Neither seen nor heard

Inquiry into issues of family violence in child deaths

December 2016

COMMISSION FOR CHILDREN AND YOUNG PEOPLE

VICTORIA State Government

Suggested citation:
Commission for Children and Young People, *Neither seen nor heard – Inquiry into issues of family violence in child deaths* (Melbourne: Commission for Children and Young People, 2016).

ISBN 978-0-9945296-4-0

Commission for Children and Young People
Level 20, 570 Bourke Street
Melbourne, Victoria, 3000
Freecall: 1300 78 29 78
Phone: (613) 8601 5884
Email: childsafe@ccyp.vic.gov.au
www.ccyp.vic.gov.au

Ordered to be published by the Victorian Government Printer

December 2016 PP No 233, Session 2014-16

Letter to the Legislative Council and the Legislative Assembly

COMMISSION FOR CHILDREN AND YOUNG PEOPLE

6 December 2016

Mr Andrew Young
Clerk of the Legislative Council
Parliament House
Spring Street
EAST MELBOURNE 3002

Mr Ray Purdey
Clerk of the Legislative Assembly
Parliament House
Spring Street
EAST MELBOURNE 3002

Dear Sirs

Neither seen nor heard – Inquiry into issues of family violence in child deaths (Inquiry)

I hereby request that the Inquiry report produced by the Commission for Children and Young People be tabled in accordance with section 50 of the *Commission for Children and Young People Act 2012* (the Act).

I would be grateful if you could arrange for the report to be tabled in both the Legislative Council and Legislative Assembly on 7 December 2016.

I confirm that the Minister for Families and Children and the Secretary to the Department of Health and Human Services have each been provided with a copy of the Inquiry report in accordance with section 49 of the Act.

Yours sincerely,

Liana Buchanan
Principal Commissioner

COMMISSION FOR CHILDREN AND YOUNG PEOPLE LEVEL 20 / 570 Bourke Street . Melbourne 3000 P: (03) 8601 5884 www.ccyp.vic.gov.au

Acknowledgements

This Inquiry is based on the lives of 20 children who died. All were known to Child Protection, and all experienced family violence. The Commission would like to acknowledge the children and families whose cases were analysed. Their lives provided a moving insight into the way our child protection system responded to the needs of children living with violence. We hope that their experiences and voices are reflected in this report, as they were often invisible in their lives. They add to our collective understanding and contribute to the important reforms currently underway in Victoria to protect children and to heal those who have been hurt.

In undertaking this Inquiry, the Commission for Children and Young People was assisted by Jenny Dwyer Associates, which consisted of Dr Jenny Dwyer, Sue Anne Hunter and Kerry O'Sullivan. The Commission would like to acknowledge the significant work undertaken by Jenny Dwyer Associates in this Inquiry.

The analysis of cases involving Aboriginal children and families, and the discussion of their needs, drew heavily on the cultural knowledge and wisdom of the Aboriginal member of the Inquiry team, Sue Anne Hunter. Her cultural contribution was the lens through which all other understanding was filtered. We hope that the report assists us to be culturally accountable as we work to promote the resilience and rights of Aboriginal children, families and communities, and to redress past injustices.

While the Inquiry identified shortcomings in systemic responses, it was also apparent that there were many family members, communities, professionals and services who did their best to support and protect the children in their care. Any failings in the system are not due to individual efforts and were never intentional. We hope this Inquiry will support ongoing improvements to the system.

Commissioners' foreword

In Victoria, we are in the midst of a major shift in our awareness of, and willingness to address, family violence.

Our understanding of the prevalence and impact of family violence in our community is the result of decades of tireless advocacy by many survivors, advocates and workers. However, in the last three years there has been an unprecedented focus on family violence by media, government and the community.

This was sparked by the shocking death of one child in particular: Luke Batty. Luke did not become simply another forgotten child lost to family violence because of the advocacy of his mother, Rosie Batty, whose strength, eloquence and sheer persistence through grief humbled us all.

Australia's first Royal Commission into Family Violence handed down its landmark report in March this year. The report acknowledged that children are often the silent, invisible victims of family violence. It noted that there is a lack of dedicated, specialist services addressing the needs of children, contributing to a systemic failure to recognise children as victims in their own right. The report also identified that our child protection system has unfairly burdened vulnerable and unsupported women with the responsibility – as a 'protective parent' – to manage and mitigate risks to children, at the expense of focusing on the harmful actions of the abusive parent or caregiver. It encouraged current efforts to ensure child protection practitioners have a clearer understanding of the dynamics of family violence.

The Royal Commission's findings received significant media attention, with a swift commitment from the Victorian Government to implement all recommendations and provide a much-needed $572 million in initial funding. Significant work is underway across government and the community sector to transform our approach to family violence. The shared commitment to this transformation is clear and it is welcome.

Despite the findings, there has been little public conversation about family violence and children. As Commissioners, we are determined to make sure the family violence reforms deliver changed responses and a different mindset for children and young people affected by family violence.

Through our work we see the themes identified by the Royal Commission starkly illustrated: devastating accounts of abuse, inadequate support and services, failures to appropriately address intergenerational trauma and cumulative harm.

Our role gives us privileged and unique access to information about the experiences of vulnerable children and young people. We are required to conduct an inquiry whenever a child dies within 12 months of being involved with the child protection system. The purpose of these inquiries is to identify shortcomings in services and support to improve the safety and welfare of vulnerable young people.

While we provide child death inquiry reports to relevant ministers with recommendations for action, we saw an opportunity to identify broader, thematic trends arising from our work in this area. Our desire was to examine a representative sample of our child death inquiries to offer a more complete picture of the intersection of family violence and the child protection system.

Commissioners' foreword

In conducting this analysis, we found evidence of the themes identified by the Royal Commission. The impact of family violence on children was often underestimated or disregarded. The child's mother, who was often the victim of violence, was held responsible as 'protective parent' but given little support. Meanwhile, the men who used violence were rarely engaged or held to account.

As well as affirming the findings of the Royal Commission, we have identified three key areas requiring further attention in current reforms. The cases we examined revealed that suspicions or disclosures of child sexual abuse in the home were inadequately identified or responded to. They also revealed a lack of appropriate safety planning, counselling and psychological support. These failures allowed allegations of sexual assault to go unreported, inadequately investigated and to remain unprosecuted.

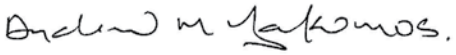
This report also identifies a critical need for improved cultural responsiveness to family violence and child safety for Aboriginal children and young people. This involves providing greater authority, control and resourcing for specialist Aboriginal services to design and deliver services that meet the needs of their communities. Non-Aboriginal agencies' cultural competence should be strengthened to ensure a consistent cultural awareness and sensitivity for Aboriginal families.

Finally, our review identified the need for more intensive and considered intervention for children and families with complex needs – those grappling with intergenerational trauma and cumulative harm. Many of the children we reviewed came from families with multiple risk factors including mental health problems, substance abuse, family violence, neglect and interaction with the justice system. Where these risk factors are present, urgent and close attention to the safety of children is necessary to reduce the risk of harm or death. Their families need significant support and intervention to address the complex and cascading problems that act to profoundly harm children, often with devastating consequences.

We must shift from seeing the needs of children affected by family violence as merely an extension of those of their caregiver. Children's needs are often deeply connected to those of their mothers but children also need specialised attention. We must develop a shared understanding of family violence across the child protection and broader family violence systems, so they operate as an integrated part of the transformed response to family violence we are building in this state.

We hope this report will act to keep a focus squarely on children and young people as vulnerable victims of family violence and assist the implementation of the recommendations flowing from the Royal Commission into Family Violence.

Liana Buchanan
Principal Commissioner



Andrew Jackomos PSM
Commissioner for Aboriginal Children and Young People

Contents

Definitions

Aboriginal: the use of Aboriginal in this report refers to both Aboriginal and Torres Strait Islander people.

The Commission: Commission for Children and Young People.

The inquiry team: Jenny Dwyer Associates, which consisted of Dr Jenny Dwyer, Sue Anne Hunter and Kerry O'Sullivan.

Child Protection: refers to the Victorian Child Protection Service

Child protection system: refers to the broad system of services to protect children in Australia

Executive summary

Significant reforms are underway across the Victorian Government following the Royal Commission into Family Violence. The Commission for Children and Young People has a role in ensuring these reforms address the specific issues and needs of children.

The Commission conducts a child death inquiry when a child dies, if they were a child protection client at the time of death or in the 12 months prior to their death. This Inquiry analysed a sample of child death inquiries where family violence was a feature in the children's lives to:

- identify systemic concerns and themes in the services provided to children and young people affected by family violence
- identify trends in compliance with the law, practice and policy guidelines
- examine decision-making in accordance with the best interest principles in the *Children, Youth and Families Act*
- highlight any issues that the Victorian Government should consider when implementing the recommendations of the Royal Commission into Family Violence
- recommend changes to policy or practice needed to improve responses to children and young people affected by family violence.

The 20 cases we studied were among the 127 child death inquiries conducted by the Commission between 2013 and 2016. More than half of those 127 children experienced family violence. The sample of cases studied in this Inquiry was selected to represent a cross-section of ages, causes of death, geographic region and length of involvement with child protection services.

Our approach to the Inquiry allowed a detailed examination of the Child Protection response to these children and their families. We acknowledge this approach scrutinises Child Protection's response more closely than that of other services.

Details of the terms of reference of the Inquiry, background and methodology can be found in sections 2–4.

The nature and effects of violence in the children's lives

The children included in this Inquiry experienced a range of forms of family violence, including severe violence.

Direct physical violence

In the sample studied, the Inquiry found instances of children who had suffered direct physical assault, fatal injuries or violence when their mothers were assaulted when pregnant.

Witnessing physical violence

Several children witnessed severe violence towards a parent (usually their mother) or a sibling. This included punching, assaults involving weapons, a smashed car window, assaults in a car while they were in the back seat, and police attendances.

Threatening, coercive or controlling behaviour

Three parents were aggressive or threatened Child Protection officers or other professionals. Male perpetrators prevented services from visiting or prevented mothers from attending services.

Feelings of fear or threat

Some children experienced high levels of fear and distress. Three children expressed fear about the parents they lived with or for the safety of one of their parents. One young child was found by police cowering with his mother in the backyard of their home.

The cases reviewed in this Inquiry confirmed that family violence can have serious impacts and damaging, even fatal consequences for children and young people. Three children died from direct assaults, six had mental health problems, three developed substance abuse problems and six committed suicide.

More information about the cases of the children studied in the Inquiry can be found in section 5.

Key systemic findings

The findings of this Inquiry echo those of the Royal Commission into Family Violence.

Inadequate risk assessment

Services failed to identify family violence or appreciate its impact on the children. Some children were the subject of multiple reports to Child Protection, yet services failed to recognise the effect of family violence on these children's lives and the danger it represented.

Over-reliance on parents' assurances

Services relied too heavily on the reports and assurances of parents, even when there was evidence the parent was unable to guarantee the child's safety and wellbeing.

Failure to engage children

Services rarely engaged the children directly and, for many of the children, no one in the child protection system got to know them or understand their experiences.

Insufficient attention to children's needs

The impact of family violence on the children was not addressed, and the children received no therapeutic or other assistance to recover from the trauma of family violence.

Limited early intervention services for vulnerable families

When Child Protection deemed children were not at sufficient risk of harm to warrant statutory intervention, referrals to other services were not followed through. The most vulnerable families often did not engage with Child FIRST or Integrated Family Services and demand for these services appeared to outstrip capacity to provide the intensive support those families needed.

Inadequate support for mothers who are victims of family violence

Mothers who were the victims of family violence were rarely offered support, or even referrals, to address the impact of violence. Only two of 20 mothers in the cases analysed were referred to family violence services, despite all experiencing family violence. In some cases Child Protection placed responsibility on women to leave violent relationships or to protect their children from harm despite their own vulnerability.

Coordination and information sharing

There was a lack of coordination between services, and a number of barriers that made it difficult for women experiencing violence to access support in a complex system. Services did not share information to adequately form an overall view about the problems the women and their children experienced.

Inadequate response to perpetrators

Services did not adequately engage with perpetrators of family violence. Only three men in the cases studied were referred to a behaviour change program and only one of those attended. In other cases, services failed to identify that a perpetrator was a risk to the child.

This Inquiry also highlighted some other systemic issues in the practice of the child protection system that warrant attention in current reforms.

Understanding, identifying and responding to child sexual abuse

Allegations or concerns of child sexual abuse were identified in almost half the cases studied, but were frequently overlooked by service providers. In each of these cases, there was inadequate information gathering, investigation, risk assessment, safety planning, counselling and psychological support.

Responses to Aboriginal children

There is a critical need for improved responses to Aboriginal children who experience family violence. This includes giving Aboriginal services greater control over services that meet the needs of their communities and improved cultural competence for non-Aboriginal agencies.

Intergenerational trauma and cumulative harm

The Inquiry highlighted the presence of intergenerational trauma and cumulative harm in the lives of many of the children. There is a need for intensive and continuing help for children and families with complex needs, and more specialised help to deal with intergenerational trauma and violence.

More details on the findings can be read in sections 6 and 7.

Conclusion

The Commission acknowledges that the child protection system continues to experience ever growing reports of child abuse and neglect, and that the broader service system often lacks capacity to fully meet demand for early intervention services. The issues and needs of families involved with Child Protection are often complex.

This Inquiry has confirmed the findings of the Royal Commission into Family Violence and significant improvements are required to meet the needs of children affected by family violence.

The Commission welcomes current reforms arising from the recommendations of the Royal Commission into Family Violence and the Roadmap for Reform: Strong Families, Safe Children policy. If fully implemented, these reforms should address many of the issues identified in this Inquiry to improve prevention of and response to family violence.

The Inquiry highlights the need for additional attention to:

- intervention with those children and young people who have already suffered cumulative harm from family violence
- responses to family violence for Aboriginal children
- the co-occurrence of sexual abuse of children in situations of family violence
- implications for treatment services, particularly programs for perpetrators
- foundation skills of the workforce across a range of services.

The Commission has made 13 recommendations in relation to four broad categories:

- ensuring current reforms improve Child Protection's response to family violence
- improving responses to Aboriginal children and families affected by family violence
- strengthening the identification of and response to child sexual abuse
- preventing cumulative harm and intergenerational trauma.

Our detailed recommendations can be found in section 1.

1. Recommendations

1.1 Ensuring current reforms improve responses to children and families involved with Child Protection

1. That the Victorian Government consider and address the findings of this Inquiry when implementing the recommendations of the Royal Commission into Family Violence, noting further evidence of:
   - limited appreciation of the impact of family violence on children and young people
   - the invisibility of perpetrators in the child protection system
   - reliance on adult victims of violence, usually mothers, as the 'protective parent' without the provision of meaningful support to adults experiencing family violence.

1.2 Aboriginal children and families

2. That, as recommended in the Commission's *'Always Was, Always Will Be Koori Children'* report:
   - the Department of Health and Human Services support Aboriginal Community Controlled Organisations to provide culturally appropriate services for children, their families and carers who have been victims of family violence.[1]

3. That, as recommended in the Commission's *In the Child's Best Interests: Inquiry into Compliance with the Intent of the Aboriginal Child Placement Principle in Victoria* and *'Always Was, Always Will Be Koori Children'* reports, the Department of Health and Human Services implement strategies to improve cultural competence of the child protection workforce and to improve compliance with the intent of the Aboriginal Child Placement Principle. This must include efforts to strengthen compliance with:
   - Aboriginal family-led decision-making
   - development of cultural support plans
   - consultation with the Aboriginal Child Specialist Advice and Support Service.[2]

4. That, as recommended in the Commission's *'Always Was, Always Will Be Koori Children'* report, the Department of Health and Human Services consider establishing Aboriginal Principal Practitioners in all its divisions.

5. That a review be undertaken, in consultation with Aboriginal services, of current practice models with parents following pre-birth reports to:
   - identify culturally appropriate strategies to enhance engagement with families during pregnancy
   - ensure parents who lose babies to illness and congenital conditions are provided follow-up and support
   - maximise the possibility of early intervention before subsequent pregnancies.

1 See recommendations 3.1 and 3.5 in *'Always Was, Always Will Be Koori Children'* report.

2 See recommendations 5.1 and 6 in *'Always Was, Always Will Be Koori Children'* report.

1.3 Recommendations relating to childhood sexual abuse

6. That the implementation of the Roadmap for Reform and reforms arising from the Royal Commission into Family Violence give greater prominence to child sexual abuse impacting children who are affected by family violence by the following means:
   - Ensuring that child sexual abuse is considered in every aspect of the reform processes (building a learning system, enhancing governance and accountability and workforce development).
   - Identify current best practice models for specialist assessments when sexual abuse allegations or concerns are not clear or are not substantiated; clarity and consistency is required as to who should be undertaking these assessments and what training is required.
   - Develop a state-wide approach to ensure children making disclosures of sexual abuse, or where there are allegations of sexual abuse, have access to appropriate skilled specialist assessment.
   - Consider screening or a sensitive approach to enquiry about child sexual assault by health and welfare workers as part of strategies being developed to strengthen the response by a variety of services to family violence victims.
   - Identify and respond to sexual abuse consistently and collaboratively. A holistic approach, inclusive of public health, specialist and universal services, is required to ensure a more cohesive and shared responsibility for children.
   - Consider providing skilled specialists in dealing with childhood sexual abuse to act as consultants to child protection and family services staff.
   - Increase awareness in service and staff development strategies of the reasons children will not reveal sexual abuse, particularly where it has occurred in combination with family violence.
7. That the Department of Health and Human Services, in order to better inform practice and policy, examine current data on:
   - the presence of child sexual abuse and co-occurring risks factors in reports to Child Protection
   - substantiation rates of child sexual abuse in Child Protection
   - current policy and practice in each region in relation to disclosures and allegations of sexual abuse.

1.4 Recommendations relating to cumulative harm and transgenerational trauma

8. That the Department of Health and Human Services pilot a process to identify and review those children whose cases have been reported to child protection and where:
   - four or more reports have been closed at intake
   - family violence has been a factor reported
   - coexisting risk factors of neglect and/or substance abuse have been identified
   - the child remains in the care of the parents or in kinship care.

   This review should contribute to improved approaches to cumulative harm in children affected by family violence.

9. That the Department of Health and Human Services undertake a review of the role and operation of intake to consider:
   - barriers to effective risk assessment of cumulative harm
   - ways of enhancing critical decision-making.

10. That the implementation of the Roadmap for Reform and reforms arising from the Royal Commission into Family Violence identify innovative, evidence-informed approaches to working with perpetrators of family violence to address:
    - situations of transgenerational trauma in perpetrators
    - minority patterns of abuse including supporting women who have been victims of family violence and who now perpetrate violence
    - relationship repair when family violence has ceased, with a focus on male perpetrators understanding the impact of their violence on their children and partners.

11. That current reforms arising from the Royal Commission into Family Violence to improve responses to adolescents who use family violence include consideration of a state-wide trauma-informed model of treatment for young people with violent behaviours to ensure early intervention. The operation of Therapeutic Treatment Orders should be analysed in order to determine if any results from those orders have relevance to young people with violent behaviours.

12. That the Department of Health and Human Services consider establishing a parenting capacity assessment service for parents with children aged four to 17 at risk of cumulative harm.

13. That the workforce development strategies arising from the Roadmap for Reform and the Royal Commission into Family Violence ensure workers at the front line have opportunity to develop competence in the 'foundational knowledge and skills' identified in this report:
    - identifying and intervening in family violence,
    - a systemic and child-focussed mindset
    - understanding and engaging children of all ages
    - the ability to contribute effectively to a multidisciplinary team
    - Aboriginal cultural competence and accountability in working with Aboriginal families
    - understanding trauma and its impact.

2. Introduction

Family violence is a key factor in children coming to the notice of Child Protection. More than 47 per cent of all reports to Child Protection in 2015–16 (50,879) contained concerns of family violence, and 68.8 per cent of these were substantiated.[3] For Aboriginal children the rates of violence are higher – Aboriginal women are 45 times more likely than non-Aboriginal women to suffer family violence.[4] Aboriginal children are also seven to eight times more likely to be reported to Child Protection. Taskforce 1000[5] identified that family violence is the primary reason Aboriginal children enter out-of-home care in Victoria.[6] Of the 980 children whose cases were reviewed by Taskforce 1000, 88 per cent were affected by family violence, often in combination with other risk factors.[7]

The Commission is an independent statutory body established to promote improvement and innovation in policies and practices affecting the safety and wellbeing of Victorian children and young people. The Commission has a particular focus on vulnerable children and young people and has an important role in ensuring that family violence reforms are focused on their needs.

