

ACT Domestic, Family and Sexual Violence Strategy

Consultation draft



To:	Domestic, Family and Sexual Violence Office
Email:	domesticandsexualviolence@act.gov.au
From:	Barnardos Australia
Contact:	Dr Robert Urquhart - Head of Knowledge, Outcomes and Research
Subject	ACT Domestic, Family and Sexual Violence Strategy Consultation Draft
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Barnardos Australia (Barnardos) is a well-recognised and prominent not for profit children's social care organisation and registered charity, providing direct care and support to over 11,000 children, young people and their families in the Australian Capital Territory (ACT) and New South Wales (NSW) through our integrated Children's Family Centres (CFCs) each year (Moore, 2023).¹ Barnardos CFC services are geographically located in, and targeted to reach, specific areas of poverty and socio-economic disadvantage. Barnardos also provides foster care for over 1,200 children, the majority of whom are referred to us by statutory child protection departments with poverty a directly contributing factor to childhood neglect.

We work in areas with significant Aboriginal populations such as Central West NSW, the South Coast, Western Sydney, Inner Sydney and the Queanbeyan-Palerang region. For close to 100 years, we have been working together with children, young people and families to break the cycle of disadvantage, and create safe, nurturing and stable homes, connected to family and community. For the last nine years, we have operated as the Lead Agency for the ACT Together Consortium, delivering services in partnership with the Community Services Directorate (CSD) for children and young people on ACT Children's Court orders.

Barnardos vision is to empower every child in Australia to reach their full potential. To ensure that all children reach their brightest future, vulnerable children and young people should be supported to recover and thrive despite the adversity they have experienced.

Barnardos welcomes the opportunity to provide feedback to the ACT Government on its draft 10-year ACT Domestic, Family and Sexual Violence Strategy to help Canberrans feel safe in their relationships, homes and communities.

Barnardos' knowledge of this area

Domestic and family violence (DFV) heavily impacts the lives of the children and families Barnardos supports. For example, DFV is one of the most common reasons for referral for families to services delivered by Barnardos Children's Family Centres. Barnardos Australia data indicates that 80% of referrals for families to Brighter Futures and Family Preservation services have DFV as a referral reason. In rural NSW, DFV continues to be the number one referral reason to Barnardos homelessness services. In Penrith, an outer metropolitan area of Sydney, 90% of family referrals to our intensive family preservation program (for families who have children at risk of significant harm and are at risk of placement in out-of-home care) have DFV identified as one of the main reasons for referral.² Further in FY21, nine out of ten (89%) of children and young people in Barnardos' out-of-home care (OOHC) have domestic and family violence identified as a key contributory issue to the need for care, by the NSW Children's Court.³

As a large non-government provider of safety and prevention and OOHC services to children and families vulnerable to DFV, Barnardos is deeply committed to successfully implementing the measures under the proposed ACT Domestic, Family and Sexual Violence Strategy, NSW Domestic and Family Violence Plan, National Plan to End Violence against Women

¹ Moore, K. (2023). Barnardos Children's Family Centres: Integrated local service delivery for vulnerable children and their families. Barnardos Australia: Sydney.

² MyStory Referral Analysis Report.

³ Barnardos Annual Review 2020-2021; MyStory Referral Analysis Report for NSW (Barnardos Agency) and ACT Together out-of-home care programs.

and Children 2022-2032, the First Action Plan 2023-2027 and the Aboriginal and Torres Strait Islander Action Plan 2023-2025, the dedicated NSW Aboriginal Family and Sexual Violence Plan, and other existing policies, strategies and plans to support a unified approach to the prevention and elimination of domestic, family and sexual violence in the ACT.

The children, young people, families, kin, and carers we work closely with fall within population groups who experience disproportionately higher levels of violence including coercive control:

- children and their mothers in contact with the child protection system, for example those receiving family preservation and support services for non-offending parents and their children
- women and children who are homeless
- adults who have experienced abuse as children
- young women and adolescents
- women
- Aboriginal women
- women with mental illness
- women in pregnancy and early motherhood
- women with disabilities
- LGBTQIA+ people
- migrants, refugees and people who are culturally and linguistically diverse
- women in regional, rural and remote areas
- women who have previously been victims of sexual assault at any point through their life

The Consultation Draft

Our feedback, comments and suggested enhancements to the draft principles and priorities to set up a successful strategy to address domestic, family and sexual violence in the ACT are listed below.

