

THE GUARDIAN'S

Submission

Royal Commission into Family
and Domestic Violence

February 2025



Guardian
for Children and
Young People

Paying Respect & Acknowledgement

The Office of the Guardian for Children and Young People humbly and respectfully acknowledge the lands, waters, skies, histories, legacies, talents, creations, sciences, care, love, kindness, giving and generosity of the First Peoples of the lands that we live, work, walk and play upon.

Our office is based on the lands of the Kaurna people, we thank and express our gratitude to Kaurna for looking after this place so future generations can enjoy. We work right across the state called South Australia and we pay similar homage to those nations in which we visit.

Our promise is to work and walk with care in all we do - with our dedication to also supporting future generations.

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Preliminary Notes

I make this submission in my capacities as Guardian for Children and Young People (the Guardian), Training Centre Visitor (TCV), Child and Young Person's Visitor (CYPV) and Youth Treatment Orders Visitor (YTOV). In these positions, my role is to advocate for the rights and best interests of children and young people in care and youth detention.¹

I fulfil these functions through providing advocacy on individual and systemic matters, as well as monitoring the safety and wellbeing of individual children and young people.

¹ Information about each of my roles and statutory functions is available on the Office of the Guardian for Children and Young People's website at <https://gcyp.sa.gov.au/what-we-do/>.

Contents

Paying Respect & Acknowledgement.....	2
Preliminary Notes	3
Introduction	5
Understanding Family and Domestic Violence in out-of-home care	5
Experiences of Family and Domestic Violence in Foster Care Arrangement	6
Experiences of Family and Domestic Violence in Kinship Care Arrangement.....	8
Experiences of Family and Domestic Violence in Residential Care Settings	9
Understanding Perspectives on Family and Domestic Violence	10
Children’s First-Hand Experiences	10
Aboriginal and Torres Strait Islander Perspectives	11
Biological Parent’s Perspectives	13
Carers’ Perspectives	14
Disability Perspectives	15
Understanding the Effects of Family and Domestic Violence	16
Psychological and Emotional.....	16
Aggression and Defiance	17
Self-Harm and Suicidal Behaviours.....	18
Withdrawal from Social Interactions	19
Physical Health.....	20
Education and Learning Impacts.....	21
Risk of Further Placement Breakdown	23
Going Forward.....	24
Systemic Challenges and Gaps	24
Defining Family and Domestic Violence	24
Systemic Barriers for Aboriginal and Torres Strait Islander Children and Young People.....	25
Systemic Challenges for Children and Young People with a Disability	26
Other Systemic Challenges	26
Focus for Change.....	27
Redefining Family and Domestic Violence	27
Addressing Family and Domestic Violence Care arrangements	28
Policy and Practice Improvements	28
Culturally Safe Responses for Aboriginal and Torres Strait Islander Children and Young People.....	28
Building a Disability-Inclusive Family and Domestic Violence Response	29
The Role of a Multi-Agency Approach in Creating Safer Environments	30
The Role of Trauma-Informed Care.....	30
Addressing Physical Health Risks.....	30
Support Learning and Educational Success.....	31

Introduction

I provide this submission in my capacities as South Australia's Guardian for Children and Young People, Child and Young Person's Visitor and Training Centre Visitor. In these roles, I am appointed to promote and protect the rights and best interests of children and young people under the guardianship or in the custody of the Chief Executive of the Department for Child Protection, and children and young people on remand or sentenced to detention at the Adelaide Youth Training Centre.

Providing input to the Royal Commission into Family and Domestic Violence, I bring forward the very real experiences of children and young people who have been removed from the care of their biological families through no fault of their own and placed into the care of other family members, Foster carers and even within residential care facilities. I pay my respects to those to open their homes and families to include children and young people in need of care and love into their lives.

We all know that family and domestic violence is a significant social issue that has long-lasting effects on children and young people. This submission is unique in that my perspective seeks to focus on children and young peoples' experiences after they have been removed and how they grow up within an out-of-home care system in which family and domestic violence continues to play a part in their lives even after being placed into the care of person/s other than their immediate family.