2.1 Terms of reference for the inquiry

Under section 34 of the *Commission for Children and Young People Act*, the Commission conducts child death inquiries for any child who was a client of Child Protection at the time of death or within 12 months of death. In conducting child death inquiries the Commission identified recurring systemic issues in cases where family violence was a factor. The Commission established an Inquiry under section 39 of the *Commission for Children and Young People Act* to examine a selection of 20 child death inquiries in order to:

- identify systemic concerns and recurring themes in the provision of services to children and young people affected by family violence
- consider compliance with relevant legislation, practice and policy guidelines to identify any recurring trends
- examine the decision-making in the sample group in accordance with the best interests principles set out in section 10 of the *Children, Youth and Families Act*
- highlight any considerations the Victorian Government should have when implementing the recommendations of the Royal Commission into Family Violence
- recommend any further changes to policy or practice necessary to improve responses to children and young people affected by family violence.

2.2 Current context of reform

The report of the Royal Commission into Family Violence, published in March 2016, identified a range of systemic issues that limit the capacity of all services to prevent and respond to family violence effectively.[8] The Royal Commission into Family Violence made recommendations to address these systemic issues, which have all been accepted by the Victorian Government. The Roadmap for Reform is

3 Ibid.

4 Domestic Violence Victoria, 2006, *Code of Practice for Specialist Family Violence Services for Women and Children: Enhancing the Safety of Women and Children in Victoria*, cited in Dwyer, J. and Miller, R., 2014, *Working with Families Where an Adult is Violent, Best Interest Case Practice Model Specialist Practice Resource*, Department of Health and Human Services.

5 Taskforce 1000 was an action research project that was established between the Department of Health and Human Services and the Commission for Children and Young People in response to the significant over-representation of Aboriginal children and young people in out-of-home care. The purpose was to critically review the case plans and circumstances of almost 1000 Aboriginal children in out-of-home care in Victoria. It commenced in mid-2014 and concluded in early 2016.

6 State of Victoria, *Royal Commission into Family Violence: Summary and Recommendations*, Parl. Paper no. 132 (2014–16).

7 *'Always Was, Always Will Be, Koori Children': Systemic Inquiry into Services Provided to Aboriginal Children and Young People in Out-of-Home Care in Victoria.* (Melbourne: Commission for Children and Young People, 2016) p. 47.

8 ibid.

the Victorian Government's policy for reform to deliver a system focused on:

- strengthening communities to prevent neglect and abuse
- delivering early support to children and families at risk
- keeping more families together through crisis
- securing a better future for children who cannot live at home.

The Roadmap for Reform will improve the child and family services system by creating coordinated services that meet the needs of vulnerable families and children. It forms an important step in the government's long-term response to the Royal Commission into Family Violence.[9]

A number of the recommendations of the Royal Commission into Family Violence relate specifically to Child Protection, Child FIRST and Integrated Family Services. These services must have regard to the best interest principles set out in the *Children, Youth and Families Act*. Child FIRST and Integrated Family Services are accessed by families voluntarily and provide targeted support and intervention to vulnerable children and families. Child Protection is the statutory system that intervenes when a child's safety and wellbeing are not assured. The Auditor General's report in 2015 examined the service provided to vulnerable children and families by Child FIRST and Integrated Family Services and identified problems about access to service, ongoing engagement and outcome measures.[10]

Section 162 of the *Children, Youth and Families Act* sets out the grounds for statutory intervention when a child has suffered or is likely to suffer significant harm, and the child's parents have not protected or are unlikely to protect the child from harm. The *Children, Youth and Families Act* recognises that children can be harmed by action or inaction from parents, and this can result from a single event or a number of events. Section 162 identifies harm relating to physical abuse, sexual abuse, emotional or psychological harm, and intellectual development.

Exposure to family violence falls within this definition of harm.

The *Family Violence Protection Act 2008* (section 5) defines family violence as:

> ***(a) behaviour by a person towards a family member of that person if that behaviour***
> ***i. is physically or sexually abusive; or***
> ***ii. is emotionally or psychologically abusive; or***
> ***iii. is economically abusive; or***
> ***iv. is threatening; or***
> ***v. is coercive; or***
> ***vi. in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or***
>
> ***(b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).***

9 Department of Health and Human Services, 2016, *Roadmap for Reform: Strong Families, Safe Children*, State of Victoria.

10 Victorian Auditor General's Office, 2015, *Early Intervention Services for Vulnerable Children and Families*, Victorian Government Printer.

3. The impact of family violence on children's development

A child's cognitive, emotional, psychological, and physiological development involves a related series of processes that interact in complex and dynamic ways, each influencing and being influenced by the other.[11] Family violence interferes in these processes and can affect a child's development in many ways, even when the child is not directly physically assaulted. Harmful outcomes for children can include difficulty in controlling their body's responses to stress, difficulties in interpersonal relationships and learning difficulties.

Children are particularly vulnerable to the effects of violence during the first three years of life. This is a period of important brain formation that provides the structure for ongoing development. Children who face persistent trauma and other risk factors – such as inadequate nutrition, lack of a positive attachment figure, poverty, social isolation and cultural disconnection – during this period of their development are likely to be affected more severely, and for the harm to be more long-lasting.

3.1 Impact of adverse childhood experiences

Repeated harm of any kind causes neural pathways to be established in the brain that are highly sensitive to threat.[12] These interfere with basic developmental goals such as the child's capacity to explore and play, trust others, and develop social relationships.[13] Due to the cumulative nature of development, harmful experiences at one point in time or in one area of development may have multiple effects. For example, an inability to concentrate can affect learning; falling behind in education affects self-esteem and future opportunities; these then have an effect on social and interpersonal skills. In these ways trauma at one stage of development can affect subsequent development. Longer-term impacts of violence can include substance abuse, depression, anxiety, self-harm and suicide, health difficulties and sexual behaviour problems.[14]

Not all children are equally affected by family violence; the effects depend on a range of factors that influence all children's development from birth into adolescence, such as genetics, the mother's health and wellbeing during pregnancy, the child's temperament, if there is a disability, the physical, cultural and emotional environment the child lives in, and the quality of care provided by the adults around the child.[15] Other factors to consider relate directly to the violence that occurs, including the nature, extent and persistence of the violence, the child's age when violence occurs, if there is a positive attachment figure such as a parent or another supportive adult to comfort and protect the child, and other strengths and vulnerabilities in the child and family.

The presence of a thoughtful, caring adult who meets the child's needs in predictable and reliable ways is an important protective factor in a child's development, including when violence happens. The extent to which the violence affects the non-violent parent – usually the mother – and its affect on her ability to meet the child's needs is an important element in determining how severely the violence affects the child.

11 Tronick, E., 2007, *The Neurobehavioral and Social-Emotional Development of Infants and Children*, W.W. Norton & Company, New York.

12 Perry, B., 2006, 'Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The neurosequential model of therapies', in N.B. Webb (ed.) *Working With Traumatized Youth in Child Welfare*, The Guilford Press, NY.

13 Dwyer, J., O'Keefe, J., Scott, P. and Wilson, L., 2012, 'Literature review: A trauma-sensitive approach for children aged 0–8 years', for the Trauma and young children–a caring approach project, Women's Health Goulburn North East, funded by the Australian Government Department of Families, Communities and Indigenous Affairs, 2012.

14 *Royal Commission into Family Violence*, 2016, op. cit.; Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., Marks, J., 1998, 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults', American Journal of Preventive Medicine in 1998, vol. 14, pp. 245–258, available http://www.ajpm-online.net/article/PIIS0749379798000178/abstract.

15 Tronick, op. cit.

3. The impact of family violence on children's development

Situations of family violence where the child's mother also suffers from violence have a direct effect on the child's development. It has been argued that violent men often attack the quality of a woman's mothering as a way of controlling and undermining her, and in this way an attack on a mother is an attack on the child.[16] Despite this, women and children show remarkable resilience and many mothers who have been abused do not have a reduced parenting ability. However, the more often and the more severe the violence is, the more it may have a harmful influence on a woman's parenting abilities.[17]

Traumatic experiences in childhood, including family violence, constitute adverse childhood experiences. There is now considerable evidence that these experiences continue to affect a person's development, health and wellbeing throughout their life.[18] There is also evidence that experiencing one adverse childhood experience increases the likelihood of experiencing others. A study of more than 17,000 people in the United States identified 10 categories of childhood trauma that predict health, behavioural and social problems as adults, including the likelihood of acting violently towards an intimate partner in adulthood.[19] The adverse childhood experiences study provides evidence of the harm to children (and later adults) and the cost to communities of trauma that occurs in childhood.

The more categories of trauma experienced in childhood, the more likely it is that an adult will suffer a greater number of health effects, including smoking, sexually transmitted diseases, alcoholism, cancer, heart, liver and lung diseases, and behavioural problems such as violence.[20]

The pyramid pictured on the next page shows the mechanism by which adverse childhood experiences such as family violence can reverberate through disrupted brain development through social, emotional and cognitive impairment, emerging in high-risk behaviours and leading to health and social problems throughout a person's life.[21]

Children who come to the attention of Child Protection increasingly come from families where the parents and children have had multiple traumatic experiences. In particular there is a strong correlation between the presence of sexual abuse with other forms of violence, with studies suggesting about 40 per cent of victims of sexual abuse may also experience family violence.[22] The *Family Violence Protection Act* recognises that sexual abuse is a form of family violence.

As an illustration of this mechanism, a history of sexual abuse has been associated with a range of adverse outcomes[23] including serious health and mental health problems. One large population study found female victims were:

- 20–70 times more likely to attempt suicide
- 2–5 times more likely to suffer depression or anxiety
- 5–16 times more likely to be admitted to a psychiatric hospital for treatment.[24]

Research has demonstrated the following links between family violence and behavioural problems:

- Boys who experienced physical abuse, sexual abuse, or family violence toward their mother had a 60–70 per cent increased risk of carrying out family violence in adulthood. Those who experienced all three were nearly four times as likely to be violent toward partners in adulthood.[25]

16 Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E. and Regan, L., 2002, *Children's Perspectives on Domestic Violence*, London: Sage.

17 Levendosky, A., Lynch, S., Graham-Bermann, S., 2000, 'Mothers' perceptions of the impact of woman abuse on their parenting', *Violence Against Women*, no. 6, pp. 248–272.

18 Felitti, et al., op. cit.

19 ibid.; Whitfield, C.L., Anda, R.F., Dube, S.R., Felitti, V.J., 2003, 'Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization', *Journal of Interpersonal Violence*, Feb, vol. 18, no. 2, pp. 166–85. DOI: http://dx.doi.org/10.1177/0886260502238733.

20 Centre for Disease Control and Prevention, *ACE study*, https://www.cdc.gov/violenceprevention/acestudy/ accessed August 2016.

21 Centre for Disease Control and Prevention, op. cit.

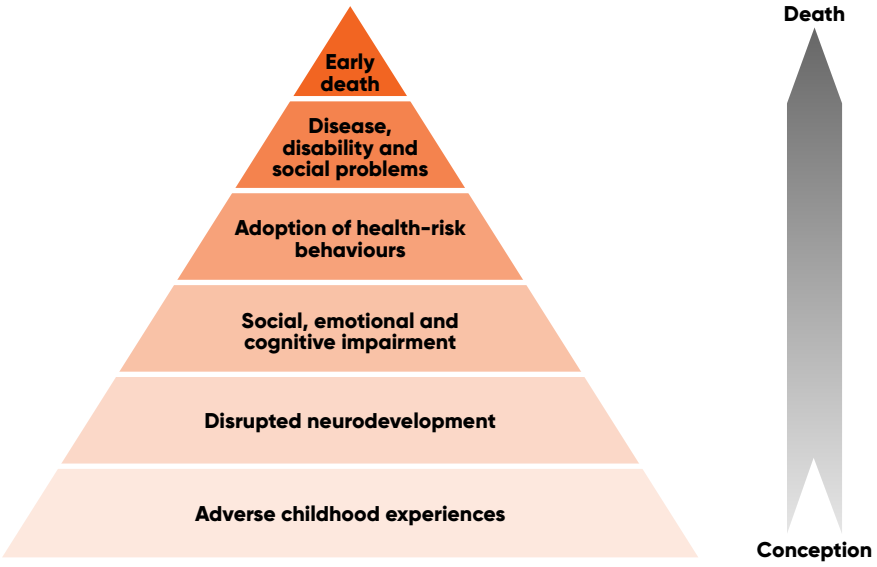
22 Royal Commission into Family Violence, 2016.

23 Australian Institute of Family Studies, 2013, 'The long-term effects of child sexual abuse', CFCA Paper no. 11, January 2013.

24 Mullen, P., Martin, J., Anderson, J., Romans, S., and Herbison, G., 1993, 'Child sexual abuse and mental health in adult life', *British Journal of Psychiatry*, vol. 163, no. 6, pp. 721–732.

25 Whitfield, et al., op. cit.

Figure 1: Mechanism by which adverse childhood experiences influence health and wellbeing throughout life



- Research on men convicted of violence and sex offences in the United States has also demonstrated significantly higher rates of childhood trauma, with offenders reporting almost four times the number of adverse childhood experiences as non-convicted males.[26]
- A study of more than 64,000 young offenders in Florida similarly found high rates of multiple adverse childhood experiences scores, with girls overall reporting more (4.29 of these traumatic experiences) than boys (3.48), and high levels of family violence in the families of these young people (84 per cent of boys and 81 per cent of girls).[27]
- In the large population study, adults who had experienced four or more adverse childhood experiences had between four and 12 times the risks for alcoholism, drug abuse, depression and suicide attempt compared with those who had experienced none.[28] All these increased risks were associated with family violence.

It is important to note that these outcomes are not inevitable; the majority of children who are victims of violence and abuse do not go on to abuse others. Risk factors are defined as those individual, measurable characteristics that increase the likelihood of an adverse outcome. Protective factors are those that safeguard against or moderate risk and are associated with resilience.[29] The adverse childhood experience categories are risk factors, not predictive factors.[30]

26 ibid.

27 Baglivio, M., Epps, N., Swartz, K., Huq, M., Sheer, A., and Hardt, N., 2014, 'The prevalence of adverse childhood experiences in the lives of juvenile offenders', *Journal of Juvenile Justice*, vol. 3, no. 2, Spring, Office of Juvenile Justice Prevention, US Department of Justice.

28 ibid.

29 Australian Institute of Family Studies, 2013. 'Risk and protective factors for child abuse and neglect', CFCA Resource sheet, March 2013.

30 Proeve, M., Malvaso, C., and DelFabbro, C., 2016, *Evidence and Frameworks for Understanding Perpetrators of Institutional Child Sexual Abuse*, A report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Commonwealth of Australia.

3.2 The effects of family violence across generations

> ***When a child is wounded, the pain and negative long-term effects reverberate as an echo of the lives of people they grew up – and then they grow up, at risk for taking the same characteristics and behaviours – thereby sustaining the cycle of abuse, neglect, violence, substance abuse and mental illness.***[31]

It is commonly recognised that family violence can occur across generations, with childhood victims of violence being at greater risk of being victims again in adulthood, and then of using violent behaviour on others.[32] In this way trauma can be 'passed on' from parents to children. However, it is important to emphasise that risk factors increase the likelihood of an adverse outcome but these outcomes are not inevitable; the presence of one or more risk factors does not necessarily result in child abuse and neglect, just as the presence of protective factors does not guarantee that children will be kept safe.[33]

The transgenerational transmission of trauma can occur through:

- the impacts of trauma on a child's development
- whether the child or young person is assisted to manage and resolve these impacts of the violence as they grow into adulthood
- poverty, health and other problems that can be both a cause and consequence of ongoing trauma,
- the effect on the adult's parenting capacities and the adequacy of the support system around the child and family
- broader social values and beliefs that support violent behaviour
- for Aboriginal people, the enduring effects of dispossession, stolen generations, racism, multigenerational disadvantage and cultural disconnection.[34]

If adults with significant, unresolved trauma become parents, the impact of their trauma can lead to risk behaviours for their children and can contribute to the transgenerational cycle of trauma. In an escalating cycle that increases the child's risk, there is also a relationship between children's behavioural problems and the number of risk factors in the parents.[35] Behavioural problems in a child may increase parenting stress; parenting stress may have an effect on the capacity of a parent with substance or mental health issues to meet a child's needs; and behavioural problems can become exacerbated.

For Aboriginal communities, the impact of intergenerational trauma can be seen in:

- a shortened life span related to health effects, suicide, accidents, post-traumatic stress disorder and substance abuse
- problems relating to transmission of culture and child rearing practices
- transmission of violence and abuse.[36]

If individuals and communities are able to resolve and make sense of childhood trauma and to develop a sense of identity and self worth, they are less likely to repeat these patterns with their children.[37] If parents can be supported in their parenting, they can better contribute in positive ways to the different aspects of

31 Anda, R. (nd), 'The Health and social impact of growing up with Adverse Childhood Experiences: The human and economic cost of the status quo', https://www.hitpages.com/doc/5669298982879232/1

32 Royal Commission into Family Violence, 2016 op. cit.

33 Australian Institute of Family Studies, 2013, 'Risk and protective factors for child abuse and neglect', CFCA Resource sheet, March 2013.

34 Healing Foundation, 2013, 'Growing our children up strong and deadly: healing for children and young people', http://healingfoundation.org.au/wordpress/wp-content/files_mf/1369185755GrowingourChildrenupsinglesfeb2013.pdf accessed July 2016.

35 Whitaker, R., Orzol, S. and Kahn, R., 2006, 'Maternal mental health, substance use, and domestic violence in the year after delivery and subsequent behavior problems in children at age 3 years', *Archives of General Psychiatry*, May, vol. 63, no. 5, pp. 551–60.

36 Raphael, B., Swan, P. and Martinek, N., 1998, 'Intergenerational aspects of trauma for Australian Aboriginal people', in Y. Danieli (ed.), *International Handbook of Multigenerational Legacies of Trauma*, New York: Plenum Press, p. 330.

37 Bartholomew, K. and Shaver, P., 1998, 'Methods of assessing adult attachment', in J.A. Simpson and W.S. Rholes (eds), *Attachment Theory and Close Relationships*, New York: Guilford Press; Ijzendoorn, M., 1995, 'Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the adult attachment interview', *Psychological Bulletin*, May, vol. 117, no. 3, pp. 387–403.

their children's development.[38] While childhood is the most effective time to intervene, the effects of the trauma can be reduced by trauma-focussed support and appropriate intervention at any age.

Transmission of trauma across generations is a major contributor to family violence but must be considered alongside broader social structures that perpetuate gender inequality and rigid gender stereotypes. In families, communities and cultures where gender equality is not valued, family violence is more prevalent and will often determine the extent to which it is ignored. Family violence can be prevented in several ways by:

- promoting equal and respectful relationships between women and men
- fostering non-violent social norms and reducing the effects of previous exposure to violence (especially on children)
- improving access to resources and systems of support
- respecting each family's cultural diversity and supporting their connection to culture
- holding perpetrators accountable for their behaviour.

3.3 Aboriginal children in the child protection system

The systemic disadvantages faced by Aboriginal families and the overrepresentation of Aboriginal children in the child protection system cannot be understood without recognising the impact of colonisation across generations, including the loss of culture and forced removal of children from their families. This fundamental disruption to social order occurred due to dispossession and continues to be repeated.

In Victoria the primary victims of family violence are Koori women and children. In some cases many generations have been the victims of family violence, from birth to death. It is the main driver, along with alcohol and drug abuse, of Victorian Koori children being removed from their families and placed into out-of-home care. Its continuation is a major reason why many Koori children cannot be reunited with their parents.[39]

Aboriginal Child Placement Principle

The Aboriginal and Torres Strait Islander Child Placement Principle was developed nationally in recognition of the history of the stolen generations. It recognises the benefits of cultural identity, connection and belonging in the lives of Aboriginal children and communities and seeks to ensure that historical injustices are not repeated by including members of the Aboriginal community in decision-making about children. The Aboriginal and Torres Strait Islander Child Placement Principle protects key human rights of children and Aboriginal and Torres Strait Islander peoples, as recognised in the *Convention on the Rights of the Child and the United Nations Declaration on the Rights of Indigenous Peoples.*

In Victoria, section 13 of the *Children, Youth and Families Act* requires practitioners to adhere to the Principle when making placement decisions about Aboriginal children. The Principle provides a hierarchy of priorities for the placement of children: where possible, the child must be placed with extended Aboriginal family; where this is not possible, and after consultation with the relevant Aboriginal agency the child should be placed within his or her Aboriginal community; then, within another Aboriginal community; and as a last resort, with non-Aboriginal family living in close proximity to the child's natural family.

