

CHILDREN'S VOICES FOR CHANGE

A rights-based approach to understanding and implementing effective supports for children and pre-adolescents as victim-survivors of family violence



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Acknowledgement of Country

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Executive Summary

This report presents the findings of the 'Children's Voices for Change' project, which applied a children's rights-based approach to understand what constitutes effective supports for children and pre-adolescents aged up to 13 years as victim-survivors of family violence in their own right. The project engaged with children and young people as family violence experts by experience – as research participants and co-researchers – to build a knowledge and evidence base that strengthens understandings of the diversity and distinctiveness of children's experiences of family violence, and the effectiveness of services in meeting their needs.

The project reviewed the existing Victorian family violence service landscape, including analysis of aggregated client data from The Orange Door, to understand children's system pathways; surveyed practitioners who provide support services to children who have experienced family violence; conducted participatory research with children and young people who have accessed family violence support services in Victoria; and co-created a Children's Feedback Tool through collaborative workshops with children and young people and practitioners. The project's key findings are:

- 1. There is no 'one size fits all' for supporting children and young people who have experienced family violence.** The research findings challenge the approach of adult-centric systems, which treat child victim-survivors as inherently vulnerable, dependent on adults, and having the same needs as their parent or carer. Children who experience intersecting forms of structural oppression and marginalisation – including children with disability, Aboriginal and Torres Strait Islander children, LGBTIQ+ children, and children from migrant and refugee communities – encounter additional barriers to accessing family violence supports and having their needs met.
- 2. Children need connection, trust and loving relationships with family, friends and pets, to help them heal from their experiences of family violence.** Children also seek to ensure that they and their family members are safe and healthy, and that they have stable housing and financial security. While children's safety and wellbeing needs may align with features identified by adult victim-survivors as significant for them in a service context, the system must respect children as individual rights-bearers with distinct, unique needs.
- 3. Establishing and maintaining trust in a service context is vital.** Children and young people described breaches of trust occurring in the context of privacy and information sharing; inaccurate understanding and/or depiction of their family violence experiences; and police misidentification of the person using violence. Practitioners identified children's fear, discomfort or lack of trust as barriers to engagement, which hinder services' ability to provide effective support.
- 4. Seeking feedback from children about their service experience is not common practice.** Where children do provide feedback, it is often through an adult, such as the child's parent/carer or case

worker, usually at the conclusion of the service interaction. While practitioner insights reflect a growing cultural understanding that listening to children is a fundamental feature of effective service provision, children's experiences suggest there is still significant progress to be made for children to feel that their voices are adequately heard and acted upon.

5. Various systemic barriers to supporting children as victim-survivors in their own right effectively persist:

- **The specialist family violence service system is insufficiently resourced:** practitioners and children alike highlighted concerns about long wait times to access services, staff shortages and high staff turnover, a lack of specialised programs and therapeutic interventions, insufficient case management periods, and a lack of practitioner expertise and confidence.
- **Family law parenting orders** hamper the effectiveness of family violence service responses and/or place children at risk of harm.
- **Police responses to family violence incidents** are experienced by children negatively, including due to police seemingly 'siding' with the person using violence, or failing to believe children or to respond adequately to their situation.
- **The requirement for parental consent to engage with services** can be used by the person using violence to prevent children's access to support, as a form of control and ongoing abuse;
- **Challenges persist for collecting data and evidence to understand children's distinct, unique needs:** The Orange Door data collection practices often attach a child's case to that of an adult. There are no data available on the timeliness and effectiveness of The Orange Door sites' engagement with children. 'Unknown' case numbers for children with disability and children who are culturally and linguistically diverse remain high.
- **Financial support and housing stability are key unmet needs** for children who have experienced family violence.
- **Services do not always collaborate and communicate effectively** to ensure that important risk information about children is appropriately shared and acted upon.

6. Services and systems must listen to, hear and understand children. Children must be respected as capable of identifying and articulating their distinct family violence response and recovery needs, consistently with their evolving capacities and with appropriate direction and guidance.

Start listening. Don't think you know. You can't see us as victims in our own right unless you actually listen. [Molly, 11]

Recommendations

The following recommendations are for consideration, to support the translation of the research findings into law, policy and practice.

Recommendation 1: Youth Advisory Group

The Victorian Government should establish a **Family Violence Youth Advisory Group** to sit alongside the Victim Survivors' Advisory Council, comprising a diversity of children and young people with lived experience of family violence in Victoria. This Advisory Group would provide ongoing guidance on laws and policies relevant to children and young people's distinct family violence response and recovery needs. The establishment and operation of this Advisory Group may be informed by the Transitions from Care Youth Expert Advisory Group, as well as other youth advisory bodies at State/Territory and federal levels.

Recommendation 2: Specialised and targeted programs

The Victorian Government should invest in **specialised and targeted programs and services for children** who have experienced family violence. There should be specific investment in **therapeutic interventions** to assist children to heal and recover, including **groupwork**, to enable children to connect, play and recover alongside other children, with funding for **peer support workers** to recognise young people as 'agents of change' (YacVic 2024: 6). These interventions should be **available beyond crisis periods**, to support children's long-term recovery needs. Specific programs should be designed and delivered for **children with diverse identities, backgrounds and needs**, including Aboriginal and Torres Strait Islander children, children with disability, children from refugee and migrant backgrounds, children who have had experiences of out-of-home care and LGBTIQ+ children.

Recommendation 3: Length of support periods

The Victorian Government should **fund services and programs to deliver interventions that reflect the complexity and specialisation of working with children** who have experienced family violence and their families. This includes practitioners being resourced to work in a flexible and child-led manner, and to tailor their service intervention to meet both short and long-term needs of the child. Practitioners should have capacity during the support period to establish trust and rapport with the child, and to discuss the child's experiences and feedback throughout the service engagement.

Recommendation 4: Capability-building for professionals

The Victorian Government should continue to invest in **capability-building initiatives for professionals working with children and young people** who have experienced family violence, in specialist family violence settings, child and family services settings, child protection, and mainstream service settings including schools, hospitals, health and legal services. Focus areas should include: understanding family violence and its impacts on children; trauma-informed, child-centred and rights-based practice; strategies for listening to and hearing children, and creating space for children to feel safe and comfortable to engage according to their age, developmental stage and intersecting experiences and needs.

Recommendation 5: The Orange Door data collection

FSV should **improve data collection practices at The Orange Door**, to ensure an accurate understanding of the distinct needs and experiences of children, as follows:

- **Case and referral data should be collected for each child, separate from their parent**, to accurately capture children's pathways into and through The Orange Door.
- **Disability status and CALD status should be made mandatory data fields in the CRM**, accompanied by ongoing work to embed accessible, culturally safe, non-discriminatory and inclusive practices into The Orange Door, so that victim-survivors of family violence feel safe to disclose (Cadwallader 2024).
- Data should be collected on the **timeliness and effectiveness of The Orange Door sites' engagement with children** (CCYP 2019; VAGO 2020), to facilitate **triangulation** of client demographic data with service experience and outcomes data, to identify children's met and unmet needs.

Recommendation 6: Cultural safety

The Victorian Government should continue to invest in **initiatives to ensure that culturally responsive practices are embedded into The Orange Door**, so that Aboriginal victim-survivors of family violence feel safe to engage with support services. The Victorian Government should also continue to invest in **Aboriginal self-determining structures** to lead the governance, implementation, monitoring and evaluation of family violence reforms, to improve access for Aboriginal and Torres Strait Islander children to Aboriginal-led, culturally appropriate family violence services (DSS 2022a).

Recommendation 7: Community awareness of family violence

The Victorian Government should develop and deliver **public awareness campaigns and associated resources for the community**, to enhance understandings of family violence and its particular impacts on children and young people. Resources should be available in a range of formats and languages to ensure accessibility, and be co-created with children and young people with lived experience.

Recommendation 8: Financial support and brokerage

The Victorian Government should provide **specific brokerage** for children and young people, who should have the capacity to make decisions, consistently with their evolving capacities and with appropriate direction and guidance, about how their brokerage is used. The Victorian Government should also continue to invest in **Flexible Support Packages (FSP)**. Where a FSP is applied for and provided for a child victim-survivor of family violence, the child's views should be sought, in addition to the views of their protective parent (FSV 2024:18).

Recommendation 9: Housing stability and crisis accommodation

The Victorian Government should work alongside services and children and young people with lived experience of family violence to establish, fund and provide **targeted, safe and age-appropriate crisis accommodation options for children** (YacVic 2024). This should include options for children escaping family violence with their protective parent and siblings, unaccompanied young people, and accommodation of family pets. Appreciating the significance of housing stability and children feeling safe in their homes, the **Personal Safety Initiative** should seek to ensure that the **agency of children and young people** as victim-survivors is upheld in practice, including by listening to their views, and supporting them to remain in, or return safely to, their home where suitable and appropriate (FSV 2019b).

Recommendation 10: Victoria Police practice resources

Victoria Police should invest in **practical resources for responding to family violence incidents involving children**, developed alongside children and young people who are victim-survivors of family violence (see, eg, Millar et al. 2022; Domestic Violence NSW 2022). Resources should encourage police collaboration with community-based services, and should support police engagement with children, identification of coercive and controlling behaviours, accurate identification of the person using violence, and the practice of listing children as affected family members and/or protected persons in FVIO applications.

Recommendation 11: Children’s meaningful participation in family law decision-making

The Federal Government should **amend the *Family Law Act 1975 (Cth)* to implement Article 12 of the *UNCRC***, to give **all children a right to express their views and be heard** in post-separation parenting matters. It is noted that the Family Law Council’s current Terms of Reference include consideration of ‘[h]ow best to support children to participate in family law processes, ... including children who may be affected by trauma due to ... family violence’ (Family Law Council, 2022:2). Further research and policy work on this issue must involve children and young people with lived experience of the family law system.

1 Introduction

This report presents the findings of the ‘Children’s Voices for Change’ project, which applied a children’s rights-based approach to understand what constitutes effective supports for children and pre-adolescents aged up to 13 years as victim-survivors of family violence in their own right.¹ The project engaged with children and young people as family violence experts by experience – as research participants and co-researchers – to build a knowledge and evidence base that strengthens understandings of the diversity and distinctiveness of children’s experiences of family violence, and the effectiveness of services in meeting their needs.

Family violence has profound impacts on the health, wellbeing and development of children and young people. Known harms include an increased risk of mental ill-health, substance misuse and suicide (Orr et al. 2022; Gartland et al. 2021; National Mental Health Commission 2021; Meyer et al. 2023); homelessness (AHRC 2021; AHURI 2022); social, behavioural and learning difficulties (Campo 2015; Clark and Graham-Bermann 2017; Noble-Carr et al. 2020); and a higher risk of future perpetration of family violence (Campbell et al. 2020; Bland and Shallcross 2015; De Maio et al. 2013; Knight 2015). A statistical snapshot offers a startling quantification of this pervasive, complex social problem. Almost two-fifths (39.6%) of Australians have been exposed to domestic violence during their childhood (Mathews et al. 2023); an estimated 2.6 million Australians have witnessed violence towards their parent by a partner before the age of 15 (ABS 2023); and in 2023, a child or children were present at 36.1% of family violence incidents attended by police in Victoria (CSA 2024).

There is an increasing imperative in Australian policy, research and practice to prioritise and embed the voices and lived experiences of children and young people in the design, delivery, monitoring and evaluation of family violence support services and systems. The *National Plan to End Violence against Women and Children 2022–2032* identifies the need to ‘[r]ecognise children and young people as victim-survivors of violence in their own right, and establish appropriate supports and services that will meet their safety and recovery needs’, as both an early prevention and a recovery strategy (DSS 2022b:21, 121).

Yet children are often invisible in the family violence service landscape (McCann et al. 2023:83-4). They are ‘forgotten’ and ‘silent’ victims (State of Victoria 2016: vol II, 129). There is a dearth of research conducted directly with children and young people who have experienced family violence to understand their unique response and recovery needs, with gaps in understanding how to meaningfully engage with this cohort to centralise their voices, views and experiences; and how to embed rights-based, child-centred

¹ The term ‘children’ is used throughout this report to refer to children and pre-adolescents aged 0 to 13 years.

and trauma-informed processes into practice. There remains a pressing need to better understand the extent to which family violence services are meeting the needs of children as victim survivors in their own right, to address the intergenerational impacts of family violence, including preventing future victimisation and the perpetration of family violence by victim-survivors themselves.

The Royal Commission into Family Violence (RCFV) heard evidence that ‘there is little to no research about understanding the impact of family violence from the young child’s perspective’ (State of Victoria 2016: vol II, 129). Few research projects have been conducted directly with children and young people who have experienced family violence (see, eg, Houghton 2015; Morrison 2015; Cossar et al. 2019; Warrington et al. 2017), especially in Australia (see, eg, Fitz-Gibbon et al. 2023a; Robinson et al. 2023).

Research aims and questions

This research project sought to identify the characteristics of effective supports for children aged up to 13 years accessing family violence services in Victoria – including the extent to which services are meeting their needs as victim survivors in their own right – through a triangulation of evidence across the literature, insights of practitioners, and the views and experiences of children themselves. The project’s key aims were to:

- Understand how children conceive their family violence response and recovery needs;
- Identify supportive factors that facilitate meaningful engagement with children in a way that meets their needs and respects their evolving capacities;
- Identify barriers to the development and operation of effective family violence support services for children as victim-survivors in their own right; and
- Develop clear, practical capability-building resources to enable children’s meaningful, safe participation in family violence program design and service delivery, including measuring and monitoring the effectiveness of outcomes.

These aims were met through the following six research questions:

1. How do child victim-survivors of family violence currently engage with Victoria’s family violence service system? What are their pathways into and through the system?
2. Are there examples, across sectors and jurisdictions, of system responses that centre children in service design and delivery, that can inform the Victorian approach?
3. What do children identify as important in their family violence response and recovery needs?
4. What are supportive factors shaping, and barriers impeding, Victorian family violence service system responses to children as victim-survivors in their own right?

5. What 'gaps' exist between practice and what child victim-survivors identify as important and effective in meeting their needs?
6. How can a rights-based approach be used to inform the development and implementation of effective supports for children as victim-survivors, including needs assessment, service response and evaluation of outcomes?

Study design

This research was informed by a children's rights-based approach, underpinned by the *United Nations Convention on the Rights of the Child (UNCRC)*. This approach emphasises the strengths of each child, and the need for all adults to develop the capacity to meet their obligations to respect, protect and uphold children's rights. The project proceeded in four phases:

- A review of existing research and an analysis of aggregated client data from The Orange Door, to understand children's pathways into and through Victoria's family violence service system;
- A survey of practitioners in Victoria who provide support services to children who have experienced family violence;
- Participatory research with children and young people in Victoria who have accessed family violence support services, through an interactive, online activity that enabled them to share what they need to feel safe and well, and their service engagement experiences;
- Collaborative workshops with children, young people and practitioners to co-create a Children's Feedback Tool for use by services that support children who have experienced family violence.

Key findings

1. There is no 'one size fits all' for supporting children and young people who have experienced family violence. Children who experience intersecting forms of structural oppression and marginalisation encounter additional barriers to accessing family violence supports and having their needs met.
2. Children need connection, trust and loving relationships with family, friends and pets, to enable them to heal from family violence. They also seek to ensure that they and their family members are safe, healthy and well, and that they have financial security and housing stability.
3. Establishing and maintaining trust in a service context is vital.
4. Seeking feedback from children about their service experience is not common practice in Victoria.
5. Various systemic barriers to supporting children as victim-survivors in their own right persist.
6. To provide effective support to children who have experienced family violence, services and systems must engage directly with children, and they must listen to, hear and understand children's needs and experiences.

'Listen to kids, because we don't make this stuff up' [Arthur, 15].

2 Literature review

Victoria's family violence support service landscape for children and young people

Children and young people experience unique forms of family violence relevant to their individual identities and circumstances. Different forms of violence and the relationship contexts in which it occurs have traditionally been understood in the context of intimate partner violence – perpetrated by men against women, with dependent children exposed. Yet children and young people also experience violence from parents, siblings and/or other family members, which requires a nuanced and intersectional understanding of the use of power and control (YacVic 2024:10).

Various characteristics define children's experiences of family violence, as well as their response and recovery needs (FSV 2020b). These characteristics often overlap and may compound the barriers to a child's ability to access appropriate supports (Octoman et al. 2022; Morgan et al. 2022; Fitz-Gibbon et al. 2023b; State of Victoria 2016: vol II, ch 10; DSS 2022b:41–46). Children who experience intersecting forms of structural oppression and marginalisation – including children with disability, Aboriginal and Torres Strait Islander children, LGBTIQ+ children, and children from migrant and refugee communities – encounter additional barriers to accessing support for their experiences of family violence and having their needs met (Robinson et al. 2023; Barnes et al. 2022).

Victoria's Royal Commission into Family Violence identified a lack of targeted, tailored and accessible services that respond to the distinct recovery needs of children and young people. Historically, specialist family violence services have focused on the safety and wellbeing needs of women, or women and their children as a single, unified entity. Within this 'one-size-fits all' approach, services are tied to program requirements that are insufficiently flexible to address children's individual needs (State of Victoria 2016: Summary and Recommendations, 21). Australia's National Children's Commissioner has highlighted the need for more 'child-specific services' to support children and young people who have experienced family violence 'to recover alongside their parent or carer' (AHRC 2021:23).

There has indeed been progress made to recognise the distinct needs of children and young people as victim survivors of family violence in their own right following implementation of the Royal Commission's recommendations. However, as Victoria's *Family Violence Rolling Action Plan 2020-2023* acknowledges, and the points below highlight, there is 'still ... a lot of work to do' to translate this recognition into meaningful action (FSV 2020a:25). Crucially, while several of these reforms have been designed to improve responses to, and outcomes for, *all* victim-survivors of family violence, there has been a limited focus on children specifically:

- Victoria's Multi-Agency Risk Assessment and Management (MARAM) Framework is not currently youth informed (Corrie and Moore 2021:9, 24), although the development of children and young people-specific MARAM practice guidance and tools is in progress. Concerns have also emerged regarding the Framework's capacity to address risk and safety for diverse communities (FVRIM 2023:85).
- The Family Violence Information Sharing Scheme (FVISS) and the Child Information Sharing Scheme (CISS) do not require children's consent to share their confidential information, which may increase their family violence risk, particularly where that information is shared with a parent who is the person using violence (FVRIM 2023:47).
- The Orange Door network triages service users to access specialist family violence services and broader child and family wellbeing services. Yet there are limited child-specific family violence services to which children can be referred (FVRIM 2023; FVRIM 2020; Corrie and Moore 2021).
- Despite increased investment into therapeutic interventions for victim-survivors of family violence, demand continues to outstrip supply and capacity, with extensive waitlists reported across Victoria (FVRIM 2022:48–49; FVRIM 2020).

The evidence gap: data collection practices and underreporting

Children and young people are on the 'periphery of [family] violence policy and practice' (Noble-Carr et al. 2021:935). Capturing data on children and young people who are victim-survivors of family violence remains an ongoing challenge, which in turn affects the ability to make evidence-informed decisions for improvements to service design and delivery to meet the distinct, unique needs of this cohort (AIHW 2022:342). The *Victorian Family Violence Data Collection Framework* notes that 'some family violence services are not specifically resourced to meet children's needs and may therefore not collect detailed information on this cohort' (p.12). Data collection practices of services often subsume children who are victim-survivors into the case records of their parent or guardian.

Underreporting may also underlie many of the deficiencies that persist in system responses (FSV 2019a:40). Children and young people may be unable or reluctant to report violence perpetrated by a parent or carer (Eriksson et al 2022), or they may not recognise that the behaviour constitutes family violence. They may also face barriers to reporting and/or to accessing family violence support services, due to 'confusion, poor self-esteem and lack of accessible information' (State of Victoria 2016: vol II, 138); concerns regarding mandatory reporting and the involvement of child protection; a lack of trust deriving from prior negative experiences with police and/or services (CCYP 2021; YacVic 2024); perceived stigma

associated with family violence; a lack of emergency housing; and financial dependence on their parent or carer (AHRC 2021).

Listening to children and young people's own, unfiltered voices

While data collection and underreporting are *practical* obstacles to recognising and respecting children and young people as victim-survivors of family violence in their own right, arguably the more challenging, entrenched barrier is a *cultural* one. The dominant conception of children in Australian society emphasises their vulnerability and dependence on adults (Dimopoulos 2022; Varadan 2019). Children are often treated as 'secondary' victims, or extensions of their parent (usually their mother) or carer. This conception of children manifests in service contexts when adults underestimate children's capacities (Toros 2021; Moran-Ellis and Tisdall 2019); when children's views are not sought, listened to or heard (Duncan 2018; Cossar et al. 2016); and through a protectionist instinct, to shield children from the 'burden' of decision-making and potential further trauma (Coyne and Harder 2011).

Respecting children as victim-survivors of family violence in their own right demands an understanding of children as 'active participant[s] in the promotion, protection and monitoring of their rights' (CRC Committee 2006:[14]). The failure to seek, listen to and understand children's direct, unfiltered voices about their family violence response and recovery needs exposes a significant gap in meeting those needs effectively.

What children and young people identify as important in their family violence response and recovery

Several recent studies that have engaged children and young people as family violence experts by experience, while few in number, offer insights into what children and young people feel is important in their family violence response and recovery. The report of the National Children's Commissioner, *Keeping Kids Safe and Well – Your Voices* (AHRC 2021), captured children and young people's concerns about family violence across all Australian jurisdictions, including in relation to police responses, child protection, social services and family law. The Commissioner (AHRC 2021 :23) found that:

Children, young people and parents/carers felt that many police, school and social services staff that they had encountered lacked adequate knowledge or training in responding to family and domestic violence, particularly in the absence of visible physical violence, and how to help children and young people who have experienced trauma.

Children and young people interviewed for Fitz-Gibbon et al's (2023a) study, *I Believe You*, reported seeking genuine, validating, respectful first points of contact when interacting with family violence support services. They did not want to be spoken to or treated like a 'child' and did not appreciate evasive, dishonest communication (p.40). Rather, children and young people wanted practitioners to respect their self-agency and maturity (p.46). Fitz-Gibbon et al. (2023a) emphasise an 'overarching finding': that although there are common themes within children and young people's perspectives of what is important for family violence support services to get right, any *individual* need of the child or young person should come first. These include language barriers, accessibility, age-specific, emotional, and/or trauma-based needs.

In Fitz-Gibbon et al's study (2023b), children and young people who had experienced LGBTIQ+ and/or gender identity abuse expressed the need for education around what behaviours constitute abuse, including how to identify and respond to these behaviours, and services available to offer support, which should be culturally appropriate for all communities. They also sought a safe person who would believe them, who could ensure privacy and confidentiality, and who could provide information about how to remove themselves from the environment of abuse (p.35–36).

Notably, most studies inviting children and young people's voices to the fore are generated from Western understandings and experiences, with little work done to elicit insights from Aboriginal and Torres Strait Islander children. However, a study conducted by Doel-Mackaway (2019) shared the views of Aboriginal and Torres Strait Islander children and young people about the development of laws and policies that affect them. All participants in this study said they liked talking about things that mattered to them, and linked expressing themselves and having these expressions listened to with improved happiness and wellbeing (p.45). The children and young people suggested that, to obtain the meaningful input of Aboriginal and Torres Strait Islander children and young people, government representatives should visit Aboriginal communities, spend time 'getting to know' the community, and conduct consultation in a child, youth and community friendly manner that is culturally informed and ethically safe (p.50).

Morgan et al.'s (2022) study aimed to identify the particular needs of Aboriginal and Torres Strait Islander children and young people who experience family violence and come in contact with child protection systems in regional and remote contexts in Queensland. This study did not engage with children and young people directly, but focused on understanding their experiences through the study's Aboriginal and Torres Strait Islander chief investigators, community researchers and practitioners working in community-controlled child and family services. The study found that one of the most important factors in supporting Aboriginal and Torres Strait Islander children and young people to break the cycle of violence is 'to empower them to have greater voice' (p.30), including through mechanisms such as direct safety planning with children and young people and supporting them to actively explore what safety means to them (p.31).

Children and young people with disability who experienced family violence were 'priority voices' in Robinson et al.'s (2022) study, which established a co-researcher position for a young person with disability in team and advisory systems, and elevated the experiences of 12 children and young people who took part in interviews. Participants considered that services could better meet their needs by viewing them as individuals with agency and capacity to contribute meaningfully to decision-making; using trauma-informed and disability-informed practice; offering flexibility to use supports in ways that suit children and their families; fostering relationships, consistency and time to work well; and enabling greater communication and collaboration between systems. Unfortunately, for many children and young people participating in the study, most services and systems did not have these essential characteristics, with participants revealing an extensive array of barriers to accessing effective family violence support (p.12).

Children and young people in Robinson et al.'s study described the onus being placed on them to advocate persistently, often over a lengthy period, to receive the support they needed. Where support was provided, this was often due to the initiative of key people around them – for instance, their mother or a supportive practitioner – such that children and young people who do not have an advocate may miss out. It is therefore unsurprising that participants in this study identified few opportunities to express their views and wishes about their family violence response and recovery needs. Ultimately, the study found that children and young people's ability to access effective family violence support will be improved if there are 'planned, thoughtful ways for their ideas and priorities to be heard and responded to in the services they use' (p.12).