1. Do you agree with the principles? Do you think there are any principles missing? (p. 7)

- Yes. Barnardos agrees that the proposed set of eight principles to address violence successfully will provide consistency and clarity on how we as a sector do our work to address domestic, family and sexual violence.
- Given that the principles are developed to guide the work in addressing DFV, it should also be acknowledged that this work can only occur with appropriate resourcing.

2. Do you agree with the priorities under the following 4 focus areas: prevention, early intervention, response and recovery and healing? Do you think there are any priorities missing?

Focus areas (p. 8)

- Overall, we suggest strengthening the draft Strategy's effectiveness by making children's needs more visible on the focus areas page (p. 8) and elsewhere in the document. This would, in turn, help identify priorities for addressing children's safety and support needs.
- We are concerned that 'Response' (focus area #3) describes some of the characteristics of response efforts to address adult needs. In contrast, children's distinctive safety and support needs remain largely invisible.
- The findings of Barnardos commissioned research report, *Truth is, the Abuse Never Stopped: Adult Insights on the Support They Received when Impacted by Childhood Domestic and Family Violence*, evidence that children experiencing domestic and family violence need specialised care and support, giving them the protection and skill they require to first deal with the situation and then develop the resilience that will support them well into adulthood.⁴
- To make responding to the needs of children experiencing DFV more visible, we suggest the following insertions 'Response' (p. 8, sentence three of relevant section):⁵
 - *'Response includes supports for **adult** victim-survivors, **child-focused response efforts that are developmentally appropriate and matched with individual children's strengths and preferences**, and interventions for perpetrators.'*
- We further note that the examples provided of what recovery and healing could look like for some victim-survivors in sentence four, 'Response and Healing' (focus area #4), are drawn exclusively from the adult perspective: "*For some victim-survivors, this could look like **re-building relationships, achieving economic independence, happiness and/or community and cultural connections and integration***" (our emphasis, p. 8). In our experience, when asking children in our services to describe what they needed for their recovery and their experience of DFV, they do not talk about it in this way.
- To make the examples more child-focused, reinforcing that children and young people are equal victim-survivors with their own safety and support needs, and to help identify priorities for actions that reflect the presence of multiple victims of DFV, we suggest the following insertions to 'Recovery and Healing' (p. 8, second, third, and fourth sentences, plus adding a new fifth sentence to the relevant section):
 - *Recovery includes understanding, acknowledging and addressing the short-term, long-term and lifelong impacts for victim-survivors **and recognising children are equal victim-survivors in their own right**. Recovery and Healing focus **on attachment and connections**, rebuilding a victim-survivor's life, **including recovery to developmental***

⁴ Urquhart, R., & Doyle, J. (2022). *Truth is, the abuse never stopped: Adult insights on the support they received when impacted by childhood domestic and family violence* (Barnardos Australia Survey 2022). Barnardos Australia. See: <https://www.barnardos.org.au/wp-content/uploads/2022/09/HO BD 22 259638- Research-Report-DV web FA Sept22.pdf>

⁵ Suggested changes are marked in red.

milestones for children and healthy identity formation for young people, processing experiences of trauma and achieving long-term health and well-being. For some adult victim-survivors, this could look like re-building relationships, achieving economic independence, happiness and/or community and cultural connections and integration. For child victim-survivors, this could look like getting back to going to school or being able to concentrate at school, making and reconnecting with friends, social skills like being able to act the way other kids who aren't victims of domestic, family and sexual violence act, no longer struggling with anxiety, depression, self-harm, anger, or to no longer be embarrassed by the perpetrator's behaviour or the shame of having the police called to their home. It must be acknowledged that...

Strategy on a page (pp. 9-10)

- In 'Prevention' (p. 9, dot point two, right-hand priorities column), we note that men are not mentioned as parents. Consistent with the Safe and Together™ model, we suggest that the priorities should include engaging men in prevention work in their roles as fathers, such as increasing their understanding of male parental development and how a father's choice to use violence impacts child and family functioning.
- In 'Response' (p. 10, left-hand column), we suggest including 'psychological and emotional care, allied health responses' and 'early childhood education and care centres and schools' as critical components of the response system.
- In 'Response' (p. 10, dot point three, right-hand priorities column), we suggest inserting:
 - *'Continuing to develop and implement integrated and innovative responses, such as the Multi-Disciplinary Centre, to bring services together so victim-survivors experience responsive, coordinated, seamless supports which are inclusive of people with diverse identities, experiences and backgrounds. As part of developing integrated responses, ensure that children are always kept in view and visible.'*