Section 14 of the *Children, Youth and Families Act* identifies further principles for placement of Aboriginal children and deals with children whose parents are from different Aboriginal communities or where one parent is not Aboriginal. If an Aboriginal child is placed with a person who is not within an Aboriginal family or community, arrangements must be made to ensure that the child has the opportunity for continuing contact with his or her Aboriginal family, community and culture.

38 Centers for Disease Control and Prevention, *ACE studies*, https://www.cdc.gov/violenceprevention/acestudy/.

39 *'Always Was, Always Will Be Koori Children': Systemic Inquiry into Services Provided to Aboriginal Children and Young People in Out-of-Home Care in Victoria.* (Melbourne: Commission for Children and Young People, 2016).

3. The impact of family violence on children's development

Child Protection is required to consult the Aboriginal Child Specialist Advice and Support Service at every point of making significant decisions throughout all phases of intervention by Child Protection. Aboriginal Child Specialist Advice and Support Service is designed to assist child protection practitioners in making culturally informed decisions and refer to knowledge of the family to make decisions about placement. Aboriginal Child Specialist Advice and Support Service has responsibility for providing Child Protection with specialist advice, information and assistance about decisions, and supporting Aboriginal children and families to understand the processes and requirements that have to be followed by Child Protection.[40]

Aboriginal support services have long argued that compliance with the Principle must go beyond the first step of placing children with Aboriginal carers and extend to adequately supporting all the people involved in the placement.[41] It should also recognise that the Placement Principle aims:

- to ensure that understanding that culture is integral to safety and wellbeing for Aboriginal children
- to recognise and protect the rights of Aboriginal children, families and communities in child welfare
- to increase the level of self-determination for Aboriginal and Torres Strait Islander people in child welfare
- to reduce the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system.

Aboriginal family-led decision-making

Aboriginal family-led decision-making is an approach for Aboriginal children subject to a Child Protection intervention where abuse has been confirmed. This decision-making process is guided by cultural tradition, actively involves the child's family and the Aboriginal community, and is founded in a partnership between divisional Child Protection services and the local Aboriginal community. There are important meetings with family members before the decision-making meeting, which is co-chaired by a convenor from the Department of Health and Human Services and an Aboriginal community convenor, and attended by the family and elders from the Aboriginal community. The primary goal of Aboriginal family-led decision-making is the safety and wellbeing of Aboriginal children and young people who are at risk of abuse and neglect.[42]

Cultural plans for children

The child death inquiries that were reviewed were subject to section 176 of the *Children, Youth and Families Act*, which required that all children placed in out-of-home care who are subject to a guardianship order must have a cultural support plan. Recent amendments to the *Children, Youth and Families Act* now require a cultural plan for all Aboriginal children placed in out-of-home care. Section 14(5) of the *Children, Youth and Families Act* requires that if any Aboriginal child is placed with non-Aboriginal carers, the child must have the opportunity and support to have continuing contact with their Aboriginal family, their community and their culture.

40 Commission for Children and Young People, *'In the Child's Best Interests: Inquiry into Compliance with the Intent of the Aboriginal Child Placement Principle'*, (Melbourne: Commission for Children and Young People, 2016).

41 Victorian Aboriginal Community Controlled Organisations and Community Service Organisations, 2013. *Koorie Kids: Growing Strong in their Culture, Five Year Plan for Children in Out of Home Care*, Submission to the Inquiry into compliance with the Aboriginal Child Placement Principle. Commission for Children and Young People, Melbourne; Victorian Council of Social Services, 2015. *Submission to the Inquiry into compliance with the Aboriginal Child Placement Principle.* Commission for Children and Young People, Melbourne.

42 Department of Human Services, 2012, 'Program requirements for Aboriginal family decision-making program'.

Compliance with the intent of the Aboriginal Child Placement Principle

In the report of the Commission's inquiry, *In the Child's Best Interests,* commendable compliance of the Placement Principle was found to be happening at a policy and program level, but compliance too often failed to translate into practice. Important compliance problems included barriers within official or government systems to correctly determine Aboriginality, inadequate involvement and resourcing of Aboriginal Child Specialist Advice and Support Service, and a lack of evidence to demonstrate that the needs of Aboriginal children are being placed at the highest level of the placement hierarchy.
The inquiry also found that Aboriginal family-led decision-making meetings were often not arranged soon enough to make clear arrangements for cultural support or case plans. None of the sample cases reviewed in the Inquiry complied with all of the Principle requirements.[43]

Efforts should be made to support and maintain connections for all Aboriginal children in the child protection system, as these connections are vital to their ongoing wellbeing and safety.

Children who become isolated from cultural and community networks are more vulnerable to being abused, and less able to seek help. On the other hand, positive self-identity for Aboriginal children is reinforced by cultural and community connections.[44]

A review of data emerging from the Longitudinal Study of Indigenous Children in Australia draws links between cultural support and resilience for Aboriginal children.[45]

Having high self-esteem and strong social networks are recognised as significant protective factors against child maltreatment.[46]

---

43 Commission for Children and Young People, *In the Child's Best Interests: Inquiry into Compliance with the Intent of the Aboriginal Child Placement Principle in Victoria,* (Melbourne: Commission for Children and Young People, 2016)

44 Unpublished SNAICC briefing note 6 – Culture is protective, Royal Commission into Institutional Responses to Child Sexual Abuse Out of Home Care public hearing 29 June – 3 July 2015.

45 Colquhoun, S. and Dockery, A., 2012. 'The link between Indigenous culture and wellbeing: Qualitative evidence for Australian Aboriginal peoples', CLMR Discussion Paper Series 2012/01, the Centre for Labour Market Research, Curtin University, Western Australia.

46 Australian Institute of Family Studies, 2013, Risk and protective factors for child abuse and neglect', CFCA Resource sheet, March 2013 op. cit.

3. The impact of family violence on children's development

At a glance

- Effective intervention in family violence is essential to protect women and children, hold perpetrators accountable, promote healing and prevent the impacts of family violence being passed across generations.
- Children are vulnerable to a range of negative effects from family violence. A child is most vulnerable in the first three years of life.
- The impact of family violence depends on a range of factors, including the nature of the violence and how long it has been occurring, the child's age and stage of development and the presence of other risk and protective factors in the child's life.
- The presence of a safe and reliable parent is central to reducing the effects of violence. Most women and children show remarkable resilience in the face of violence, but women's ability to respond to their children's needs can be weakened by violence.
- Family violence can be passed through generations. The more often adverse experiences happen, the greater the likelihood of a range of health and behavioural problems, including violent behaviour.
- A fundamental link must be recognised between the legacy of dispossession of Aboriginal people, the forced removal of their children, the loss of connection to culture and identity, the resulting transgenerational trauma, and violence on Aboriginal children.
- Effective intervention to break the cycle of violence needs to occur at every level of society from the individual child, young person or adult, to the family and the community. Effective intervention must include respect and understanding of Aboriginal culture.

4. Inquiry process

The Inquiry analysed a sample of child death inquiries that the Commission conducted between 1 March 2013 and 30 June 2016 where family violence was involved. During that period, the Commission conducted 127 child death inquiries, of which 11 involved Aboriginal children. Family violence was noted in 52 per cent of all the cases (N=67), and family violence was present in 72 per cent of the cases involving Aboriginal children (N=8).

The Inquiry focused on a sample of 20 cases out of the 67 where family violence occurred. The sample was chosen to broadly reflect children's ages, geographical regions in which they received services, causes of death and length of involvement of Child Protection. All eight of the Aboriginal children were included because of the high representation of Aboriginal children in Child Protection cases, the high rates of family violence and the disproportionate number of child death inquiries involving Aboriginal children where family violence occurred. Until now, no study of child death inquiries has undertaken in-depth analysis of the systemic themes relating to Aboriginal children.

Child Death Inquiries conducted	
Total: 127	Aboriginal children: 11 (8%)
Cases where family violence was a characteristic	
Total: 67 (52%)	Aboriginal children: 8 (72%)

Each case was analysed by two members of the Inquiry team; when cases involved Aboriginal children the team included an Aboriginal team member. Data analysed included the child death inquiry report and, where available, the written response to the draft report by the Department of Health and Human Services and other services involved.

There were some limitations of the study and its analysis. The Inquiry did not analyse original files or interview participants, but relied on interviews and analysis as represented in the child death inquiry report. While not all data was available to this Inquiry, there was enough information in the reports to identify patterns and themes.

Another limitation was that the child death inquiry reports included analysis of Child Protection files, but generally not the files of other services. This ensured a reasonably detailed understanding of Child Protection practice. However, it also meant that greater scrutiny could be applied to Child Protection practice compared to other services that may have been involved with children and their families. The Commission has determined to more consistently examine services other than Child Protection in the conduct of its child death inquiry function.

The Inquiry process compared recurring systemic issues identified through the analyses with those highlighted by the Royal Commission into Family Violence. Where themes had been identified by the Royal Commission into Family Violence, the Royal Commission's recommendations were examined to identify whether these, together with the directions proposed in the Roadmap for Reform, would address the needs of vulnerable children and young people highlighted in the child death inquiries.

The major focus of this report is on findings that extend and enhance the evidence arising from the Royal Commission into Family Violence. It honours the lives of the children whose cases were reviewed and seeks to learn from their experiences. While all case material has had identifying details removed to protect confidentiality, the report aims to keep the children's experiences at the centre of the analysis.

4. Inquiry process

The remainder of this report comprises the following:

- Section 5 provides an overview of the children and their families, including demographic data, and explores the impact of family violence and other experiences on the children. It also identifies the specific needs of Aboriginal children as represented in the case analyses.
- Section 6 presents the key findings of the Inquiry. This section also considers the findings and recommendations of the Royal Commission into Family Violence and the Roadmap for Reform. It reviews current areas of reform and considers the extent to which these will address the needs of children, families and communities who come to the attention of Child Protection after family violence.
- Section 7 explores the findings, identifies further directions for reform, highlights areas needing further investigation and makes recommendations for policy and practice improvement.

5. The children and their experiences

The 20 children whose cases were examined died between 2011 and 2015. Nine of the children were female and eleven were male. They ranged from two months to 17 years at the time they died, and most children were under three years (N=6) or over 13 (N=11). Due to the small numbers in the sample, comparisons with other data should be made with caution. However, child death inquiries have consistently shown that the greatest number of deaths occur for children aged under three and over 15 years.[47]

5.1 Categories of children's death

How the children died revealed vulnerabilities related to age that are consistent with other studies:[48]

- Infants and young children under three years of age were vulnerable to injuries categorised as non-accidental injury, with three of the six children dying from a non-accidental injury. Two of the babies were born with congenital conditions and never lived outside the hospital. The other infant died from Sudden Infant Death Syndrome (SIDS).
- Of the children aged between four and 12 years, two died from accidents and one from an illness.
- Adolescents lost their lives due to suicide (N=6), motor vehicle accidents (N=2), drug-related deaths (N=2), and one young person died as a result of a violent assault.

Of the eight Aboriginal children, three died from a medical condition or illness, including two infants who never left hospital after birth due to their congenital medical conditions. All three children who were born with poor health were exposed to violence before birth. No Aboriginal children in the sample of cases analysed died from a non-accidental injury.

The tables below show the age, category of death, gender and Aboriginal status of the children.

Table 1: Children by age, sex, category of death, Aboriginal status

Age	0–12 months	1–3 years	4–12 years	13–17 years	Total
Total children	4	2	3	11	20
Aboriginal children	2	–	1	5	8
Sex	3 female 1 male	2 female	1 female 2 male	3 female 8 male	9 female 11 male
Category of death					
SIDS	1				1
Accident			2	2	4
Illness	2		1		3
Suicide				6	6
Drug-related				2	2
Non-accidental injury	1	2		1	4

47 Victorian Child Death Review Committee, *Annual Report of Inquiries into the Deaths of Children Known to Child Protection 2013*, Commission for Children and Young People, Victoria; Commission for Children and Young People, *Annual Report, 2015–2016*.

48 ibid.

Table 2: Category of death and Aboriginal status

Category of death	Total children in sample	Aboriginal children
Suicide	6	2
Non-accidental injury	4	–
Illness or medical	3	3
SIDS	1	–
Accident	4	2
Drug-related	2	1
Total	**20**	**8**

5.2 The nature of family violence experienced by the children

Details of children's experience of violence were not directly available in all cases. Where the information was available it revealed that the children experienced multiple forms of violence, including direct physical assault. The nature of the violence was often severe, as the examples in Table 3 demonstrate.

The impacts of the violence, combined with other harmful experiences in their families, were evident in the range of difficulties the children experienced. Many of the children were also at risk due to health concerns or intellectual disability.

Table 3: Nature and effects of family violence experienced by children as known to Child Protection

Nature of violence	Child's experiences
Physical violence toward the child	• Five children were known to suffer direct physical assault. One young person was observed with a black eye after being hit by his father. Another was assaulted by a stepfather who put his hands around the young person's throat. Three young children suffered fatal injuries including broken bones, internal injuries and head injuries described in one case as 'unmistakeable violence'. • A number of children suffered violence *in utero* when their mothers were victims of physical assault while pregnant, including one case of kicking and punching. • One young child was in his father's arms during violence and was forcibly removed by police.
Witnessing physical violence to a parent or sibling	• Several children witnessed severe violence. This included: a child's father punching the mother; one parent assaulting the other with a weapon; a father smashing the car window and glass shattering on a sibling; and physical assault between mother and a female relative in a car while the children were in the back seat. • Children witnessed numerous police attendances. • Every case in the sample involved a history of violence toward the children's mothers and children witnessing their mother injured. In four cases the child witnessed violence from both parents. • One child stated 'I was awake but I closed my eyes so I wouldn't see things'.
Sexual abuse – direct allegation, exposure to pornography or sexual assault, exposure to risk of sexual exploitation	• Four children directly disclosed sexual abuse; two children had mothers who alleged sexual abuse of the child. • In three cases there were concerns of sexual exploitation. One child reported grooming behaviour by an adult male; another was known to have contact with suspected sex offenders; and another disclosed fears she may have been sexually assaulted while affected by a substance. • One child witnessed sexual assault and exposure to pornography.

Table 3: Nature and effects of family violence experienced by children as known to Child Protection continued

Nature of violence	Child's experiences
Threatening, coercive or controlling behaviour	• Three parents were aggressive or threatening toward Child Protection practitioners, school staff or health workers. • Controlling behaviour included preventing representatives from health services from visiting; discharging a child from hospital against medical advice; not allowing the infant's mother to attend medical services. • One man stalked the child's mother. • Some children experienced harsh parenting including physical punishment.
Feelings of fear or threat	• One child repeatedly expressed fear at living with a violent parent. • One described his mother as 'nice Mummy or horrible Mummy' depending on her substance use. • A one-year-old child observed severe violence and was described by police as filthy and crawling around broken glass and drug paraphernalia. • A young child was found by police cowering with his mother in the backyard. • One child feared for his mother's safety while he was at school; another feared his parents would kill each other. • One child was seen vomiting after he witnessed an incident of severe violence; another described his mother vomiting blood. • One young person asked to be kept in hospital after saying that she didn't feel safe.
Emotional or psychological violence	• One infant was unwanted by the father and described as 'not really human'. • Children suffered persistent neglect that affected their self worth. • One father graphically taunted the child after the child had been sexually assaulted.
Impacts of violence on parenting as experienced by the child	• Six children suffered neglect. Experiences included coming to school with inadequate food; losing multiple teeth due to poor diet and poor hygiene; lack of supervision including roaming the streets at a young age; extreme problems in hygiene in the home, such as the presence of dead mice and animal faeces; absence from school; exposure to adults who posed a threat to the child. • Many children experienced disrupted attachment, even when not formally removed from their parents' care. Three children had little or irregular contact with their mothers who had left the violent partner; one child left home to escape violence; three children moved between informal kinship placements. • Some parents were involved in criminal activity. One child had both parents in prison at different times. • Four mothers were unable to protect their child from direct violence, which affected the children's relationship with their mother. • A number of children experienced their parent/s being drunk or drug affected and unable to meet their basic needs. • Four mothers were depressed or suicidal at some time in the child's life.

Table 4: Impacts of violence on children and coexisting vulnerabilities

Nature of impacts and co-existing vulnerabilities	Number of children
Mental health problems or diagnosis–ADHD, depression, anxiety, self harm or suicide	6
Substance abuse	3
Presence of neglect	4
Death or physical injury	4
Cultural isolation or disconnection (Aboriginal children)	5
Criminal behaviour or peers, including violence or sexual behaviour problems	2
Health problems or disability, including intellectual disability	7
Isolation from social supports or education	1
Behaviour problems	5
Vulnerable due to infancy or early childhood	6

Table 5: Identified risk factors relating to parents in cases reviewed

Known risk factors in parents	Number of parents
Mental health problems or diagnosis–ADHD, depression, anxiety, self-harm or suicide	12
Substance abuse	9
Previous violence or involvement of Child Protection with children	3
Cultural isolation or disconnection (Aboriginal parents)	3
Criminal behaviour/involvement in criminal justice system	6
Health problems or disability, including intellectual disability	6
Presence of non-biological male parent in the home	8
Lack of education or unemployment	4
Parental history of own abuse, family violence or Child Protection involvement	11
Young parent/s	4

5.3 Risk and protective factors in the children's lives

In all cases analysed by the Inquiry the children faced a number of other risk factors and most of them had few protective factors. The additional risks were not always recognised or identified in practice. In a number of cases the types of risks and the length of time they had been occurring would fit the definition of a family with 'multiple and complex needs'. As well as violence, there were several other forms of disadvantage including poverty, disability, multiple issues affecting parents such as substance abuse and mental health issues.[49]

Children faced a number of risks that were a consequence of the multiple traumas they suffered and which in turn further increased their vulnerability. Several children had multiple individual risk factors such as ADHD and an intellectual disability, or substance abuse and behavioural problems. The child death inquiries noted that in general the parents had not been assessed for these risk factors, but a range of them was apparent. In every case at least one parent had experienced family violence or other trauma in childhood, and transgenerational trauma was the most common risk factor. Table 5 identifies risk factors where these were able to be identified from the Inquiry reports.

49 Bromfield, L., Sutherland, K., Miller, R., 2012, *Families with Multiple and Complex Needs, Best Interests Case Practice Model, Specialist Practice Resource*, Department of Human Services Victoria.

5.4 Involvement with Child Protection

The length and nature of contact with Child Protection varied across the cases reviewed, though in general two patterns of contact were noted. The six infants and young children (under three years of age) became known to Child Protection close to the time of death. This included two cases where young children died from non-accidental injuries and the report was made at the time of injury, and two who were notified during the mother's pregnancy.

Young people over the age of 13 at the time of death typically had had lengthy contact with Child Protection. Sometimes contact with Child Protection began very early in the child's life, in one case at

Table 6: Involvement with Child Protection

Child	Age (years)	No of reports	Closed at intake or closed at investigation	Child Protection status at death of child
1	16	4 (First at age 14)	2	Closed
2	15	2	1 closed at intake 1 closed at investigation	Closed
3	14	12	5 closed at intake	Protective order
4	13	12 (First at birth)	9 closed at intake	Protective order
5	16	16 (First at 3 years of age)	11 closed at intake	Intake
6	7	4 (Multiple for siblings)	1 closed at intake 2 closed after initial investigation	Intake
7	5	4	3 closed at intake	Closed
8	6	1	nil	Protective order
9	17	13	11 closed at intake	Closed
10	16	6	4 closed at intake	Protective order
11	14	12	9 closed at intake	Closed
12	15	7	5 closed at intake	Closed
13	16	2	2 closed at intake	Closed
14	16	3	3 closed at intake	Closed
15	3 months	1	nil	Protective intervention
16	2	3	1 closed at intake 1 closed after investigation	Intake
17	2 months	1	nil	Investigation
18	3 months	2	nil	Investigation
19	2	1	nil	Protective intervention
20	7 months	1	1 closed at investigation	Closed

birth, and spanned years. For example, four of the five Aboriginal young people over the age of 13 were already known to Child Protection by the age of three months. However, this did not mean there had been active involvement all through the child's life.

In cases where there were many reports, there was an overall pattern of closing cases at intake or after a brief investigation. For example, Child Protection closed the case of an Aboriginal child at intake 11 times from 16 reports. Another, non-Aboriginal child had their case closed at intake 11 times from 13 reports.

5.5 Direct intervention in family violence

Despite the severe nature of the violence, there was little direct intervention that held the perpetrator accountable for their actions, or provided any treatment for that person. It is unknown what, if any, criminal charges resulted as a consequence of the family violence, other than those laid after children were fatally injured.