From an international perspective, a 2019 UK study that interviewed children aged seven to ten who had participated in a group family violence support program highlighted key themes that were important to the children in their recovery: fun; agency and choice in service and schooling contexts; engagement with their broader identities; and the significance of relationships (Beetham et al. 2019). Participants in this study emphasised not wanting to be treated 'like babies', such as when they perceive they are not being provided with enough information (p.569). They also wanted support services to recognise that they had an identity other than that of 'victim-survivor', and to engage with them about other aspects of their lives (p.571).

A 2020 meta-synthesis of 32 international studies – including from Australia, the UK and the USA – identified several common features of children and young people's family violence experiences and response and recovery needs: physical safety *and* emotional safety and wellbeing; opportunities to be meaningfully listened to and heard; to be informed and empowered; and strong relationships to support them (Noble-Carr et al. 2020). Children and young people across these studies emphasised their need for a support person to help them make meaning of their experience of family violence, across both formal and informal settings. Some expressed a preference for this support person to be a peer with a similar lived experience, while others preferred to speak with a trusted adult such as their mother (p.188). Children

and young people also wanted to be informed of, and included in, identified solutions aimed at protecting and supporting them, particularly practical decisions such as those that impacted safety plans or living arrangements (p.188).

A further common theme across the studies was the resilience, agency and diversity of complex and creative coping strategies that children and young people adopted to manage their experiences of family violence (p.187). While discourse around children as victim-survivors of family violence has typically framed them as 'witnesses to' or 'exposed to' family violence (see, eg, Easteal and Grey 2013), the meta-analysis involved many children and young people who reported assuming a more active role in an effort to prevent or minimise the impacts of family violence for themselves, their siblings and/or their carer (Callaghan et al. 2015; Øverlien 2014; Øverlien and Hyde 2009). Importantly, the study highlighted how small sample sizes and minimal information across studies involved in the meta-synthesis limits an appreciation of the diversity of childhood experiences of family violence (p.188).

Children and young people often *want* to share their experiences of family violence, safety and wellbeing (AHRC 2021; Noble-Carr et al. 2020; Moore et al. 2021). Yet the overarching concern that emerges from the above studies is that children and young people are inadequately or improperly engaged to understand their unique and diverse experiences. This includes recognising how experiences and support needs differ between children and adult victim-survivors, and also how support needs differ between children themselves, including within sibling groups. These studies highlight a marked gap between what children and young people perceive to be important to their family violence response and recovery, and what existing service systems and models can provide.

3 Methodology

This project was led by researchers from Southern Cross University (SCU), in collaboration with researchers from Swinburne University of Technology, and in partnership with Safe and Equal, and the Centre for Excellence in Child and Family Welfare (CFECFW). The research was supported by a Project Advisory Group, comprising experts from across family violence and children's rights policy, practice, research and advocacy; as well as a Youth Advisory Group, comprising four children and young people, aged 11 to 25, with lived experience of family violence, who were recruited through Berry Street's Y-Change Lived Experience Program and Safe and Equal's lived experience team.

A children's rights-based approach

This research project applied a children's rights-based conceptual and analytical approach, underpinned by the legal and normative framework of the *UNCRC*. The *UNCRC* is the most widely ratified international human rights treaty, coming into force in Australia in 1991. It represents a promise to all children and young people up to 18 years of age that their dignity, life, survival, health, development, wellbeing and participation will be protected, respected and nurtured. This promise is a shared commitment; it imposes obligations on governments, adults and society as a whole.

A children's rights-based approach empowers and equips children and young people to participate in decision-making processes about their family violence recovery and support needs, consistent with their evolving capacities and with appropriate direction and guidance. It emphasises the *strengths* of each child, as well as the need for support services and systems to develop the *capacity* to meet their obligations to respect, protect and uphold children's rights under the *UNCRC* (Article 4), particularly its four pillars: the right to non-discrimination (Article 2); the best interests of the child (Article 3(1)); the right to life, survival and development (Article 6); and the right to participation (Article 12). Article 19 of the *UNCRC* provides for children's right to be protected from family violence and to receive effective supports as victim-survivors.

The children's rights-based approach informing the design, development, methodology and conduct of this research project is underpinned by four fundamental principles (Dimopoulos 2022; Stalford et al. 2017; Tobin 2009; Freeman 2010):

- 1. Children are active subjects with distinct rights and interests.** They must be 'respected as persons in their own right' and as 'active members of families, communities and societies with their own concerns, interests and points of view' (CRC Committee 2006:[5]).

- 2. Children and young people have evolving capacities for decision-making.** The ‘evolving capacities’ principle (*UNCRC*, Art 5) supports the right of *all* children to experience increasing autonomy, responsibility and agency in enjoying their rights as they develop and mature (Tobin and Varadan 2019).
- 3. Children and young people need appropriate direction and guidance to exercise their rights.** Parents, carers, extended family or community must ‘continually adjust the levels of support and guidance they offer’ to a child, taking into account their wishes, interests, understanding of their best interests and their capacity to make decisions (*UNCRC* Committee 2006:[17]).
- 4. Children and young people must participate meaningfully in decision-making** about their family violence response and recovery needs, consistently with their evolving capacities (Dimopoulos 2022; Freeman 2010; Lundy 2007).

Phase 1: Desktop and literature review and data analysis

The desktop and literature review included an exploratory desktop search of published literature on key areas relevant children and young people’s needs as victim-survivors of family violence. This search was conducted across grey and peer-reviewed literature, using a two-stage approach. A targeted search strategy identified relevant literature using key publications, databases, researchers, authors and websites of organisations and service providers. Boolean logic² was used to connect and combine key search terms, including “family violence”, “domestic violence” “child*”, “young people”, “young person”, “abuse”, “violence”, “neglect”, “participation”, “Victoria”, “Australia”, “support services”, “service”, “family violence services”. No limit was placed on dates, though non-English language publications were excluded. A ‘snowball approach’ (see, eg, Campbell et al. 2020; Morgan et al. 2022) was also used, whereby additional relevant references were located by reviewing the reference lists of key sources and through references recommended by the project partners and Advisory Group members.

Aggregated client data from The Orange Door were provided by FSV for children aged 0 to 13 years for each financial year from 2017-18 to 2021-22. The data included case numbers for children across all The Orange Door sites; case numbers by demographic factors (age, gender, disability status, Aboriginal status, Culturally and Linguistically Diverse status); referral sources; and case closure reasons. This phase was approved by Swinburne University of Technology’s Human Research Ethics Committee (HREC) on 25 November 2022. The data for each financial year were analysed by quarter and subsequently translated into graphs and charts, with findings drawn from identifiable trends and changes over the financial years. The analysis also drew on previous analyses in The Orange Door annual reports and independent reviews by third parties. The Orange Door data were used to examine children and young people’s pathways into

² A process of connecting search terms using the words “and”, “or” and “not” to refine search results.

and through Victoria's family violence services system, as The Orange Door has been established as the entry point and hub for family violence triage and referrals in Victoria, including for children and young people.

Phase 2: Survey of practitioners

The second phase of the project sought to identify factors influencing the effectiveness of family violence support services for children aged up to 13 years in Victoria, through a survey of practitioners working in a range of service settings. This phase was approved by Swinburne University of Technology's HREC on 21 February 2023 (Approval number 20236886-13640) and subsequently by SCU's HREC (Approval number 2023/115) on 3 March 2023. Practitioners were invited through the project team's networks and appropriate social media channels to complete an anonymous online survey hosted on the Qualtrics platform. The survey contained a maximum of 17 questions, which included a combination of checkboxes and open-text questions. All questions were optional and could be skipped (see **Appendix 1**).

The survey was open from 22 March 2023 to 3 May 2023. During this period, 380 responses were received, 60 of which were excluded from the analysis as they responded to two or fewer questions, they were suspected spam responses, or they answered in a language other than English. The filtering process yielded a final data sample of 320 responses, which were analysed quantitatively and qualitatively. Thematic analysis was undertaken using NVivo 12 software, with themes developed through a flexible and inductive process (Braun and Clarke 2006). Cross-tabulations were also used to identify trends between different variable groupings.

Phase 3: Children's Activity

The third phase of the project involved participatory research with children and young people who are victim-survivors of family violence. This phase was approved by SCU's HREC on 9 June 2023 (Approval number 2023/115). Children and young people aged 10 to 25 years, who had accessed family violence support services in Victoria when they were aged up to 13 years, were invited to participate. Participants were recruited through service providers and victim-survivors advocate networks, to ensure that each child or young person had a link to a key person, a 'person in the know' (Patton 2002), with whom they had an established relationship. Children and young people who were currently in distress or crisis arising from family violence, or for whom participation would not be in their best interests – as assessed by their relevant service provider or victim-survivor network – were not invited to participate.

Participants aged 16 to 25 years could provide their own consent, while participants aged 15 years and under required the co-consent of a 'trusted adult' over 18 years of their choosing (such as a parent, guardian, family member, sibling, teacher, close friend or caseworker) in addition to their own consent.

Participants were invited to complete an anonymous online engagement activity ('Children's Activity') hosted on the Qualtrics survey platform and developed together with the Youth Advisory Group. The Activity could be completed on a mobile phone, tablet, laptop or desktop computer and was designed to enable participants to engage in a safe and familiar space of their choosing, to reduce distress whilst also ensuring privacy and anonymity (eg, Morris et al. 2012; Black and Ponirakis 2000). Two versions of the Activity were available: Activity 1 was recommended for participants aged 15 years and under, while Activity 2 was recommended for participants aged 16 to 25 years. Both versions included a combination of multiple choice, open-text and interactive questions, such as 'dragging and sorting' boxes to rank items and selecting an 'emoji' face to represent feelings. Activity 1 featured more emojis, simpler language and the option to upload drawing responses. All questions were optional and could be skipped (see **Appendix 2**). At the completion of the Children's Activity, participants could provide their email address if they wished to receive a \$100 Prezzy Smart eGift Card, as acknowledgement for their time and the value of lived experience and expertise to this project.

An online, interactive activity was chosen to meaningfully engage with children and young people for several reasons. First, the online nature of the Children's Activity allowed children and young people to complete it in their own time and chosen location, anonymously, and at their own pace (see, e.g., Morris, Hegarty & Humphreys, 2012; Kezelman & Stravropoulos, 2019). Participants could easily, confidentially and in a non-confrontational manner, remove themselves from the research activity using a 'Quick Exit' feature, or skip questions they did not wish to answer. An online engagement activity was also chosen due to the innovative, interactive features that could be embedded into its design. The Children's Activity could be completed on a mobile phone, tablet, laptop or desktop computer, appreciating the ubiquity of digital technologies and internet use for children and young people in Australia (eSafety Commissioner, 2021), and their importance in particular for young people with disability (eSafety Commissioner, 2023).

The Children's Activity was open for responses from 13 June 2023 to 11 January 2024. During this period, 74 responses were received, although 51 responses were excluded, on the basis that less than half of the questions had been completed, or because they were suspected spam or duplicate responses. The high number of incomplete responses may be explained by practitioners 'testing' the Children's Activity by completing the consent check boxes only, so as to access the questions. The remaining 23 responses comprise the final dataset. Of these 23 responses, 15 participants completed Activity 1 and 8 participants completed Activity 2.

During the data cleaning process, it became evident that seven meaningful responses provided by children and young people fell outside the inclusion criteria. Five responses were submitted by young people who were over the age of 13 years when they received service support, while two responses were from children under the age of 10 years. The research team obtained approval from both FSV and SCU's HREC to include these out-of-scope responses in the final dataset,³ acknowledging differences in children and young people's life and developmental stages, and therefore their response and recovery needs and experiences of family violence support services.

The Children's Activity responses were analysed together with children and young people with lived experience of family violence. The research team hosted four online workshops with seven children and young people in January and February 2024. Workshop participants included all members of the Youth Advisory Group, one young person who completed the Children's Activity, and an additional two young people engaged through Berry Street's Y-Change Lived Experience Program. A visual presentation of the Children's Activity responses was shared and discussed, with workshop participants reflecting on the findings and identifying key themes. Further thematic analysis was undertaken using NVivo 12 software. Themes were identified and translated into a coding framework, which was flexibly used through an inductive thematic analysis process (Braun and Clarke 2006).

The children and young people quoted in this report have each been assigned a pseudonym. This has been done not only to protect their privacy, but also to provide validation of each child's lived experiences, drawing attention to the reality that the category of 'child' is diverse and complex (Stalford and Hollingsworth 2020:1056).

Phase 4: Children's Feedback Tool co-creation

The final project phase involved the design, development and testing of a Children's Feedback Tool ('the Tool'). The Tool is intended for use by services who work with children and young people who have experienced family violence, to facilitate their meaningful and safe feedback and to inform practice development and ongoing workforce capability-building priorities. The Tool brought together findings from all phases of the project, culminating in a distinct research output.

Acknowledging the importance of language when describing research involving people with lived experience of family violence (Lamb et al. 2023), a series of 'collaborative' workshops with children and young people who are victim-survivors of family violence was conducted. On the continuum of research

³ A Change of Protocol to the Phase 3 ethics approval was approved by SCU's HREC on 27 February 2024 (HREC approval number 2024/115).

participation, a collaborative approach involves victim-survivors in specific issues or elements of the research (Lamb et al. 2023:6).

Children and young people who completed the Children's Activity were invited to provide their email address to the research team to indicate their interest in continuing engagement with the project. While eight children and young people initially expressed interest, seven were no longer available or interested at the time ethics approval was received.⁴ The research team hosted three online workshops with seven children and young people, described above. To facilitate co-creation of the Tool, the research team located a range of existing domestic and international service feedback tools used to support children to provide feedback in diverse contexts (see **Appendix 3**). A curated selection of eight feedback tools was presented in a visual format to the workshop participants, who were asked open questions about each tool, including what aspects they liked and did not like, and what could be improved. Additional workshops were also held with members of the Project Advisory Group and family violence service practitioners to inform the design and conceptualisation of the Tool.

The research findings were synthesised to inform development of the six 'CHANGE guiding principles' of the Tool and to design feedback activities that correspond with a 'Four Fs' feedback process. In addition, practitioner guides, practice pointers and a readiness framework were developed to assist end-users of the Tool when using and implementing the feedback activities into their practice. The research team designed and developed a website to host the Tool, which was tested with some of the children and young people who participated in the collaborative workshops, family violence service practitioners, and Project Advisory Group members. This testing process resulted in several refinements to make the Tool accessible to, and easily navigable by, both practitioners and children. The Tool is available at <http://www.changefeedbacktool.au>.

Strengths and limitations of the research

Meaningful engagement with children and young people as lived experience experts

This research project has engaged meaningfully with children and young people as family violence experts by experience – as research participants, co-researchers, and Youth Advisory Group members. The establishment of a Youth Advisory Group at the project's commencement enabled the views and insights of children and young people to inform each project phase. The Youth Advisory Group was instrumental in shaping the design and development of the Children's Activity. The innovative approach to co-consent adopted for the Activity, described above, was informed by the insights and suggestions of the Youth

⁴ This phase was approved by SCU's HREC on 18 January 2024 (Approval number 2024/001).

Advisory Group, recognising that power imbalances between children and their parents/guardians are often magnified in circumstances of family violence (Fineman 2014; Kim 2006), and that a parent or guardian assumed to be 'safe' may not always be experienced this way by the child (Dimopoulos et al. 2024).

Consistently with the children's rights approach underpinning the project, the voices, views and lived experiences of the 23 children and young people who completed the Children's Activity have been prioritised in this report. Co-analysis of the Children's Activity data with children and young people who have lived experience of family violence sought to provide children and young people with a level of ownership over the framing of the research findings: an opportunity to craft the narrative of this report and to be 'voices for change'. Three members of the Youth Advisory Group collaborated with the Lead Chief Investigator to reflect upon and document their co-research experience (see Dimopoulos et al. 2024).

Children's Activity limitations

Extensive recruitment efforts were undertaken to facilitate uptake of the Children's Activity through the networks of project partners and members of the project team, the Project Advisory Group, the Youth Advisory Group, and FSV. Despite these multiple avenues, and several extensions of time for responses to be received, uptake of the Children's Activity was a slow and gradual process.

An acknowledged limitation of the Children's Activity data sample is the absence of children from culturally and racially marginalised communities. Only one participant (4.3%, n=1) identified as Aboriginal, and only one participant (4.3%, n=1) indicated that they 'sometimes speak English and sometimes speak another language at home'. The Children's Activity did not ask participants about their geographic location, such that conclusions could not be drawn about differences in service experiences between participants living in metropolitan, regional or rural Victoria.

The Children's Activity could only be completed online, which may have excluded children who were unable to access a device and/or the internet. Also, the Children's Activity was only available in English, potentially posing a communication and engagement barrier for children from culturally and racially marginalised communities. The online nature of the Activity may have also hampered accessibility for children with diverse needs, such as those who are vision impaired, neurodivergent, and/or who have difficulties reading or consuming information on a digital device.

The Orange Door data limitations

The following limitations of The Orange Door data analysed in Chapter 4 must be noted. Many attest to the ingrained systemic barriers to recognising children as victim-survivors in their own right, rather than as attachments to or extensions of their parents (see, eg, McMcCann et al. 2023: 33):

- The data did not distinguish referrals and cases that specifically related to family violence from those that related to other, non-family violence reasons.
- The data excluded the 'small number' of cases where the child's gender was recorded as self-prescribed or where the child preferred not to disclose. Therefore, no findings could be made regarding the engagement of children with diverse gender identities with The Orange Door network.
- Limitations in linking case data and referral data meant that the total number of referrals for children did not match the total number of cases for each financial year. Some cases were linked to multiple referrals from the same day, most of which were police referrals. Where this occurred, the data provided was for only one referral source.
- Referral sources to The Orange Door related to a *child's* case were often the referral source carried over from a parent's case. This is because a referral to The Orange Door can be for an individual or a group, such as a family.
- Data on self-referrals as an entry point into The Orange Door did not distinguish between a self-referral made by a child and a self-referral made by the child's parent.
- The number or proportion of cases where the case closure reason recorded for a child's case had been carried over from a parent's case (for example, when a parent declined a service) was unknown. The data therefore offered little insight into whether and how *children's* own, distinct family violence response and recovery needs are being addressed effectively.

4 The Orange Door: Children's engagement pathways

Introduction

The Orange Door is an integrated intake pathway for people experiencing family violence, or who need assistance with the care and wellbeing of children and young people. It seeks to assess a person's risk and needs, conduct safety planning and facilitate crisis support. It also connects people to a range of services including family violence services, child and family services, Aboriginal services, and services for perpetrators, which are collectively referred to as its 'core services'. The Orange Door also refers people to 'broader services' including alcohol and drug services, education services, housing services and mental health services.

The analysis below addresses the number of cases for children aged 0 to 13 years across all The Orange Door sites by a range of characteristics recorded in the Client Relationship Manager ('CRM') system used across The Orange Door network. It also examines referral sources into The Orange Door and case closure reasons. Limitations of the data analysed are set out in Chapter 3.

Cases for children

The Orange Door network has experienced year-on-year growth in total case numbers involving children aged 0 to 13 years between the 2017-18 and 2021-22 financial years (**Figure 1**). This growth is likely explained by the greater service capacity afforded by the staggered rollout of new The Orange Door sites and access points across Victoria (FSV 2023b). The COVID-19 pandemic may have also contributed to the increase in total case numbers for children during this period, consistent with recent research indicating an increase in adults and children reaching out to family violence service providers, including for the first time, during the pandemic (Carrington et al. 2021; Boxall et al. 2020; Pfitzner et al. 2020). There has been no statistically significant change in the proportion of cases for children by age group between 2017-18 and 2021-22, with each age group comprising approximately one-fifth of the total case numbers in each financial year (**Figure 2**).

Figure 1: Total case numbers for children aged 0 to 13 years

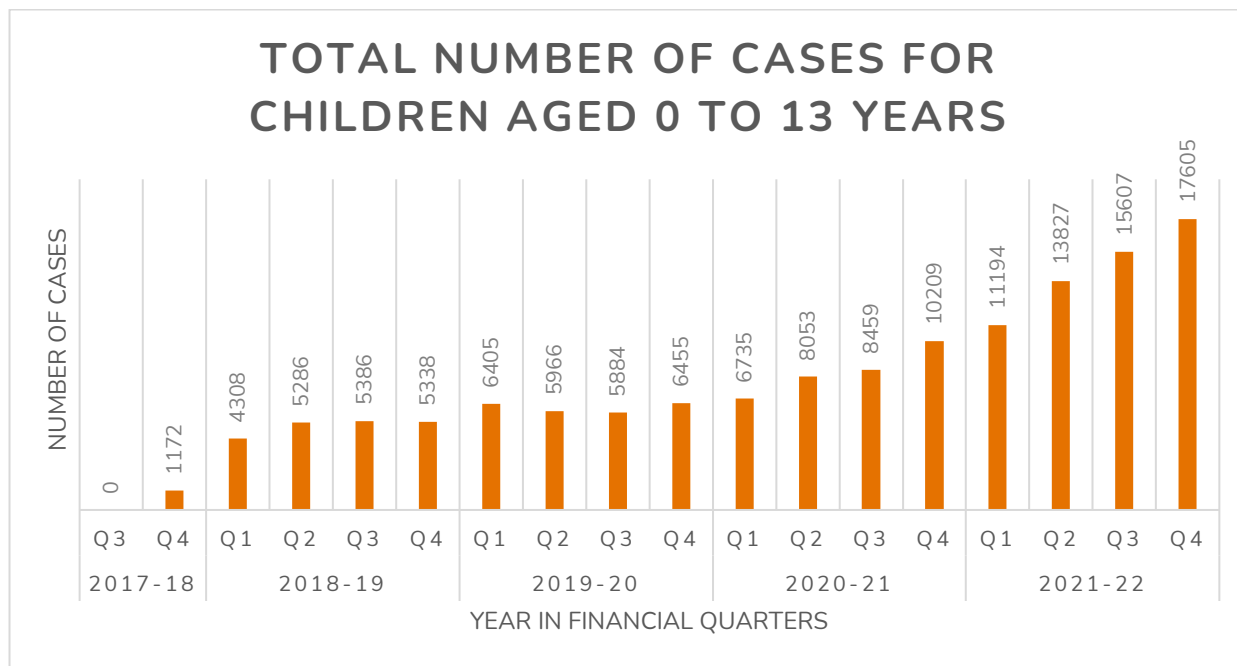
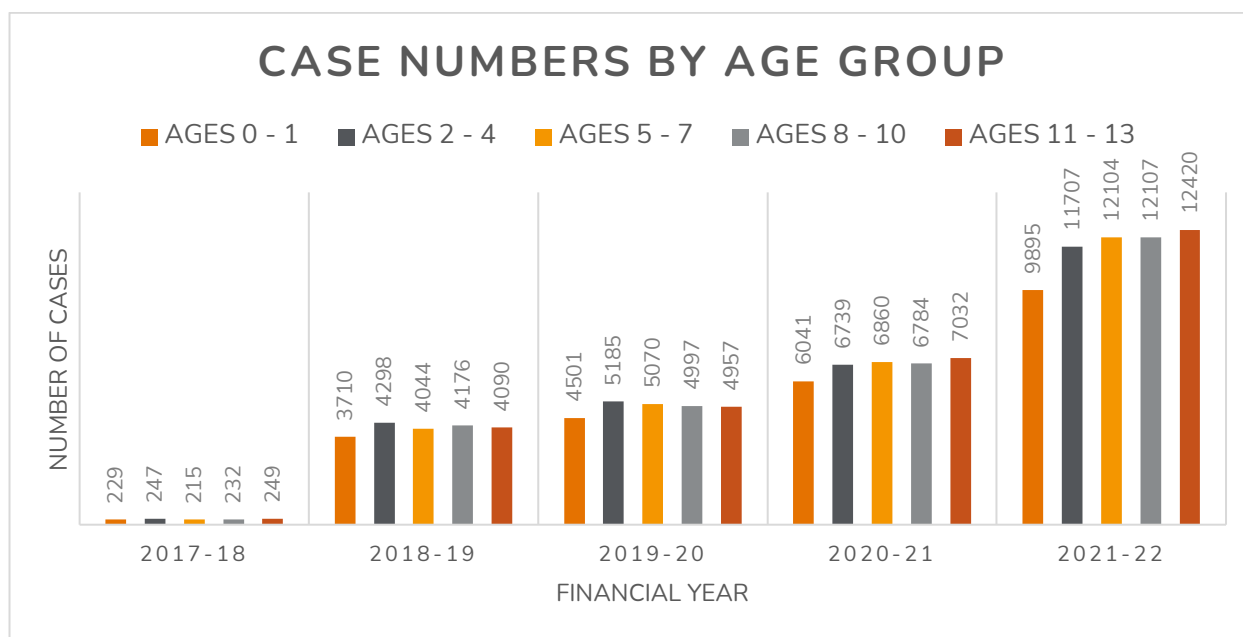


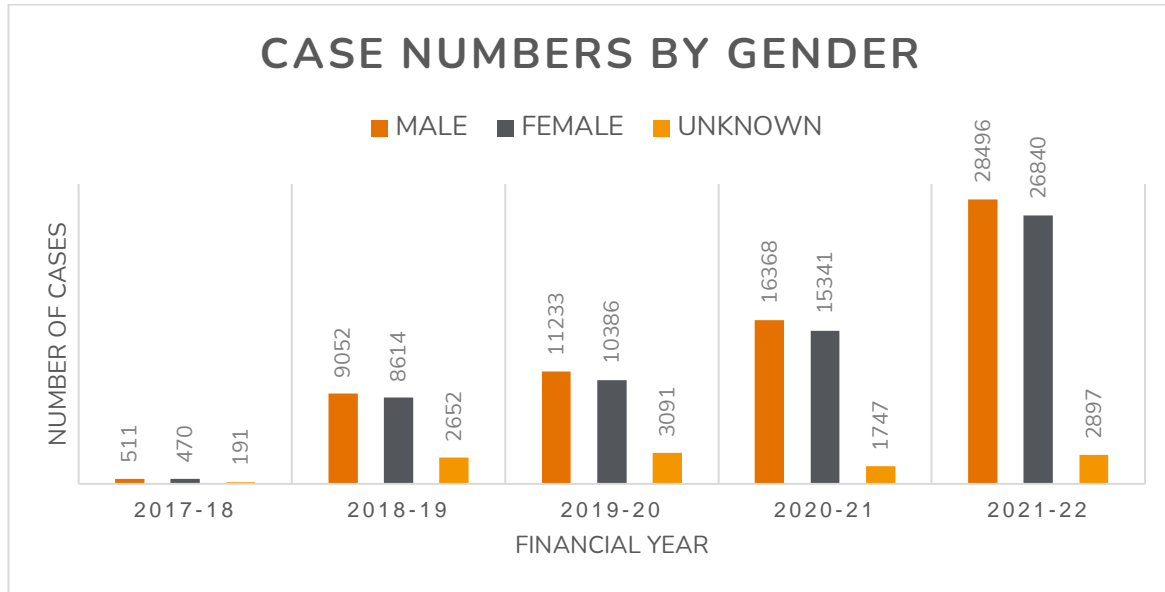
Figure 2: Case numbers for children aged 0 to 13 years by age group



Characteristics of children engaging with The Orange Door

Children aged 0 to 13 years who identify as male have represented a slightly greater proportion of cases in each financial year than children who identify as female (2017-18: M=43.6%, F=40.1%; 2018-19: M=44.6%, F=42.4%; 2019-20: M=45.5%, F=42.0%; 2020-21: M=48.9%, F=45.9%, 2021-22: M=48.9%, F=46.1%) (Figure 3).

