 2022).

There are also opportunities for better cross-pollination of domestic, family and sexual violence and disability literacy to ensure children and young people with disability receive appropriate responses, and for improvements to assessments of children and young people’s mental health, the mental health of caregivers, and children and young people’s overall needs (Ogilvie et al., 2022; Orr et al., 2022; Wright et al., 2021).

Siloed responses can also impact children and young people with disability who are using violence. Mothers and practitioners have described a multisectoral failure – spanning education, health, disability, social services, domestic, family and sexual violence and justice systems – to respond in ways that support young people with disability and families where AVITH occurs (Sutherland et al., 2022). The challenges are often most acutely felt in families’ interactions with mainstream domestic, family and sexual violence specialists where models for practice are not responsive to children and young people’s disability and where the young person’s use of violence precludes the family from accessing support (Sutherland et al., 2022). Mothers can face challenges accessing support from the National Disability Insurance Scheme to manage a child or young person with disability’s use of violence in the home (Sutherland et al., 2022).



Not having access to early-intervention and specialist services means responses to young people with disability rely overly on police and court processes. This can lead to young people with disability being inappropriately drawn into the legal system, restricting their access to meaningful supports and services. A review of case files in Victoria found that 47 per cent of adolescents facing court for charges related to AVITH had a diagnosis of a psychosocial (meaning that mental health issues combined with social or environmental challenges make it hard for them to participate fully in everyday life) or cognitive disability (Campbell et al., 2020). A sizeable portion of these young people would be significantly limited in their ability to understand and comply with protection orders (Campbell et al., 2020). The reliance on policing and legal systems is also concerning because misconceptions of the “dangerous” person with disability can lead to institutionalisation (Human Rights Watch, 2018; Spivakovsky, 2014, as cited in Campbell et al., 2020). Violence against children and young people with disability has often occurred in these institutional settings, such as correctional facilities (Campbell et al., 2020).

PRACTICE INSIGHT

Strengths-based practice for children and young people with disability

The *Connecting the Dots* practice framework outlines key principles for practitioners and practice designers to ensure strengths-based practice when working with children and young people with disability who are subjected to domestic and family violence (Foley et al., 2023). The framework is a guide to thinking and reflection to inform practice and includes suggestions for immediate action.

The framework was developed following an ANROWS research project and integrates evidence from research, lived expertise, practice theories and ethical frameworks.

The framework emphasises the contexts in which children and young people live and communicate, while drawing on six key principles that support a strengths-based practice:

- Child responsive: identify and respond to children and young people’s needs and preferences.
- Rights focused: recognise and uphold children’s rights.
- Trauma informed: recognise that people live with trauma and aim to prevent future trauma and promote healing.
- Inclusive and person-centred: recognise the complexity of disability as bringing strengths as well as support needs.
- Holistic: collaborate to meet needs across sectors and services.
- System capacity building: Invest in skilled practitioners and services.

ACTIONS

22

Ensure all policy, procedures and practices relevant to children and young people with disability subjected to and/or using violence are underpinned by a social model of disability and feature concrete practical actions, drawing on the *Connecting the Dots* practice framework.

LED AND DELIVERED BY

Federal, states and territories

24

Amend legislation to safeguard the safety and welfare of child respondents in civil protection orders, especially those with cognitive impairment affecting legal responsibility.

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Federal, states and territories

23

Consider universal screening for psychosocial and cognitive disabilities for children and young people across health, child protection and justice. Screening must sit alongside a supported referral process to relevant services, like disability supports.

LED AND DELIVERED BY

Federal, states and territories

25

Respond to the inadequacies of the domestic, family and sexual violence system to support the needs of children and young people with disability using violence and their families. Most pressing is the need to address the limitation of services and supports predicated on the victim and survivor no longer living with the person using violence or planning to leave.

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Federal, states and territories

Conclusion

Everyone agrees that children and young people deserve to be safe from domestic, family and sexual violence. We know that children and young people using violence themselves also need our support. This belief often does not translate into real-life actions.

This guide offers Australian policy actors, practice leaders and advocates a comprehensive overview of actions and priorities from ANROWS's research on children and young people. These can be used to drive evidence-informed policies and strategic planning.

We heard from many people as we developed this guide – young victim-survivors, children's commissioners, senior public servants, peak body representatives, leading researchers, practice leaders and advocates. They all agreed that system-wide change is needed.

This change needs to be resourced, prioritised and driven at all levels of government, in services, and across sectors and portfolios.

There is a real opportunity to improve the safety and wellbeing of children and young people in Australia. The evidence is in. The need is clear. The time is now.

Let's make sure policies are not just promises, but actions that change lives.

EMILY

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