Several child death inquiry reports noted that understanding of, or intervention in, the family violence was inadequate, or there were gaps in practice that contributed to family violence not being detected. Based on the information available in the child death inquiry reports:

- one man attended a service to deal with his violence
- two men were referred to a voluntary service but did not attend
- no women were assisted to deal with their violent behaviour
- five Family Violence Intervention Orders were issued across the sample.

Despite the transgenerational nature of much of the violence, there was no assessment, counselling or assistance that helped parents identify the patterns that were being repeated in their families. Two young people who demonstrated violent or abusive behaviour were not engaged in appropriate treatment. Only two out of the 20 women who were victims of family violence were referred to family violence services to assist them with their experience of family violence.

5.6 Residence at time of death

Eight of the children lived in metropolitan Melbourne, and 12 lived in rural Victoria at the time of death. Apart from two children who were in hospital due to medical conditions and one who was in kinship care, the remainder of the children were living with a parent or living independently before the events that led to their death. Of those living with a parent, five children also lived with a stepfather. Five of the eight Aboriginal children who were subject to a child death inquiry were living with a parent or in kinship care.

One notable risk factor about the household composition was the presence of a man who was not the child's father. Seven children lived with a stepfather or mother's partner at some point. Of these men, five posed a risk to the child, one was physically abusive, one was accused of sexually abusing the child, one took the child into a dangerous situation where the child suffered fatal injuries, and two children died of non-accidental injuries.

Table 7: Residence prior to death

Residence prior to death	Aboriginal children	Non-Aboriginal children	Total
Living with at least one parent	4	12	16
Kinship care	1		1
Independent	1		1
Hospital	2		2

5.7 Culturally appropriate practice with Aboriginal children

Meaningful and culturally appropriate practice with Aboriginal children requires an understanding of culture and identity in the child's life, the location of the family and community, and meeting the requirements of the *Children, Youth and Families Act*.

The table below summarises the presence of culturally specific practices in the eight cases.

In the eight cases of the Aboriginal children:

- One Aboriginal child was required to have a cultural support plan, but this did not occur.
- Five out of eight Aboriginal children were eligible for an Aboriginal family-led decision-making meeting, however no meetings were held for these five children.
- Consultation with the Aboriginal Child Specialist Advice and Support Service occurred in six cases, but details were often unclear, or the consultation occurred inconsistently or irregularly.
- One child had a period in out-of-home care and was placed in childcare through the Victorian Aboriginal Childcare Agency. It is unknown whether the Placement Principle was followed. Two other children had periods in kinship placements with a non-Aboriginal family, but there was no consideration given to the option of placing the child with an Aboriginal family.

Table 8: Culturally specific practices in relation to Aboriginal children

Child	Aboriginality investigated	Connection to clan	ACSASS involved	Cultural support plans[50]	Adherence to ACPP	AFLDM recorded[51]	Aboriginal services involved (other than ACSASS)
1	No	No	No	No	Not placed	No	Nil
2	Not known	Not known	Yes on 2nd report	No	No – self found	No	Nil
3	No evidence	Clan known	Yes but details unclear	No	Not placed	No	1
4	No	No	Not known	No	Not known	No	Not known
5	No evidence	Not documented	Inconsistently	No	Not known	No	Not known
6	No evidence	Not known	Yes but not meaningful	No	Placement with non-Aboriginal extended family	No	Nil
7	No	Not known	Yes	No	Not placed	No	3
8	Yes – from mother	Known	Yes	No	Not placed	No	1

50 Not all Aboriginal children and young people were eligible for a cultural support plan.

51 Not all Aboriginal children and young people were eligible for an Aboriginal family-led decision-making meeting.

5.8 Sexual abuse and family violence

The cases analysed revealed disturbing levels of sexual abuse, sexual exploitation or risk of sexual exploitation. There were allegations of sexual abuse or identified concerns of sexual exploitation in nine cases where children were aged over five at the time of death.[52] Of these:

- there was a direct disclosure or allegation of sexual abuse of a child in six cases
- there were concerns of sexual exploitation in three cases
- four of these children were Aboriginal
- four young people who disclosed sexual abuse suicided, two overdosed on drugs, two died in car accidents and one suffered a fatal assault
- both of the Aboriginal children who suicided stated they had suffered sexual abuse.

Interventions in cases of sexual abuse were limited and ineffective:

- one child attended only one counselling session related to sexual abuse
- four children were interviewed by a Sexual Offences and Child Abuse Investigation Team but none of the interviews resulted in charges
- cases alleging sexual abuse were often closed at intake or after minimal investigation.

There was a pattern of the non-offending parent being assessed as 'protective' despite the fact that they didn't believe the allegation of violence, or there were concerns about the ability of the parent to protect the child, due to the presence of violence or significant substance abuse in the household.

Table 9: Disclosures, allegations and interventions relating to sexual abuse

Disclosures and allegations	No.
Children who disclosed sexual abuse	4
Allegations of sexual abuse raised by mothers	2
Identified concerns related to sexual exploitation	3
Total children	**9**
Interventions	**No.**
Children who received counselling in relation to sexual abuse	1
Children where criminal charges resulted from disclosures	nil

Sexual abuse occurred in combination with other harmful situations for the children and parents. In all of these cases the children were vulnerable because the parents were present but unable to protect them, and/or because parents were absent. Most of the children and young people who experienced sexual abuse also experienced physical and emotional neglect by their parents, substance abuse, mental health problems, and unstable housing and living arrangements.

Table 10: Coexistence of sexual abuse and other risk factors

Co-existence of sexual abuse and other risk factors	Child	Parent
Intellectual disability or ADHD	4	2
Emotional and physical neglect	4	2
Physical abuse	4	
Young person pregnant at time of death	1	
Substance abuse	3	4
Mental health	3	4
Suicide	4	
Experience of out-of-home care or homelessness	3	3

52 Though all allegations and concerns of sexual abuse related to children aged over 5 at the time of their death, the age at which abuse was first alleged ranged from 2 years of age.

Research suggests a strong connection between sexually abusive behaviours in children and the experience of family violence and/or sexual abuse.[53] In the sample of cases analysed in this Inquiry, two children who were allegedly victims of abuse exhibited sexually abusive behaviours themselves. Of these two young people, one was involved with youth justice, but neither of the two young people was successfully engaged in appropriate treatment.

At a glance

- In the deaths studied for this inquiry, infants and young people died from non-accidental injuries or from health problems. Young people were more vulnerable to suicide and high risk behaviours. Children aged 4–12 generally died from accidents or illness.
- Sexual abuse was a common problem, with allegations or concerns of sexual abuse in 69 per cent of the children over five years of age.
- The children faced numerous risk factors in addition to the family violence, but these were often not identified or addressed. These included parental substance abuse and mental health problems, neglect, and lack of connection to community and cultural supports.
- The children suffered direct and indirect consequences of the violence that had lasting and serious consequences. These include death, physical injury, loss of family relationships, depression and suicidal behaviour.
- The young people who died when they were between 13 and 17 years of age typically had lengthy contact with Child Protection, sometimes beginning very early in life. There was a pattern of closing cases at intake or after brief investigation.
- Despite severe family violence, there was little evidence of Child Protection seeking to deal with the actions of the perpetrator. Only three men were referred to services to address their violence.
- There was little evidence of support to the children's mothers who were victims of violence. Only two of 20 women were referred to family violence services.
- There was little emphasis on connecting Aboriginal children to culture and including families in decision-making. There was no Aboriginal family-led decision making meeting and little was known about the children's Aboriginal identity in all cases studied.

53 Proeve, et al., op. cit.

6. Key findings relating to systemic issues

This chapter summarises key findings that emerged from the case analyses. Many of these findings echo the findings of the Royal Commission into Family Violence. However, the analyses contribute to the understanding of family violence in three ways: providing insight into systemic issues that related specifically to vulnerable children and young people who came to the attention of Child Protection; allowing detailed analysis of practice that was not possible for the Royal Commission into Family Violence to undertake, and therefore highlighted some additional systemic issues; and adding to the information available about the extent and nature of reforms needed.

6.1 The invisibility of children in family violence

The Commission's child death inquiries shed light on the lives of 20 children who, for the most part, were largely invisible in the child protection and child and family service systems prior to their death. Their invisibility was due to a number of factors:

- They were in the care of their families for most of their lives. Despite numerous reports to Child Protection, their families were not successfully helped to meet the children's needs and remained isolated and disconnected from their communities with few supports. Parents received no meaningful support to deal with their own many complex needs.
- Infants and children were reliant on their parents and services from government or other authorities. Inadequate risk assessment and identification of family violence at an early stage meant that the children's experiences were largely invisible. In the cases that were analysed, children in hospital appeared to be the focus of decision-making, but where they were living elsewhere this was not the case. Several schools tried repeatedly to report to Child Protection but were frustrated in their attempts by cases being closed early.
- For young people, the family violence and its impact on their lives was never addressed; they did not receive adequate therapy or appropriate intervention to stop the violence or to address its impact on their development. There was no attempt to heal family relationships that were damaged by the violence, such as those between some mothers and children. It appeared that few people understood the depths of the young people's distress and despair.
- For many of the children and young people, no one within the child protection system got to know them. The children were subject to brief and sometimes repeated assessments with little understanding of their history or the history of their families. This frequently resulted in reports being closed at the intake stage or early in the investigation phase. For the most part the children were not subject to any legal intervention and were not placed on formal protective orders.
- A number of young people were inappropriately left to fend for themselves. They found their own placements and made decisions about their future, despite being poorly equipped to do so.
- The majority of young people escaped attention because they did not harm others or cause disturbance.
- The long-term and wide-ranging problems faced by many of these families obscured the impact on the children. Referrals for 'support' based on superficial assessments that were not followed up meant that many of the children were subject to increasing harm but received no effective help.
- Many of the children had no extended family members involved in their care, compounding their isolation and vulnerability.

The following description from one child death inquiry report gives insight into one child's invisibility. The child was subject to 11 reports in 12 years, with the first notification prior to him turning one.

'There was a lack of recognition of the impact of family violence, parental substance abuse, and mental health issues on the child. Although he was exposed to ongoing trauma and experienced cumulative harm throughout his early childhood, there was a lack of meaningful intervention and the child was largely invisible to services until the involvement of Youth Justice during adolescence'.

The needs of the children whose cases were analysed overlap with those of other children who experience violence, and who do not require Child Protection intervention. However, these children have additional and complex needs. The findings of this Inquiry that are consistent with those of the Royal Commission into Family Violence are noted below.

6.2 Response to the Royal Commission into Family Violence and the Roadmap for Reform

The Royal Commission into Family Violence identified a range of systemic problems in prevention and intervention that directly affect children and made a total of 227 recommendations. In the table below the column on the left highlights the systemic limitations that were identified by both the Royal Commission into Family Violence and this Inquiry. The column on the right outlines some key recommendations of the Royal Commission into Family Violence to address these issues. Specific recommendations relating to the impact of violence on children, sexual abuse and the child protection system are also noted below.

Table 11: Key systemic limitations and recommendations identified by the Royal Commission into Family Violence

Systemic limitations identified	Key recommendations of the Royal Commission into Family Violence
• There was inadequate focus on early intervention and prevention, including measures to prevent violence from being passed through generations. • There were inadequate resources and few intervention models for helping victims recover from the effects of violence, especially the long-term effects. • There were shortcomings in the skills and knowledge of universal services in identifying family violence and responding adequately. • Insufficient attention was given to the needs of children, including a lack of assistance to recover from the trauma of family violence. • There was inadequate risk assessment made of perpetrators, there was a failure to hold them to account, and insufficient treatment or behaviour change programs. • There was a lack of coordination between services and barriers to women accessing support through a complex service system. • Information could not easily be shared between services because of systemic barriers including outdated information systems, unhelpful professional attitudes and legislative constraints. • There was lack of recognition that sexual assault occurred alongside family violence in many cases.	**General reform recommendations** • A strengthened focus on prevention, early intervention and recovery. • An enhanced response that targets reforms at every level of the social system, starting with those directly affected, extending to broader systems, such as families, schools, health services, communities, government policy, and cultural and attitude barriers. • A whole-of-government strategy, including adequate resources, data collection, information sharing, and increased collaboration across government and non-government services. • Technological resources need to be used to enhance protection, access to services, support and risk management.

Table 11: Key systemic limitations and recommendations identified by the Royal Commission into Family Violence continued

Systemic limitations identified	Key recommendations of the Royal Commission into Family Violence
A number of problems related specifically to Child Protection, Child FIRST and Integrated Family Services: • The needs of children were frequently overlooked. • Families presented with increasingly complex problems, but were confronted with inadequate processes for managing them. • If children had not reached the threshold for protective intervention through the statutory system, referrals to other services were often not followed through, leaving them without support. • The most vulnerable families did not necessarily engage with Child FIRST and Integrated Family Services, and demand outstripped these agencies' capacity to provide the kinds of intensive help families needed. • Child Protection treated the women who were victims of violence as being responsible for leaving relationships or protecting their children, despite their own vulnerability. • There were concerns about young people aged 15–17 who displayed sexually abusive behaviours, but did not qualify for a therapeutic treatment order. • Information was not shared between services and so timely analysis of available information was not possible.	**Specific reform recommendations** • Establish Support and Safety Hubs in all Department of Health and Human Services areas to act as a single entry point to services and make it easier for victims to access support and protection. These will replace the current Child FIRST centres. • Prioritise funding for therapeutic intervention and counselling for children and young people who are victims of family violence. • Increase resources for services for victims and Aboriginal community initiatives. • Adequately resource refuge and crisis services to meet the particular needs of children, including access to expert advice and secondary consultations. • Fund urgent and innovative initiatives to assist women and children to obtain housing. • Establish stronger programs to address the needs of perpetrators of violence. • Expand family violence courts. • Train staff in schools and health services to identify family violence. • Revise the Common Risk Assessment Framework, including evidence-based risk indicators relating to children. • Establish Risk Assessment and Management Panels across the state to provide a multi-agency approach and a coordinated means of case management. • Expand multi-disciplinary centres so that services for family violence and sexual assault are co-located. • Amend the *Children, Youth and Families Act* needs to allow the therapeutic treatment order regime to be extended to young people aged 15–17. • Develop protocols and guidelines to facilitate information sharing between services, including between the Department of Health and Human Services and the Magistrates' Court of Victoria in relation to risk and Family Violence Intervention Orders. • Strengthen child protection practice guidance or amend legislation if needed to improve responses to family violence. • Require all Child Protection practitioners to participate in family violence training.

The Inquiry reviewed the recommendations of the Royal Commission into Family Violence and the extent to which these adequately addressed the issues identified in the case analyses. In the Royal Commission into Family Violence report and the Roadmap for Reform there is a strong focus on:

- early intervention
- development of wrap-around services
- reviewing and strengthening risk assessment
- strengthening collaboration between services
- enhancing the capability of universal services to respond to family violence
- better pathways to access a range of services to meet the needs of children and families
- development of evidence-based treatment and therapeutic services
- workforce development.

The Roadmap for Reform includes a number of initiatives to better meet the needs of vulnerable children in the child protection system. Examples of these include:

- the Child Protection Flexible Response Initiative, which provides funding for family violence workers to be employed by community service organisations, and co-locates 12 family violence workers in Child Protection offices
- the Enhanced Response Model to intervene with children and young people at risk of sexual exploitation. This includes four specialist sexual exploitation child protection practitioners and the allocation of a Victoria Police Sexual Offences and Child Abuse unit investigator for children identified as being at serious risk
- increased funding for Child FIRST and Integrated Family Services so they can give a priority to responses to family violence in Aboriginal families
- providing training and introducing minimum qualification requirements for residential care workers
- providing increased funding for foster care including training, Child Protection and Child FIRST.

The initiatives guided by the Roadmap for Reform are moving quickly and cannot all be noted here. The Inquiry welcomes the process of the Roadmap for Reform and the opportunity it provides to transform the lives of vulnerable children and families in Victoria.

If fully implemented, these reforms will go a long way toward ensuring prevention, early intervention and adequate risk assessment of family violence. The reforms provide for more comprehensive services to families that will help in more appropriate ways.

However, the Inquiry highlights that the reforms need to include a stronger focus on the following areas:

- intervention with those children and young people who have suffered cumulative harm in the context of family violence
- responses to family violence for Aboriginal children
- responses to sexual abuse of children where it occurs in conjunction with family violence
- treatment services, particularly for perpetrators of violence
- workforce development and foundational skills for practice.

6.3 Patterns of practice over time

The cases analysed included children born between 1999 and 2014, and intervention by Child Protection that spanned 16 years or began close to a child's death. These years included the period before and after the introduction of the *Children, Youth and Families Act* in 2005 and the publication of the Best Interests Case Practice Model published in 2007. The analysis therefore gave insight into patterns of practice that were consistent over that period, or where there was evidence of improvements in systemic responses, as evidenced in the cases.

Some (but not all) of the significant legislative and practice reforms that occurred from 2005 to 2014 are highlighted in Table 12 (page 38).[54] The Best Interest series and Specialist practice resources provide guidance relating to families and trauma,

54 This is not a conclusive list of relevant material that guided practice. It highlights those areas that were reflected in child death inquiry comments or themes of practice identified in the case analyses.

6. Key findings relating to systemic issues

Table 12: Timeline of practice reforms

Year	Significant practice reforms and guidance
2005	Child protection and family violence guidance for child protection practitioners, Department of Human Services
2007	Family violence risk assessment and management, Department for Victorian Communities (including Common risk assessment framework in family violence risk assessment and management)
	Best Interests series • The best interests principles: a conceptual overview • The best interests framework
	Children in need of therapeutic treatment (therapeutic treatment orders)
	Child development and trauma guide
2010	Working with a family where an adult is violent, *Every Child Every Chance* (now revised)
2012	Family Violence Risk Assessment and Risk Management Framework Practice Guides, Department of Human Services (version 2)
	Best Interest case practice model, summary guide 2012
	Specialist practice resources on these topics: • Child development and trauma specialist practice resource on each age of development • Cumulative harm specialist practice resource • Infants and families • Children and their families • Children with problem sexual behaviours and their families • Adolescents and their families • Adolescents with sexually abusive behaviours and their families • Families with multiple and complex needs
2012–14	Protecting children, protocol between Department of Human Services and Victoria Police (incorporating family violence referral protocol)
2014	Working with Families where an Adult is Violent – Specialist Practice Guide

and have provided the basis for training and supervision for child protection practitioners and Integrated Family Services since their development. They are of a high quality and aspects of them have been commended, including by the Royal Commission into Family Violence. The list below does not include the updated *Child Protection Manual* [55] that was rewritten and launched in March 2016.[56]

The Inquiry identified evidence of improvement in practice and systems responses in some areas, consistent with the guidance above. Examples of more effective practice were all related to assessments and interventions that occurred after 2011. These included:

- a better understanding of the vulnerability of infants and young children as evidenced through home visits during investigation, and appropriate consideration of needs
- pre-natal reports that correctly identified vulnerabilities of unborn babies due to the presence of family violence, concerns about parental capacity, and congenital medical conditions in the babies

55 The manual is relevant to future practice and is taken into account later in the report.

56 When provided with an opportunity to respond to any adverse comment or opinion in the draft report Victoria Police advised that police responses to sexual offences and child abuse are governed by a range of codes of practice, and protocols which are referenced in the Victoria Police Manual.

- more engagement with men and a recognition that some men needed to engage in a Men's Behaviour Change program
- more direct engagement with children, and greater flexibility in meeting families' needs, particularly if a service such as Stronger Families was involved
- examples of a more systemic and family-inclusive approach that included attention to the needs of all family members, and provided professional or care team meetings in some cases
- evidence that risk assessment of one young man included a thorough review of his history, which resulted in a more thorough intervention plan
- in one complex case, senior and specialist staff were involved in managing aspects of the case that included observing contact visits with the parents after a child was fatally injured, liaising with police and the hospital, successfully having the mother tell about the history of violence, and developing a detailed safety plan to assist her to leave the relationship and gain support.

Despite these examples of effective practice, these were not generally carried out across the life of most cases, and the benefits were easily lost. In other cases, despite the legislative changes and increased focus on cumulative harm, there was no observable difference in practice. Some of these systemic concerns were general, and do not apply only to situations where family violence has occurred. However, these reduced the overall quality of case practice and decision-making.

Common systemic problems that continued included inadequate risk assessment of men who were new to a family and had a history of violence in other relationships. The risk the men posed to the children was not adequately assessed. There was also an inability to compel men to undertake treatment when concerns about previous violence arose.