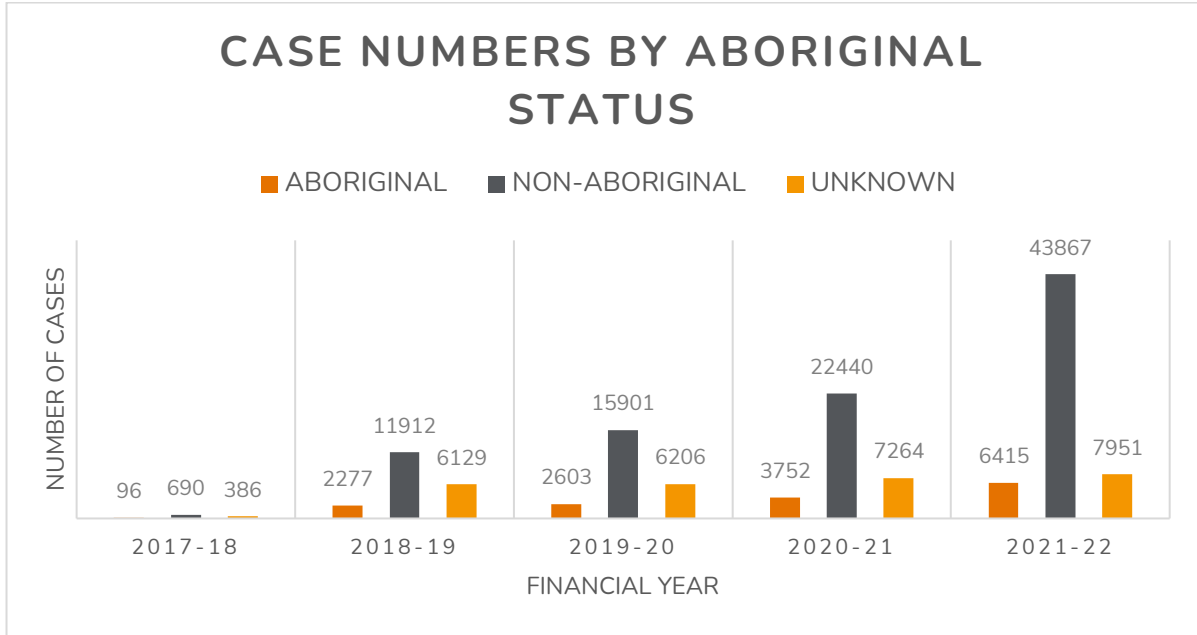
Figure 3: Case numbers for children aged 0 to 13 years by gender



Children who identify as Aboriginal and/or Torres Strait Islander have comprised between 8.2% (in 2017-18) and 11.2% (in 2018-19 and 2020-21) of total cases for children aged 0 to 13 years (**Figure 4**). This is disproportionately high relative to the 1.8% of the overall Victorian population, and the 5.7% of the overall Australian population, in this age group identifying as Aboriginal and/or Torres Strait Islander (ABS 2021).

Also notable is the significant growth in the number of cases for Aboriginal and/or Torres Strait Islander children aged 0 to 13 years over the 2020-21 and 2021-22 financial years: 44.1% and 71.0% respectively. The increase is approximately in step with the increase observed in overall cases entering The Orange Door network over the 2020-21 and 2021-22 financial years (58.0% and 74.5% respectively). This finding may reflect The Orange Door network making Aboriginal status a mandatory field in the CRM (FSV 2022). However, it may also reveal the disproportionate impacts of government policy responses to the COVID-19 pandemic upon Aboriginal and Torres Strait Islander peoples during this time period (Change the Record 2020).

Figure 4: Case numbers for children aged 0 to 13 years by Aboriginal status



Total case numbers for children aged 0 to 13 years by Culturally and Linguistically Diverse (CALD) status (Figure 5)⁵ and disability status (Figure 6) demonstrate a significant number of ‘unknown’ cases, particularly between the 2017-18 and 2020-21 financial years. During this period, the proportion of ‘unknown’ cases was between 82.9% and 84.5% for CALD status, and between 88.0% and 92.2% for disability status. The proportion of ‘unknown’ cases reduced markedly in the 2021-22 financial year, to 62.6% for CALD status and to 71.1% for disability status. This decrease may reflect The Orange Door’s ongoing efforts to improve data collection about language spoken at home, disability status and country of birth (FSV 2023b), coupled with enhancements to the CRM to focus on ‘increasing the quality and quantity of data collection on diverse communities with an emphasis on CALD and LGBTIQ+ communities and clients with a disability’ (FSV 2023b).

⁵ The CRM does not contain a ‘CALD’ indicator, such that country of birth was used in accordance with the Victorian Government’s data collection standards, which provide that ‘a widely used definition of CALD refers to those people born overseas, in countries other than those classified by the ABS as “main English-speaking countries”’ (FSV 2019a). The main English-speaking countries identified by the ABS are Australia, Canada, Republic of Ireland, New Zealand, South Africa, United Kingdom (England, Scotland, Wales, Northern Ireland) and United States of America.

Figure 5: Case numbers for children aged 0 to 13 years by CALD status

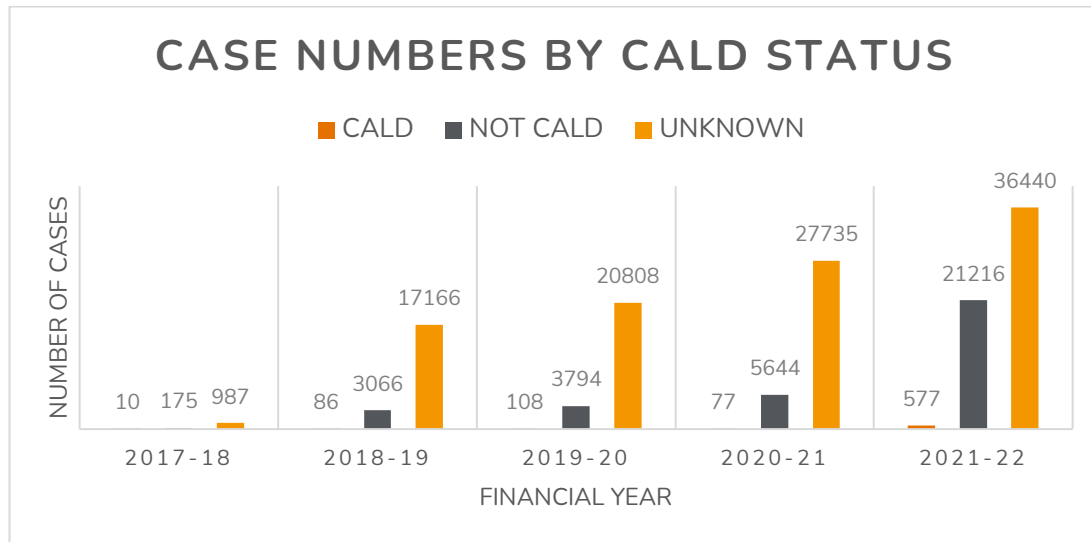
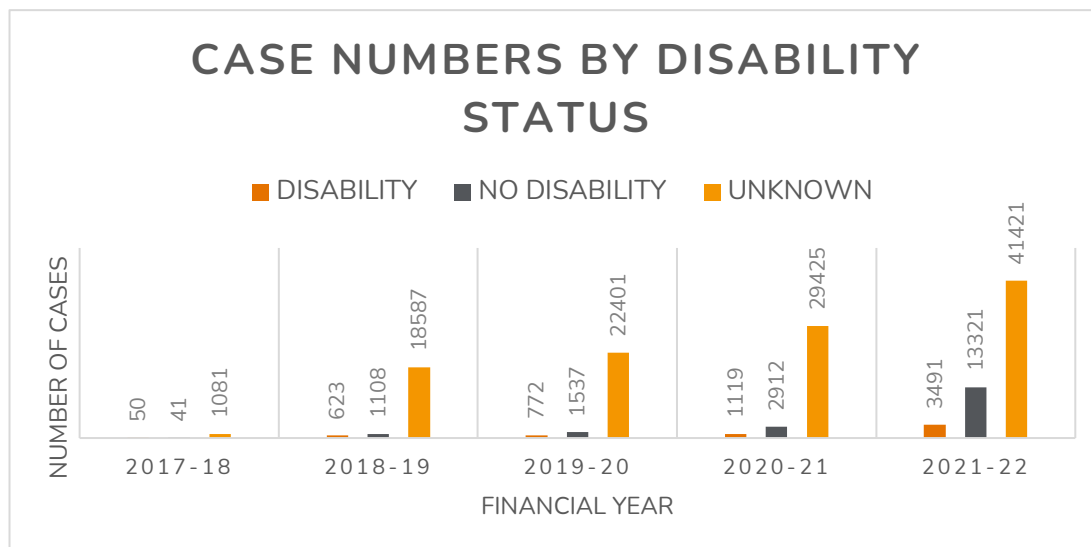


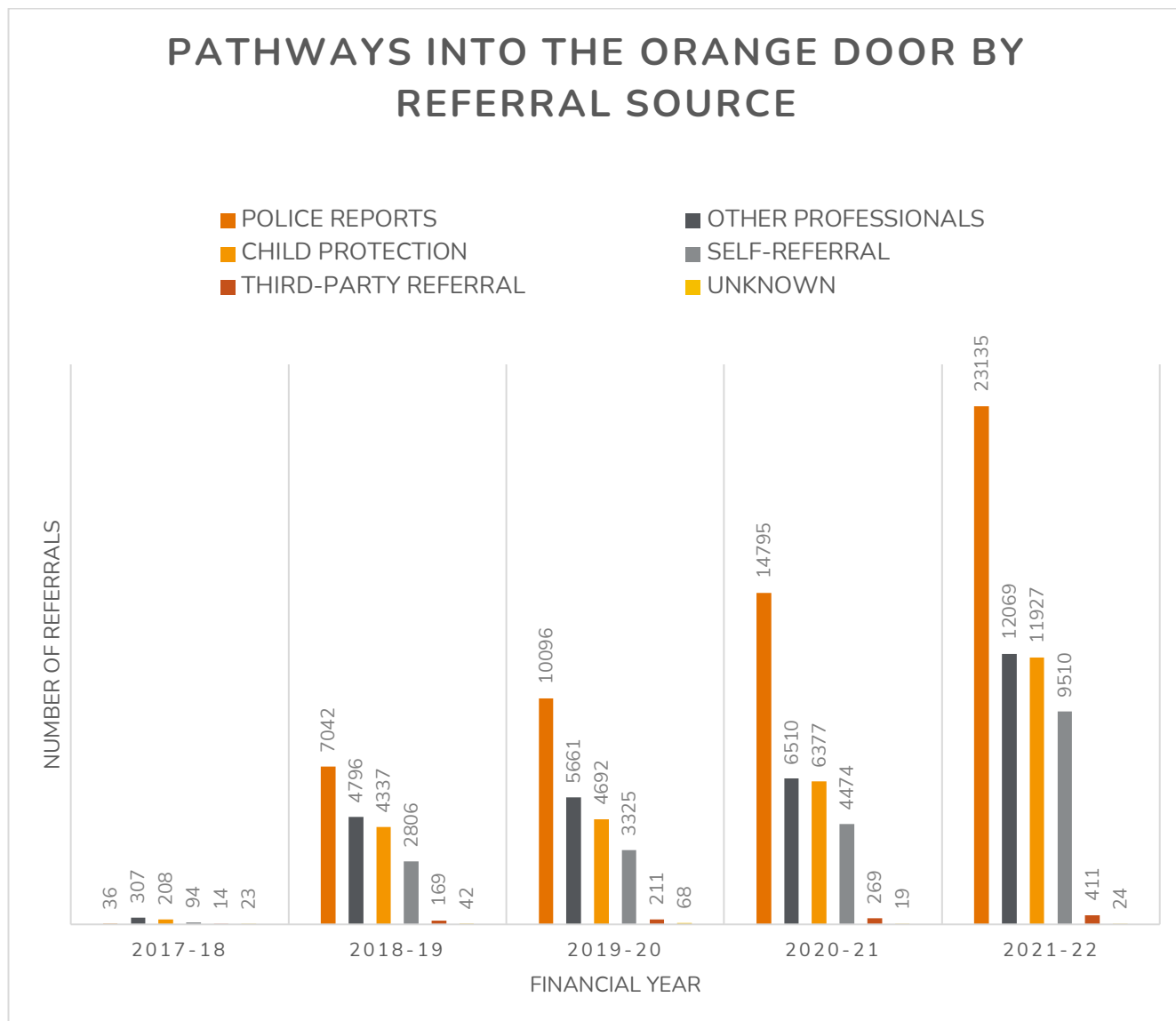
Figure 6: Case numbers for children aged 0 to 13 years by disability status



Children’s pathways into The Orange Door

Referrals of children to The Orange Door network derive from various sources, including police reports, child protection, other professionals, direct client contact, and members of the community. **Figure 7** below shows the pathways into The Orange Door for children aged 0 to 13 years by referral source for each financial year.

Figure 7: Pathways into The Orange Door for children aged 0 to 13 years by referral source and financial year⁶



Police reports have been the most common pathway into The Orange Door for children aged 0 to 13 years. Referrals come directly from Victoria Police when there has been a reported incident of family violence, known as an 'L17'. Other professionals (including registered community organisations that provide family services tailored to children and young people as part of their service offerings) and child protection have been the second and third most common pathways respectively.

⁶ To maintain the anonymity of individuals where referral numbers were less than 5, these were reported as '< 5' in the aggregated data provided. For the purpose of calculating totals where <5 was reported, each 'unknown' was assigned a value of 2.

Children's pathways through The Orange Door

Figure 8 below shows the pathways through The Orange Door for children aged 0 to 13 years, based on five key reasons for case closure: engagement with the service system;⁷ needs met by The Orange Door;⁸ the client was unable to be contacted; the client declined or disengaged;⁹ and 'other'.¹⁰ **Figure 9** below traces the proportional representation of these case closure reasons by financial year.

Engagement with the service system and needs met by The Orange Door have been the two most common pathways through The Orange Door network for children aged 0 to 13 years, reflecting the importance of closely integrating The Orange Door network with the broader family violence support service network (PwC 2018; VAGO 2020). However, 'client declined or disengaged' has experienced the clearest and most consistent growth amongst the five client outcomes between 2017-18 and 2021-22 (**Figure 9**). Comprising 10.6% of total cases when The Orange Door commenced operation, this case closure reason had overtaken 'needs met' to become the second most common pathway through The Orange Door for children by the fourth quarter of 2012-22, comprising 23.0% of all cases. This longer term, undeterred growth trend may suggest persistent, systemic barriers to The Orange Door effectively supporting children as victim-survivors of family violence in their own right.

⁷ This case closure reason means that The Orange Door connected the client with the service system for further support, and may have also provided other services as part of an interim response.

⁸ This occurs where the client received a service delivered directly by The Orange Door (for example, a targeted or brief intervention such as brokerage), or the client may have already been engaged with support services and The Orange Door did not actively connect the client with the service system.

⁹ This is recorded as a case closure reason where: (1) the client declines an offer of any service from The Orange Door; or (2) the client initially engages and then advises that they no longer want support; or (3) the client initially engages but then relocates and does not agree to be transferred to their new catchment area; or (4) the client initially engages and then is no longer contactable (after the required contact attempts are made). A client may disengage at any point in the service continuum.

¹⁰ This category includes situations where the service is no longer required, the client has transferred to another area, contact with the service is deemed unsafe or inappropriate, a case has been created in error, or the client is deceased.

Figure 8: Pathways through The Orange Door for children aged 0 to 13 years by case closure reason and financial year

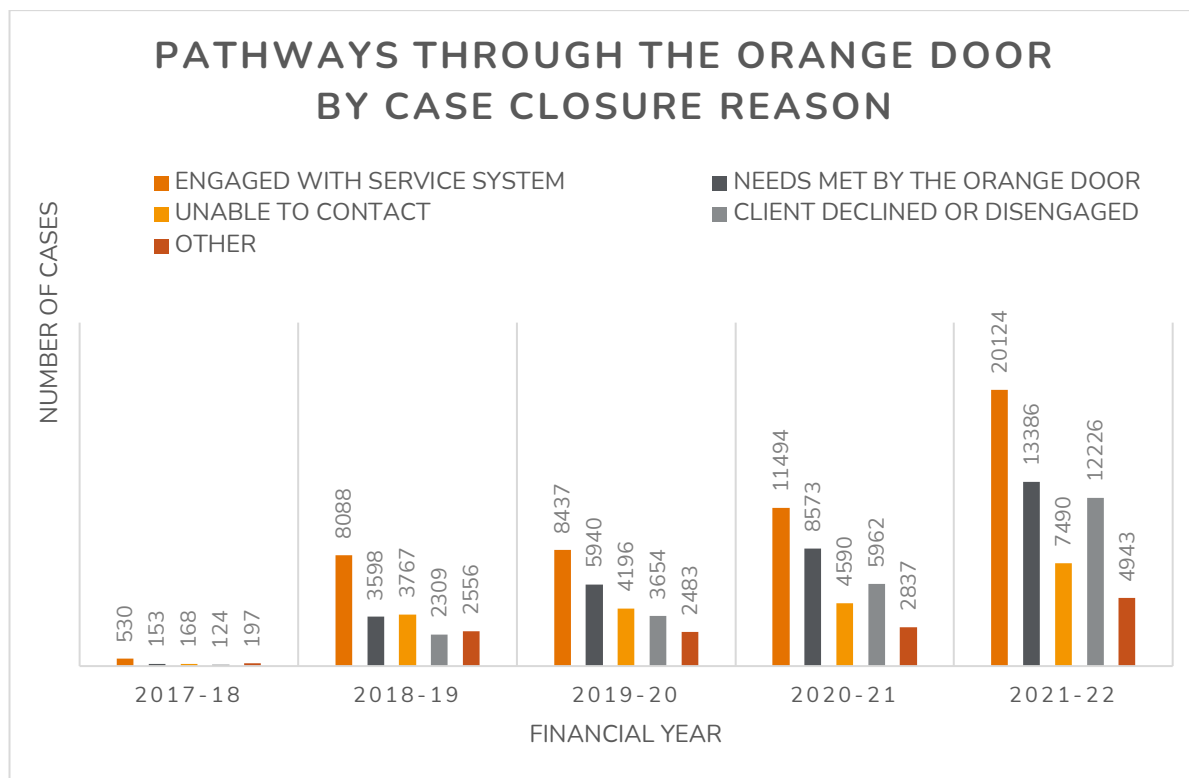
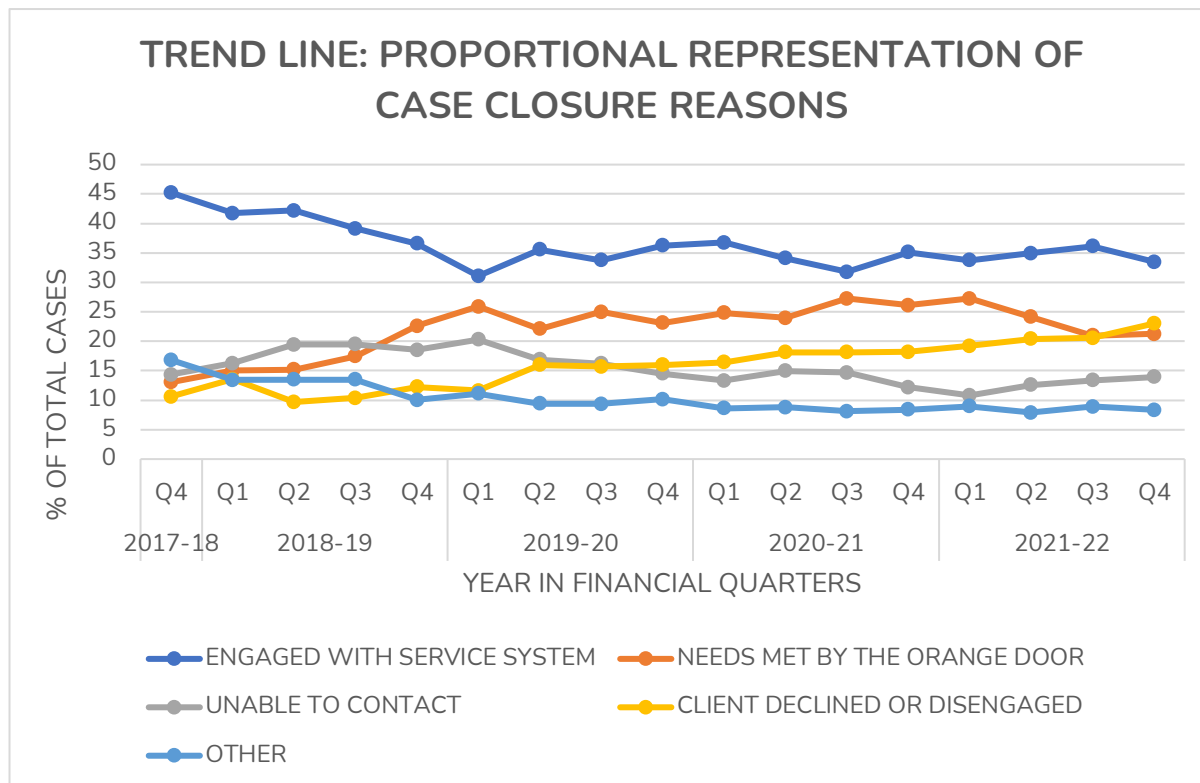


Figure 9: Trend line for proportional representation of case closure reasons, 2017-18 to 2021-22



5 Practitioner insights

This Chapter presents the findings of a survey of practitioners in Victoria who provide support services to children aged up to 13 years who have experienced family violence. Almost one third (101/319 = 31.7%) of practitioners surveyed worked for a specialist family violence service, while the remainder did not.¹¹ Over half (201/313 = 64.22%) of practitioners worked mainly in metropolitan Melbourne,¹² while just under one third (91/313 = 29.07%) were located outside metropolitan Melbourne.

For a majority of practitioners (195/318 = 61.3%), their service supported children aged up to 13 years who have experienced family violence 'very often' (75-99% of the time), while almost one quarter (72/318 = 22.6%) did so 'sometimes' (50-74% of the time). Overall, 38.4% (123/320) of practitioners indicated that their service had programs specifically designed for children aged up to 13 years who have experienced family violence. These programs included individual counselling, group work, dyadic therapeutic programs, art therapy, play therapy, fun buddies and programs such as Beyond the Violence, Strength2Strength, Pathways to Resilience, and Yarning About Family. Practitioners who work for a specialist family violence service were more than twice as likely (62/101 = 61.4%) to indicate that their service provided child-specific programs than practitioners who do not work for such a service (60/218 = 27.5%).

Just over half of practitioners (173/318 = 54.4%) had undertaken internal, external or accredited training within the last 12 months to work with children aged up to 13 years who have experienced family violence. Practitioners were invited to describe the nature of such training. Commonly mentioned was MARAM training, as were organisations such as Safe & Together, the Australian Childhood Foundation, Anglicare, Emerging Minds, Blue Knot and Berry Street. One practitioner noted that there is 'a real gap for high quality specialist training and professional development for working with children with a lived experience of family violence' [Practitioner 252].