Prevention (pp. 11-12)

- As previously outlined in this submission, 'Prevention' (p. 11, dot point two, right-hand priorities column) should mention engaging men in prevention work in their roles as fathers.
- Based on research evidence (Urquhart & Doyle, 2022), prevention priorities (p. 11, dot point four, right-hand priorities column) should include a new dot point after dot point four (marked in red below):
 - *'Building knowledge and awareness in the community about the characteristics of coercive control.'*
 - *Build community knowledge and awareness of the impacts of DFV on children and young people.'*
- Prevention outcomes (p. 11, dot point two, right-hand outcomes column) should include a new dot point after dot point two:
 - *'Adults, children and young people recognise the behaviours that constitute gender-based violence and understand the long-term consequences.'*

- *Governments, service providers, communities and perpetrators/people using violence, recognise and seek to minimise the impacts of DVF on children and young people.'*

Early intervention (pp. 12-13)

- We are concerned that in the pursuit of brevity, using the phrase '*people at risk of or in the early stages of **experiencing or perpetrating** domestic, family and sexual violence*' (our emphasis, p. 12) in the introduction to 'Early Intervention' is an awkward wording that tends to conflate the identification and support needs of people experiencing violence and controlling behaviours, with those of perpetrators.
- Further, as two of the subsequent dot points on priorities relate to early intervention work with perpetrators, there is a risk of diminishing the importance of early intervention work with people experiencing violence.
- We suggest the introduction be adjusted to more clearly distinguish between early intervention with people experiencing violence from work with perpetrators (noting that it is not binary, and that people can be both victims and perpetrators at the same time).

Response (pp. 13-14)

- We suggest the introduction to 'Response' (p. 13) be amended in line with our previously outlined proposed insertions as follows:
 - *'Response refers to efforts and programs used to address existing domestic, family and sexual violence. Response should be person-centred, hold perpetrators to account and support victim-survivors in a trauma-informed and culturally appropriate way. Response includes supports for **adult** victim-survivors, **child-focused response efforts that are developmentally appropriate and matched with individual children's strengths and preferences**, and interventions for perpetrators. The response system captures a range of services including crisis intervention, safety planning, medical care, **psychological and emotional care, allied health responses**, police responses, the civil and criminal justice responses, family law systems, housing, **early childhood education and care centres and schools**, child protection and perpetrator behaviour change programs. Responses which prevent the recurrence of violence are also referred to as tertiary prevention. To ensure it is appropriately person-centred, response efforts need to be integrated, coordinated and incorporate best practice.'*
- We are concerned that the response priorities (p. 13, right-hand column) do not mention children and young people as a population and are weighted towards perpetrators (50%, or two of the four dot points).
- In our view, improving access to specialised care and support for children and young people is imperative. We therefore suggest a new priority:
 - *'Ensuring service responses are specialised for children and young people.'*

Recovery and Healing (p. 14)

- We suggest the introduction to 'Recovery and Healing' (p. 14) be amended to align with our previously proposed insertions (see page 5 of this submission).

- Recovery and Healing priorities (p. 14, right-hand column) should refer to supports that strengthen attachment and connection with others, for example, practices that boost protective factors for adolescent mental health, such as school belonging, and the availability of specialist counselling and other therapeutic responses that engage children and young people well.

Barnardos would be happy to provide expert advice to the Domestic, Family and Sexual Violence Office to assist the Office with finalising the Strategy's principles and priorities and to inform the Office's work to identify actions that align with the Strategy and will deliver on the outcomes which support the ACT Government's commitment to addressing domestic, family and sexual violence.

Our Chief Executive Officer, Deirdre Cheers is available to discuss our submission and provide detailed verbal feedback to inform the Office's work. Noting the ACT Government's commitment to continued collaboration with victim-survivors, if the opportunity is available for local engagement and consultation with children, young people, and families, we could also provide input from our clients whose are victim-survivors with lived experience of domestic, family and sexual violence.

Thank you once again for the opportunity to provide this written submission, and please contact Dr Robert Urquhart, Head of Knowledge, Outcomes & Research on rurquhart@barnardos.org.au, tel (02) 9218 2392 or mobile 0431 404 199 should you require further information on our feedback.