There was no long-term support to women who had been subject to family violence to address the impacts on themselves, their children and their relationships.

There was a reliance on voluntary referrals to support and treatment programs without follow-up, and cases were often closed before families had engaged with the services. There were no enhanced engagement practices for vulnerable families who were reluctant to engage with services, and services did not escalate reports within Child Protection if they were not satisfied with the response.

There was a lack of direct engagement with children and young people. The Sexual Offences and Child Abuse Investigation Teams were relied on to conduct interviews with parents or children after allegations of sexual abuse and inadequate further risk assessment on the part of child protection.

There was a persistent failure to understand the importance of, and the child's rights to, their Aboriginal culture and identity. Aboriginal family-led decision-making was notably lacking in the five cases where children were eligible for an Aboriginal family-led decision-making meeting.

Parents' reports and assurances were relied on, even when there was substantial evidence that they were unable to guarantee the child's safety or wellbeing. All relevant services were not always included in information gathering and planning, and in a number of cases critical information was not shared. It was expected that schools would engage and monitor young people, even when school staff held grave concerns for them, and where those staff members were not able to undertake the assessments required.

Inadequate attention was given to the risk associated with sexual exploitation. There appeared to be a lack of understanding that young people could be at high risk even when living at home, and that some mothers were so vulnerable themselves that they could not protect their children from exploitation.

6. Key findings relating to systemic issues

Young people were allowed to make decisions beyond their capacity. For example, two young Aboriginal people were allowed to find their own placements with little assistance or checking of the care arrangement. In one case, the non-Aboriginal carer was later found to be involved in drugs and crime, and there were serious concerns of exploitation of girls in her company. In another case, a young person's extended family was never assessed or supported in caring for him and no Aboriginal family-led decision-making process was provided. The transgenerational impacts of trauma were not identified or dealt with.

There were no interventions that comprehensively addressed the multiple needs of the children and families. Once children reached adolescence and had behaviour problems, their parents found them difficult to manage. With the lost opportunity of early intervention, the families, services and young people found it difficult to deal with the cumulative effects of their trauma.

The remainder of this report examines the major themes emanating from the cases analysed, where the Inquiry considered additional reforms are warranted.

7. Areas requiring further attention in current family violence reforms

The Inquiry aims to contribute to a deeper understanding of vulnerable children and young people who experience family violence and come to the attention of Child Protection. It identifies a number of ways in which the current reforms in Victoria could be improved and extended to better meet the needs of these children.

These include:

- those relating to the needs of Aboriginal children and families
- when the opportunity for prevention and early intervention has been missed
- transgenerational trauma, or where family violence is both a cause and an outcome of trauma
- preventing family violence – implications for working with perpetrators
- the fundamental importance of engaging children, understanding their world and identifying their needs
- the prevalence of sexual abuse and its consequences, the connection between family violence and sexual abuse, and the need to understand and address barriers to children disclosing these events
- looking beyond simple concepts of the 'protective parent', to assess, support and enhance parenting skills and abilities
- workforce development and capability, including strengthening the critical process of intake.

7.1 Aboriginal children and families

In October and November 2016, the Commission tabled two inquiry reports in the Victorian Parliament: *'In the Child's Best Interests': Inquiry into Compliance with the Intent of the Aboriginal Child Placement Principle in Victoria* and *'Always Was, Always Will Be Koori Children': Systemic Inquiry into Services Provided to Aboriginal Children and Young People in Out-of-Home Care in Victoria*. Both reports acknowledged the complexity of the service system in working to ensure the safety and wellbeing of vulnerable Aboriginal children and young people.

Both reports made significant recommendations aimed at addressing the systemic issues in the service system. The findings and recommendations from this Inquiry align with previous recommendations made by the Commission, which include workforce development, cultural competence, strategies to address family violence, and engaging children and young people.

The analysis of the eight cases of Aboriginal children from a cultural perspective revealed significant gaps in understanding and practice. This went beyond compliance with the Aboriginal Child Placement Principle or consultation with Aboriginal Child Specialist Advice and Support Service; it revealed a systemic practice that failed to place culture and identity at the centre of a child's life. This discussion highlights major themes evident in relation to Aboriginal children and directions for ongoing reform.

7. Areas requiring further attention in current family violence reforms

The importance of culture and identity

There was no information about an Aboriginal child's family and culture in any of the cases studied in this Inquiry. This went beyond poor information gathering that was common in other cases. This revealed that Child Protection and other services did not understand the kind of information that is important to know when assessing and intervening for Aboriginal children. The lack of information meant that the child's right to culture, the protective benefits of culture and family, and the impacts of transgenerational trauma were not considered.

Essential information to know about Aboriginal children includes:

- a genogram that identifies the child's family and kinship network, and shows important information about the family, emotional and social relationships that surround the child
- information about the Aboriginal parents and their history
- information about where the child was brought up, which can impact significantly on the child's sense of identity, not only within their Aboriginal community but within the broader Australian community, depending on experiences of racism, their sense of belonging, the level of access to basic resources, levels of other disadvantage and opportunities to strengthen cultural identity
- knowing who the child's clan is, and where their country is, which provides insight into the likely impact of colonisation on that particular Aboriginal community, and how it affected their family over generations.

Barriers to effective cultural consultation

While consultation with Aboriginal Child Specialist Advice and Support Service occurred in most cases, child death inquiry reports noted the lack of culturally appropriate assessments. The case analyses showed that consultation was often inadequate or not meaningful, particularly for adolescents. There was insufficient recognition given to the rights of Aboriginal children to be raised in their own culture or to the importance and value of family, extended family, culture, community or country. The barriers to effective consultation and collaboration between Child Protection and Aboriginal Child Specialist Advice and Support Service included the following:

- Priority was given to consultation during the intake phase of cases. There was often limited capacity to provide consultation in the case management phases and in particular to participate in meetings.
- There was little or no consultation in periods of Child Protection involvement when cases were unallocated.
- When case management of Aboriginal children was carried out by mainstream agencies there was no strong Aboriginal involvement.
- Key performance indicators for Aboriginal Child Specialist Advice and Support Service relate to the first home visit, case plan meetings, review case plan meetings, closure and intake. These key performance indicators take priority above other meetings such as an Aboriginal family-led decision-making meeting or a care team meeting, where significant decisions may be made for the child and family. This may mean that an Aboriginal person is not present at the Aboriginal family-led decision-making meeting or a care team meeting, therefore there is no Aboriginal voice in the decision-making process, and parents and family are not fully supported.
- There are clearly problems with a lack of staff in Aboriginal Child Specialist Advice and Support Service. One report noted that in one division there were two Aboriginal Child Specialist Advice and Support Service workers for 182 Aboriginal children. The Commission's recent report *Always Was, Always Will Be, Koori Children* noted the effect of the lack of resources on the capacity of Aboriginal Child Specialist Advice and Support Services to provide effective cultural guidance.

The combination of issues was recognised in child death inquiry reports, with one report noting:

> ***'The purpose of consultations is to ensure information and an Aboriginal perspective is considered in assessment, decision-making and planning; to improve the engagement of relevant support services; and enable participation of the child, their family and community in decision-making and support arrangements. However, consultations in relation to this child when they did occur were often limited and did not extend to enquiries about his extended family, culture and community networks or a comprehensive exploration of his circumstances. These opportunities were missed by Child Protection.'***

Aboriginal Child Placement Principle

While the Principle was not formally required to be followed in most cases, the underlying principles, including ensuring support to Aboriginal families, should have been embraced. However, some barriers included practical difficulties for workers such as placement decisions around children of mixed race and conflicting interests for the child. Others related to attitude and practice:

- a failure to include families in decision-making, few family searches being conducted and limited definitions of family being applied
- giving insufficient consideration to the impact of transgenerational trauma for Aboriginal children and families
- attitudinal barriers, such as lack of knowledge about Aboriginal culture and identity
- lack of support to families in caring for their children and young people.

Relationship repair for children and families

The concept of relationship repair is fundamental in attachment theory, since it helps build resilience. A child learns that even if a relationship is ruptured at one point, it can successfully be repaired. Mothers and children may need to be supported, as their relationship is repaired after the impact of violence. Violent men may target a woman's parenting to undermine and control her and children may lose confidence that their mother can protect them. Supporting women and children of all ages to heal any impact of the violence on their relationship is essential.

Children can benefit when perpetrators are helped to understand the impact of their violence or abuse and take responsibility for the harm they caused. It helps a child to learn that they are not the cause of the rupture, and it helps rebuild their self-worth that comes from being connected to family and community.

Relationship repair is particularly important for Aboriginal children and families, since family relationships are so closely linked with culture and identity. Aboriginal culture is best learned at home with family, but if the family is fractured, it is not a safe place for a child. Repairing family relationships contributes to the foundation on which culture and identity can be rebuilt. For this to occur, each person needs to feel safe: Aboriginal families therefore need intensive wrap-around services that meet the needs of each family member, and deal with the impact of transgenerational trauma on each person.

7. Areas requiring further attention in current family violence reforms

Transgenerational patterns of trauma

It has been noted that trauma can cascade through generations if traumatised children become traumatised parents, suffering multiple and interconnected instances of disadvantage. In Aboriginal families, sources of trauma include the transgenerational effects of racism, loss of culture, and the stolen generations. These effects were apparent in the lives of both mothers and fathers in the cases studied.

For six of the eight Aboriginal children, their Aboriginality descended from their mother's side. As previously noted, it is estimated that Aboriginal women are 45 times more likely than non-Aboriginal women to suffer family violence. In some instances Aboriginal women also used violence, however, in all cases they were victims of violence themselves. The women in this study were either seen as 'not fit' to parent due to their own significant problems such as mental health concerns or substance abuse, or were seen as 'protective' and therefore left to manage alone. None were assisted to address the impact of the violence and other trauma on their lives.

All Aboriginal children had ongoing contact with their fathers, and while these men had a commitment to their children and an interest in being in their lives, they were not helped to deal with the consequences of their violence or its impact on their partners and children. They were not put into contact with appropriate services and when they were, it was often superficial. In one case the child was ordered by the court to live with his father, who had a history of severe violence that was never addressed. The child clearly stated he was scared of his father and did not want to live with him.

Toward cultural accountability in working with Aboriginal families

The *Children, Youth and Families Act* recognises the rights of Aboriginal people to self-determination and has provisions relating to decision-making in relation to Aboriginal children. The cases analysed in the Inquiry demonstrated poor cultural practice in relation to Aboriginal children. Concepts meant to promote effective cultural practice, such as 'cultural consultation' and 'cultural competence', while important in themselves, were inadequate to ensure that Aboriginal children's needs were met in line with their rights and interests.

While there are requirements under the *Children, Youth and Families Act* to consult with Aboriginal services, the cases demonstrated that these services had little control over whether this happened, and when it did occur, it was often not meaningful.

Self-determination was introduced into the *Children, Youth and Families Act* through section 18 which empowered Aboriginal agencies to have responsibility for the care and protection of Aboriginal children subject to protection orders.[57] A two-year pilot (known as the 'As if' project) occurred from 2013 to 2015. This project oversaw case management of a small group of Aboriginal children and young people subject to Children's Court Custody and Guardianship Orders 'as if' they were subject to an authorisation under section 18.

The evaluation of the project noted difficulties in the process of transferring responsibility to Aboriginal agencies, but also the benefits to the Aboriginal children involved. Outcomes showed that children can be reunified with families, or assisted to maintain connections to family and culture, even after lengthy period in out-of-home care.[58]

---

57 Section 18 of the *Children, Youth and Families Act 2005* states: 'the Secretary may in writing authorise the principal officer of an Aboriginal agency to perform specified functions and exercise specified powers conferred on the Secretary … in relation to a protection order in respect of an Aboriginal child.'

58 Naughton & Co, 2015, *S. 18 'As If' Project Evaluation Report.*

The 'As if' project aimed at successfully following through with reunification plans for families. These interventions had varying outcomes but all involved re-establishing relationships between the child and their family, including their extended family. While sustained reunification is often seen as the optimal outcome, the benefits of rebuilding of relationships and connections between the child and their family, even if the reunification is not sustained, should not be underestimated. Such relationships and connections can operate as enduring and powerful protective factors that can support better outcomes for extremely vulnerable children and young people.[59]

7.2 When early intervention is missed: dealing with cumulative harm and transgenerational trauma

This Inquiry noted that almost all of the children were living with family or in a kinship placement before their death. It was also noted that Child Protection involvement was often limited, despite numerous reports over many years. This means the children and their families needed better assessment, support and intervention much earlier in the children's lives.

The 'cycle of violence' often refers to the pattern that exists around a particular perpetrator and their use of violent behaviour. However, the cases demonstrated a longer and equally dangerous cycle across generations. Opportunities for early intervention were missed for many children included in the sample, particularly those who died in adolescence. The consequences of those missed opportunities were apparent in the drug use, depression, alienation, and disconnection from communities experienced by those children.

The Royal Commission into Family Violence and the Roadmap for Reform have a strong focus on early intervention and should improve responses and provide an integrated and sustained response to children experiencing family violence at the earliest opportunity. The Inquiry confirms the importance of this change.

59 ibid., p. 47.

The Inquiry is also concerned about those children who have already suffered cumulative harm and are affected by the longer-term impacts of violence, abuse and neglect. Some of these young people may become parents and may continue the cycle of violence unless their needs are addressed as a priority. Rather than seeing these young people as uncooperative, unmanageable or not able to be engaged, they need to be seen in the context of the harm they have suffered, requiring robust help that engages them, their families and communities in appropriate and effective support.

For these children, family violence was both a cause of trauma in their lives and a consequence of trauma in the lives of their parents. The presence of such endemic trauma in the lives of the parents, points to the critical need to confront the transgenerational nature of family violence. This has implications for intervention with perpetrators as well as victims.

Intervening in cumulative harm

The presence of cumulative harm was noted in a number of child death inquiry reports, and for nine of the 11 children over the age of 12 the impacts were clearly noticeable. All but two of these older children had been known to Child Protection for much of their lives, but intervention had not been effective. Cumulative harm for the children included violence and its effect on parenting, mental health problems, neglect, and in some cases sexual abuse Previous group analyses of child death inquiries involving neglect found that, 'Chronic neglect has profound effects on the child and its impact is exponential'.[60] The *Cumulative Harm: Best Interests Case Practice Model, Specialist Practice Resource* and other practice resources recognise the importance of intervening in situations of neglect, noting that:

> ***The cumulative effects of low level neglect are easily missed because the term 'abuse' suggests a ring of urgency that 'neglect' does not and the effects of neglect are usually not as obvious.***[61]

60 Frederico, M., Jackson, A. and Jones, S., 2006, *Child Death Group Analysis: Effective Responses to Chronic Neglect*, Office of the Child Safety Commissioner, Victoria.

61 Miller, R. and Bromfield, L., 2010, *Cumulative Harm: Best Interests Case Practice Model Specialist Practice Guide*, Department of Human Services.

7. Areas requiring further attention in current family violence reforms

The Inquiry revealed that reports of families where neglect was a concern rarely made it past the Child Protection intake phase. Responses tended to focus on referral to family support services. Services repeatedly failed to engage with these families, and the entrenched nature of the problems and cascading effect on the child's development was not recognised. The children or their parents frequently had an intellectual disability, and many children seemed to become slowly defeated by the lack of response. Services such as schools, who tried to advocate for them, were also unable to secure any meaningful intervention.

The early intervention focus of the Roadmap for Reform should assist in cases where family violence is occurring. However, those working with children need to identify the signs of neglect since the underlying violence may be hidden, or no longer occurring, even though the consequences continue to reverberate throughout the children's lives. It is also important that those children who have already been harmed by neglect be identified and that concerted efforts be made to intervene. These children are likely to be living with their families, and may not attract attention through behaviour problems that cause harm to others. They need to be identified and, together with their families, supported as a matter of urgency.

There is a perceived conflict between recognition of the family's need for support, and the child's need for protection. This can lead to the ineffective pattern of report and re-referral identified in these cases. However, it is possible to protect a child's interests by focusing on risks, as well as rebuilding and harnessing family strengths.[62] This requires a cultural shift that involves partnering with families and communities, and maintaining a sustained and enduring wrap-around approach. For families with entrenched, multigenerational neglect this cannot be achieved by intermittent and voluntary involvement.

There are hopeful signs. Schools often advocate for children and become places where they and their parents feel safe and not judged. Family support services such as 'Stronger Families',[63] offered several programs to meet individual needs of family members including the children and the violent father.

Intervening with perpetrators

Intervention with perpetrators was inadequate in the overwhelming number of cases. For the most part they were not held accountable and there was only one example of effective intervention. Effective responses to perpetrators need to be identified and developed urgently. These need to include accountability as well as treatment. However, not all perpetrators are the same, and it is likely that a range of responses will be required to address the underlying mechanisms that have led to violent behaviour.

One of these mechanisms, based on the cases analysed, is a history of trauma in some perpetrators. Recognising that many perpetrators have their own history of trauma does not mean excusing the behaviour, or abandoning a justice response to hold them accountable. Nor does it assume a direct cause-and-effect between victimisation and becoming a perpetrator. Rather it recognises that the more kinds of adverse childhood experiences a person has experienced, the greater the likelihood of physical, psychological and behavioural problems, including perpetrating violence toward a partner.[64] These detrimental effects on the developing person may be one of the underlying mechanisms that lead to family violence.

62 Turnell, A. and Edwards, S., 1999, *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection*, New York: W.W. Norton & Co, London.

63 The Stronger Families program provides an integrated placement prevention and family reunification service, providing intensive case work support to vulnerable children and families, together with specialist youth services, therapeutic care and early parenting and specialist infant support. *Family and Community Services: Frequently Asked Questions*. Department of Health and Human Services.

64 Felitti, et al, op. cit.

Holding a perpetrator accountable for the harm caused to others and engaging him in a commitment to dealing with his offending behaviour may include dealing with his own childhood trauma.[65] One option recommended by the Royal Commission into Family Violence was consideration of a restorative justice approach for some perpetrators. This Inquiry does not endorse a particular approach but joins the Royal Commission into Family Violence in noting the importance of exploring appropriate, evidence-informed intervention models.

Programs to address underlying trauma as well as criminal behaviours that cause harm to others are emerging around the world.[66] These are particularly important for young people, and youth justice services are increasingly embracing a trauma-informed approach to working with young offenders. As one researcher noted, this expands the focus from 'what have you done?' to include 'what has happened to you?'[67] Just as victim responses need to move away from 'one size fits all', perpetrator treatment programs need to ensure that the background events underlying a particular perpetrator's violent behaviour are understood and addressed. Currently Men's Behaviour Change Programs are the primary treatment option for perpetrators of violence. However, group treatment is not appropriate for all men; the current approach cannot deal with trauma, and the cultural needs of Aboriginal men may be better met using specific, tailored approaches.

In the cases studied, all mothers were victims of violence, and though the details were limited, there was a suggestion that four women also used violence themselves in the context of being victims. There is substantial evidence that the nature and physical consequences of violence by women is very different to that of men. When indicators of severity, frequency, the forms of violence used and injuries caused are taken into account, 'women are overwhelmingly the most victimised.'[68] Women are more likely to be subject to ongoing violence, to be injured, to live in fear of their partner, and to be killed by a partner or former partner.[69] Recognising a gendered pattern of violence does not mean that the possibility or seriousness of women using violence should be dismissed; however, it is important that responses to violence by women do not merely apply models of intervention designed for men.

A very small number of mothers in the cases studied also placed their children at risk of sexual exploitation, and in two cases there were concerns they may have abused their child. There is very little research on women's involvement in sexual abuse of children, since the reported occurrence is so low.[70] One study of a small number of female perpetrators found they were likely to have had more severe and frequent childhood experiences of physical, sexual or emotional abuse than male perpetrators; 91 per cent had experienced domestic violence before the start of sexually abusive behaviour. The impact of these issues on social isolation, poor coping strategies, mental health problems and personality styles increased women's vulnerability to offending.[71] Furthermore, 50 per cent of the women who sexually abused did so in the presence of a man; of these, 23 per cent were considered 'male coerced'. Some male co-offenders groomed the women to abuse children, and these women tended to seek intimacy with their partner through the abuse. Other women were forced to co-offend because they feared violence, including death.[72]

It is important that despite this 'minority pattern of abuse',[73] the evidence is clear that women are overwhelmingly protective of their children in situations of family violence, and that most victims of abuse do not become perpetrators.[74] However, treatment and intervention processes need to be developed for the small number of women who resort to violence or who are involved in sexual abuse; these must take account of the endemic trauma suffered by the women.