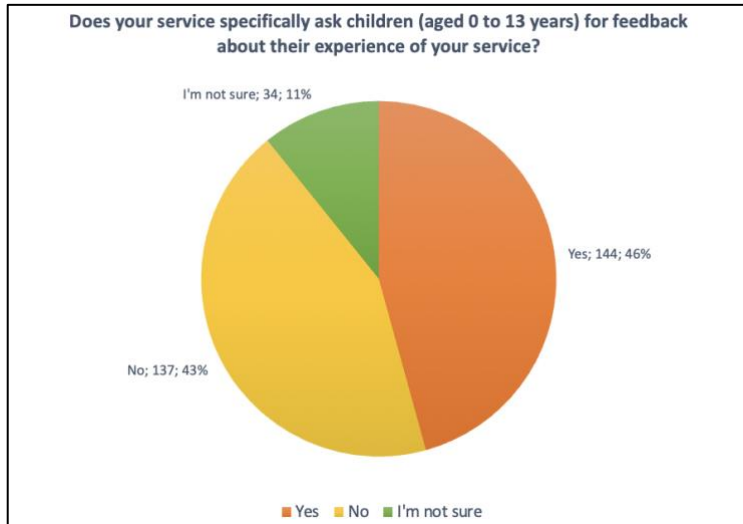
1. Seeking feedback from children

Asking children aged up to 13 years for feedback about their service experience is not common practice, with less than half of practitioners (144/315 = 45.7%) indicating that their service does so (**Figure 10**).

¹¹ For non-specialist family violence practitioners who indicated the nature of their service, the most common descriptors were family services (n=21); family preservation and reunification (n=5); family and parenting support, including parenting programs (n=4); services related to the DFFH, including child protection and child safety (n=4); Aboriginal child and family services (n=3); housing (n=2); family-based care, such as foster care (n=2); victim support (n=2); therapeutic support (n=2); school counselling (n=1); alcohol and other drugs (n=1); mental health (n=1); bilingual support (n=1); and family contact services (n=1).

¹² Metropolitan Melbourne was defined as the following regions: Bayside Peninsula, Hume Moreland, Inner Eastern Melbourne, North Eastern Melbourne, Outer Eastern Melbourne and Southern Melbourne.

Figure 10: Seeking feedback from children about their service experience



The most common methods for collecting feedback from children were a verbal process (n=110); an end of support period survey (n=74); an online feedback form (n=50); and a complaints procedure (n=41). Practitioners were invited to elaborate on these feedback methods, with responses identifying conversations and informal face-to-face chats; inviting the child to draw pictures or write letters about their experience; text message, email or telephone feedback; using stickers and visual charts, smile feedback scales, child-specific scaling tools, diagrams or pictorial methods; games and play; an anonymous suggestion box; group sessions that collect responses via whiteboards or butcher's paper; and 'easy to read' or 'child-friendly' online or paper surveys and questionnaires. Several practitioners used the Australian Childhood Foundation's Action Feedback Kit as the basis for their feedback methods.

Notably, a number of practitioners indicated that feedback from children was provided through an adult, such as the child's parent or carer or case worker:

They can voice their feedback to their parents, who can then pass on the feedback to me [Practitioner 269]

Through their carers and through their case manager [Practitioner 191]

For a small number of practitioners, the child's age was perceived as a barrier, or the child's 'age and stage' determined whether particular feedback opportunities would be provided:

We only work with children up to the age of 4 [Practitioner 152]

When at an appropriate age and stage, young people fill out self-report strengths and difficulties questionnaires, which reflect their feelings around the service and their progress [Practitioner 162]

Some practitioners identified non-verbal or play-based methods to facilitate feedback through practitioner observations and creating a safe space for children to express themselves:

Children can provide feedback by monitoring their interaction with parent and workers. Children often display feedback through their actions and responses to activities provided for them. The environment has been designed to allow the child to explore freely or with guidance. The child often engages in their own interest which then gives the workers the opportunity to observe and gain feedback on their likes and dislikes. After children have settled in, guided play is provided with supported staff and parent that then allows parent and worker to observe child's feedback [Practitioner 157]

For many practitioners, feedback from children was sought only at the conclusion of their service engagement, via a 'closure session', an end of service evaluation form, or an annual survey. Actively seeking feedback from children throughout their service engagement was not common. Some practitioners noted that feedback forms were provided to the *family* (that is, the adult members) engaging with their service, not specifically to the child, with one practitioner identifying potential risks of such an approach:

During appointments with the whole family, children might be asked to reflect on any changes they have noticed in family life since service delivery began. Risk assessment would be made before asking children to speak about this, particularly if [person using violence] is present [Practitioner 139]

Feedback form provided to family at the end of service. Complaints form provided at commencement of service to family. Upon reflection these should both be provided specifically to the young person as well [Practitioner 319]

Several responses suggested that the onus is placed on the child to proactively offer feedback:

Children are ... told they can provide feedback to their counsellor or via their parent/carer any time [Practitioner 237]

Children are encouraged to provide feedback throughout therapeutic interventions verbally, and are able to engage in a complaints process where desired [Practitioner 162]

Seeking feedback from, and listening to, children about their experience of services was acknowledged as a service limitation by nine practitioners. Some noted a lack of available feedback mechanisms, while others perceived existing mechanisms to be adult-centric:

While we seek to support children, we currently don't run groups aimed at their age group, and feedback mechanisms are more adult friendly. Adolescents are a huge service gap
[Practitioner 22]

We rarely hear back about the children's experiences unless the children are connected to their own worker (such as a counsellor or a teacher) and we are actively seeking feedback from them. We often don't hear from the children away from their parents so we rely on observation, child protection reports and the parents' opinion on what the children want and need [Practitioner 144]

2. Features of effective service responses

Practitioners were asked to reflect on what their service does well to support children aged up to 13 years who have experienced family violence.

a. Service collaboration and referrals

The most commonly cited feature among the 213 responses was the strength of collaboration and referral networks. Practitioners commented:

We partner with services who have specialised [family violence] knowledge either through direct referrals or secondary consults [Practitioner 66]

We will work holistically with other services/schools that are supporting the children
[Practitioner 106]

Referrals to other supports. Building rapport, assisting with navigating the legal system
[Practitioner 101]

b. Child-centred practice

There were 76 references broadly to child-centric approaches, including services prioritising the needs of children, conceiving them as victim-survivors in their own right, and advocating for children's voices to be heard and centralised:

Ongoing understanding and reflection on how childhood experiences of family violence impact the development and future relationships of adolescents, and that young people are victim-survivors in their own right [Practitioner 313]

... we usually make sure that children know that their voice is very important to us and want their input, making time for a private space that they feel comfortable sharing [Practitioner 134]

While 41 practitioners identified listening to children's voices as something that their service does well, one practitioner noted that this can vary from practitioner to practitioner:

It is dependent on the worker. Some workers are really good at placing the child at the centre of the work but others focus on the parent. My service has lots of tick box forms to 'capture the voice' of the child but these are often done at closure and in a meaningless way [Practitioner 170]

c. Trauma-informed practice

The use of trauma-informed processes and perspectives was also reflected upon positively by 34 practitioners:

We are incredibly good at having a trauma-informed developmental lens around children's experiences to help them heal from their experiences of trauma [Practitioner 130]

We're a specific trauma-informed therapeutic service: gathering voice of the child; systems work to highlight child's experience/voice; undertaking individual, family and dyadic work with parent/child, to restore the relationship/attachment after the ruptures [family violence] causes; write therapeutic narratives/life story representations of their experiences with them; trauma processing, etc [Practitioner 257]

d. Holistic support for families

Another commonly identified strength was the provision of holistic support to parents, carers and families, in addition to supporting children themselves. Twelve practitioners expressly mentioned that they are skilled at educating parents on the effects of family violence on children:

Working with parents to build their capacity and understanding of their children's needs and educating them about the impact of family violence, helping parents/carers be present, responsive and compassionate to children's needs [Practitioner 83]

Five practitioners noted the strengths of dyadic therapy to rebuild or strengthen relationships between parents and children, after what one practitioner described as the 'ruptures' that family violence causes:

Our parenting support program has a play component that supports and encourages connection between mother and child. The program uses play as a way to rebuild their relationships and create positive memories. We also run therapeutic sessions, based on the individual needs of the clients that then supports the children through their parents [Practitioner 157]

e. Safe spaces

Some practitioners reflected that their service provides a safe space for children to talk about sensitive issues that they might not otherwise feel comfortable discussing, while others positively described their service's risk assessment and safety planning:

Offering a safe space for children to connect with others and find new ways of managing any 'big' feelings [Practitioner 303]

Our service works directly with children and offers a safe space for children to safety plan and speak about their experiences with family violence [Practitioner 88]

3. Barriers to effectively supporting children

Practitioners were asked to identify the barriers they face in effectively working with children who have experienced family violence. Four key themes emerged: insufficient resources, time and experience; lack of specialised programs and services for children; parents/carers and children themselves; and barriers posed by the family law system.

a. Insufficient resources, time and experience

Consistently with barriers identified by respondents to the Victorian Government's 2022 Family Violence and Sexual Assault Workforce Pulse Survey – including short staffing, competing priorities, administrative burdens and caseloads (FSV 2023a) – over half of practitioners surveyed for this project (106/195 = 54.5%) identified insufficient training, resources and time as barriers to supporting children who have experienced family violence. Of this subset, over one quarter (30/106 = 28.3%) referred generally to system-wide resourcing and funding concerns:

Inability to respond in a timely way due to high service demand, insufficient access to suitable accommodation in crisis, shortage of staff in child protection. Too many referrals re-directed to The Orange Door where there is significant risk to the immediate safety and long-term wellbeing of children [Practitioner 63]

Funding constraints. Services and families are keen to participate, demand is high, however there is often a lack of funding to support the activities ... [Practitioner 253]

One quarter (27/106 = 25.6%) of this subset of practitioners also specified their service time as a barrier:

Support period is often too short to support the crisis stage, support the family to "leave" the [family violence] and then also support the emotional and mental health of both parents and child. Often, our support period is so brief that we cannot cover all bases adequately and access to services in our area is very challenging [Practitioner 216]

We all understand that we need to support children as well as adult victims. But in practice it is different, the worker sometimes needs to close a case in three months and report what goals were achieved. [It] seems like systems focus on quantity, not quality [Practitioner 47]

Our service is short term (3-6 months) and so we have limited time as practitioners to develop rapport and work therapeutically with children who have experienced violence [Practitioner 88]

We are funded for 40 hours of support. Not enough. A child who is in the process of healing after [family violence] needs a minimum of twelve months of ongoing support with a trusted practitioner who can work with the child and Mum [Practitioner 229]

Training and experience emerged as another significant barrier. Almost half (94/206 = 45.6%) of practitioners considered that they lacked training or felt ill-equipped to adequately support children due to a lack of experience or confidence. This unmet need of practitioners is consistent with a finding of the Family Violence Reform Implementation Monitor ('FVRIM') (2020:62) that there appears to remain 'a lack of confidence in working directly with children among some crucial workforces, including The Orange Door workforce'. Practitioners in the current project explained:

I have been in the therapeutic field for 5 years, supporting children who have experienced family violence and I have had to fund all of my own training. There is a significant gap in training available to staff ... in this sector [Practitioner 161]

Having access to specific training for working with trauma related to family violence and children, often not in our budget range. We don't employ child therapists, it's expected all counsellors work with adults and children but often they only have minimal training [Practitioner 22]

Being fearful of retraumatising them and not being trained well enough to interview [Practitioner 85]

One practitioner suggested that inexperience is rife:

A huge amount of the workforce working in family violence are young, inexperienced new graduates and their confidence with working with children is limited. And those who have worked for a long time in specialist family violence have not had a great deal of experience with working with children as primary clients. Services rely on 'children's workers' to be the main support of the children, [however] this approach can inadvertently perpetuate the practice of children being 'separate' to the 'core business' of working with adult victim-survivors, as these roles are often lesser paid, filled by inexperienced workers and often involve more practical support such as funding, etc rather than active specialist [family violence] case management [Practitioner 252]

Reinforcing the findings of the Victorian Government's 2019-20 Family Violence Workforce Census, which highlighted a lack confidence amongst practitioners regarding the MARAM framework (FSV 2021), some practitioners in this study expressed the view that MARAM was not being used optimally, or that they needed further training to better understand how to use it:

Better understanding of Child Protection role regarding MARAM and hearing the voice of the child [Practitioner 148]

More education re: child/adolescent MARAM and implementation into services [Practitioner 203]

b. Lack of specialised services for children

Forty-one practitioners identified a lack of appropriate, child-specific referral options or programs – such as play therapy, art therapy, relational based family therapy, group programs, counselling and educational support – or difficulties accessing these services due to cost or long waitlists, to be a barrier to effectively supporting children who have experienced family violence:

There are limited services and long wait times for children to engage with services to address the trauma they have experienced ... There are no services available for young people who go on to use violence in the home due to the example that has been set by a violent parent [Practitioner 177]

More opportunities for children to work in groups, as women and men do. Both adult groups have been found to be beneficial, peers can relate and challenge in ways that professionals cannot do [Practitioner 253]

Better access to specialist services in small rural regions ... [Practitioner 170]

For some practitioners, specialised programs and services are especially lacking for children with diverse needs, including children with disability and children from culturally and linguistically diverse backgrounds:

Targeted services for children who have disabilities to help them to understand and process the trauma of [family violence] [Practitioner 207]

Greater funding and variety of programs for CALD clients and clients with disability [Practitioner 243]

Six practitioners identified an age-based service gap for children under 13 years of age with respect to programs and counselling services, with one noting:

A program specifically for that age bracket, it seems to be missed. ... Having programs or groups for the younger children would be a great advantage, as this is the time they start to move off the right path. It could be ideal in helping them [Practitioner 57]

A related concern for 14 practitioners was a lack of access to children, as standard 'business' hours largely overlapped with the standard school day:

We don't get to meet regularly with children as they will be at school during our home visits. [Practitioner 106]

Often limited hours that we can see the children e.g. office hours are 8.30am to 5pm but children are often at school for extensive amounts of this time and means they often have to miss school to attend sessions [Practitioner 211]

c. Barriers posed by parents/carers and children themselves

For 41% (80/195) of practitioners, the willingness and ability of children and/or their parent/carer to engage with the service affected their ability to provide effective supports. Of these practitioners, over two-fifths (33/80 = 41.3%) reported that parents were sometimes unwilling or unable to consistently and meaningfully engage their children with the support offered:

Engagement with children, sometimes blocked by parents or by reluctance to speak to services [Practitioner 136]

Parental mental health results in difficulty engaging in our service at times and high cancellation rates [Practitioner 238]

Many practitioners also referenced a lack of parental understanding or acknowledgment of family violence and its effects upon children:

Parents/care givers lacking insight or not wanting their child to get support and putting it down to 'behaviours' or 'they aren't impacted' [Practitioner 204]

Parents denying any family violence, means that the child sometimes does not recognise it either. Some children do not have the words to talk about it or even understand it as it is 'normal' for them [Practitioner 57]

Some practitioners noted that people using violence can be a significant barrier, including where parental consent is required for the child to access support, or by putting the child at risk through ongoing contact:

Consent from the perpetrator if they are having contact with the child is a significant barrier, the perpetrator will often sabotage the therapy process as a way of control [Practitioner 133]

[C]urrently a big number of children being refused service due to unsafe parent holding the consent to engage with a service, or therapeutic work can't be provided due to ongoing safety concerns related to child contact with person using violence [Practitioner 25]

A small but notable proportion (16/195 = 8.02%) of practitioners referred to children lacking trust or being fearful or uncomfortable about engaging with the service:

Children may feel afraid or distrustful of adults and may feel closed off and inaccessible as a result of experiences of violence or abuse [Practitioner 17]

[C]hildren are often guarded and fearful of being removed from their parents. This can hinder them being open to discussing fears and experiences [Practitioner 159]

d. Barriers posed by the family law system

Attesting to the prevalence of family violence in family law matters and concerns about systems abuse in this context (FCFCOA 2022; Carson et al. 2022; Douglas 2018), 10 practitioners raised the family law system as a barrier. They identified delays, parenting orders requiring children to spend time with the person using violence, and consent required from both parents for the child to access support services, as further enabling abuse:

The family law court acts as a significant barrier. Perpetrators often engage in financial systems abuse and counselling for children and mothers whilst going through the family law court is often discouraged by their lawyers due to risk of documents being requested [Practitioner 133]

[Family court] decisions around ongoing contact with perpetrators that lack holding them accountable for the harm they have done to the non-offending parent's parenting capacity, and therefore their children. If the parent isn't a primary carer, the court does not always insist they engage in programs, before getting contact [Practitioner 257]

4. Service system reforms needed

Practitioners were asked to reflect on reforms required to the service system to ensure that children are supported as victim-survivors of family violence in their own right.

a. Increased funding and resources

In light of the barriers identified, it is unsurprising that almost half (84/169 = 49.7%) of practitioners suggested an increase in funding and resources for the family violence sector. Practitioners sought an increase to the size of the workforce and more funding to improve the quality and timeliness of service responses:

More funding/resources for more on the ground family support workers to keep up with the demand/complexities (intersectionality of the [family violence], mental health and [alcohol and other drugs] concerns, intergenerational trauma) of cases that are coming through from The Orange Door. Currently there is pressure to close cases to pick up more cases/or holding higher caseloads impacting on quality of service provided to victim/survivors/children [Practitioner 125]

More staff, more hours, more money [Practitioner 129]

Quicker distribution of brokerage to help them start over or access emergency accommodation whilst homeless [Practitioner 46]

More family violence case management funding and linked therapeutic programs directly for children, better accommodation options for families, more staff on the ground in all areas [Practitioner 63]

b. Specialised programs for children

Almost one-fifth (30/169 = 17.6%) of practitioners referred to increasing the emphasis on children in the system, particularly through access to specialised, tailored services:

I would advocate for immediate crisis and long-term child specific counselling or therapeutic services that allow children to safely understand their experiences and complex feelings about their family members and relationships [Practitioner 53]

[More range of programs that can support the children where they are at (e.g. if it's not the time for therapeutic counselling or clinic based support, could there be some level of outreach support or in-school support provided?) [Practitioner 114]

c. Reforms to the family law system

The family law system was identified as an area ripe for reform by 16% (27/169) of practitioners, who commented on how the issue of family violence is approached by the family courts when making parenting orders:

Inquiry into family law proceedings that continually allow perpetrators to have contact with their children despite high levels of family violence occurring. There is an inconsistency with decision making and bias with report writers completing child impact reports across all matters [Practitioner 222]

Significant delays in the court system place great risk. If a mother tries to stop their children from going due to [family violence], then they are in breach [of parenting orders], and this goes against the mother trying to protect their child [Practitioner 204]

A commonly-suggested reform in this context was to listen to children's voices and to recognise them as a key stakeholder in family law matters and related processes:

Children to have a greater voice when it comes to parenting agreements and giving them greater rights. Many children I've worked with have expressed not wanting to see the parent who has used violence due to fears, or ongoing abuse. The ... courts have not responded, and the child is forced to continue to see this parent. The children have been subjected to ongoing violence which may on paper not be deemed 'appropriate' for police intervention i.e withholding food, psychological abuse and manipulation, using heating and cooling as means of control [Practitioner 204]

Holding perpetrators more accountable and allowing a child's voice to be considered when an IVO matter is being applied for or during family court hearing [Practitioner 160]

d. Improved collaboration, information-sharing and community awareness

A small proportion (12/169 = 7.1%) of practitioners suggested improved collaboration and information-sharing across the service system:

More open collaboration between services; schools, Child Protection, police, medical and family services [Practitioner 103]

Greater collaboration between agencies and department regarding the importance of responding appropriately to children who have experienced family violence [Practitioner 212]

The importance of education and enhanced community awareness of family violence and its impacts on children was also highlighted, particularly as a preventive strategy. Some practitioners suggested that all professionals who work with children beyond the family violence context, such as in school and early childhood settings, should also receive family violence training:

Supporting child care, kindergarten, primary schools with family violence identification as they can be the first point of contact for young children [Practitioner 121]

Mandated professional development regarding child mental health and around trauma informed care in all childhood settings including kinder, primary, early childhood care and playgroups. This would enhance all practitioners' awareness and knowledge of childhood mental health issues and trauma informed care approaches to support children impacted by family violence [Practitioner 256]

e. Reforms to police processes for protection orders

Some practitioners also suggested improvements to how Victoria Police issue family violence intervention orders:

Police need to ensure that all children are listed as protected persons when applying for IVOs. Ensure that children are listed on all family violence police reports [Practitioner 121]

Notably, however, one practitioner suggested that the sector is suffering from 'reform fatigue':

The sector is experiencing reform-fatigue in the family violence space. My team are still grappling with the changes that MARAM and the FVISS and CISS have introduced [Practitioner 104]

6 The needs and experiences of children and young people

Phase 3 of the project used an online, interactive 'Children's Activity' to engage children and young people with lived experience of family violence in the research project. This Chapter begins with an overview of the children and young people who participated in the Children's Activity. It then presents the findings regarding participants' family violence response and recovery needs, followed by their experiences of family violence support services in Victoria. Finally, children and young people's suggestions for improving Victoria's family violence service system are discussed.

1. About the children and young people

Twenty-three children and young people participated in the Children's Activity, ranging in age from 7 to 25 years. Almost half of participants (47.8%, n=11) identified as female, just over one third (34.8%, n=8) identified as male, and 13% (n=3) identified as non-binary. One participant did not disclose their gender identity.

Over half of the children and young people (13/23 = 56.5%) disclosed that they have a disability, chronic health condition or mental health condition.¹³ Almost half of these children (6/13 = 46.2%) listed two or more co-occurring disabilities or conditions. The most common were anxiety (n=6), including chronic anxiety and trauma anxiety; depression (n=4); post-traumatic stress disorder (PTSD) (n=3), including chronic PTSD; and attention deficit hyperactivity disorder (ADHD) (n=2). Participants also reported experiencing borderline personality disorder (BPD) (n=1), autism spectrum disorder (ASD) (n=1) and polycystic kidney disease (n=1). Of these 13 participants, over half (53.8%) were aged 16 to 25 years, almost two-fifths (38.5%) were aged 11 to 15 years, and one was under 10 years of age (7.7%). All participants who identified as non-binary (3/3 = 100%) also had a disability or health condition; as did half of the male participants (4/8 = 50%) and over half of the female participants (6/11 = 54.5%).

The majority of participants lived with their mother (52.2%, n=12), or with their mother in addition to other family members, including sibling(s) (21.7%, n=5), or with both mother and father (or stepfather) (8.7%, n=4). One participant lived with their housemate (4.3%, n=1) while another lived with their partner (4.3%, n=1). The high proportion of children living with their mother, or a combination of their mother and siblings

¹³ Disability was defined in the Children's Activity as: 'something that might make it harder for you to move, to learn or take part in things or to communicate with others. For example: autism, hearing impairment or visual impairment, attention disorders like ADHD. A chronic health condition is something that needs ongoing medical care, like diabetes, cancer, arthritis. A mental health condition is something that causes changes in your emotion, thinking or behaviour, like depression, anxiety, eating disorders'.

(n=17, 73.9%), is consistent with the gendered nature of family violence (AIHW 2024; Safe and Equal 2023a; DSS 2022b).

The Children’s Activity also asked participants what they like to do in their spare time. **Figure 11** showcases some of the most common activities listed, with the word size correlating with the frequency of the response. One participant also submitted a drawing in response to this question (**Figure 12**). The diversity of hobbies and interests shared is reflected in the following sample of responses:

I like to play with animals! I am a big animal lover and I love to listen to music on walks [Anita, 17]

Playing Roblox, doing my hobbies like gymnastics, spending time with mummy [Angelica, 10]

Editing videos, playing video games and watching anime [Xavier, 10]

Reading, music, art, crochet, play games, see friends and boyfriend [Gabby, 18]

I am constantly painting and creating art to express my inner urge for creation – it helps me to calm down and feel good [Casey, 12]

Figure 11: Word cloud of children’s interests



Figure 12: Drawing submitted by Charlie, aged 12



2. Children and young people's family violence response and recovery needs

Participants were asked to list five things that *currently* make them feel safe and happy in their life, and five things they need to feel *safer* and *happier*. A clear consistency emerged across both prompts regarding the safety and wellbeing needs of child victim-survivors of family violence.

a. Relationships and connection

Relationships and connection with family, friends, a partner or pets, were identified by *all* children and young people as something that made them feel safe and happy in the present. Participants most commonly named their friends or 'besties' (77.3%, n=17), pets (dogs and cats) (54.5%, n=12), mother (50%, n=11) or family generally (27.3%, n=6), as well as siblings (18.2%, n=4), grandparents (9.1%, n=2) and boyfriends (9.1%, n=2). Two participants spoke more broadly of '*having good friends*' [Sam, 8] and a need to be '*with people*' [Isabelle, 20].

Notably, 16 participants listed a family member, friend or partner as *most* important for their current safety and happiness: and half of these participants (n=8) specified their mother. A further five participants referred to their family, including spending time with and dining with them, and their family being healthy. This strong focus on relationships and connection is consistent with recent research highlighting the importance of sibling relationships and children's need to feel loved by the people surrounding them (Fitz-Gibbon et al. 2023a).

The importance of pets for children and young people who have experienced family violence also reinforces the strong emotional bonds that victim-survivors often have to their family animals (Safe and Equal 2023b; Conroy 2015; Jury et al. 2018). Pets can be a 'constant' for children and young people experiencing family violence, offering comfort, stability and safety (Dam and McCaskill 2020; Animal Welfare Institute 2014). They can also support physical and mental health during times of trauma and stress (Safe and Equal 2023b; Dam and McCaskill 2020).

Interpersonal relationships were also identified by over three-quarters of children and young people (18/23 = 78.3%) as something they required to feel *safer* and *happier*. Some participants named a particular person or relationship, such as a parent, sibling, friend or boyfriend. Others commented on the need for improvements in the nature and duration of, and overarching conditions enabling, these relationships: '*Quality time with family*' [Anita, 17], '*Spend more time with my mum*' [Angelica, 10], and '*Just and fair circumstances for me and mum*' [Casey, 12].

Also prominent in responses was the need for positive and stable relationships, which for some participants could be found beyond their current friends and family:

If I had other safe adults that felt just as good as my mother [Sam, 8]

Finding more friends that I relate to and trust [Angelica, 10]

Children and young people co-analysing the data with the research team articulated the significance of children who have experienced family violence having a safe, trusted person in their lives. This included having a person to whom they could bring their 'whole', 'uncensored' self: someone they could discuss their experiences with and not be rejected as socially unpalatable or 'too much'.

Casey, aged 12, expressed a need for *'agreement between my parents'* and *'honesty and transparency with my parents'*. A desire for better parent-child communication and agreement between a child's parents is reflected in research with children and young people in separated families. Several children in Carson et al.'s (2018:35) study described aspects of their parents' communication that caused them distress, including feeling caught in the middle of the conflict, being used as a 'tool' to exacerbate disputes, and/or feeling compelled to take 'sides'. Seven-year-old Amara poignantly listed one word as the most important thing for her to feel safer and happier: *'Love'*.

b. Physical safety, security and stability

Over one third (8/22 = 36.4%) of children and young people referred to a type of security or safety mechanism attached to their living situation as something that made them feel safe and happy in the present. These included *'living in a gated community'* [Sam, 8], a *'pet guard dog'* [Amara, 7], *'new locks'* [Anita, 17], a *'phone with tracking [and] security cameras'* [Darius, 12], and *'locking the front door'* [Isabelle, 20]. For Oliver, aged 15, the person using violence complying with a family violence intervention order (FVIO) helped them to feel safe and happy. Notably, two participants listed *'no police'* [Molly, 11] or *'being away from police'* [Oliver, 15] as important to their present feelings of safety and happiness.

Half of participants (11/22 = 50%) identified home, their bedroom or an aspect of their home environment as important to their current safety and happiness. For some, 'home' was connected to safety and being away from their perpetrator, while for others, it was a place of comfort, privacy and stability: *'Being safe at home and away from him'* [Molly, 11]; *'Having a home in a safe community'* [Sam, 8]; *'Stability with where we are living.'* [Oliver, 15].

These responses align with the experiences of children and young people in Campo et al.'s (2020:306) study, who emphasised the 'protective dimensions' of safety in their understandings of 'home' following parental separation in circumstances involving family violence. Children and young people co-analysing the data with the research team considered that safety and security mechanisms spoke not only to children's need for physical safety, but also to their emotional and psychological need to reduce anxiety. This broader understanding of children's safety and wellbeing is significant, as children's anticipation of family violence 'infuses their lives with the tension resulting from unpredictability', and they may be 'constantly on the alert' and 'walking on eggshells' (DVSM 2017:11).

A need for greater physical safety and security was identified by over half of participants to feel safer and happier (13/23 = 56.5%). Again, some were physical items, including '*cameras around the house*' [Arthur, 15], '*locks on doors. Lights at night*' [Jamie, 21] and '*phone with GPS*' [Darius, 12]. Other responses revealed children and young people's deep feelings of fear and a desire to relocate, or to have 'dangerous' people dealt with appropriately:

For my abuser to be locked away. Having a different car. Moving house [Hannah, 16]

Moving house again so dad doesn't know and can't find us again [Tariq, 11]

Children and young people co-analysing the data with the research team understood Hannah's need for 'a different car' to reflect a need to be unrecognisable and unable to be followed, which may be particularly important for those living in rural and remote areas with limited public transport options (Farhall et al. 2020; Campo and Tayton 2015a). They also reflected on what Casey, aged 12, needed to feel safer and happier: '*Less bullies and dangerous people in high school*'. These children and young people highlighted challenges where educators do not know about or sufficiently understand children's situation of family violence, meaning that children may come to the attention of school bullies due to mismatched or dirty uniforms, or not having a packed lunch. Research has established that experiences of family violence are compounded for children and young people who are simultaneously managing unsafe circumstances in their school environment (Warrington et al. 2017:145–8).

While the *absence* of police was identified as important for two participants' current feelings of safety and happiness, noted above, two different participants described protections afforded by police as something they sought to feel happier and safer, including '*police check-ins*' [Malik, 12], and '*police red flagged house*' [Jenny, 17].

c. Living situation

The need for changes to and/or stability in their living situation also emerged as an unmet need for almost half of participants (11/23 = 47.8%). This manifested in wanting to remain with one parent or in the same house, to move to a new house, or to live with their partner: *'If I could stay with my mother all of the time'* [Sam, 8]; *'Living in one house. Living without fear'* [Darren, 13]; *'Living with my boyfriend. Moving homes'* [Isabelle, 20]. Rowena, aged 25, alluded to being homeless, seeking *'a roof over my head'*.

d. Hobbies

A hobby or activity was something that made half of participants (11/22 = 50%) presently feel safe and happy. These hobbies included musical theatre, games, music, playing sports, writing poetry, reading, drawing and art. According to the children and young people co-analysing the data, engaging in hobbies and activities serves as an effective outlet or pleasurable 'escape' from their experiences of family violence. They can also be used as a self-soothing strategy when a child is feeling scared, worried or stressed (Fitz-Gibbon et al. 2023a:35). Almost one third of participants (7/23 = 30.4%) listed various hobbies and activities as significant for their improved safety and wellbeing, including drawing, sports, access to art classes and supplies, going for drives, and *'a lead in the [theatre] production next year'* [Zahra, 16].

e. Health and wellbeing

Five participants described health and wellbeing-related activities to be crucial to them feeling safe and well in the present. These included *'nourishing my body and eating well, sleeping well, being active'* [Gabby, 18], *'eating'* [Kevin, 16], *'walking'* [Jamie, 21], and *'being healthy'* [Hannah, 16]. A focus on physical and mental health and wellbeing was similarly identified in Fitz-Gibbon et al.'s (2023a:16) study, with children and young people describing a focus on self-care and stability in mood and health as a central component of their wellbeing.

Children and young people co-analysing the data with the research team highlighted that healthy eating is not necessarily, or exclusively, related to a focus on improved health and wellbeing. It may also expose a child's specific experiences of abuse and/or neglect, such as an irregularity of meals due to financially abusive or controlling behaviours (Johnson et al. 2022; Morais et al. 2024; McKay and Bennet 2023; Laurenzi et al. 2020).

A higher proportion of participants (10/23 = 43.5%) identified the need to improve their health and wellbeing in order to feel *safer* and *happier*. For some, the focus was on their physical health: *'Get enough sleep. Get outside. Eat a balanced diet'* [Gabby, 18]; *'Eat healthier'* [Anita, 17]. Others referred to strategies for

improving their mental and emotional health and wellbeing, including '*calm self when exposed to triggers*' [Gabby, 18], '*a formal BPD diagnosis and a psychiatrist*' [Zahra, 16], '*regular therapy*' [Hannah, 16] and '*less stress*' [Darren, 13].

For two participants, it was not only their own health and wellbeing that was important, but also that of their family members. Oliver, aged 15, wanted '*Mum to be healthy*' and Isabelle, aged 20, commented on '*my family being happy*'. These responses are consistent with research findings that children who are victim-survivors of family violence may feel anxiety for others, particularly their mother and siblings. They may also take on the burden of adult responsibilities or a 'protector' role in the family, including intuitively putting in place measures to keep their family members safe (DVSM 2017:11; Fitz-Gibbon et al. 2023a:8, 17).

f. Physical possessions

Six participants identified specific physical possessions from which they derive comfort or pleasure in their current circumstances of feeling safe and well, including their bed sheets, mobile phone, drawing books, teddies and comfortable clothes. These items may offer a level of psychological safety for children who have experienced family violence, representing stability and comfort during a period of uncertainty (Fehlberg et al. 2018). Three participants described specific items that would offer them a sense of comfort and refuge and enable them to feel safer and happier: '*Eating vanilla wafers. Sleeping with a heat pack*' [Lisa, 11]; '*Oversized clothes*' [Jamie, 21]; and '*My phone*' [Tariq, 11].

Children and young people co-analysing the data with the research team noted that these responses attest to the diversity and uniqueness of family violence response and recovery needs. For instance, Lisa's request for vanilla wafers and a heat pack suggests the need for comfort and warmth. The reasons underpinning Jamie's need for 'oversized clothes' might be to hide evidence of abuse, it may relate to their relationship with their gender or body image, or may reflect a desire for modesty. These examples challenge the 'generalising impulse' (Brooks and Gerwitz 1996:3) of systems that are premised on the construct of a 'universal' child victim-survivor: one who is inherently vulnerable, dependent and who has the same needs as their parent or carer.

g. Financial security

The need for greater financial security was also important for over one quarter of participants to feel safer and happier in their lives (6/23 = 26/1%). Two participants referred to employment for themselves and/or their parent: '*Getting a job*' [Hannah, 16] and '*Mum having a job*' [Oliver, 15]. One participant referred generally to '*money*' [Rowena, 25], and three specifically identified '*food*' or '*food and supplies*'. Sam, aged

8, reiterated the personal importance of being 'rich', to have greater stability and safety in their living situation:

Being rich so that we can buy a house and staying with my Mum. Being rich so that we can buy a house so that we never have to move. Being rich so that we can buy a house.

h. Support networks

The need for additional, tailored support – including for mental health and schooling – also emerged strongly as an unmet need for over one quarter of participants (6/23 = 26.1%). Children and young people shared that they sought '*help with school attendance*' [Zahra, 16], '*people surrounding me who support me*' [Darren, 13], '*having mental health support*' [Anita, 17] and '*regular therapy*' [Hannah, 16]. These reflections reinforce the need for child-centred, trauma-informed therapeutic interventions and supports for children who have experienced family violence, which are available beyond crisis periods. Such interventions and supports presently are often hampered by a lack of resources, access, coordination and specialised programs (State of Victoria 2016:136).

i. Autonomy and choice

A small but notable number of participants (4/23 = 17.4%) sought greater autonomy and support to enable them to live their life in accordance with their own views, wishes and needs. They identified increased agency in their schooling, more options to engage with peers, and more freedom to make their own decisions:

Going to the choice of school I want that makes me feel safe [Charlie, 12]

People supporting me with my choices. Have more places to go to do free activities with other kids [Angelica, 10]

3. Children and young people's experiences of family violence support services

Part 3 of the Children's Activity sought to understand children and young people's experiences of family violence support services in Victoria. The age of participants when they accessed support ranged from under one year ('*since I was a baby*' [Jamie, 21]) to 16 years. Participants identified a total of 21 different services from which they received support, 12 of which were cited only once (see **Appendix 4**). Twelve participants listed more than one service. The support services included specialist family violence, health, housing and homelessness, legal, police, child and family, child protection, and counselling and mental

health. The most commonly accessed support services were The Orange Door (n=5), police (n=5), and counselling (n=4).

Participants were also asked to share, 'When you got that help'. The framing of this question led to several different interpretations, with the trusted adult of one participant noting: 'This adult is unsure of the question. Is this asking what year we got help? Or is this a prompt? We are a neuro-diverse household that requires precise instructions.' Given the question's unintended ambiguity, the responses provided by 20 participants contained significant variation and the ensuing analysis does not distinguish service system differences deriving from the year(s) that children and young people accessed family violence support. Eight participants did provide the year they accessed support, which ranged from 2016 to 2023. Five participants stated their age, while another listed their school years. Six participants described the situation that led to them accessing family violence support, with five of these participants identifying their or their sibling's father as the person using violence:

My little brother's dad put my mum in hospital [Malik, 12]

When my dad gave me a black eye and put my mum in hospital by strangling her [Darius, 12]

When I was 11 and my dad put me and mum in hospital [Arthur, 15]

Because dad found out where we lived and tried to break in and hurt us again [Tariq, 11]

My dad still caused problems [Amara, 7]

During legal proceedings around custody from a parent with FVIO against them [Charlie, 12]

These descriptions of the kinds of violence experienced by child victim-survivors in this study – involving serious physical violence such as strangulation and assault by someone known to them – again reflect the dominant types of violence perpetrated by men against women and children (AIHW 2024).

The Children's Activity presented participants with 16 prompts that enabled them to share their experiences of family violence support services they had accessed in Victoria. Each prompt had three response options: 'Yes', 'No' and 'Sort of'. Appreciating that participants may have engaged with multiple services and may have had different experiences with each, they were able to select more than one option for each prompt. This occurred for 11 out of 16 prompts, although all 11 multiple responses were provided by just two participants, both of whom had accessed multiple services. Each prompt was also accompanied by an open text box that enabled participants to elaborate on their response.

a. Feeling welcome

Participants were asked whether the service welcomed them and got to know them. The majority of responses (62.5%, n=15) indicated children and young people did feel welcomed by the service (see **Figure A1, Appendix 5**). Oliver, aged 15, added, *'It was a bit tick the box'*. Notably, two children and young people described overall positive experiences:

They were very friendly [Xavier, 10]

They were all very helpful during a really scary and confusing time [Hannah, 16]

b. Cultural awareness

Participants were asked whether the service understood their culture and where they came from. While over three quarters of responses (76.2%, n=16) were positive (see **Figure A2, Appendix 5**), this finding must be contextualised by the low uptake of the Children's Activity by children from culturally and racially marginalised communities (see page 25). Indeed, two participants did not respond to this statement because it was *'not really applicable to me'* [Oliver, 15] and *'I don't think I have a culture'* [Jamie, 21]. Molly, aged 11, who identified as Aboriginal, described significant limitations in the ability of services to meet her cultural needs, including due to their failure to see her as separate to her mother:

We just want to be safe. We don't want police and child protection or stupid people getting clap sticks when they find out you're Aboriginal when your mob don't even use clap sticks or do dot painting. They think we are extensions of our mums but we aren't. She's not Nyoongar but I am.

c. Respect for gender identity

Participants were asked whether the service respected their gender and how they identify. The vast majority of responses (90.9%, n=20) indicated participants considered the service respected their gender identity (see **Figure A3, Appendix 5**). Although Molly, aged 11, described gender stereotypes as marring her service experience:

I'm a girl but that doesn't mean I like girly stuff so trying to get me to talk by talking about makeup and stuff like that just made me mad.

d. Accommodating disability needs

Participants were asked whether the service understood what they needed because of their disability. Nine participants (39.1%) indicated that they do not have a disability (see **Figure A4, Appendix 5**). Just over half of the remaining responses to this prompt were positive (n=8, 57.1%). Sam, aged 8, added: *'I need safe housing, I need life to be predictable'*. Instability in living circumstances may be particularly challenging for children who are neurodiverse – including those who have ASD and/or ADHD, as Sam disclosed – for whom structure is a source of comfort (McLean 2022).

e. Feeling comfortable and safe

Only half of responses (50%, n=13) indicated that children and young people felt comfortable speaking with the service (see **Figure A5, Appendix 5**). Sam, aged 8, exposed an assumption inherent in the framing of the prompt itself: *'I like the option not to talk. I prefer play.'*

Similarly, just over half of responses (54.2%, n=13) attested to children and young people feeling safe in their service engagement (see **Figure A6, Appendix 5**). Four responses (16.7%) were from participants who did not feel safe. They explained:

I felt safe with some of the people but not with housing. It does not matter how nice some people are if I am moving from one scary situation to another [Sam, 8]

At first I did [feel safe], but in the end what happened made me very scared and made me feel unsafe [Darren, 13]

Some participants reflected on services' inability to ensure their safety. Lisa, aged 11, described being supported by the service to create of a safety plan, only to be left on their own to confront the person using violence:

They made a safety plan but I had to stand up to my dad on my own. That was scary. I got a safety plan but then had to do it all myself.

f. Feeling listened to and understood

Two prompts asked participants to reflect on whether their views and experiences were heard and understood by the service. Almost three quarters of responses (70.8%, n=17) indicated that children and

young people felt that the service did listen to them (see **Figure A7, Appendix 5**). However, two participants reflected with frustration on what they considered to be services' failure to act, or that their words were seemingly manipulated:

After a while I got tired of them listening but not helping [Darren, 13]

They twisted what I said and left stuff out. They didn't listen and kept saying what I had told them only it wasn't what I had said, it was what they wanted me to say [Molly, 11]

Participants were also asked whether they felt that the service understood what had happened to them. Less than half of responses (48%, n=12) indicated that children and young people felt understood. Indeed, almost one third of responses (32%, n=8) to this prompt were negative (see **Figure A8, Appendix 5**). Several children and young people described feeling that services did not fully comprehend the gravity of their family's unsafe situation:

I was scared at the time and didn't feel I had much of a voice [Gabby, 18]

They understood the facts of what happened but not how it impacted me and what I need [Oliver, 15]

The responses reveal a significant disjunct between children and young people's experiences of feeling listened to, and their experiences of feeling heard, by family violence support services. While almost three-quarters (70.8%, n=17) of participants agreed with the statement, 'They listened to me', less than half (48%, n=12) felt that the service understood their family violence experience (see **Figures A7 and A8, Appendix 5**).

g. Effectiveness of supports received

The prompt, 'Did you get what you needed from the service?' engaged with children and young people's assessment of the effectiveness of the supports they received. The majority of children and young people did not receive all the support they required. Almost half of responses (44%, n=11) indicated participants 'sort of' got what they needed, while over one third (36%, n=9) revealed they did not (see **Figure A9, Appendix 5**).

Seven participants who elaborated on their experience revealed concerns about service accountability to children as victim-survivors in their own right, service collaboration and cooperation, as well as broader systemic issues that impact children's ability to access supports. Darren, aged 13, described deficiencies

in services' ability to work together to protect children's safety and to ensure all stakeholders are informed of important risk information:

The services did not speak to each other. They did not speak to my school and they put my safety at risk. The services were unaware my dad was manipulating the police. The Orange Door didn't speak to Kids Helpline. They didn't work together. They didn't speak to my school who were really unprepared. Most of all, nobody reported the police for protecting my dad. When the school called 000, the police didn't attend, they just told the school to send us home with our dad.

Some participants described their service response as ineffective or insufficient in meeting their needs, including due to a perceived lack of understanding or inaction:

I got a safety plan but then had to do it all myself [Lisa, 11]

The service arranged counselling but it was really bad, so I stopped going because it was making everything worse [Molly, 11]

h. Agency and inclusion in decision-making

Children and young people were asked to reflect on their experiences of being given meaningful opportunities to participate in decision-making about their family violence response and recovery needs. Less than one third of responses (31.8%, n=7) indicated that children and young people felt included in decisions being made (see **Figure A10, Appendix 5**). A greater proportion of participants considered that they had a sense of choice, with over half (59.1%, n=13) indicating that the service asked them what they would like to happen next. Darren, aged 13, added: *'They gave me a plan and I just did it. I didn't know how badly it would end.'*

i. Accessing and understanding information

Five prompts engaged with children and young people's right to information (*UNCRC*, Art 13). The prompt, 'They told me who they are and what they do' addressed children and young people's receipt of information about the service. A majority of participants (95.7%, n=20) received an introduction, either fully ('Yes' = 68.2%, n=15) or partially ('Sort of' = 22.7%, n=5) (see **Figure A11, Appendix 5**). Participants were also asked about their *understanding* of the information provided to them. Notably, just over half of responses indicated that participants understood this information (56.5%, n=13) (see **Figure A12, Appendix 5**).

The Children's Activity also asked participants whether they understood how the support services could and could not help them. Responses reveal a significant lack of clarity for children and young people about the support they would receive, with over two-thirds of responses indicating 'Sort of' (47.8%, n=11) or 'No' (21.7%, n=5) (see **Figure A13, Appendix 5**). Darren, aged 13, further explained the gaps in their understanding: *'I didn't realise they were putting me in a position to stand up to my dad. I was 10.'*

j. Opportunity to ask questions

The opportunity to ask questions is 'a fundamental act of human agency' (Causey and Meek 2015:24). Almost three-quarters of responses (72.7%, n=16) to the prompt 'I had the chance to ask questions if I wanted to' indicated that participants were given the opportunity to do so (see **Figure A14, Appendix 5**). However, for Molly, aged 11, a lack of trust prevented her from asking any questions:

I could have asked them questions, but I didn't because I didn't trust them. They think your mum is bad, you're white and police are the good guys and they are wrong about everything.

k. Disclosing information

From 'the first moment of engagement' with a service, victim-survivors of family violence 'will be making decisions about how much information to disclose' (State of Victoria 2021:138). This issue was explored in the Children's Activity through the prompt, 'I understood how they would use what I told them and who they would share it with'. Responses indicate that less than half of all children and young people had a sound understanding about the implications of their disclosures to the service, with 58.4% of responses indicating 'No' (n=7, 29.2%) or 'Sort of' (n=7, 29.2%) (see **Figure A15, Appendix 5**). However, the response of Sam's trusted adult also reveals a dominant protective instinct:

I, the adult, was responsible for disclosing personal information pertaining to family safety, security, impact, needs etc. Part of creating security for my children during all of the high stress change that occurs due to leaving family violence is to not have my children carry the responsibility of disclosures. If the children are with a safe parent it is imperative that safety not be at the cost of their security, or their feelings of safety.

4. Improving services for children and young people who have experienced family violence

Participants were invited to suggest changes that would improve services for children and young people who have experienced family violence. Their suggestions covered a range of systemic reforms and improved service practices.

a. *Fill service system gaps*

Over one quarter of participants (26.1%, n=6) identified the need for reforms to the family violence service system, including improved access to services, reduced wait times, extended service periods, additional resourcing and reduced turnover of practitioners:

Still can't talk about previous experiences now. Wait list and options to psychologists greatly lacking. I couldn't stay in the area and there is a chronic lack of affordable counselling services where we are so still need help. Need much faster access to services [Charlie, 12]

Had to wait so long to be seen every time. [Services would be better if] I could see them when I needed it and workers didn't leave [Isabelle, 20]

Quicker action. Less wait time [Anita, 17]

More time allocated to each victim [Hannah, 16]

Some children and young people wanted someone available to 'champion' their rights in their service system interactions. They suggested support or advocacy to speak to their school, the courts, police and/or the person using violence.

Speak to police for me. Speak to my school. Speak to my dad for me [Lisa, 11]

Speak to dad, don't make children do it [Darren, 13]

A focus on improved collaboration, coordination and information sharing across the family violence service system was also identified, with Darren, aged 13, wanting '*all services to speak to each other*'.

b. Listen, be patient, care

Almost one third of participants (30.4%, n=7) described a need for service responses to be directed by the needs, wishes, views and experiences of children themselves, which requires services to engage directly with, listen to and understand the child. As Molly, aged 11, explained:

Stop talking and telling me what I mean when that's not what I said. Stop assuming. Listen. You can't see us as victims in our own right unless you actually listen.

The significance of listening to children was similarly reflected by several other participants, who suggested: '*Listen to our ideas more*' [Malik, 12]; '*Actually listen and follow the child's wants for safety*' [Darius, 12]; '*Listening more. Understand me more*' [Zahra, 16], '*Listen to kids, because we don't make this stuff up*' [Arthur, 15]; and '*Speak to children about what's happening*' [Darren, 13]. Two participants reinforced the importance of active listening, asking questions of the child, and providing individualised support:

Listening. Asking kids what they need to be safe. This would mean that it's not assumed our parents know what we need and make care and support be more individual [Oliver, 15]

Consistent with the children interviewed for Fitz-Gibbon et al.'s (2023a:27, 29) study, who identified authenticity, patience and a sense of care as essential features in establishing productive communication from the outset of service engagement, participants in the Children's Activity recommended more empathetic supports, including practitioners who were patient and followed through with actions promised:

Be more helpful and more supportive [Zahra, 16]

Support services need to make us feel like they care [Isabelle, 20]

Patience for clients to open up. Being patient with kids who are victims of family violence is necessary as in my case it took me years to find the courage to talk about my past and my feelings [Gabby, 18]

Check in with us – don't just say you will then don't [Darius, 12]

c. Provide practical supports to improve safety and wellbeing

Several participants felt that services could do more to help them and their family members feel safe:

More protection for my little brother. Help my mum more. They promised they would keep us safe but he found us and hurt my mum and little brother even worse than first time [Malik, 12]

Don't make me stand up to my dad and then be alone with him [Lisa, 11]

Help us stay safe. More safety and help for my mum [Darius, 12]

Some participants focused on the need for immediate practical supports that would contribute to increasing their sense of safety:

Free camera sets ups for people who have been hurt and are scared [Arthur, 15]

Have a worker physically check in with you, once a day on the phone [Jamie, 21]

Others suggested support *beyond* the immediate situation of violence, including free or low-cost mental health support, to support children to recover effectively:

Support outside of crisis. Support to disengage with services [Rowena, 25]

Give them more support with the struggles of normal life [Hannah, 16]

Free therapy for kids and mums who have gone through violence is very important [Isabelle, 20]

Significantly, financial support was expressly identified by four participants as critical to children and young people's family violence response and recovery needs, both for their immediate wellbeing and future opportunities:

Money help for mums when we need to move house or go into hiding [Arthur, 15]

Money help to move as soon as it happened [Jenny, 17]

More financial support. Family violence at a young age impacts kids for the rest of their lives if they aren't given the opportunity to grow out of it and overcome it. People like myself who have had to stop working out of fear have received no financial support [Anita, 17]

More financial support for stability and less stress load. It would take stress off me and my mum [Casey, 12]

d. Offer child-inclusive spaces and activities

Two participants suggested increased and improved support in child-focused spaces, including at school, as well as improved access to child-friendly activities:

At school support, so that if I got triggered or upset I had someone to go to or somewhere to go that felt safe. Integrating fun activities in support would have helped me calm down and feel safer [Gabby, 18]

More counselling services in school. Better spaces that are soundproof and kinder [Charlie, 12]

e. Understand children's experiences of family violence

Several participants considered that services should have a greater understanding of children's experiences of family violence and its impacts on their mental health and wellbeing, including *'more understanding of presentations'* [Rowena, 25] and *'understanding of how past experiences impact the present'* [Gabby, 18]. Molly, aged 11, firmly believed that services must understand that institutions intended to protect children, will not always be understood by children in that way: *'Get it that police and child protection aren't good and scare us.'*

Two participants specifically identified the need for medical professionals to better understand children's experiences of family violence, calling for *'doctors who understand more'* [Malik, 12] and *'doctors who understand'* [Arthur, 15]. Some also felt that schools and teachers should be supported to improve their understanding:

More information for schoolteachers. If teachers and school knew more about family violence they can help kids better [Arthur, 15]

More understanding of what kids feel after violence. Being able to have time off school to heal [Jenny, 17]

f. Improve police and criminal justice system processes

Multiple children and young people shared stark reflections on their negative experiences with police. They recounted experiences where police had seemingly 'sided' with the person using violence, where they were perceived to be lying about their experiences of family violence, and where police had failed to respond adequately to their situation. Oliver, aged 15, recalled:

The police were absolutely horrible. They were the worst part of everything we went through so by comparison the services were better because they didn't take our perpetrators side or assume mum had coached us and that we were liars. Nothing can really change until the police change unless it's possible to get help without police ever being told. I think people in the services mean well but police don't.