---

65 Ricci, R.J., Clayto, C.A., 2008, 'Trauma resolution treatment as an adjunct to standard treatment in child molesters: Theoretical reviews and preliminary findings', *The Journal of Forensic Psychiatry and Psychology*, vol. 17, no. 4, pp. 538–562.

66 Baglivio et al., op. cit.

67 ibid.

68 Humphreys, C. and Stanley, N., 2006, *Domestic Violence and Child Protection: Directions for Good Practice*, London: Jessica Kingsley, p. 12.

69 ibid.

70 Proeve, et al, op. cit.

71 Gannon, T. and Rose, M., 2008, 'Female child sexual offenders: Towards integrating theory and practice', *Aggression and Violent Behaviour*, vol. 13, no. 6, pp. 442–461.

72 ibid.

73 Humphreys and Stanley, 2006, op. cit.

74 Royal Commission into Family Violence, op. cit.

7. Areas requiring further attention in current family violence reforms

Young people who use violence

Only one young person in the cases analysed by the Inquiry used violence. In his case, it was severe, began early, was directed at his partner and was one factor that brought him to the attention of the youth justice system. This young man had no contact with his mother, who left fleeing violence when he was young. This relationship was never repaired despite her attempt to visit him in later years.

Victorian responses to young people coming into the justice system generally recognise their vulnerability and the likelihood of underlying disadvantage and trauma. There appear to be few treatment options for young people like the young man referred to above, who use violence, have come before the justice system, and are not in custody. While they may be referred to counselling, there are no specialist violence treatment programs designed for this group of young people.

Abusive and violent behaviour by young people toward family members is increasingly coming to the attention of police.

During the five-year period from July 2009 to June 2014, Victoria Police recorded 11,861 family violence incidents where the perpetrator was younger than 18 and the affected family member was their parent or carer.[75]

The Adolescence Family Violence Program is a pilot operating in several sites in Victoria to address violent behaviour by young people toward parents or carers. It uses a therapeutic approach using cognitive behavioural and skill development strategies that address the multiple levels of influence on a young person using family violence, from individual and family factors to broader system and community.

The program performs the following functions:

- assesses risk
- engages young people and parents/carers
- supports family relationships
- undertakes case planning
- addresses education, housing and other needs of the young person
- provides group treatment for the young person and for parents
- assesses and strengthens parenting capacity, including assessing the impact of previous family violence on the parents and children.

A specialist response that includes family, community and peers is used with Aboriginal young people.[76]

The Adolescent Family Violence Program is a voluntary service and does not cater for young people charged with a criminal offence. While the Inquiry welcomes this initiative and its focus on early intervention, the young person whose case was reviewed by the Inquiry was violent toward his girlfriend, not his parents, and was involved with youth justice. He therefore would not have qualified for the service.

The management of aggressive behaviour in children and violent behaviour in young people can be compared with the current responses to sexual behaviour problems in children and young people. The *Children, Youth and Families Act* provides for Therapeutic Treatment Orders[77] and Therapeutic Placement Treatment Orders[78] for children over the age of 10 (the age of criminal responsibility). They currently apply to children aged 10–14 and will be extended to 15–17 year olds,[79] and ensure a therapeutic response to children with sexual behaviour problems, rather than a criminal response.

75 State of Victoria, *Royal Commission into Family Violence: Report and Recommendations*, vol. IV, Parl. Paper no. 132, (2014–16), p 151.

76 ibid.

77 Section 246 of the Children, Youth and Families Act.

78 Section 253 of the Children, Youth and Families Act.

79 See recommendation 34, Royal Commission into Family Violence, available: https://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Summary.pdf, p. 54.

The Therapeutic Treatment Orders are supported by an integrated therapeutic system:

- Sexually Abusive Behaviour Treatment Services are available to children and families state-wide and delivered through Centres Against Sexual Assault.
- Staff have been specially trained to deliver therapeutic services to such children and families; those staff require ongoing professional development.
- A set of standards has been developed based on current best practice and endorsed by the Australian and New Zealand Association for the Treatment of Sexual Abuse; these are reviewed and updated regularly. The standards require a whole-of-family response and a strong focus on ensuring safety of the child or young person and other potential victims.
- Children and young people who exhibit such behaviours can access services voluntarily, or be required to attend treatment if a Therapeutic Treatment Order has been established.

A young person being violent may lead to a Child Protection report if the young person or other children are at risk. Such a report would not be subject to the same requirements of the child protection intake process as a report of sexually abusive behaviour by a 10–14 year old. In those cases an intake worker must be satisfied that 'a Therapeutic Treatment Order is not necessary for sustainable engagement in therapeutic treatment'[80] and must refer to a Sexually Abusive Behaviour Treatment Service.

When Child Protection receives a report of violent behaviour by a young person, the intake worker makes a decision about the response based on the risk assessment undertaken. There is no system of standardised treatment services staffed by appropriately trained and supported workers. Given the detrimental impacts of family violence and the clear transgenerational pathway, a more systematic response is required to develop appropriate treatment services for these young people.

While a system of Therapeutic Treatment Orders may not be the most suitable intervention for family violence, it is clear that young people need:

- access to an integrated response that includes a network of evidence-based and trauma-informed treatment services, and are appropriate to the developmental stage of the young person
- services that are available to them and their families, take an ecological view, are readily accessible across the state and provide intensive case management and support
- ways of accessing services that do not rely on voluntary participation for the most vulnerable young people
- services that are culturally appropriate.

Given that these young people also commonly come to the attention of the justice system, the Inquiry noted that a number of United States jurisdictions now incorporate a trauma assessment, based on the adverse childhood experience score, for all young people.

> ***Perhaps the most important component for justice systems is the implementation of trauma screening and assessment for all youth entering the system, as well as the provision of evidence-based, trauma-informed treatment and interventions for youth identified. Ideally, these are holistic and multisystemic interventions that recognize the child's experiences within the family.***[81]

These issues have particular implications for Aboriginal children and families, given the overrepresentation of Aboriginal people in custody and the recommendations of the Royal Commission into Aboriginal Deaths in Custody.[82] It is important that any initiatives in this area be designed specifically by and for Aboriginal communities.

80 Department of Health and Human Services, 2015, *Child Protection Manual*, TTO decision making trees.

81 Baglivio, et al., op. cit.

82 Report of the *Royal Commission into Aboriginal Deaths in Custody*, 1987.

7.3 The importance of engaging children and understanding their world

Children have a right to express their views freely and participate in decisions that affect their lives as set out in Article 12 of the *Convention of the Rights of the Child*. It has been noted that, 'While child protection legislation and policy in all jurisdictions recognises the right of children to participate, in practice this is an area grossly neglected and poorly implemented to date'.[83]

It is fundamental to child protection practice that conversations take place with children to understand their experience and adequately assess risks to their safety and development. This is described at length in practice guidance including the Best Interests series and specialist practice resources.[84] Direct conversations with a child helps ensure their needs remain central to the assessment, allows an opportunity to observe development, ensures the child is given a voice in decisions that affect them, and provides insight into their family circumstances and their experience of the parents' capacity to care for them. However for this to be effective, it must be more than merely 'sighting' a child. Each child in a family needs to be encountered as a unique person in their own right, and to be given the opportunity to describe their experience in developmentally appropriate ways.

The cases analysed highlighted a lack of meaningful engagement with children. This was a missed opportunity for Child Protection. Although children and young people's actions and behaviours indicated distress and anguish about their family context, there was little opportunity for them to have their thoughts and feelings understood, or to have their developmental needs assessed.

The *Families with multiple and complex needs practice resource* notes that:

> ***Your assessment needs to be consolidated by attending to the child, the impacts of parental problems on the child and the effects and consequences of poor parenting capacity for the child … It is vital that you observe and engage children when undertaking your assessment of parenting capacity. Children can give you a unique perspective on how parental problems affect their daily lives.***[85]

In cases of family violence it is particularly important to ensure that children's experience is at the heart of assessment and intervention. Children at every age communicate their experience, directly or indirectly. In one case an infant specialist observed the contact between an infant and parents to understand how the baby communicated his experience of his parents. However, in other cases children and young people were not interviewed or their views had little influence on outcomes. There was insufficient understanding of the barriers to children expressing themselves, particularly out of fear of violence or protection of family and community.

Unless barriers to disclosure of violence are addressed, including practice barriers that do not create the conditions for children to express their views and experience, the occurrence and impact of violence can remain hidden, and the child's needs invisible. This is important for all children. For Aboriginal children the lack of meaningful participation has even greater consequences since their families and communities are frequently not involved. The lack of the involvement of Aboriginal community members can limit engagement, as noted by the Secretariat of National Aboriginal and Islander Child Care, 'Children will rarely disclose to police, Child Protection or other people seen as people in authority. If there are Aboriginal people that they can develop a relationship with, they feel comfortable'.[86]

83 SNAICC, op. cit.

84 Bromfield, L., Sutherland, K. and Parker, R., 2012, *Families with Multiple and Complex Needs*, Department of Human Services, Victoria; Robinson, E., Miller, R., Price-Robertson, R., and Carrington A., 2012, *Children and their Families: Best Interests Case Practice Model Specialist Practice Resource*, Department of Human Services; Jordan, B., Sketchley, R., Bromfield, L, and Miller, R., 2010, *Infants and their families: Best Interests Case Practice Model Specialist Practice Resource*, Department of Human Services.

85 Bromfield, et al, op. cit, pp. 39, 40.

86 SNAICC 2015, briefing note 2—Royal Commission into Institutional Responses to Child Sexual Abuse, Out of Home Care public hearing, 29 June— 3 July 2015.

Findings in relation to the engagement of children

Factors that contributed to the invisibility of children in the child protection system included:

- There was a reliance on the immediate family environment to gather most information and on parents for accounts of the child's experiences.
- Assessments were superficial and did not seek input from the child.
- Support services that may have provided additional or independent information were not provided.
- Universal services such as hospitals were more likely to place a child at the centre of decision-making but their involvement was significantly limited.
- Schools offered opportunities through reports but were rarely followed up on; Child Protection often closed cases prematurely.
- Family violence and its impacts were not explored with young people, and so there were no opportunities to discuss or resolve these through therapy or relationship interventions.
- As most of the young people were not harming others, they did not attract attention. In one case it was the youth justice system that led to interventions and services being put in place.
- Extended family were rarely involved or asked for their comments on the situation.

This lack of engagement had profound consequences. Most children had no relationship, however transitory or distant, with anyone in the child protection system. There was no-one to witness the young people's distress and despair. Many of the young people were left to make critical decisions without adult support.

The Inquiry notes the Royal Commission into Family Violence also found insufficient attention was given to the needs and engagement of children.

This Inquiry has highlighted the need for additional work to support skills, training and systems to engage with children and young people.

The Inquiry has noticed the improvement in patterns of practice over time through the Best Interests Case Practice Model and resources and the more recent revision to the *Child Protection Manual*. These have included more direct engagement with children, and a more systemic and family-inclusive approach.

Further work is required to develop more consistent and comprehensive child engagement practice including a clearer understanding of the operation of the 'best interests' principle and the children's rights to engage in decision-making.

The Best Interests Principle in practice

Ideally all government decision-making settings should consistently apply the best interests principle, based on the *Convention on the Rights of the Child.* The inquiry notes that the *Convention on the Rights of the Child* proposes the principle as a guide for all decisions concerning children not limited in time or settings. The *Convention on the Rights of the Child* recommends that all children's rights be considered when determining a child's best interests.

As a matter of practice this creates a responsibility on a decision maker to access all pertinent and reliable information concerning each child in every circumstance. A key element will include much more effective engagement with children and those who can support them and assist in providing the appropriate information.

Engaging children and young people is a goal in itself as well as an aid to better decision-making. Children and young people have the right to participate in decisions affecting them. This is one of the four general principles of the *Convention on the Rights of the Child*. The *United Nations Committee on the Rights of the Child*[87] has counselled that the right should 'be considered in the interpretation and implementation of all other rights'. In Child Protection practice, there has been a tendency to exclude or limit children's involvement as a protective measure, rather than develop the skills needed to engage with children safely.

---

87 UN Committee on the Rights of the Child (CRC), *UN Committee on the Rights of the Child: Concluding Observations, Australia*, 20 October 2005, CRC/C/15/Add.268, available at: http://www.refworld.org/docid/45377eac0.html

7. Areas requiring further attention in current family violence reforms

This Inquiry considers that the development of engagement skills will offer benefits in decision-making and significantly reduce the risk of violence and trauma. We do note that different approaches are required for children at each stage of development, recognising the differing capabilities and supports required for infants, young children and adolescents.

Key issues in engagement

The Inquiry has noted a number of problems in practice, systems and attitudes to children and young people.

There appears to be a lack of understanding of the barriers to effective communication that children and young people experience, particularly with authority figures. These barriers are often compounded by experiences of trauma and violence and issues of culture, language, capacity and disability.

Some of these barriers will be considered later in this report in the context of reporting sexual abuse.

The Inquiry noted a consistent failure to understand the importance of culture and identity, particularly for Aboriginal children.

The Inquiry noted a reliance on parents' reports and assurances, even when there was substantial evidence that they were unable to guarantee the child's safety or wellbeing. In one instance the clearly expressed wishes of a young person that he did not want to live with his formerly violent father were ignored.

The Inquiry noted that Child Protection relied on schools to engage and monitor young people without support, but a school's concerns were not followed up, despite being likely based on ongoing relationships and trust that Child Protection did not have.

The importance of relationships for engagement with children

This report has discussed the importance of repairing relationships with family and community. It is also important for effective engagement and participation in decision-making. But it is often necessary and important to look beyond the family, particularly with older children and young people.

Extended family, school, peers and service providers may provide support and engagement. People from these groups can know things about the experience of children both inside and outside family settings and can help to provide additional protective factors for children and young people.

Engagement as opportunity to address intergenerational trauma

The Inquiry has noted the patterns of violence and abuse which occur across generations. Once again, effective discussions directly with children and young people offer opportunities for early intervention that could have profound consequences in addressing intergenerational trauma. As young people become parents, the cycle of violence may continue unless their needs are heard and addressed.

7.4 The hidden trauma of sexual abuse

The risk of sexual exploitation of children in out-of-home care is now recognised, and initiatives in the Roadmap for Reform have focused on this problem. However, the cases analysed by the Inquiry are a powerful reminder of the risk of sexual abuse for children in their own families. Children exposed to family violence are at increased risk of sexual and other abuse.[88] The breakdown in family relationships places them at even further risk.

88 Australian Institute of Family Studies, 2015, *Conceptualising the Prevention of Child Sexual Abuse* Research Report No. 33, June 2015 op. cit.

The incidence of alleged sexual abuse in the cases analysed was alarmingly high, but just as concerning was the lack of effective responses by many authorities to further investigate concerns. Unfortunately many of these cases were either closed at the intake stage or only briefly investigated. As in many cases of childhood sexual abuse, these cases lacked tangible evidence, such as forensic evidence or a clear statement from the child that would have verified the concerns raised by others.

Factors affecting the children's vulnerability to sexual abuse

In cases where there were concerns of sexual abuse, the children commonly faced multiple forms of family violence, physical assault by a parent, neglect, substance abuse and mental health problems. The following common characteristics were identified in these cases.

- All concerns related to people known to the child and their families, such as the child's father or step-father, mother's partners, neighbours, visitors and siblings.
- Three parents and a carer were suspected of allowing the child to be sexually exploited; one child was reportedly exposed to paedophiles at home; one child was present at parties where there was sexualised behaviour by adult males; and one child witnessed sexual violence to a family member.
- Allegations and concerns about sexual abuse related to children and young people over the age of five years, but for some of these children it was believed that the abuse had been taking place from the age of two years. For several children there were multiple allegations of sexual abuse throughout their lifetime.
- The majority of these children were exposed to other forms of family violence, including direct physical abuse.
- The mothers of several of these children were subject to sexual violence from a current or former partner.
- Most of these children had been exposed to their parents' mental health problems, neglect and substance abuse.
- Most of the young people demonstrated troubling behaviours such as self-harm, high-risk behaviours, substance abuse, criminal behaviour, violent behaviour and two demonstrated sexually abusive behaviours.
- All the children or young people presented symptoms such as depression, anxiety, considering suicide, refusing to speak, lacking control of their bowels or bladder.
- Four of the children had an intellectual disability and/or ADHD.

There is evidence that adult perpetrators of sexual abuse target children who appear vulnerable, and use a range of techniques to overcome the children's resistance.[89] These may include violence, but may also include grooming to develop trust and intimacy with the child and the family, which then enables them to introduce sexualised behaviour into the relationship.[90] If the children are vulnerable, this increases the likelihood of sexual abuse taking place. Factors that increase their vulnerability include social isolation, family dysfunction, physical and intellectual disabilities, lack of trusted adults in the near or extended family, family violence, and age (that is, the risk of sexual abuse increases with a child's age).

The Inquiry found cases where vulnerable children were exposed to repeated episodes of sexual abuse. These cases also showed that children are unlikely to voluntarily disclose the abuse they have suffered, especially when they are living in violent or unsafe families, even if they are offered the chance initially.

---

89 Leclerc, B., Wortley, R. and Smallbone, S. 2010. 'An exploratory study of victim resistance in child sexual abuse: Offender modus operandi and victim characteristics', http://www98.griffith.edu.au/dspace/bitstream/handle/10072/33416/63540_1.pdf?sequence=1

90 Choo, K R, 2009. 'Responding to online child sexual grooming: An industry perspective', *Trends and Issues in Crime and Criminal Justice*, no. 379, Australian Institute of Criminology, July 2009; Salter, A., 1988, *Treating Child Sexual Offenders and Victims*. London: Sage.

7. Areas requiring further attention in current family violence reforms

Understanding the barriers to disclosure of sexual abuse

As recognised by the Royal Commission into Family Violence, there is evidence of under-reporting of sexual abuse of Aboriginal people, people from culturally and linguistically diverse backgrounds, children and older people. Victoria Police gave evidence to the Royal Commission that it is highly likely that family violence-related sex crimes against children are heavily under-reported.[91]

This Inquiry uncovered serious limitations in the responses of authorities to reports of sexual abuse, especially when family violence and other risk factors were present. There are many obstacles that prevent a child from telling about the abuse they have experienced, which must be considered when assessing and responding to what they are saying. Several of the cases illustrate these obstacles:

- Two of the Aboriginal children admitted to others that they were afraid of the repercussions for the family if they disclosed what had happened.
- A number of parents did not believe the allegation or take the concerns seriously. These parents were not given any help to understand or believe that what their children said was true, so the child had no ongoing support.
- In several cases, numerous reports were made about young people to Child Protection without any improvement in their safety or well being. In these cases children lose faith that they will be given any help.
- Only one young person attended a Gatehouse forensic assessment but did not attend counselling. At the time the worker was not aware of the extensive problems in the past.
- During an inpatient psychiatric admission, one young person disclosed past sexual abuse. Child Protection had previously dismissed an allegation of abuse when the child was two years old. Despite her disclosure to the mental health service she did not receive counselling.

It is common for children to believe that they are responsible for sexual abuse and this further contributes to them not reporting the abuse for a long time, if at all. In approximately 50 per cent of cases of child sexual abuse, the perpetrator tells the abused children not to tell about it.[92] In about 85 per cent of cases, the perpetrator is known to the child and most child abuse happens in the child's home,[93] it is easy to understand why a child would be afraid to disclose abuse to a stranger from an organisation that has the power to punish or imprison the perpetrator, or remove children from their families. The relationship with the perpetrator and the consequences of breaking up the family and friendship relationships are also significant reasons for silence.[94]

These cases highlight the constraints to disclose abuse and the lack of effective intervention. Parents were also not given the opportunity to understand and deal with their child's trauma in a protective way.

Assessment and interventions

The cases were often closed at the very first interview with a Child Protection worker or after a superficial investigation, which in most cases did not confirm that the abuse had happened. These cases demonstrate that one-off interviews are often not enough to hear the experiences from a child or young person due to the many barriers that exist. Research has shown that disclosure is a lengthy process, not a single event for most children,[95] and that children may need to be interviewed at least three times before they are likely to disclose sexual abuse.[96]

91 Royal Commission into Family Violence, op. cit.

92 Faller, K.C., 2007, *Interviewing Children About Sexual Abuse; Controversies and Best Practice*, New York: Oxford University Press.

93 CASA Forum fact sheet 2016; NSW Commission for Children & Young People (http://www.kids.new.gov.au).

94 Australian Institute of Family Studies 2015, *Conceptualising the Prevention of Child Sexual Abuse* Research Report No. 33, June 2015.