Oliver suggested that police be removed from service responses to children and young people who have experienced family violence:

I'd like to see police kept away until services have dealt with all victims and have services advocate for victims with police so that we don't have to deal with police or be interviewed unsupported the way we were. I was assumed to be a liar by police and when our perpetrator was convicted, no one apologised about that.

For Darren, aged 13, police actions undermined their safety:

Nobody really thought about the possibility of things going wrong. What went wrong was police protected my dad. When the school called 000 police didn't attend they just told the school to send us home with our dad. We were so scared. Report police when they don't do their jobs. It means children won't have to protect themselves and they'll feel safer.

Tariq, aged 11, lamented the failure of police and criminal justice processes to keep him and his family safe, and questioned why the burden repeatedly fell on his mother to ensure their safety:

Police have to stop the bad guy finding the people that they hurt. They need to stop the bad guy from hurting us again. Why does my mum always have to move us? Why can't he be put in jail? He needs to stop hurting us, we have nothing wrong. Stop him from coming to school to find us.

Two other participants both described criminal justice processes that exposed them and their family to further risk of harm:

They put dad on bail and he found out where we were living and tried to take my brother. They said they understand and are going to help us stay safe but he found us and we had to move again. Don't let people who hurt people like kids out of jail [Darius, 12]

It took forever to get my dad charged, I felt like me and mum were not safe for a very long time [Arthur, 15]

g. Listen to children in the family law system

The responses of Angelica aged 10, addressed the impacts of family law parenting orders on children and young people's family violence response and recovery needs. Angelica reported living '50/50 between mum and dad' and drew attention to her care arrangements that required her to spend time with her father, whom she did not experience as safe. She emphasised:

Tell the courts what we need and make them listen. Tell the courts we want to live with mum because dad's scary. Help us to be safe. Some people don't understand, we need only people who are nice to kids. When nice people understand they can help us so we can be happy.

7 Discussion

Synthesis of the findings across all project phases has revealed key features of, as well as fundamental barriers to, effectively supporting children and young people as victim-survivors in their own right in Victoria's family violence service system. Six guiding principles for effective service provision are presented below, followed by an overview of ongoing systemic obstacles that must be overcome for these principles to be implemented in practice.

The 'CHANGE' guiding principles

The desktop and literature review, practitioner experiences, and children's insights into their safety and wellbeing needs and their experiences of family violence support services in Victoria, have informed the development of six guiding principles, captured by the acronym 'CHANGE'. These principles embrace child-centred, trauma-informed and rights-based approaches to engaging with children in diverse service contexts.

1. Create space and time

Welcoming and inclusive spaces are vital to children feeling safe and comfortable in any service support environment (State of Victoria 2021:147; Kezelman and Stavropoulos 2019; Strand and Sprang 2018). The insights and experiences of children who participated in this research project reinforce the need for child-inclusive spaces, and for practitioners to dedicate time at the beginning of service engagement to build rapport and to understand how each child prefers to engage. There should also be space and time for the child to ask questions and provide meaningful feedback throughout their service engagement.

2. Hear the child

Listening to and hearing the child form a vital part of the 'ongoing process' of children's participation, which includes 'information-sharing and dialogue between children and adults based on mutual respect, and in which children can learn how their views and those of adults are taken into account and shape the outcome' (CRC Committee 2009:[3]). In the family violence service delivery context, practitioners are advised that their 'assessment will be more accurate and complete if children and young people have direct input' (State of Victoria 2021:146).

While children who are victim-survivors of family violence may not wish to speak directly about their experiences (AHRC 2021; Arai et al. 2021; Callaghan et al. 2015), 'hearing the child' is understood

expansively to include identifying children's expressed views and wishes via play, facial expressions, body language and art (Chouinard et al. 2007). Children's right to participation under Article 12 of the *UNCRC* places 'the onus ... on adults to identify, encourage and value, rather than dismiss' the many different ways that children express their views (Lundy et al. 2019:400). Research has found that children and young people who do not feel heard and understood by family violence support services feel 'invalidated, isolated and distrusting of the support options provided to them' (Fitz-Gibbon et al. 2023a:20).

The practitioner survey findings reveal that seeking feedback from children about their service experience is not common practice in Victoria, with less than half of practitioners (144/315 = 45.7%) indicating that their service does so. This is significant to highlight in light of the Child Safe Standards (CCYP 2023), which outline the actions organisations must take to keep children and young people safe, including minimum requirements that 'children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously' (Child Safe Standard 3) and that 'processes for complaints and concerns are child focused' (Child Safe Standard 7). Practitioner insights also show that where children *do* provide feedback, it is often moderated by an adult, such as the child's parent/carer or case worker, usually at the conclusion of the service interaction.

Practitioners emphasised the value of prioritising and centring children's voices, reflecting a growing cultural understanding that listening to children is a fundamental feature of effective service provision. However, the experiences of children participating in this project suggest there is still significant progress to be made for children to feel that their voices are adequately heard by family violence support services. For instance, Isabelle, aged 20, observed: '*They didn't write while I was talking.*' This observation underscores the importance of children and young people's perception that services are *actively* listening to them, as well as practitioners being child-led when determining how to demonstrate they are hearing the child and their story. For Isabelle, such active listening took the form of their practitioner contemporaneously documenting their views and experiences during the service engagement.

3. Act on feedback

For a child to feel heard, adults must be responsive to the particular type of support the child needs, which may be action-oriented, rather than talk-based (Fitz-Gibbon et al. 2023a:31; Cossar et al. 2019). A number of participants in the Children's Activity described their service response as ineffective or insufficient in meeting their needs due to perceived inaction. Lisa, aged 11, stressed: '*I don't just want to talk about what's going on, I want real help.*' While the survey of practitioners has offered insights into services' feedback-seeking practices and methods, further research is required to understand how services *use* children's feedback – including to improve children's service experiences, and to inform effective practice

design, delivery and outcomes monitoring and evaluation. Implementation of the CHANGE Children's Feedback Tool by services may provide a fruitful opportunity to examine this principle in action.

4. Navigate trust

The importance of developing and maintaining trust, so that the child feels safe to engage in support, is reflected in literature and practitioner guidance for services working with children (Cossar et al. 2019:5; Robinson et al. 2022:51; Houghton 2015; Warrington et al. 2017; Fitz-Gibbon et al. 2023a:29; State of Victoria 2021:146). Service follow-through on support promised is also crucial to maintaining trust, particularly for children engaged in child protection notifications or failed service interventions, who may lose confidence and hope that adults are capable of helping them to feel safe and well (Cossar et al. 2019). Structural inequalities, discrimination and experiences of misidentification of the person using violence, mean that victim-survivors from marginalised communities may have an ingrained 'mistrust of people who offer services based on concepts of protection or best interest' (State of Victoria 2021:137).

The research findings reinforce that the establishment of trust can be facilitated through listening to and understanding the child and their experiences, and by being transparent about the boundaries of the support that the service can provide. Children's Activity participants described breaches of trust occurring across a range of settings, including in relation to privacy and information sharing; inaccurate understanding and/or depiction of their experiences of family violence; and police misidentification of the person using violence:

I did trust until they breached my privacy and then I didn't trust [Oliver, 15]

My dad was a police officer. After this all happened, police protected him and blamed my mum. My mum told me police lied in court and she played me the court recording. I heard the police lie too. I don't trust anyone anymore [Lisa, 11]

They lied to me and broke my trust because they weren't actually trying to help us. Stop saying police are good. Also don't say that we can trust them because that's what every bad person says right before they prove that you can't trust them. It's the biggest red flag ever [Molly, 11]

As a young person co-analysing the Children's Activity data with the research team explained: 'Trust is a hard thing to build. It takes a long time but it can be destroyed in an instant. Just having one person you can trust is life-changing.' These insights accord with the experiences of children and young people in Fitz-Gibbon et al.'s (2023a:17) study, who reflected on the impact that family violence continued to have on them forming trusting relationships. Practitioners surveyed in the present study identified that children's

fear, discomfort or lack of trust, stemming from trauma connected to their experiences of family violence, affected services' ability to provide effective support.

5. Give choice and agency

The research findings have also emphasised the importance of choice for children who are victim-survivors of family violence: 'Being able to choose something, when everything else is out of control.' The loss of agency and control arising from family violence create compounding layers of disempowerment for children, causing them to feel that 'adults ha[ve] taken away control of their safety and independence' (Fitz-Gibbon et al. 2023a:35). In the family violence service context, this principle may manifest in giving the child meaningful opportunities to participate in decisions about their family violence response and recovery needs, consistently with their age and evolving capacities, and with appropriate guidance and direction (Dimopoulos 2022; Tobin 2009; Freeman 2010).

6. Explain enough and ensure understanding

For children to be able to participate meaningfully in service engagement and to make informed choices about what to disclose and to whom, they need sufficient, accessible information about the nature, purpose and scope of the support being provided to them. Such information should be appropriate for the child's age, stage of development and level of understanding, and accommodate their communication preferences and needs (Stalford et al. 2017; Carson et al. 2018:85; Kaspiew et al. 2014:133; Save the Children 2022). Children must also understand what will be done with information that they share and its interplay with mandatory reporting obligations and child information sharing schemes (Victorian Department of Education 2023; FVRIM 2023:44).

The Children's Activity responses have highlighted a significant disjunct between information provision and understanding. While a majority of participants (95.7%, n=20) received an introduction to their support service, just over half of responses (56.5%, n=13) indicated that children understood this information, and less than one third of responses (30.4%, n=7) indicated that children understood how the support service could and could not help them.

Systemic barriers to effectively supporting children

An adult-centric system

The effectiveness of supports for children who have experienced family violence is frustrated by the fact that the family violence service system is not designed for them. The Children's Activity responses have exposed a strong awareness amongst children and young people that the family violence service system does not see them as victim-survivors in their own right. Oliver, aged 15, explained:

I was an extension of my mum to literally everyone from the police to services. To be honest the services can't really help us or see us as victims in our own right until the system changes and police and courts change.

Darren, aged 13, similarly described an experience of services interacting directly, and exclusively, with their parent or guardian:

The Orange Door only spoke to mum. The Orange Door didn't speak to me directly. They need to speak directly to me [Darren, 13]

Children and young people in Fitz-Gibbon et al.'s (2023a:20, 23) study expressed similar frustrations about their feelings of invisibility in Victoria's family violence service system, with little consideration given to how their risk profile and safety needs might differ from those of their protective parent. As a result, children and young people 'overwhelmingly believed that system responses to family violence are neither designed nor carried out with children and young people in view' (Fitz-Gibbon et al. 2023a:20). The findings of this project reinforce this conclusion.

Recommendation 1: Youth Advisory Group

The Victorian Government should establish a Family Violence Youth Advisory Group to sit alongside the Victim Survivors' Advisory Council, comprising a diversity of children and young people with lived experience of family violence in Victoria. This Advisory Group would provide ongoing guidance on laws and policies relevant to children and young people's distinct family violence response and recovery needs. The establishment and operation of this Advisory Group may be informed by the Transitions from Care Youth Expert Advisory Group, as well as other youth advisory bodies at State/Territory and federal levels.

The services accessed by participants in the Children’s Activity – including police, hospitals and specialist family violence services – reflect the ‘crisis’, adult-centric nature of family violence support. Practitioners remarked on the noticeable absence of programs specifically designed *for* children, to support them beyond the situation of crisis, such as counselling and therapeutic services. Services’ ability to meet children ‘where they are at’ in their family violence recovery journey requires a flexibility that is incompatible with fixed program requirements, which require practitioners to close their engagement within a set time period. The lack of child-specific and specialised referral options was also a significant barrier.

Group work was raised by several practitioners as a ‘missing piece’ in the family violence service system for children, given the value of peer relationships. As one practitioner explained, ‘peers can relate and challenge in ways that professionals cannot do’ [Practitioner 253]. Other studies (KPMG 2023; Noble-Carr et al. 2020) have similarly identified the value of non-professional supports, such as peer networks or lived experience support groups, for people who have experienced trauma and/or abuse. Children and young people involved in this project similarly suggested more child-inclusive and safe spaces, including integration of ‘fun’ activities in support [Gabby, 18] and ‘more places to go to do free activities with other kids’ [Angelica, 10]. These suggestions accord with children’s ‘inclusion’, whereby adult-centric systems are adapted to accommodate children’s effective participation and to meet their distinct needs, rather than ‘integration’, which requires children to participate and receive support within pre-existing processes and structures (Daly 2017; McIntosh et al. 2008).

Recommendation 2: Specialised and targeted programs

The Victorian Government should invest in specialised and targeted programs and services for children who have experienced family violence. There should be specific investment in therapeutic interventions to assist children to heal and recover, including groupwork, to enable children to connect, play and recover alongside other children, with funding for peer support workers to recognise young people as ‘agents of change’ (YacVic 2024: 6). These interventions should be available beyond crisis periods, to support children’s long-term recovery needs. Specific programs should be designed and delivered for children with diverse identities, backgrounds and needs, including Aboriginal and Torres Strait Islander children, children with disability, children from refugee and migrant backgrounds, children who have had experiences of out-of-home care and LGBTIQ+ children.

An insufficiently resourced system

The need for improved resourcing and funding of services to support children and young people effectively emerged strongly in the reform suggestions of both practitioners and children. As one practitioner articulated pithily: ‘More staff, more hours, more money’ [Practitioner 129]. Practitioners identified burgeoning caseloads and wait times, a lack of staff, increasing complexity of cases and a lack of access to specialised programs, as barriers to providing effective and timely responses to children. Concerningly, these systemic constraints were also experienced by children accessing service support, who called for reduced wait times and staff turnover, and longer service support periods. The observations of practitioners and children alike reflect case management support periods that are often inadequate to meet victim-survivors’ needs (Safe and Equal 2022b:24).

Recommendation 3: Length of support periods

The Victorian Government should fund services and programs to deliver interventions that reflect the complexity and specialisation of working with children who have experienced family violence and their families. This includes practitioners being resourced to work in a flexible and child-led manner, and to tailor their service intervention to meet both short and long-term needs of the child. Practitioners should have capacity during the support period to establish trust and rapport with the child, and to discuss the child’s experiences and feedback throughout the service engagement.

The findings also reveal considerable concern amongst practitioners that they lack the skills, experience and confidence to support children effectively. Nearly one third of practitioners (53/189 = 28%) sought increased training and professional development to foster improved skills and confidence in applying strengths-based, child-centred and trauma-informed approaches in their practice. Children involved in the research similarly suggested improvements at the individual practice level, including for services to be ‘more helpful and more supportive’, more patient, to listen and ‘make us feel like they care’.

Recommendation 4: Capability-building for professionals

The Victorian Government should continue to invest in capability-building initiatives for professionals working with children and young people who have experienced family violence, in specialist family violence settings, child and family services settings, child protection, and mainstream service settings including schools, hospitals, health and legal services. Focus areas should include: understanding family violence and its impacts on children; trauma-informed, child-centred and rights-based practice; strategies for listening to and hearing children, and creating space for children to feel safe and comfortable to engage according to their age, developmental stage and intersecting experiences and needs.

A lack of data and evidence to understand children’s distinct, unique needs

Analysis of The Orange Door data, while offering some broad insights into the characteristics and pathways of children, has highlighted that The Orange Door continues to lack ‘important information about the needs of children and how well hubs are supporting them’ (VAGO 2020:60). Critically, there are no data available on the timeliness and effectiveness of The Orange Door sites’ engagement with children (CCYP 2019; VAGO 2020), although ‘designing and developing improvements to capture data on quality, timeliness, outcomes and clients awaiting a response from external service’ has been identified as a ‘focus’ for FSV (FSV 2023b). A further significant limitation is data collection practices that attach a child’s case to that of an adult. This limitation is consistent with recent Victorian research conducted by McCann et al. (2023:88) into family violence risk assessments and safety plans, which concluded that ‘data capture systems across services are not nuanced enough to view children as victim survivors in their own right’.

Understanding a child’s identity characteristics can inform an understanding of social structures that impact them, and barriers they may face in accessing effective support for family violence. This is the essence of an intersectional approach, which requires services to identify how these various characteristics ‘can be associated with different sources of oppression and discrimination, and how those intersections can lead to increased risk, severity and frequency of experiencing different forms of violence’ (Victorian Government 2021). This research project has encountered data limitations in relation to Aboriginal and Torres Strait Islander children, children who are culturally and linguistically diverse, children with disability, and children who are gender diverse.

Recommendation 5: The Orange Door data collection
FSV should improve data collection practices at The Orange Door, to ensure an accurate understanding of the distinct needs and experiences of children, as follows:
• Case and referral data should be collected for each child, separate from their parent, to accurately capture children’s pathways into and through The Orange Door.
• Disability status and CALD status should be made mandatory data fields in the CRM, accompanied by ongoing work to embed accessible, culturally safe, non-discriminatory and inclusive practices into The Orange Door, so that victim-survivors of family violence feel safe to disclose (Cadwallader 2024).
• Data should be collected on the timeliness and effectiveness of The Orange Door sites’ engagement with children (CCYP 2019; VAGO 2020), to facilitate triangulation of client demographic data with service experience and outcomes data, to identify children’s met and unmet needs.

Children from racially and culturally marginalised communities

The significant overrepresentation of Aboriginal children in The Orange Door’s case numbers must be understood in the context of historic and ongoing impacts of colonisation, systemic violence, racism and family separation. Family violence disproportionately impacts Aboriginal children and young people (State of Victoria 2021:143; DSS 2022a:42). The Orange Door data analysis has shown that police reports and child protection notifications comprise a significant proportion of referrals to The Orange Door. It is well-established that family violence is a key factor for Aboriginal children coming to the attention of child protection and youth justice systems (Morgan et al. 2022); and is the primary reason for Aboriginal children entering out-of-home care in Victoria (CCYP 2016:13). The response to Aboriginal children experiencing family violence is often to remove them from their families (Morgan et al. 2022), perpetuating intergenerational trauma (McGlade 2012). Evidence also reveals that fear of child removal remains a significant deterrent for Aboriginal and/or Torres Strait Islander women reporting or seeking support for family violence for themselves and their children, including from The Orange Door (Our Watch 2018; Yoorrook Justice Commission 2023:129–130).

Recommendation 6: Cultural safety

The Victorian Government should continue to invest in initiatives to ensure that culturally responsive practices are embedded into The Orange Door, so that Aboriginal victim-survivors of family violence feel safe to engage with support services. The Victorian Government should also continue to invest in Aboriginal self-determining structures to lead the governance, implementation, monitoring and evaluation of family violence reforms, to improve access for Aboriginal and Torres Strait Islander children to Aboriginal-led, culturally appropriate family violence services (DSS 2022a).

No comprehensive data exist on rates of family violence experienced by newly arrived, migrant and refugee children and young people in Victoria (Centre for Multicultural Youth 2022; Lee and Cheung 2022), such that tailored responses that take account of their unique experiences and barriers to accessing family violence supports remain lacking. The number of cases in The Orange Door that are ‘unknown’ for CALD status, while continuing to decrease, remains very high. FSV has acknowledged that The Orange Door client data are ‘still not sufficiently robust’ to paint an accurate picture of client demographics (FSV 2022).

Further research is required to understand the distinct family violence response and recovery needs and service experiences of children from racially and culturally marginalised communities. However, practitioners surveyed did identify the need for increased funding and a variety of programs for children and their families. They commented:

Many barriers exist for Aboriginal and Torres Strait Islander communities including transport, service distrust, financial burdens, drug and alcohol issues, homelessness and family reprisal. Our specialised family violence support services are overwhelmed and our children bear the cost [Practitioner 256].

Many families from ... refugee backgrounds do not understand the implications of family violence. How do we raise awareness and build capacity of victim-survivor parents to access support and not consider that as a stigma in society? [Practitioner 165].

Children with disability

Children with disability are known to experience violence at higher rates than children without disability (Maclean et al. 2017; Jones et al. 2012; Octoman et al. 2022). Yet family violence service responses are often delivered through a dominant ableist paradigm, which affects the ability of children with disability to have their recovery needs met (Flynn 2020), while also placing undue onus on them to identify and advocate for accommodations to be made in their service interaction (Cadwallader et al. 2024). Importantly, children's response and recovery needs may include support for emergent disabilities triggered by experiences of family violence (Orr et al. 2022:12). In the present study, Molly, aged 11, shared that their PTSD emerged 'from family violence'. Children and young people co-analysing the data with the research team highlighted the potential for delay in the onset and/or recognition of mental ill-health following experiences of family violence, because 'the effects of family violence don't really leave once the violence leaves'. This delay may occur where the child is yet to process their trauma, possibly due to a lack of professional support to diagnose and understand the impacts of their experiences; or where the child is still managing an ongoing situation of violence.

Gender diverse children

Three out of 23 participants in the Children's Activity identified as non-binary. It is significant to highlight the engagement in this research of children beyond the male/female gender binary, given the limited but growing research aimed at understanding the unique needs and experiences of victim-survivors from LGBTIQ+ communities (Our Watch 2017; Walsh 2019; Calton et al. 2015). Researchers have highlighted underreporting of family violence due to stigma, compounded by heteronormative assumptions and discriminatory practices that act as barriers to gender diverse victim-survivors accessing family violence support services (Wendt and Zannettino 2015; Campo and Tayton 2015b; VAGO 2020). The research findings highlight the need for improved data collection, as well as ongoing research with children and young people with diverse gender identities, to strengthen understandings of the prevalence and perpetration of family and gender-based violence (Safe and Equal 2023a; VAGO 2020).

Insufficient service collaboration and system navigation support

A collaborative family violence service system requires investment at the practitioner level, the organisational level and the government level (Campbell et al. 2023). Key features of a collaborative response include role definition, where each service and practitioner working with the child is clear on accountabilities and responsibilities associated with their individual role; appropriate program scope and resourcing, where practitioners have time to deliver supports and follow up with other services involved with the child; and being genuinely child-led, in a way that reflects the unique needs, and sequencing of supports, sought by the child (Campbell et al. 2023:6). Services working together to understand the child's needs and experiences can contribute to developing trust, as well as mitigating the burden on children to consistently re-tell their story (Fitz-Gibbon et al. 2023a:34).

Services play a key role in mediating children's engagement with broader systems, including police, child protection, criminal justice and family law systems. Both practitioners and children in the present study highlighted the importance of effective service collaboration to ensure important risk information is appropriately shared and acted upon. However, the research findings reveal a divergence between children's experiences and practitioner insights regarding service collaboration and system navigation support. Almost one quarter of practitioners (47/213 = 22.0%) reflected positively on their service's ability to collaborate and refer effectively, and to provide advocacy and support to children to navigate the legal system and their school environment. By contrast, children commented on a lack of coordinated and collaborative practice. They noted that services need not only to 'speak to each other', but also to 'connect and communicate' with key institutions, such as schools and police.

This disconnect between practitioners and children may be explained in part by children feeling that they are not actively listened to and/or communicated with in their service engagement. Practitioners also described communication challenges that emerged due to overlaps between service business hours and the standard school day, leaving minimal opportunity to engage with the child directly. Both practitioners and children suggested enhanced awareness and understanding of family violence and its impacts upon children among educators and teachers. These findings support the need for strengthened integration of family violence support services with schools, to deliver more holistic, wrap-around supports for children in their family violence recovery.

Recommendation 7: Community awareness of family violence

The Victorian Government should develop and deliver public awareness campaigns and associated resources for the community, to enhance understandings of family violence and its particular impacts on children and young people. Resources should be available in a range of formats and languages to ensure accessibility, and be co-created with children and young people with lived experience.

Several key reforms emerging from the RCFV have sought to strengthen service collaboration and coordination, including the FVISS, the CISS and the MARAM framework and accompanying practice tools and guidance. Collectively, these frameworks support a shared understanding of family violence and evidence-based risk factors, and they facilitate the sharing of relevant risk information. Continued implementation of MARAM-aligned practice among the service sector, with a specific focus on children and young people, will contribute to fostering cross-sectoral collaboration and coordination.