95 Faller, K.C. (ed.), 2007, *Interviewing Children About Sexual Abuse: Controversies and Best Practices*. New York: Oxford University Press.

96 Williams et al, 2013, 'Is there a place for extended assessments for evaluation of concerns about child sexual abuse? Perceptions of 1,294 child maltreatment professionals', *Journal of Forensic Social Work*, vol. 3, no. 2.

The cases also showed that the system assumes that non-offending parents will be able to keep the child safe, even in cases where the parent rejected the child's statement about sexual abuse, had been violently assaulted by the intimate partner, or was suffering substance abuse problems. No thought seemed to be given to the pressure and ability of mothers to listen to what their child was saying and be a truly protective parent. For example, one mother was asked to keep the child away from the friend of her violent partner, who did not believe that the friend was abusing the child.

For several young people, the schools they attended were their only places of refuge and safety. Teachers and school counsellors were often the only professionals who knew these children well and repeatedly asked Child Protection to investigate problems about possible sexual abuse. These cases did not proceed to protective investigation because the parents were considered protective or the child did not make a clear statement about the abuse to police or Child Protection.

In the majority of cases where sexual abuse was alleged or suspected, the children were not interviewed by a Sexual Offences and Child Abuse Investigation Team or Child Protection, or were interviewed only once. Of four children who were interviewed by Sexual Offences and Child Abuse Investigation Team, only one disclosed their sexual abuse. In these cases Child Protection appeared to rely on Sexual Offences and Child Abuse Investigation Team obtaining a statement from the child, and did not pursue its own investigation if this did not occur.

- Of the four children interviewed by Sexual Offences and Child Abuse Investigation Team, none resulted in charges.
- Two of the children interviewed by Sexual Offences and Child Abuse Investigation Team had an intellectual disability.
- Cases alleging sexual abuse were often closed after the intake interview, or the non-offending parent was assessed as 'protective' despite not believing their child's report of abuse, or the fact that there were obvious concerns about how effectively the parent could protect the child from further abuse.
- In two cases, the non-offending parent was in a violent relationship and could not be relied on to provide a safe environment because of her own fear and the controlling behaviour of the violent partner. In another case, one parent did not believe the allegation against a family friend and the other parent had serious alcohol problems and herself suffered from ongoing sexual abuse.
- One child had 12 reports from the age of seven years, involving many concerns of sexual assault such as exposure to pornography, inappropriate sexual behaviour from several adults toward the child and possible sexual exploitation for money. The child told the Sexual Offences and Child Abuse Investigation Team about the assault, and was referred to a Centre Against Sexual Assault, however the child did not engage in counselling and no charges were laid against the perpetrator.
- None of the children in this group were attending counselling or specialist services. One young person who was alleged to have abused another child after a substantial history of his own abuse did not attend counselling and there was no follow up.
- In all the child death inquiry sexual assault cases, there were no reported charges or convictions for those who had allegedly carried out the sexual abuse.

Enhancing responses to sexual abuse

The Royal Commission into Family Violence found that there is inadequate recognition that family violence and sexual assault often occur together, and it focused on the needs of adult women who had experienced the two forms of violence. However the cases analysed in this Inquiry demonstrate that children in these families may be hidden victims, and the Royal Commission into Family Violence recommendations will not adequately meet their needs. The Victorian Government has earmarked $8.48 million for specialist family violence and sexual assault counselling for children. However, it is unclear how much of this will go to help children where there are previous reports of sexual abuse or unproven allegations but where it is likely a problem still exists.

7. Areas requiring further attention in current family violence reforms

The current practice in Victoria is not uniform across the state. Some divisions have multi-disciplinary centres that provide services to victims of sexual assault and child abuse. These services house several authorities, such as a specialist police Sexual Offences and Child Abuse Investigation Team, Child Protection officers and counsellor or advocates from a Centre Against Sexual Assault. There are currently six multi-disciplinary centres operating in Victoria with a seventh centre due to open in late 2017. A recent evaluation of multi-disciplinary centres found that while each is at a different stage of development, the multi-disciplinary arrangement has improved the way each agency works individually and jointly.[97]

The Royal Commission into Family Violence found that workers in the support services have expressed the need for care and caution to ensure that an expanded model, one that explicitly includes family violence, does not dilute the specialist response to sexual offences or reduce the positive outcomes being achieved for victims of sexual offences. The evaluation was apparently told that some women may be reluctant to access services in a building that also houses Child Protection officers and police, and that the multi-disciplinary centres could lose their specialised focus on sexual offences.

In line with the recommendations of the Royal Commission into Family Violence, Support and Safety Hubs are in the process of being developed through a co-design process with services and community. These hubs are intended to offer a comprehensive service to families experiencing family violence. The hubs will not replace specialist services providing casework, support and accommodation but will provide intake and initial case coordination until people are put in contact with those services. It is hoped that these will offer families better coordinated services, case management and support to obtain the help of specialist sexual assault services.

A new partnership between the Victoria Police and the Department of Health and Human Services provides for a team of investigators to increase their focus on and contact with individuals at high risk of sexual exploitation. A Victoria Police Sexual Offence and Child Abuse investigator will be allocated to each child who is identified as being at significant risk. The investigator, along with Child Protection staff, will build a relationship with each child or young person, building their trust while continuing to prevent the abusers from harming the children, and bringing them to justice.

It is unclear whether the children in the cases analysed in this Inquiry would be identified as 'being at significant risk', given the lack of Child Protection intervention in their lives. Young people in residential care, where staff are likely to notice and be concerned about suspicious behaviour, may be more readily identified. Children affected by family violence who continue to live at home may continue to go unnoticed.

The service system response in cases where sexual abuse is suspected and a specialist assessment is required would benefit from building a uniform approach to these assessments. This is particularly important where Child Protection no longer has the legal mandate to remain involved, such as when a case is appropriately closed at intake, yet the sexual abuse case requires specialist intervention and assessment.

The current approach to children suspected of being sexually abused should be strengthened:

- In cases where sexual abuse is suspected but the concerns were not substantiated by Child Protection, the criteria for referral to Centres Against Sexual Assault should be broadened to enable specialist assessment and intervention to be undertaken.

97 Royal Commission into Family Violence, op. cit.

- To ensure these cases are given every chance to progress beyond intake, comprehensive information needs to be gathered to build a picture of the child's family and social situation and uncover risk factors. Professionals who know the child or young person – such as those from schools, general practitioners, and maternal and child health nurses – need to be included in this initial information-gathering phase. These professionals may not suspect sexual abuse but may be aware of other risk factors that can contribute to the assessment.
- Extended investigations by Child Protection are required when alleged sexual abuse cases are known to have family violence and other risks present. It may be necessary to meet with the child and non-offending parent over a period to have the child tell about any abuse and to help the parent to believe the disclosure and support their child.
- If the Sexual Offences and Child Abuse Investigation Team or Child Protection do not investigate, or if the investigation is not substantiated, schools, the maternal and child health nurse and other professionals involved need some way to send reports to more powerful authorities if there are great concerns for the child's safety.
- Given the serious implications of sexual assault, these cases require regular meetings so that the staff of the various services can be kept informed, monitor the child's safety and share relevant historical information.
- Putting children or young people and families who have experienced child sexual abuse into contact with therapeutic services improves the chance of the child telling about the abuse, and to develop some understanding of the trauma experience. This will also help the non-offending parents to become more protective of their child. As it can sometimes be difficult for families and young people to meet regularly with these services, Child Protection needs to stay actively involved until the child and family have started to meet with the referred specialist service.

7.5 The reliance on the 'protective parent': assessing, supporting and enhancing parenting capacity

The Best Interests principles of the *Children, Youth and Families Act* include reference to the importance of the family unit, and legal action can only occur if parents fail or are likely to fail to protect a child from harm. It is therefore critical for Child Protection to assess whether a parent is 'protective'. However, in many cases analysed in this Inquiry, the assessments conducted by Child Protection to do with a parent's protectiveness were too superficial, and were often done over the phone. Conclusions were sometimes made on the basis of parents' untested statements or women were left with the burden of protecting their children with no support. Assumptions about a person's 'protectiveness' were not made only about women, and not only by Child Protection officers. There were also assumptions about fathers, extended family members, and schools. If assessed as protective, the person was expected to reliably detect abuse and intervene to keep a child safe.

Problems with these protective assessments included:

- Parents were considered protective if they agreed, for example, not to let a child be exposed to violence or sexual abuse, even if the parent undertaking the commitment did not believe the child was a risk or was unable to provide safety. For example, one mother was considered 'protective' even though she was subject to violence from her partner, had severe substance abuse problems and there had been several reports about neglect and family violence.
- In a number of cases, observing a parent to be loving or saying they were committed to their child was assumed by professionals to mean the child would be safe in the parent's care. For example, one health professional commented that a mother was 'protective' toward her baby; however, there were numerous risk factors in the family including her own childhood history of family violence, being a young parent with a vulnerable infant, the presence of a partner who had a history of violence and did not want her to go ahead with the pregnancy. She had been subject to extreme

violence that she was not able to disclose, and the child was fatally injured later.

- As noted by the Royal Commission into Family Violence, being protective is often a good reason to not proceed with investigations. This means women can be left unsupported after experiencing violence.
- For some Aboriginal families there were additional barriers to being able to protect a child. In a few cases the extended family were seen as 'protective', although they did not acknowledge the current issue of family violence. This safety plan did not recognise the history of Aboriginal people with the child protection system and their understandable fears of children being removed. That is not to say that extended family members were not, or could not be, protective but the constraints for Aboriginal families needed to be taken into account when deciding who could be a protective person. For these families, extra support may be needed to ensure protection, as well as help to address the multiple layers of trauma.

The problems facing children and women in the child protection system where family violence occurs are complex;[98] the way the concept of the 'protective parent' is applied needs to be critically reviewed. Even though a mother or member of the extended family may want to protect a child, the presence of family violence may undermine their capacity to do so. It may be assumed that children are safe in their parents' care, but this must be balanced against a parent's actual capacity to protect the child. Women's capacity to protect their children cannot be decided without a careful risk assessment of the person who poses the risk to the child. If a woman's capacity to act as a protective parent is affected by her own experience of violence, significant supports should be put in place to assist her to keep herself and her child or children safe.

98 Office of the Child Safety Commissioner, 2012, *Connecting Services: Learning from Child Death Inquiries when the Co-Existing Parental Characteristics of Family Violence, Substance Misuse and Mental Illness Place Children at Risk*, Office of the Child Safety Commissioner, Victoria.

Assessing and enhancing parenting capacity

The Inquiry found that the assessments of parenting capacity were inadequate. The help that parents were offered to develop more protective parenting skills were also found to be inadequate, particularly for those women who had been badly harmed by transgenerational violence and other trauma.

- In some cases mothers were so badly harmed by transgenerational trauma and violence that the men who had been violent to them were seen as higher functioning parents. In two cases, men who had been violent were the primary parents of the children, and the mothers were not investigated or given any help.
- The effects of transgenerational trauma on parents' own parenting abilities were noticed but not assessed in any way. This was due in part to the failure to interview the children, so the effects of inadequate parenting were not noticed. No models of parenting assessment were systematically applied. The exception to this was one case where an infant parenting assessment was conducted. Once the child was beyond the age of early childhood this was never updated or reviewed.

The cases reveal that assessing parenting capacity in these families is a complex task. Current specialist assessments are only available for infants and very young children. There is little to guide assessments when a child is not an infant, and no service has the role of providing such specialist assessments after early childhood. Child Protection staff are recommended to consider external consultation and assessment when needed, and this is appropriate. However it can result in an ad-hoc service dependent on available expertise and clients' ability to pay for such assessments.

Given the finding in this Inquiry that cumulative harm was a significant long-term effect of family violence for these children, there is an urgent need to assess the parenting capacity of these vulnerable parents and to provide sound evidence-based, intensive and ongoing support to improve parenting skills.

7.6 Workforce development and accountability

Workforce development is an essential component of any response to family violence. Development and support is particularly important to help workers identify violence, intervene to protect children, and support them and their families in recovery. The Roadmap for Reform is based on an ecological approach; it provides an overarching model that aims to provide help in the complex web of influences that affect families experiencing violence and ultimately, its effect on a child's development.[99] The workforce is part of this complex web, or 'ecology', surrounding the child and family. Such an approach recognises that:

- A child's development depends on the quality of the environment in which they grow, beginning in utero, and continuing through childhood and adolescence. This includes how basic needs for food and shelter are provided, but beyond this, the day-to-day interactions that occur in the child's life that contribute to development. The presence or absence of comfort, thoughtful care, or of violence, fear, or unpredictability, all have a direct effect on the child's neurological development and have a cascading effect throughout their lives.
- These day-to-day building blocks of development are provided by the child's parents or carers and extended family. Their capacity to provide 'good enough' care depends on their own wellbeing and the quality of formal and informal support they receive. The presence or absence of neighbours, community, parenting support, sports clubs, health services, employment, all affect the parents and the child. The ecological approach recognises that the parents continue to develop, and supporting them to overcome the effects of violence that affect their parenting has direct benefits for the child.
- The resources available in the extended family and community to support the parents are in turn dependent on each layer of society, from local services to the outer layers that include cultural and government institutions, public policy, and social values and beliefs. While these may seem to be furthest away from the child, this outer layer holds cultural values, norms and traditions that penetrate the layers of the system, including being deeply internalised by the developing person. Racism, opportunities for employment, laws that separate children from families, responses to youth crime, or cultural beliefs that perpetuate violence to women, all make their way down through the ecology of a society to affect the child.

The case analyses have demonstrated that the workforce surrounding children and families — nurses, doctors, childcare workers, teachers, Child Protection workers — all form an essential part of the ecology that affects the child's development. These workers rely on support, guidance, training and resources to enable them to identify violence, challenge the conditions that perpetuate it, and contribute to the wellbeing of children and families.

Foundational skills for front line workers

This discussion summarises the major areas of workforce skill and development that need improvement. The Inquiry found that these skills and capabilities are not just related to family violence, though their absence can have serious consequences in detecting or responding to violence.

Identifying and intervening in family violence

The Royal Commission into Family Violence identified a range of skills needed by public health and social services, and the Inquiry agrees with the recommendations in this area. In particular, workers in those services interacting with children need to be aware of indicators of violence, to know how to sensitively inquire about violence and to direct family members to appropriate services.

99 Bronfenbrenner, U., (ed.), 2005, *Making Human Beings Human: Bioecological Perspectives on Human Development*, California: Sage.

7. Areas requiring further attention in current family violence reforms

An ecological, family and child-focused mindset

- All services need to take an ecological view of the child — to understand that a child's development occurs in the context of their family and community. Many services held a view of children that was restricted to their role. For example, one infant was seen by several medical professionals who did not look beyond the biology of the child in order to understand his physical problems.
- At its most basic, all professionals responsible for assessing children and intervening in their interests need to be able to do a genogram. Asking about who is in the immediate family and the extended family, and in particular, asking about the kinds of relationships and interactions that exist between them, should be an integral part of any assessment. The absence of a simple genogram had significant implications for many children, for example in not identifying Aboriginal children's extended family, and not knowing basic information relevant to assessing risk. In some cases the name of a mother's partner was not even known.

Understanding and engaging children of all ages

- There needs to be increased competence and confidence in assessing and talking with children. Ensuring that children are provided with the opportunity to talk about their experiences in a way they feel is safe, is child-centred and appropriate to their developmental stage strengthens the process of risk assessment. A thorough risk assessment depends on the quality of the information gathered. If children are not helped to talk about their experiences, the risk assessment will be seriously inadequate. Groups of sisters and brothers need to have their individual and collective experience understood.
- The dynamics between children are often affected by violence, and different children can have different experiences depending on their age, gender, position in the family and relationship with the perpetrator.

Having difficult conversations with men and women

- As with children, there needs to be greater competence and confidence in having difficult conversations with adult family members. This includes talking to men about their violence and its impacts. It goes beyond this and requires frontline practitioners to have skills in engaging all family members.

The ability to contribute effectively to a multidisciplinary team

- Increasingly, Child Protection and other professionals need to work closely together. Common examples include being a member of a care team, participation in professionals' meetings, and in the future co-location of services such as the new multi-disciplinary centres and proposed Support and Safety Hubs. Effective multidisciplinary teams require members who can contribute their professional skills and respectfully use the skills and knowledge of others.
- It is important that all professionals become aware that unconscious dynamics can limit the effectiveness of these teams. For example, Eileen Munro, a UK academic, explored decision-making in child protection matters and identified critical errors of thinking that can occur, including those in teams.[100] One example is the process of 'group think' whereby there is a pull toward agreement in teams. This agreement may in fact conceal important but opposing points of view held by some members of the team.

---

100 Munro, E., 1999, 'Common errors of reasoning in child protection work', *Child Abuse and Neglect*, vol. 23, no. 8, London: LSE Research Articles Online. Available at: http://eprints.lse.ac.uk/archive/00000358/.

- Others have observed that so-called 'low status' professionals often have less influence in meetings than 'high status' professionals. This can be reflected in who speaks, what is asked, and whose views are considered valuable. Meetings and other interactions can also reflect the same types of dynamics that exist in families or broader society: in family violence there are imbalances around power and gender, which can also occur in the teams and meetings of the professionals involved.
- Some professions, particularly those where women are the majority of workers, may have less status and influence in decision-making. For example, a child care worker who sees a child every day may have less influence in a meeting than the paediatrician who sees the child infrequently. There were examples in the cases investigated of some professionals, such as nurses and teachers, who had limited ability to have their concerns heard and addressed, despite their close relationship with the child.

Aboriginal cultural competence and accountability in working with Aboriginal families

- All professionals working with Aboriginal children and families need to demonstrate cultural competence. The case examples illustrated the multiple ways that services failed to uphold Aboriginal children's best interests and rights. This was not done intentionally; rather there was a lack of understanding and respect for the importance of cultural connection and identity for Aboriginal children and their parents.
- All services need to value competence in the cultural environment of a family as a fundamental capability of all practitioners.

Understanding trauma and its impact

- It is essential for all people working with children and families to understand the causes and effects of trauma, and how they can contribute to healing. As with family violence, not all workers need to be specialists, but all institutions (health, educational, welfare) and staff need to be well informed about trauma.

Gaining compliance – when training, supervision, practice instructions and guides are not enough

The Best Interests framework and resources to support practice and training have been designed to equip practitioners at the front line to understand trauma and intervene effectively. The value of the practice resource on *Working with Families where an Adult is Violent* was noted by the Royal Commission into Family Violence.[101] However, in the cases analysed for this Inquiry, several child death inquiry reports commented that the practice had not complied with the framework.

It is always important to understand the conditions where guidelines have not been complied with. The Royal Commission into Family Violence noted the sheer number of reports to Child Protection and the complexity of the families referred to Child FIRST.[102]

Child Protection continues to experience very high demand as a result of a large increase in Child Protection reports arising from risk factors contributing to child abuse and neglect, and strengthening of reporting requirements by Victoria Police and the Federal Circuit Court.

The number of Child Protection reports made to the Department of Health and Human Services has increased by 30 per cent over the past two years. In 2015–16 the Department received 106,909 reports compared with 91,348 reports in 2014–15, an increase of 17 per cent. In 2013–14 there were 82,075 reports to Child Protection, an increase of 11 per cent from 2014–15 (91,348 reports).[103]

---

101 State of Victoria, *Royal Commission into Family Violence*, op. cit.; Dwyer, J. and Miller, R., 2014, *Working with Families where an Adult is Violent: Best Interests Case Practice Model Specialist Practice Resource*, Department of Health and Human Services.

102 State of Victoria, Royal Commission into Family Violence, op. cit.

103 Correspondence from the Department of Health and Human Services to the Commission for Children and Young People, dated 13 August 2016 (ADD/16/18405).

7. Areas requiring further attention in current family violence reforms

Having time to critically reflect and make thoughtful decisions is difficult with such an increasing workload. While Munro (2008) identified common thinking errors and implicit bias that can affect decisions in child protection practice, she also warned that errors are inevitable. Workers need to have the time and the freedom to reflect on the cases they deal with, and on the decisions they make. They need to be able to consider relevant sources of knowledge in their decision-making, including research evidence and more intuitive forms of knowledge like the wisdom they accumulate over years in practice.[104] If greater compliance with standards and guidance is going to be achieved it is likely that the workforce will need to be better supported, have more opportunities for development of their professional skills, be engaged in the vision of tackling family violence, and be held accountable.

The critical role of intake

In the cases analysed by this Inquiry the intake phase was consistently identified as a prominent obstacle to children being protected and families accessing the help they need. The role of the intake worker is critical in accurately assessing risk and ensuring that a thorough protective investigation is carried out for those children who may need a statutory response. The cases analysed were too frequently closed after the intake interview with little risk assessment. Referrals to other services were rarely followed up, and each new report seemed to be taken with little regard for any prior pattern and history of the people involved. The consequences of cumulative harm were evident but not identified.

It is likely that many of the reforms arising out of the Royal Commission into Family Violence and the increased resources provided by the Victorian Government through the Roadmap for Reform will go some way to reducing some of the pressure on Child Protection intake workers. However, the problems at intake identified in this Inquiry have been noted by numerous child death inquiries and reviews, and many of the problems persist. There appears to be a systemic pattern that warrants further investigation.

It appears that some processes around certain cases aid decision-making at intake by slowing the process, ensuring certain information is obtained and involving experienced practitioners in decision-making. Referrals relating to sexual behaviour problems are one example of this, with workers needing to be satisfied that a family will actually engage with a service before closing the case, and consideration whether a therapeutic treatment order is appropriate if they do not. Consideration needs to be given to other ways of ensuring effective risk assessment at the intake phase.

Creating trauma-informed services

The failure of services, organisations and institutions to be well informed about trauma leads to further traumatisation of victims. Unfortunately, as noted by Kezelman and Stavropoulos:

> ***Service practices which lead to re-traumatisation rather than recovery are not exceptional, but pervasive and deeply entrenched. In fact research which supports this disturbing claim is growing. Recognition of the reality that '[t]rauma has often occurred in the service context itself' is a major impetus for introduction of 'trauma-informed' practice.***[105]

> ***Trauma-informed services 'are informed about, and sensitive to, trauma-related issues'. They do not directly treat trauma or the range of symptoms with which its different manifestations are associated. The possibility of trauma in the lives of all clients/patients/consumers is a central organizing principle of trauma-informed care, practice and service-provision. This is irrespective of the service provided, and of whether experience of trauma is known to exist in individual instances.***[106]

104 Munro, E. 2008, 'Improving reasoning in supervision', *Social Work Now*, the practice journal of Child, Youth and Family, no. 40, August.

105 Kezelman, C. and Stavropoulos, P., 2012, *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery, Adults Surviving Child Abuse*, p. 86, available http://www.blueknot.org.au/ABOUT-US/Our-Documents/Practice-Guidelines

106 ibid. p. 88.

Trauma-informed services with children involves:

- seeing the child's behaviour/actions in the context of their experience of complex trauma
- viewing their behaviour as adaptions to trauma, rather than pathologising or labelling the child
- holding safety as paramount
- forming a positive relationship with a child to provide the foundation for safety and healing.

In the cases examined in this Inquiry, there was evidence of children and families being re-traumatised by some of the services they came into contact with. This was caused sometimes by actions of the services, and sometimes by failure to act. While this was not intentional, it underlines the importance of all services becoming trauma-informed. This is important even if the organisation is not directly involved in treating the symptoms and effects of trauma. The child protection system needs to contribute to prevention of trauma as well as to respond to its occurrence in children's lives. It was apparent that an area where systemic responses continually failed to be trauma-informed was with Aboriginal families. The lack of cultural competence and failure to include families and communities meant that further trauma was inevitable.

The Royal Commission into Family Violence noted the need for effective trauma counselling services. The evidence from this Inquiry supports this. In the cases reviewed, trauma counselling could have helped children and their parents to heal. However, this needs to focus not only on individuals; a family approach that recognises the impact of trauma on relationships is warranted. The evidence from Aboriginal pilot projects such as the 'As if' project, is that responses to families suffering transgenerational trauma are not just about providing therapy or counselling. The provision of more comprehensive types of support, community connection and even simple practical assistance such as providing transport to counselling appointments were all fundamental to good outcomes.

7.7 Conclusion

The Inquiry has established that children living in violent families who come to the child protection system frequently have complex needs and face multiple risk factors in their lives. In the cases analysed, the family violence was generally part of an entrenched pattern of multigenerational trauma and disadvantage that cascaded through children's lives and impacted on their development in many ways with damaging, sometimes fatal consequences. Neglect was a prominent feature in the children's lives. Together with the impact of family violence these multiple problems placed children at further risk.

The report of the Royal Commission into Family Violence and the Roadmap for Reform are welcome. The implementation of current reforms is likely to improve the early intervention and identification of family violence, risk assessment and intervention with perpetrators and victims. However, those children who have missed out on early intervention and have already suffered significant trauma may not be adequately supported by the current reforms.

If the risks of cumulative harm were not identified early in a child's life, Child Protection intervention was often ineffective, and the cumulative harm resulted in long-term problems such as substance abuse, mental health problems and behavioural difficulties. While there was some evidence of improvements in practice in recent years, this was not a general pattern across all cases. Sexual abuse of children was identified as a more common problem than realised, and the responses to chronic neglect and sexual abuse of children continued to be unpredictable and inadequate.

The professional practice procedures that were used with the Aboriginal families who were included in the analysis reflected a lack of cultural awareness and competence, and rarely used Aboriginal family-led decision-making meetings or cultural support plans to link children with Aboriginal family members and community. The transgenerational nature of trauma, and its relationship to historical practices of child removal and colonisation, was not adequately understood or addressed in practice.

7. Areas requiring further attention in current family violence reforms

The Inquiry identified areas requiring further reform relating to:

- Aboriginal families
- ways to address the needs of children who have already suffered harm from family violence and other trauma
- prevention of violence, including intervening in transgenerational trauma, and working with perpetrators
- the importance of engaging directly with children
- the prevalence of sexual abuse and its consequences and the need to understand and address barriers to children telling about this in their lives
- the need for better assessment and enhancement of parenting capacity and effective support for parents considered to be 'protective'
- identifying foundational or fundamental skills for the frontline workforce
- concerns relating to the intake phase of Child Protection involvement.

Section 1 of this Inquiry provides specific recommendations for systemic reform. These should not be seen as the only recommendations arising from the findings. Further areas that would benefit from reform at different levels of the system are identified throughout this report to inform ongoing work to build a service system that effectively intervenes to prevent family violence and support the children affected by it.

8. Opportunity to respond

Section 48 of the Commission for Children and Young People Act requires that natural justice be afforded to any person or service about which adverse comment or opinion is contained in an inquiry report, before the report is provided to the Minister for Families and Children, the Secretary to the Department of Health and Human Services or any other minister, if the report considers matters that are the responsibility of that minister.

The Commission provided a draft of the report to the Department of Health and Human Services and an extract of the report to Victoria Police.

The Commission considered each response, and where necessary, amendments have been made within the final report to provide more information and address any factual inaccuracies.

Department of Health and Human Services

The Department of Health and Human Services acknowledged that the Inquiry report represented a significant undertaking by the Commission and the report reflected the breadth of issues arising from contemporary research and the responses to family violence including child death inquiries.

The department highlighted that the analysis in the Inquiry report primarily focused on cases closed at intake or following investigation. It also noted that in a number of cases the children and young people were subject to multi-service responses and the report did not consider the efficacy of these responses. The Commission acknowledges the limitations of the analysis and this is discussed in detail in the Commissioners' foreword and section 4. Although the Inquiry relied on the child death inquiry reports which often analysed the Child Protection files and not the files of other services, there was sufficient information in the reports to identify recurring patterns and themes across the cases.

The Commission welcomes the department's support of the intention of the 13 recommendations.

Victoria Police

Victoria Police advised the Commission that the organisation was a significant contributor the Royal Commission into family Violence and consequently the organisation has established a new Family violence Command managed by an Assistant Commissioner, with full time resources dedicated to assessing and addressing the recommendations handed down in the Royal Commission.

Victoria Police confirmed that its approach for interviewing children where allegations of sexual abuse have been disclosed is to use Video and Audio Recorded Evidence (VARE). This process supports Victoria Police's responsibility under the *Criminal Procedure Act* 2009 which requires the electronic recording of interviews with vulnerable victims for criminal proceedings relating to sexual offences. VARE is used for all children whether or not a child or young person has a disability.

9. Bibliography

Anda, R., (nd), 'The Health and social impact of growing up with Adverse Childhood Experiences: The human and economic cost of the status quo', https://www.hitpages.com/doc/5669298982879232/1, accessed October 2016.

Atkinson, J., 2013, 'Trauma-informed services and trauma-specific care for Indigenous Australian children', Resource sheet no 21 produced for the Closing the Gap Clearinghouse, Australian Institute of Health and Welfare.

Australian Institute of Family Studies, 2013, 'The long-term effects of child sexual abuse', CFCA Paper No. 11, January 2013.

Australian Institute of Family Studies, 2013, 'Risk and protective factors for child abuse and neglect', CFCA Resource sheet, March 2013.

Australian Institute of Family Studies, 2015, *Conceptualising the Prevention of Child Sexual Abuse*, Research Report No. 33, June 2015.

Australian Institute of Family Studies, 2015, 'Child Protection and Aboriginal and Torres Strait Islander Children', CFCA resource sheet, September 2015.

Baglivio, M., Epps, N., Swartz, K., Huq, M., Sheer, A., and Hardt, N., 2014, 'The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders', *Journal of Juvenile Justice*, vol. 3, no. 2, Spring, Office of Juvenile Justice Prevention, US Department of Justice.

Bartholomew, K. and Shaver, P., 1998, 'Methods of assessing adult attachment', in J.A. Simpson and W.S. Rholes (eds), *Attachment Theory and Close Relationships*, New York: Guilford Press.

Bromfield, L., Sutherland, K. and Parker, R., 2012, *Families With Multiple and Complex Needs, Best Interests Case Practice Model, Specialist Practice Resource*, Department of Human Services, Victoria.

Bromfield, L., Sutherland, K. and Parker, R., 2012, *Families with Multiple and Complex Needs*, Department of Human Services.

Bronfenbrenner, U. (ed.), 2005, *Making Human Beings Human: Bioecological Perspectives on Human Development*, California: Sage.

CASA Forum, 2016, 'Fact Sheet: Statistics about sexual assault', Victorian Centres Against Sexual Assault.

Centres for Disease Control and Prevention, Adverse Childhood Experiences (ACEs), https://www.cdc.gov/violenceprevention/acestudy/, accessed August 2016.

Choo, K.R., 2009, 'Responding to online child sexual grooming: An industry perspective', *Trends and Issues in Crime and Criminal Justice*, no. 379, Australian Institute of Criminology, July 2009.

Colquhoun, S. and Dockery, A., 2012, 'The link between Indigenous culture and wellbeing: Qualitative evidence for Australian Aboriginal peoples', CLMR Discussion Paper Series 2012/01, the Centre for Labour Market Research, Curtin University, Western Australia.

Commission for Children and Young People, 2015, *In The Child's Best Interests: Inquiry Into Compliance with the Intent of the Aboriginal Child Placement Principle in Victoria*, Victoria State Government.

Commission for Children and Young People, 2016, *'Always Was, Always Will Be, Koori Children'. Systemic Inquiry into Services Provided to Aboriginal Children in Out-of-Home Care in Victoria*, Victoria State Government.

Department of Health and Human Services, 2015, *Child Protection Manual*, http://www.cpmanual.vic.gov.au, accessed October 2016.

Department of Health and Human Services, 2016, *Roadmap for Reform: Strong Families, Safe Children*, State of Victoria.

Department of Human Services, 2012, 'Program Requirements for the Aboriginal Family Decision Making Program', State of Victoria

Department of Human Services, 2014, Adolescent Family Violence Program service model, February 2014.

Domestic Violence Victoria, 2006, *Code of Practice for Specialist Family Violence Services for Women and Children: Enhancing the Safety of Women and Children in Victoria*, cited in Dwyer, J. and Miller, R., 2014, *Working with Families where an Adult is Violent, Best Interest Case Practice Model Specialist Practice Resource*, Department of Health and Human Services.

Dwyer, J. and Miller, R., 2014, *Working with Families where an Adult is Violent: Best Interests Case Practice Model, Specialist Practice Resource*, Department of Health and Human Services.

Dwyer, J., O'Keefe, J., Scott, P. and Wilson, L., 2012, 'Literature Review: A Trauma-sensitive Approach for Children Aged 0–8 years', for the Trauma and Young Children—a Caring Approach Project, Women's Health Goulburn North East, funded by the Australian Government Department of Families, Communities and Indigenous Affairs, 2012.

Faller, K.C. (ed.), 2007, *Interviewing Children About Sexual Abuse: Controversies and Best Practices*. New York, NY: Oxford University Press.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M. and Marks, J., 1998, 'Relationship of childhood abuse and household dysfunction to many of the leading Causes of Death in adults', *American Journal of Preventive Medicine in 1998*, vol. 14, pp. 245–258, http://www.ajpm-online.net/article/PIIS0749379798000178/abstract.

Frederico, M., Jackson, A. and Jones, S., 2006, *Child Death Group Analysis: Effective Responses to Chronic Neglect*, Office of the Child Safety Commissioner, Victoria.

Gannon, T. and Rose, M., 2008, 'Female child Sexual offenders: Towards integrating theory and practice', *Aggression and Violent Behaviour*, vol. 13, no. 6, pp. 442–461.

Healing Foundation, 2013, 'Growing our children up strong and deadly: healing for children and young people', http://healingfoundation.org.au/wordpress/wp-content/files_mf/1369185755GrowingourChildrenupsinglesfeb2013.pdf, accessed July 2016.

Humphreys, C. and Stanley, N. (eds), 2006, *Domestic Violence and Child Protection: Directions for Good Practice*, London: Jessica Kingsley Publishers.

Ijzendoorn, M., 1995, 'Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the adult attachment interview', *Psychological Bulletin*, May, vol. 117, no. 3, pp. 387–403.

Jordan, B., Sketchley, R., Bromfield, L. and Miller, R., 2010, *Infants and Their Families: Best Interests Case Practice Model Specialist Practice Resource*, Department of Human Services.

Kezelman, C. and Stavropoulos, P., 2012, *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, Blue Knot Foundation, http://www.blueknot.org.au/ABOUT-US/Our-Documents/Practice-Guidelines, accessed October 2016.

Leclerc, B., Wortley, R. and Smallbone, S., 2010, 'An exploratory study of victim resistance in child sexual abuse: Offender modus operandi and victim characteristics', *Sex Abuse*, vol. 22, no.1, pp. 25–41, http://www98.griffith.edu.au/dspace/bitstream/handle/10072/33416/63540_1.pdf?sequence=1.

Levendosky, A., Lynch, S. and Graham-Bermann, S., 2000, 'Mothers' perceptions of the impact of woman abuse on their parenting', *Violence Against Women*, vol. 6, no. 3, pp. 248–272.

Miller, R. and Bromfield, L., 2010, *Cumulative Harm: Best Interests Case Practice Model, Specialist Practice Resource*, Department of Human Services.

Moloney, L., Smyth, B., Weston, R., Richardson, N., Qu, L. and Gray, M., 2007, *Allegations of Violence and child Abuse in Family Law Children's Proceedings: A pre-reform Exploratory Study*, Research Report No. 15, Australian Institute of Family Studies, Melbourne.

Mullen, P., Martin, J., Anderson, J., Romans, S., and Herbison, G., 1993, 'Child sexual abuse and mental health in adult life', *British Journal of Psychiatry*, vol. 163, no. 6, pp. 721–732.

Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E. and Regan, L., 2002, *Children's Perspectives on Domestic Violence*, London: Sage.

Munro, E., 1999, 'Common errors of reasoning in child protection work', *Child Abuse and Neglect*, vol. 23, no. 8, http://eprints.lse.ac.uk/archive/00000358/.

Munro, E., 2008, 'Improving reasoning in supervision', *Social Work Now*, no. 40, August, p. 3.

Naughton & Co., 2015, *S. 18 'As If' Project Evaluation Report.*

Office of the Child Safety Commissioner, 2012, *Connecting Services: Learning from Child Death Inquiries when the Co-existing Parental Characteristics of Family Violence, Substance Misuse and Mental Illness Place Children at Risk*, Office of the Child Safety Commissioner, Victoria.

9. Bibliography

Perry, B., 2006, 'Applying principles of neurodevelopment to clinical work with maltreated and traumatised children: The neurosequential model of therapies', in N.B. Webb (ed.), *Working with Traumatized Youth in Child Welfare*, New York: Guilford Press.

Proeve, M., Malvaso, C., and DelFabbro, C., 2016, *Evidence and Frameworks for Understanding Perpetrators of Institutional Child Sexual Abuse*, A report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Commonwealth of Australia.

Raphael, B., Swan, P. and Martinek, N., 1998), 'Intergenerational aspects of trauma for Australian Aboriginal people', in Y. Danieli (ed.), *International Handbook of Multigenerational Legacies of Trauma*, New York : Plenum Press.

Ricci, R.J., Clayto, C.A., 2008, 'Trauma resolution treatment as an adjunct to standard treatment in child molesters: Theoretical reviews and preliminary findings', *The Journal of Forensic Psychiatry and Psychology*, vol. 17, no. 4 pp. 538–562.

Robinson, E., Miller, R., Price-Robertson, R., and Carrington, A., 2012, *Children and their Families: Best Interests Case Practice Model Specialist Practice Resource*, Department of Human Services.

Russell, D., 1986, *The Secret Trauma: Incest in the Lives of Girls and Women.* New York: Basic Books.

Salter, A., 1988, *Treating Child Sexual Offenders and Victims: A Practical Guide,* London: Sage.

SNAICC, 2015, Royal Commission into Institutional Responses to Child Sexual Abuse, Out of Home Care public hearing, 29 June—briefing note 2, 3 July 2015.

SNAICC, 2015, Royal Commission into Institutional Responses to Child Sexual Abuse, Out of Home Care public hearing, Briefing note 6—Culture is protective, 29 June—3 July 2015—Unpublished.

SNAICC, 2015, Royal Commission into Institutional Responses to Child Sexual Abuse, Out of Home Care public hearing, Briefing notes—Brief 3—Unpublished.

State of Victoria, *Royal Commission into Family Violence: Summary and Recommendations*, vol IV, Parl. Paper no. 132 (2014–16).

Tronick, E., 2007, *The Neurobehavioral and Social-emotional Development of Infants and Children*, New York: W.W. Norton & Company.

Victorian Aboriginal Childcare Agency, 'Lakidjeka ACSASS program', https://www.vacca.org/services/lakidjeka-acsass-program, accessed August 2016.

Turnell, A. and Edwards, S., 1999, *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection*, New York: W.W. Norton & Co, London.

Victorian Aboriginal Childcare Agency, 'What is "Aboriginal Guardianship" or "Section 18"?', https://www.vacca.org/what-is-aboriginal-guardianship-or-section-18/.

Victorian Aboriginal Community Controlled Organisations and Community Service Organisations, 2013, *Koorie Kids: Growing Strong in their Culture, Five Year Plan for Aboriginal Children in Out of Home Care*, Submission to the Inquiry into compliance with the Aboriginal Child Placement Principle. Commissioner for Children and Young People, Melbourne, http://www.ccyp.vic.gov.au/downloads/submissions/submission-koorie-kids-growing-strong-in-their-culture-nov13.pdf.

Victorian Auditor General's Office, 2015, *Early Intervention Services for Vulnerable Children and Families*, Victorian Government Printer.

Victorian Child Death Review Committee, 2012, Annual Report of Inquiries into the Deaths of Children Known to Child Protection 2013, Commission for Children and Young People, Victoria.

Victorian Council of Social Services, 2015, Submission to the Inquiry into Compliance with the Intent of the Aboriginal Child Placement Principle, Commissioner for Children and Young People, Melbourne.

Whitaker, R., Orzol, S. and Kahn, R., 2006, 'Maternal mental health, substance use, and domestic violence in the year after delivery and subsequent behavior problems in children at age 3 years', *Archives of General Psychiatry*, May, vol. 63, no. 5, pp. 551–60.

Whitfield, C.L., Anda, R.F., Dube, S.R. and Felitti V.J., 2003, 'Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization'. *Journal of Interpersonal Violence*, Feb, vol. 18, no. 2 pp. 166–85, http://dx.doi.org/10.1177/0886260502238733.

Williams, J., Nelson-Gardell, D., Faller K.C., Cordisco-Steele, L. and Tishelman, A., 2013, 'Is there a place for extended assessments for evaluating concerns about child sexual abuse? Perceptions of 1,294 child maltreatment professionals'. *Journal of Forensic Social Work*, vol. 3, no. 2., pp. 88–105.

Commission for Children and Young People
Level 20, 570 Bourke Street
Melbourne, Victoria, 3000
Freecall: 1300 78 29 78
Phone: (613) 8601 5884
Email: childsafe@ccyp.vic.gov.au
www.ccyp.vic.gov.au