Financial stability and safe housing

The devastating financial impacts of family violence are well-established (Johnson et al. 2022; Kutin et al. 2017; Cortis and Bullen 2016); as are the links between experiences of family violence and homelessness (AHRC 2021; AHURI 2022). While children and young people are impacted in particular ways, little is known about their unique experiences of economic abuse (Bruno 2022). Some children and young people may have directly experienced the impacts of financially controlling and/or abusive behaviours, including by not having their family's basic living needs met, and their protective parent being unable to leave the situation of violence (Bullock et al. 2020; Voth Schrag et al. 2020).

For older children and young people, their focus on financial security may relate to their practical ability to remove themselves from the situation of family violence by accessing safe housing (Corrie and Moore 2021). A 2021 study by Melbourne City Mission found that 45% of young women and 26% of young men aged 12 to 24 who presented to its youth homeless centre disclosed family violence as their primary reason for presentation (Corrie and Moore 2021:15). Compounding the issue, this research found a 'glaring gap' in service and housing responses for young people experiencing family violence, including a lack of flexible, youth-focused options that take account of the distinct challenges faced by this cohort (Corrie and Moore 2021). While priority access for social housing in Victoria continues to be provided to people who are escaping or have escaped family violence, including people with disability or significant support needs, more work must be done to ensure safe and appropriate housing for children and young people.

The need for changes to and/or stability in their living situation emerged as an unmet need for almost half of participants in the Children's Activity. For some children, this spoke to their desire to live with their

protective parent and away from the person using violence. For other participants, particularly those in the older cohort, this related to a need for appropriate crisis accommodation, including to avoid homelessness. Children and young people co-analysing the data with the research team were unsurprised by participants' need for safe and stable housing. Reflecting on their own experiences of relocating to ensure their family's safety, they described the process to be extremely destabilising, as it led to 'always having to look over your shoulder' and readying for the next time they would need to 'pack your life up and move'.

Recommendation 8: Financial support and brokerage

The Victorian Government should provide specific brokerage for children and young people, who should have the capacity to make decisions, consistently with their evolving capacities and with appropriate direction and guidance, about how their brokerage is used. The Victorian Government should also continue to invest in Flexible Support Packages (FSP). Where a FSP is applied for and provided for a child victim-survivor of family violence, the child's views should be sought, in addition to the views of their protective parent (FSV 2024:18).

Recommendation 9: Housing stability and crisis accommodation

The Victorian Government should work alongside services and children and young people with lived experience of family violence to establish, fund and provide targeted, safe and age-appropriate crisis accommodation options for children (YacVic 2024). This should include options for children escaping family violence with their protective parent and siblings, unaccompanied young people, and accommodation of family pets. Appreciating the significance of housing stability and children feeling safe in their homes, the Personal Safety Initiative should seek to ensure that the agency of children and young people as victim-survivors is upheld in practice, including by listening to their views, and supporting them to remain in, or return safely to, their home where suitable and appropriate (FSV 2019b).

Systemic collusion

Systemic collusion refers to direct or indirect actions that support, enable or compound a person's experiences of systemic harm and/or systemic abuse (Safe and Equal 2021). The research findings have exposed significant concerns about the role of the criminal justice system and the family law system in the 'web of accountability' (Chung et al. 2020) for family violence. Both practitioners and children identified family law parenting orders and police processes as inhibiting the effectiveness of family violence service responses and/or placing children at risk of harm. While practitioners described these processes and systems as a barrier to their effective practice with children, children highlighted how family law parenting

orders and police responses to family violence had tangible – and often devastating – impacts on their safety and wellbeing.

Experiences with police

While Victoria Police have implemented process reforms – including asking questions specific to children when responding to family violence incidents, improving the consistency of referrals to support services, and ensuring that children are consistently recorded as ‘protected persons’ and/or ‘affected family members’ on family violence safety notices or intervention orders – police practices do not always fulfil the strategic intent of these reforms (FVRIM 2023:12–13; CSA 2023). The research findings reveal clear scope for improvements to Victoria Police processes and practices. The Victoria Police *Code of Practice for the Investigation of Family Violence* (2022:20) states that ‘[p]olice officers seek the views and wishes of children and young people when it is safe, reasonable and appropriate to do so’. However, children and young people in the present study shared experiences of not being believed by police, police seemingly ‘siding’ with the person using violence, and police failing to respond adequately to their situation of violence. Children and young people’s overwhelmingly negative experiences must be highlighted, given that police reports are the most common pathway into The Orange Door network for children aged up to 13 years in Victoria.

Recommendation 10: Victoria Police practice resources

Victoria Police should invest in practical resources for responding to family violence incidents involving children, developed alongside children and young people who are victim-survivors of family violence (see, eg, Millar et al. 2022; Domestic Violence NSW 2022). Resources should encourage police collaboration with community-based services, and should support police engagement with children, identification of coercive and controlling behaviours, accurate identification of the person using violence, and the practice of listing children as affected family members and/or protected persons in FVIO applications.

The family law system

Recent reforms to the *Family Law Act 1975* (Cth) are intended to make the family law system safer for separating families, including by repealing the presumption of equal shared parental responsibility and requiring the family courts to consider what parenting arrangements would promote safety (including from family violence) when determining a child’s best interests. However, the research findings reinforce ongoing concerns about the ability of the family law system ‘to identify and respond in a timely, effective and trauma-informed way to family violence’ (Carson et al. 2022:17). They also emphasise the need to listen to children and their experiences of family violence when making arrangements for children following

parental separation. The reflections of Angelica, aged 10 (see page 68) are consistent with earlier research indicating children’s feelings of anxiety and distress when parenting orders require a child to live or spend time with a parent whom they experience as unsafe (Douglas 2018; Kaspiw et al. 2022; Carson et al. 2022; Carson et al. 2018; Kaspiw, et al. 2014; ALRC 2019).

The research findings also reinforce barriers to accessing support that arise from the child requiring consent from a parent who may be the person using violence (State of Victoria 2021:143). Angelica, aged 10, explained of her short-lived service engagement:

I spoke to a social worker, but only a few times because my dad stopped us from seeing her. We should see who we want and they shouldn’t tell our dad because he makes problems.

Angelia’s reform suggestion to improve the family violence system for children and young people was to *‘tell the courts what we need and make them listen’*. Practitioners also recommended reforms to strengthen children’s voices in family law decision-making processes. While children themselves have called for a ‘bigger voice more of the time’ in this context (Carson et al. 2018), an ongoing tension persists between protecting children from parental conflict, and fulfilling their right to participation (Parkinson and Cashmore 2008; Dimopoulos 2023).

Recommendation 11: Children’s meaningful participation in family law decision-making

The Federal Government should amend the *Family Law Act 1975* (Cth) to implement Article 12 of the *UNCRC*, to give all children a right to express their views and be heard in post-separation parenting matters. It is noted that the Family Law Council’s current Terms of Reference include consideration of ‘[h]ow best to support children to participate in family law processes, ... including children who may be affected by trauma due to ... family violence’ (Family Law Council, 2022:2). Further research and policy work on this issue must involve children and young people with lived experience of the family law system.

8 Conclusion

The research findings underscore the importance of services recognising that there is no ‘one size fits all’ for supporting children and young people who have experienced family violence. The findings challenge the ‘generalising impulse’ (Brooks and Gerwitz 1996:3) of adult-centric systems that are premised on a ‘universal’ child victim-survivor: one who is inherently vulnerable, dependent and has the same needs as their parent or carer. Children who experience intersecting forms of structural oppression and marginalisation – including children with disability, Aboriginal and Torres Strait Islander children, LGBTIQ+ children, and children from migrant and refugee communities – encounter additional barriers to accessing family violence supports and having their needs met.

The research findings also emphasise the overwhelming importance for children of connection, trust and loving relationships with family, friends and pets; of ensuring that they and their family members are safe and healthy; and that they have housing stability and financial security; to enable them to heal from their experiences of family violence. These insights reinforce that children’s safety is complex and dynamic, extending beyond physical safety to include emotional, psychological and financial wellbeing. The research findings show that children who have experienced family violence often assume a ‘protector’ role for their mother and/or siblings, and have an intuitive focus on self-managing safety planning. While children’s safety and wellbeing needs may align with features identified by adult victim-survivors (Safe and Equal 2022a), the system and services must respect children as individual rights-bearers, who are capable of identifying and articulating their distinct family violence response and recovery needs.

The research findings have also exposed ongoing systemic barriers to supporting children as victim-survivors in their own right effectively. These include long wait times to access services, staff shortages, a lack of specialised programs and therapeutic interventions for children, insufficient case management periods, and a lack of skills and confidence amongst practitioners; family law parenting orders and police processes; financial support and housing stability as key unmet needs; inefficient service collaboration and communication; and a dearth of data about the timeliness and effectiveness of The Orange Door sites’ engagement with children.

Most critically, the research findings highlight the need to listen to and understand children’s experiences to meet their family violence response and recovery needs effectively. The essence of this conclusion is captured by a seemingly simple request from Molly, aged 11:

Start listening. Don't think you know. You can't see us as victims in our own right unless you actually listen.

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Appendix 1: Practitioner survey instrument

1. Do you work for a specialist family violence service?

- Yes
- No
- Other (please describe)

2. Do any of the below apply to your service? Please select all that apply

- Aboriginal and or Torres Strait Islander Services
- Alcohol and Other Drugs
- Child and Family Services
- Culturally and Linguistically Diverse Services
- LGBTIQA+ Services
- Disability Services
- Mental Health Services
- Homelessness Services
- Specialist Family Violence Services
- Perpetrator Services
- Other (please specify)

3. What region do you mainly work in?

- Barwon
- Bayside Peninsula
- Central Highlands
- Goulburn
- Hume Moreland
- Inner Eastern Melbourne
- Inner Gippsland
- Loddon
- Mallee
- North Eastern Melbourne
- Outer Eastern Melbourne
- Outer Gippsland
- Ovens Murray
- Southern Melbourne
- Wimmera South West
- I'd prefer not to say
- I'm not sure

- 4. How often does your service support children (aged 0 to 13 years) who have experienced family violence?**
 - I don't know
 - Rarely (less than 50% of the time)
 - Sometimes (50% to 74% of the time)
 - Very often (75% to 99% of the time)
 - This is our only cohort (100% of the time)

- 5. Does your service provide any programs specifically designed for children (aged 0 to 13 years) who have experienced family violence?**
 - Yes (please describe these programs)
 - No
 - I'm not sure

- 6. Within the last 12 months, have you undertaken any internal, external or accredited training to work with children (aged 0 to 13 years) who have experienced family violence?**
 - Yes (please tell us about this training)
 - No
 - I'm not sure

- 7. Does your service specifically ask children (aged 0 to 13 years) for feedback about their experience of your service?**
 - Yes (how can children provide this feedback?)
 - No
 - I'm not sure

- 8. How is the feedback collected?**
 - Complaints procedure
 - End of support period survey
 - Verbally
 - Online feedback form
 - Other (please describe)

- 9. Reflecting on the service for which you work, what do you think is done well to support children (aged 0 to 13 years) who have experienced family violence?**

- 10. Reflecting on the service for which you work, what do you think could be improved to support children (aged 0 to 13 years) who have experienced family violence?**





- 11. As a practitioner, what barriers do you face in working with children (aged 0 to 13 years) who have experienced family violence?**

- 12. What supports would assist you to provide greater support to children (aged 0 to 13 years) who have experienced family violence?**

- 13. What reforms do you think are needed to the service system to ensure that children and young people are supported as victim-survivors of family violence in their own right?**

- 14. Is there anything further you would like to share about your experience working with children (aged 0 to 13 years) who have experienced family violence?**

Appendix 2: Children's Activity



ACTIVITY 1

These questions help us to get to know you.

How old are you?

How do you identify?

For example: Boy, girl, transgender, non-binary.

Are you Aboriginal or Torres Strait Islander?

Yes, I'm Aboriginal

Yes, I'm Torres Strait Islander

Yes, I'm both Aboriginal and Torres Strait Islander

No

I'm not sure

I don't want to say

Who do you live with most or all of the time?

How often do you speak English in the home you live in all or most of the time?

I always or mostly speak English at home

I sometimes speak English and sometimes speak another language at home

I never speak English at home

I'm not sure

I don't want to say

Do you have a disability, chronic health condition, or mental health condition?

*A **disability** is something that might make it harder for you to move, to learn or take part in things or to communicate with others. For example: autism, hearing impairment or visual impairment, attention disorders like ADHD.*

*A **chronic health condition** is something that needs ongoing medical care, like diabetes, cancer, arthritis.*





*A **mental health condition** is something that causes changes in your emotion, thinking or behaviour, like depression, anxiety, eating disorders.*

Yes

No

I'm not sure

I don't want to say




What do you like to do in your free time?

For example: Playing sports, drawing pictures, reading books, listening to music.

Write your answer here

OR draw a picture and ask your safe adult to take a photo of your picture and upload it here



Drop files or click here to upload

←→

Think about what is important to you for having a safe and happy life.

Here are 5 blocks. Write one thing on each block that makes you feel safe and happy right now. Then drag the blocks into the square. Stack them so that you put what is most important to you at the top.

For example: Having friends, going to school, being healthy.

Items Click to write Block 1 <input style="width: 80px; height: 20px;" type="text"/> Click to write Block 2 <input style="width: 80px; height: 20px;" type="text"/> Click to write Block 3 <input style="width: 80px; height: 20px;" type="text"/> Click to write Block 4 <input style="width: 80px; height: 20px;" type="text"/> Click to write Block 5 <input style="width: 80px; height: 20px;" type="text"/>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> What makes me feel happy and safe right now </div> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>
---	--

Here are 5 blocks. Write one thing on each block that you need to make you feel safer and happier. Then drag the blocks into the square. Stack them so that you put what you need most at the top.

For example: Moving house, seeing family, playing sports.

Items Click to write Block 1 <input style="width: 80px; height: 20px;" type="text"/> Click to write Block 2 <input style="width: 80px; height: 20px;" type="text"/> Click to write Block 3 <input style="width: 80px; height: 20px;" type="text"/> Click to write Block 4 <input style="width: 80px; height: 20px;" type="text"/> Click to write Block 5 <input style="width: 80px; height: 20px;" type="text"/>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> What I need to feel safer and happier </div> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>
---	--

Remember: You do not have to answer all of the questions if you don't want to.

Think about a time when you got help from [support services](#) for something that made you feel unsafe or scared.

Your safe adult can help you to tell us:

How old you were when you got this help

The names of the services you got help from

When you got that help



Tick the boxes to tell us if the support services you accessed did the following things:



They told me who they are and what they do

- Yes
 - Sort of
 - No
 - You can tell us more about it here
-

I understood who they were and what they do

- Yes
 - Sort of
 - No
 - You can tell us more about it here
-

I understood how they would use what I told them and who they would share it with

- Yes
 - Sort of
 - No
 - You can tell us more about it here
-

They welcomed me and got to know me

- Yes
 - Sort of
 - No
 - You can tell us more about it here
-

They listened to me

- Yes
 - Sort of
 - No
 - You can tell us more about it here
-

I felt like they understood what happened to me

- Yes
 - Sort of
 - No
 - You can tell us more about it here
-

I felt comfortable talking to them

- Yes
 - Sort of
 - No
 - You can tell us more about it here
-

I felt safe

- Yes
 - Sort of
 - No
 - You can tell us more about it here
-

They understood my culture and where I come from

- Yes
 - Sort of
 - No
 - You can tell us more about it here
-

They respected my gender and how I identify

- Yes
 - Sort of
 - No
 - You can tell us more about it here
-

They understood what I need because of my disability

- Yes
 - Sort of
 - No
 - I don't have a disability
 - You can tell us more about it here
-

They asked what I would like to happen next

Yes

Sort of

No

You can tell us more about it here

I felt included in decisions that were being made

Yes

Sort of

No

You can tell us more about it here

I understood how the support services could and could not help me

Yes

Sort of

No

You can tell us more about it here





I had the chance to ask questions if I wanted to

Yes

Sort of

No

You can tell us more about it here

Did you get what you needed from the support services?

Yes

Sort of


No

Please tell us more here

Is there anything else you would like to tell us about your experience with the support services?

This last activity asks you to think about what needs to change to make support services better for children and young people who have experienced family violence.

Here are 5 blocks. Write one thing on each block that you think would make services better for children and young people.



Items

Click to write Block 1

Click to write Block 2

Click to write Block 3

Click to write Block 4

Click to write Block 5

Things that would make services better

Please tell us how and why these things would make services better for children and young people.

Appendix 3: Examples of children’s feedback resources

The following table summarises existing domestic and international service feedback tools used to support children to provide feedback in diverse contexts, which were located by the research team as part of the Children’s Feedback Tool co-creation process. The examples shaded in yellow were presented to children and young people during the collaborative workshops for discussion and feedback.

Organisation	Nature	Subject Area	Description	Link
Council of Europe	Includes: <ul style="list-style-type: none"> 10 structural or process indicators that represent the building blocks that member States need to have in place to progress implementation of the Recommendation of the Committee of Ministers to member States on participation of children and young people under the age of 18. 	Intended for use by government ministries, throughout local authority administrations, with the courts and judicial systems, with relevant professionals working with children and young people, with academic and civil society partners, and with organisations of and working for children and young people.	Child Participation Assessment Tool (CPAT) Provides a framework measuring progress in promoting the right of children and young people under the age of 18 to participate in matters of concern to them.	https://rm.coe.int/16806482d9
Save the Children ¹⁴	Includes: <ul style="list-style-type: none"> 25 indicators to map the extent to which children’s participation is institutionalised at different levels of society; Tools to monitor and evaluate the scope, quality and outcomes of children’s participation in any given service, programme, initiative or project; and A 10-step guide to undertake a participatory monitoring and evaluation process, with children and other stakeholders. 	Intended for use by practitioners and children working in participatory programmes, as well as by governments, NGOs, civil society and children’s organisations seeking to assess and strengthen children’s participation in their wider society.	Toolkit for Monitoring and Evaluating Children’s Participation Provides guidance to those working with children on how to undertake participatory monitoring and evaluation and practical tools that can help gather the information needed at an organisational level.	https://resourcecentre.savethechildren.net/collection/toolkit-monitoring-and-evaluating-childrens-participation/
Unicef	Includes: <ul style="list-style-type: none"> Overarching principles 	Intended for use by National Human Rights Institutions on what	Child-Friendly Complaint Mechanisms	https://www.unicef.org/eca/sites/un

¹⁴ Tools highlighted in yellow are those that were presented to children and young people during collaborative workshops as a part of Phase 4 of the project.

	<p>underpinning a child-friendly complaint mechanism;</p> <ul style="list-style-type: none"> • 6 practical elements of a child-friendly complaint mechanism; • A 5-step guide to setting up and strengthening a child-friendly complaint mechanism; and • Elements to monitoring and evaluating the child-friendly complaint mechanism 	<p>makes a complaint mechanism child-friendly, the principles the mechanism needs to abide by, the key elements to be considered, as well as the common challenges NHRIs face and how to overcome them</p>	<p>Provides guidance on child-friendly complaint mechanisms, the principles to abide by, the key elements to be considered, the common issues and ways to overcome challenges.</p>	<p>icef.org.eca/files/2019-02/NHRI_ComplaintMechanisms.pdf</p>
<p>TUSLA Child and Family Agency</p>	<p>Includes:</p> <ul style="list-style-type: none"> • A checklist for the Lundy Model of Participation; • Principles for participation; • Tools to support participatory practice; • Activities for creating space; • Methods to facilitate the meaningful expression and reception of children's voice; 	<p>Intended for use by Tusla staff in their work with families, young people and communities, embedding participation to identify the best supports for each individual child and help them to access these supports through a range of different services offered by Tusla. It is hoped that this will reduce the need for statutory intervention for many children and young people.</p>	<p>Child and Youth Participation Toolkit Provides a framework to support staff to facilitate child and youth participatory practice at every level and in every engagement with a child or young person.</p>	<p>https://www.tusla.ie/uploads/contents/Tusla_-_Toolkit_(web_version).pdf</p>
<p>Eurochild</p>	<p>Includes:</p> <ul style="list-style-type: none"> • 3 roles through which children can express their views, enable others to share their perspectives, and participate in events to advocate for their rights. 	<p>Intended for use by children and adults who advocate for the rights and wellbeing of children, through children's participation.</p>	<p>We Are Here: A Child Participation Toolbox Provides a set of tools designed to guide users on how to run sessions and activities with children and adults on topics including participation, representation, facilitation and evaluation, whilst also giving explanations of different aspects of children's participation.</p>	<p>https://eurochild.org/uploads/2021/01/We_Are_Here_Toolbox.pdf</p>
<p>Kindernothil</p>	<p>Includes:</p>	<p>Intended for use by</p>	<p>Children's</p>	<p>https://www</p>

fe	<ul style="list-style-type: none"> • A 10-step guide to children's participation using a Hot Air Balloon as a metaphor for each step of the process. 	practitioners who find it challenging to start child participation in their complex organisational structures, having in mind that child participation requires economical funds, knowledge and training, time and personal resources.	<p>Participation in Development Co-operation</p> <p>Provides a child-friendly situation analysis tool, the Hot Air Balloon, to be used with children to analyse a challenge, set a goal, and explore strengths, risks and their mitigation.</p>	.kinder-und-jugendrechte.de/special/bibliothek/bibliothek-details/childrens-participation-in-development-cooperation
Unicef	<p>Includes:</p> <ul style="list-style-type: none"> • A 4-step guide to create an action plan for an advocacy campaign. 	Intended for use by any young person who wants to start their own advocacy campaign, or facilitators to inspire young people to work out which children's rights issues they care about and how to go about creating the change they want to see.	<p>Youth Advocacy Toolkit</p> <p>Provides a toolkit for supporting children and young people to speak up and helping them actively take part in the decisions that affect their lives.</p>	https://www.unicef.org.uk/wp-content/uploads/2019/03/Youth-Advocacy-Toolkit.pdf
Eurochild	<p>Includes:</p> <ul style="list-style-type: none"> • Guidance on conditions and criteria for meaningful engaging children in public decision-making; and • A 6-step guide to developing an advocacy strategy together with children and young people 	Intended for use by NGOs working with children and young people, including Eurochild members, as well as government officials at national, regional and local level, who want to engage with children and young people.	<p>Training Tool on Engaging Children in Advocacy Work on their Right to Participate in Decision-making Processes</p> <p>Support those working with children and young people and to engage them in advocating for children's right to participate in decision-making processes. It includes tools and methods to empower children to contribute to change in public decision making.</p>	https://eurochild.org/uploads/2021/01/Training_Tool_on_engaging_children_in_advocacy_work.pdf
Council of Europe	<p>Includes:</p> <ul style="list-style-type: none"> • 6 indicators with which to gauge progress in implementing Council of Europe standards 	Intended for use by member states to self-assess their compliance with the Council of Europe's standards for youth policy, and to serve as a basis for self-paced youth policy	<p>Self-Assessment Tool for Youth Policy</p> <p>Provides standard indicators so that the authorities responsible for youth can identify progress made over time in the</p>	https://rm.coe.int/self-assessment-tool-for-youth-policy-english/16808d76c5

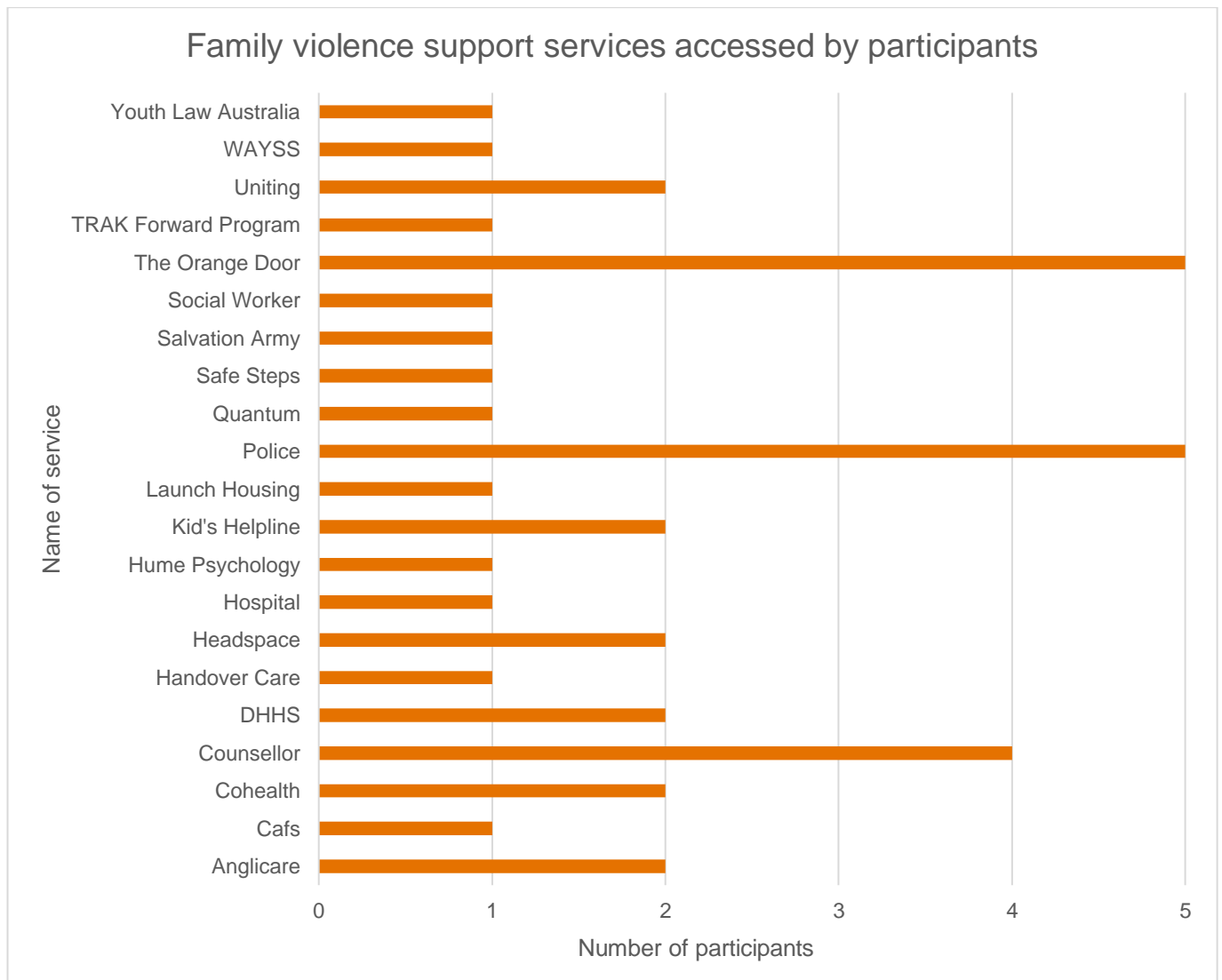
		development.	development of their youth policies and opt for any necessary adjustments or changes.	
CONNECT	<ul style="list-style-type: none"> • Examples from the Netherlands, Belgium, Sweden, Ireland & the UK • Interview questions • Evaluation sheets • Links to projects and resources from each of these countries and their projects 	Funded by the EU, the project aimed to identify and promote good practices on reception and protection of unaccompanied children, including by developing practical tools for use by EU Member States. The tools aim to be: <ul style="list-style-type: none"> a) based on a child rights perspective, b) directed towards strengthening the capacity of actors to engage in the situation of children and, to the extent possible, support better inter-agency work, c) relevant, practical and effective and d) aspirational and transferable to other contexts 	A Tool to Support the Collection of Children’s Views on Protection and Reception	CONNECT-NLD_Tool1.pdf (connectproject.eu)
Me First	<ul style="list-style-type: none"> • Healthcare settings 	Intended for use by health and care professionals to communicate more effectively with children and young people	Pants and Tops is a tool to encourage feedback from children and young people. Children and young people can let you know what’s ‘pants’ (bad) and what’s ‘tops’ (good) about their healthcare experience by writing or drawing their ideas down on these blank pants and tops. A pants and tops daily washing line can be created using string with clothes pegs or paper clips (or by attaching to a board with magnets or blu tack). This can be used to gather	https://www.mefirst.org.uk/resource/pants-and-tops-feedback-tool/

			feedback from children and young people in any healthcare setting.	
PLAN International	Step-by-step guidance and accompanying tools to help humanitarian teams to design and implement feedback mechanisms in collaboration with children, young people and communities.	Guide and 20 accompanying tools support practitioners to design, implement and monitor feedback mechanisms on humanitarian programmes.	Child-Friendly Feedback Mechanisms: Guide and Toolkit	https://plan-international.org/uploads/2021/12/glo-feedback-complaints-mechanisms-guidance-toolkit-final-io-eng-jul19.pdf
Bright Spots Programme				Bright Spots Programme - Coram Voice
Australian Childhood Foundation Action Feedback Kit	Includes: <ul style="list-style-type: none"> Several tools in a 'play kit' to elicit feedback through colour, movement options, scaling toys that offer varied sensory engagement, and game like design. 	Intended for use by the ACF as well as similar organisations supporting children to recover from abuse, neglect and FV.	Therapeutic Tool Children are invited to talk, draw, write, colour in, and utilize 'feelingometers' as they reflect on change. They can provide feedback about service quality across a range of themes including, Experience of People, Place, Cultural Identity, and Rights. Scaling questions can be responded to by engaging with a range of toys, including, mini squishy basketballs, smooth stones, a velcro target, and building blocks.	https://shop.childhood.org.au/products/action-feedback-kit
Explaining Brains / Skye McLennan	Exercise aimed at primary school aged children who have intellectual and language delays. Includes: <ul style="list-style-type: none"> Eight-step activity to construct a summary page which can be leveraged to 	An activity which can act as a feedback tool for primary school aged children who have intellectual and language delays to ensure they are doing well at school.	Strengths Sorting Protocol for Primary Aged Children Participants are asked to sort pre-determined characteristics to construct a 'pile of strengths'.	https://drive.google.com/file/d/1xjilEmV5lUZyWgg_BbVbml2wi7wzaqd/view

	provide a strengths-based feedback session			
The Pyjama Foundation	<ul style="list-style-type: none"> Feedback survey in the form of a book containing questions with spaces to colour and add stickers, as well as to write feedback Children were engaged in the design process 	An 'evaluation instrument' to hear the perspectives of children living in out-of-home care, who are involved with their Love of Learning educational programme.	Evaluation Instrument The final evaluation instrument developed by PJF illustrates how nonprofit organisations can embed evaluation practices within <i>human-centred</i> programmes. The tool utilises relational pedagogy, which involves the construction and maintenance of positive mentor–child relationships and situates learning and development firmly within a social context.	Knight, Ruth L and Kylie L Kingston, 'Valuing Beneficiary Voice: Involving Children Living in Out-of-Home Care in Programme Evaluation' (2021) 21(2) Evaluation journal of Australasia 69
Derby (UK) City Council	<ul style="list-style-type: none"> Various tools ordinarily comprising a short and colourful questionnaire allowing children and young people to draw or write their feedback. 	Tools developed by practitioners to capture the voice of the child or young person to, for instance, enable the child or young person to give their view on the support they receive.	Voice Of The Child toolkit Various toolkits have been developed with varying purposes – but for our purpose they can be used to enable the child or young person to give their view on the support they receive.	Wishes and feelings
CareSouth	<ul style="list-style-type: none"> Feedback program using body-mapping Body-mapping is an arts-based method involving participants using their lived experiences to provide details of specific events. A mosaic approach utilising art-based representations and talking is used 	CareSouth is a youth services non-for-profit in NSW. They seek participatory evaluation in their services from participants.	Champions evaluation Initiated by a mindfulness session for focus, children lay on paper while caseworkers outline their bodies. Simple questions prompt drawings on the outlines, reflecting children's experiences. Caseworkers note responses without guiding them, creating a child-centric, reflective evaluation through visual and verbal	Evans-Locke, Kylie and Ching-I Hsu, 'Using Participatory Methods to Evaluate the Impacts of an Early Intervention Programme on Children and Young People (CYP)' (2020) 20(3) Evaluation journal of

			expressions.	Australasia 176
Australian Catholic University – Kids Central	<ul style="list-style-type: none"> A3 sheet of paper that gets children to map out a space 	A feedback tool for practitioners seeking to obtain information about the spaces they work with children in.	Friendly Maps Children map out a space that adults are interested in obtaining feedback on – they represent artistically which areas make them feel safe and which don't	https://www.acu.edu.au/-/media/feature/pagecontent/richtext/about-acu/institutes-academies-and-centres/icps/_docs/tool_4c_friendly_maps.pdf?la=en&hash=F0A97C756CD3CA90922333DB96E4F52F
Botsoglou et al	Interviews and participatory techniques such as photograph taking, maps, drawings and discussions were applied during the intervention session	Used in regional Greece to allow children to give feedback on their school's physical environment.	A procedure, employing the mosaic method, was utilised. Children were interviewed, and invited to draw, take photos, guide 'tour' and create maps of the school. Children then gave feedback about the layout of the school and detailed the changes they would make.	Botsoglou, Kafenia et al, 'Listening to Children: Using the ECERS-R and Mosaic Approach to Improve Learning Environments: a Case Study' (2019) 189(4) Early child development and care 635

Appendix 4: Services accessed by Children's Activity participants



Appendix 5: Responses to Children’s Activity prompts regarding service experiences

Figure A1: Responses to the prompt, ‘They welcomed me and got to know me’

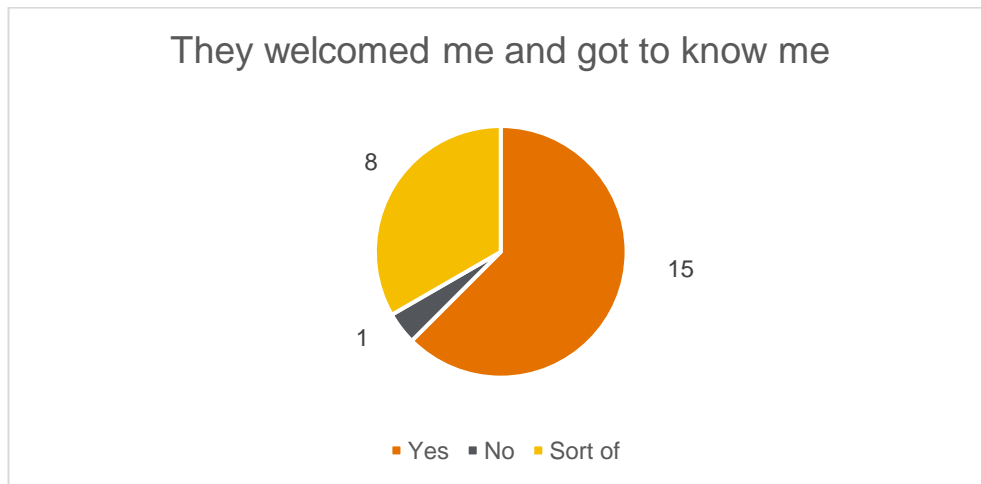


Figure A2: Responses to the prompt, ‘They understood my culture and where I come from’



Figure A3: Responses to the prompt, ‘They respected my gender and how I identify’



Figure A4: Responses to the prompt, 'They understood what I needed because of my disability'

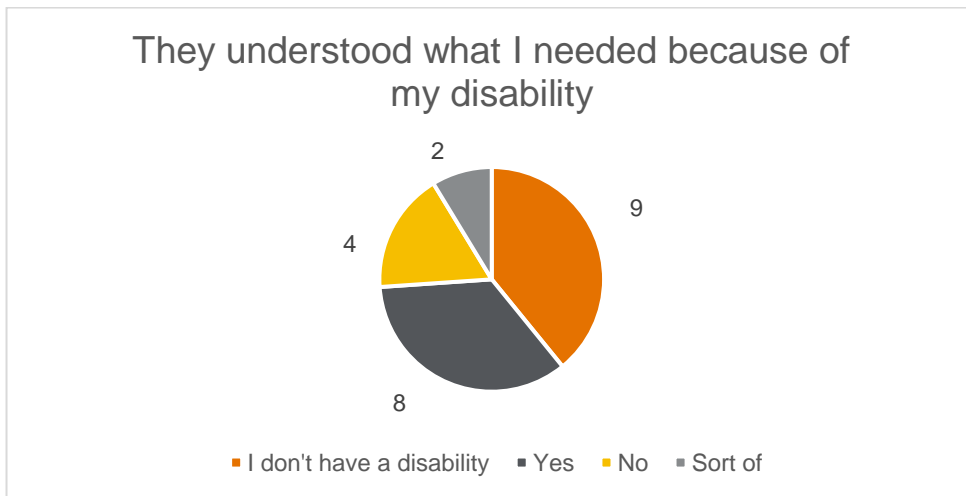


Figure A5: Responses to the prompt, 'I felt comfortable talking to them'

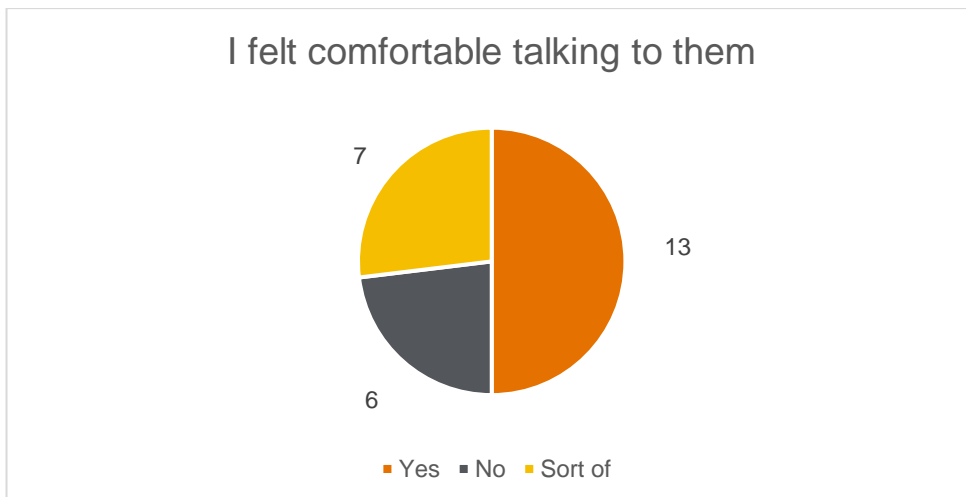


Figure A6: Responses to the prompt, 'I felt safe'

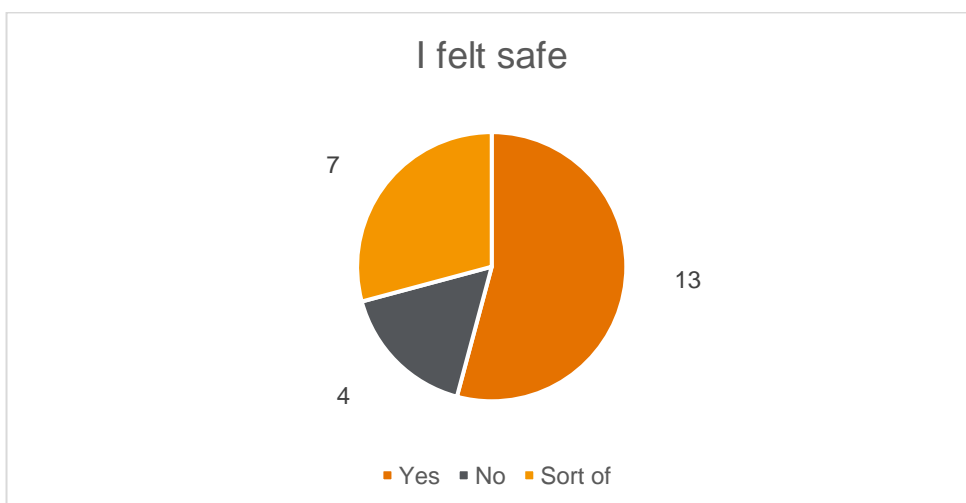


Figure A7: Responses to the prompt, 'They listened to me'

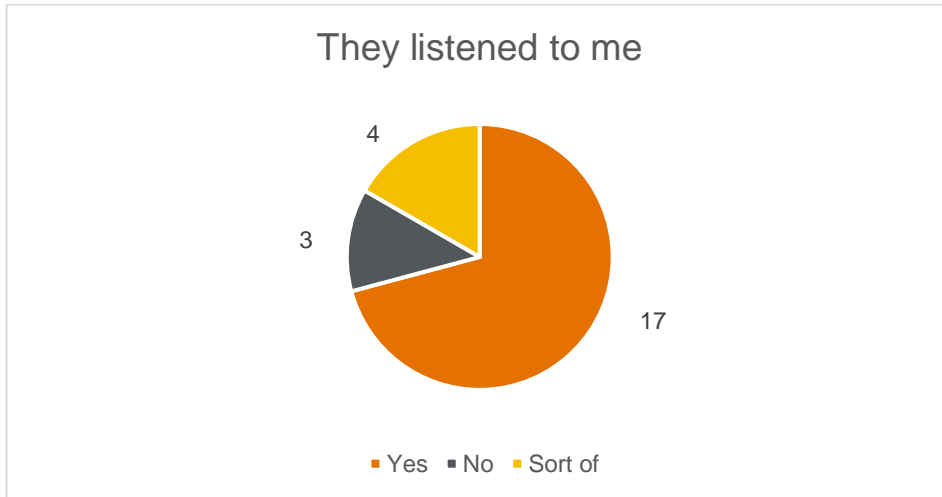


Figure A8: Responses to the prompt, 'I felt like they understood what happened to me'

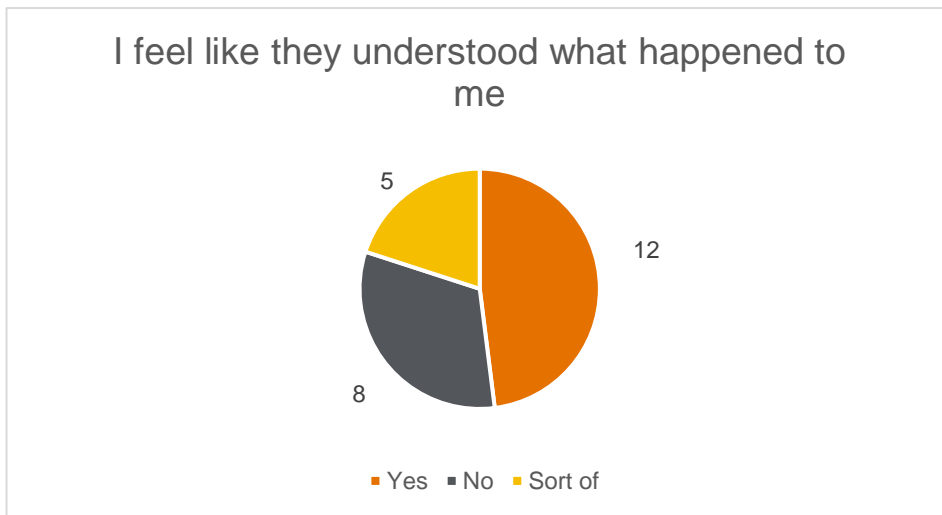


Figure A9: Responses to the prompt, 'Did you get what you needed from the support services?'

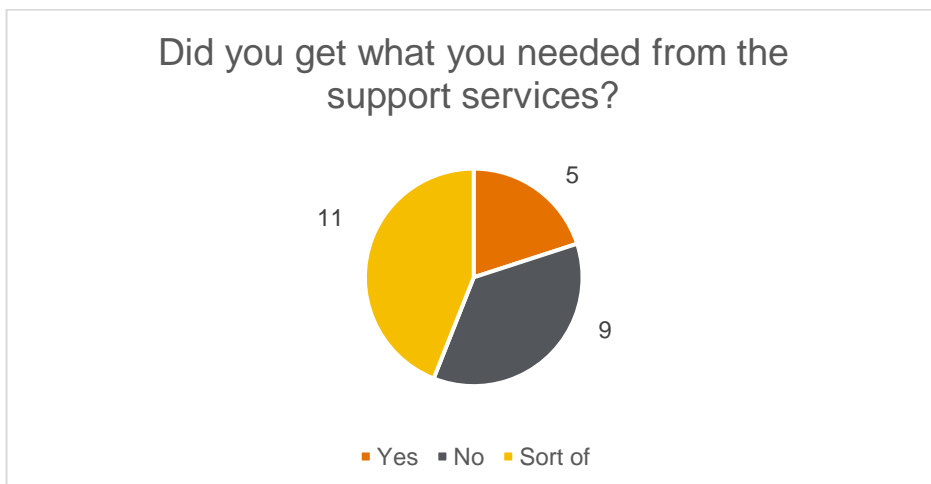


Figure A10: Responses to the prompt, 'I felt included in decisions that were being made'

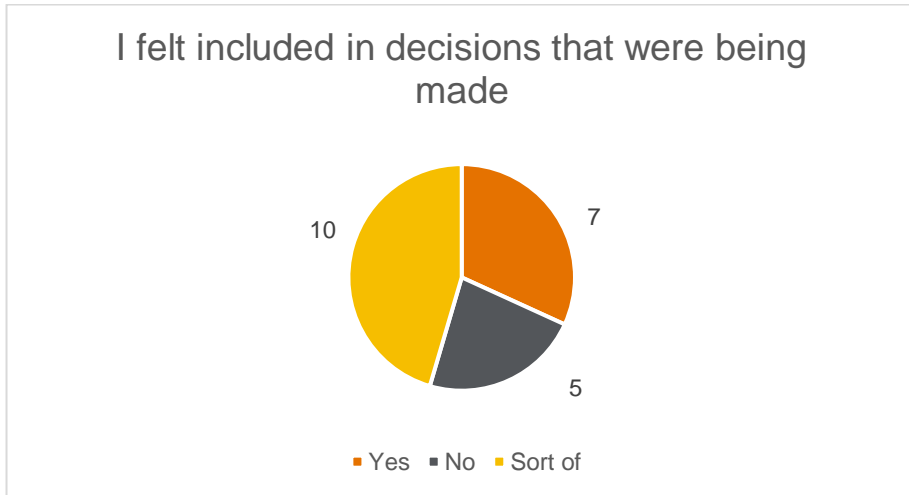


Figure A11: Responses to the prompt, 'They told me who they are and what they do'

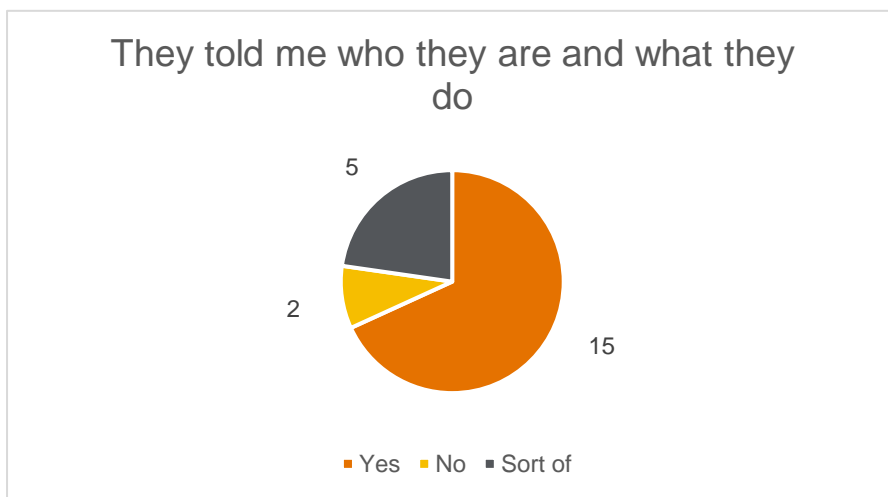


Figure A12: Responses to the prompt, 'I understood who they were and what they do'

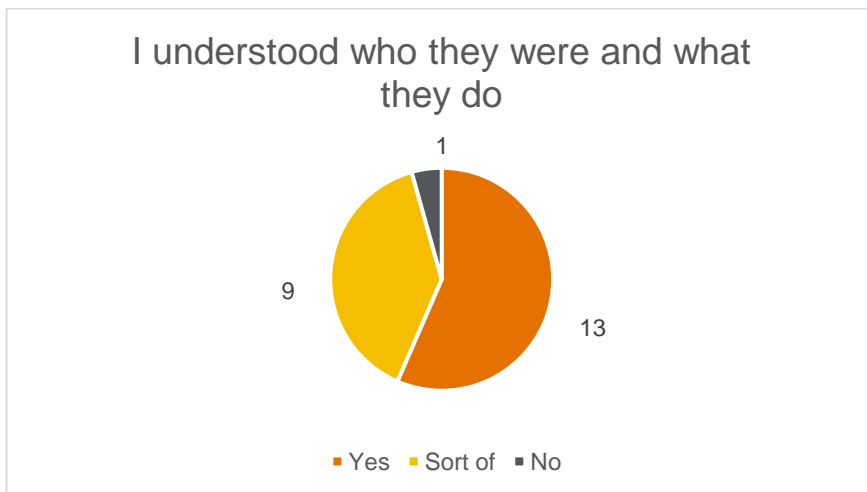


Figure A13: Responses to the prompt, 'I understood how the support services could and could not help me'

I understood how the support services could and could not help me

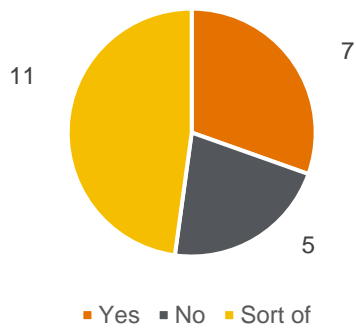


Figure A14: Responses to the prompt, 'I had the chance to ask questions if I wanted to'

I had the chance to ask questions if I wanted to

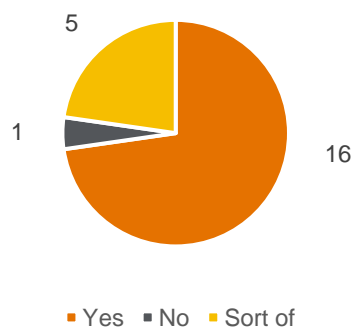


Figure A15: Responses to the prompt, 'I understood how they would use what I told them and who they would share it with'

I understood how they would use what I told them and who they would share it with

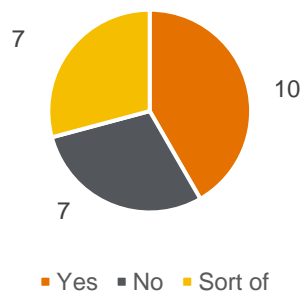


Figure A16: Responses to the prompt, 'They asked what I would like to happen next'