I recognise some of the information contained in this submission is difficult to read, but they are based on my observations and real experiences of children in the out-of-home care system. I firmly believe we cannot shy away from this content nor the real experiences of children and young people, rather, we learn what we can and try and make the support we give and the care we provide all the more better for exploring tricky and difficult area of our social systems and interpersonal interactions.

It is also important for me to provide commentary and recognition that not all children and young people that grow up within the out-of-home care system experience ongoing family and/or domestic violence. The simple fact is we are unable to provide an accurate number of children and young people impacted by family and domestic violence in out-of-home care, because we do not define it well, we do not address it well and we do not record it well.

Understanding Family and Domestic Violence in out-of-home care

The aspiration of the out-of-home care system is to provide a stable and protective environment for children and young people who have been removed from unsafe environments. My observations and indeed published research indicate that some family-based and residential care placement continue to expose children and young people to further family and domestic violence. Below I have outlined with this primary and secondary exposure looks like and how it impacts the quality of care and quality of life for children and young people in out-of-home care.

Primary exposure occurs when a child or young person directly experiences violence within their home or care environment. This means they are:

- Direct victims of abuse – physically, emotionally, or sexually harmed by a caregiver, Foster carer, or another household member.
- Physically present when violence occurs – witnessing violent acts such as physical assault, threats, or aggressive behaviour between caregivers, other family members or other household members.
- Targeted for violence - being physically disciplined inappropriately, scapegoated, or used as a tool in conflict between adults or peers.

Secondary exposure occurs when a child or young person does not directly experience violence but is still affected by it. This can include:

- Hearing violence or aggressive fights occurring in the home.
- Seeing the aftermath of violence, such as injuries, broken items, or fearful behaviour from caregivers or siblings.
- Learning about violence second-hand through discussions, warnings, or witnessing another family member’s distress.
- Experiencing the consequences of family and domestic violence, such as frequent moves, homelessness, or disruptions in relationships.

Experiences of Family and Domestic Violence in Foster Care Arrangement

A foster care arrangement refers to the placement of children and young people with approved carers when they are unable to live safely with their biological families, this placement type is designed to be a family-based environment and usually in the home of the Foster carer/s.

The vision for such arrangements is that a stable, supportive, and nurturing environment is provided for children and young people who have experienced abuse, neglect, or other forms of family disruption. There are various arrangements for Foster care including short, medium to longer term arrangements, and emergency and respite care can be sourced through Foster carers. In many instances, these arrangements will be in place to support children and young people to be reunited with their biological family, however, they can also evolve into more longer-term permanent care arrangements for children and young people who are unable to return home.

Whilst it is the absolute intention that any child or young person who is placed into out-of-home care receives a safe and stable placement free from violence, it is important to recognise that this does not always happen. In exploring this I present some key points that delve into why children and young people might experience family and domestic violence in foster care arrangements:

- **Existing Family and Domestic Violence in the home:** One of the major critiques is that the child protection system is designed to remove children and young people from unsafe environments, yet it sometimes places them in equally harmful situations. Some of the key concerns I have observed include where:
 - foster carers may have a history of violence that was overlooked or insufficiently assessed.

- sibling placements where an older sibling may be violent toward a younger child may not be adequately supervised.
- carers' relationships with partners, other household members, or extended family may introduce new risks of family and domestic violence in the home.
- **Prior Trauma Exposure:** Many children and young people entering out-of-home care have experienced previous trauma, these experiences may include exposure to family and domestic violence. This history can lead to behavioural challenges that may strain Foster care placements and, in some cases, result in further concerns about children and young people's care within the Foster care setting.
- **Increased stressors within the family environment:** Foster carers often face significant challenges in providing care to children and young people with complex needs. The cumulative effect of stress is significant and while most foster carers provide safe and loving homes, chronic stress may lead to environments where it is evident that there is:
 - **Emotional burnout**, making it harder for carers to regulate their emotions and respond to children and young people's needs with patience and empathy.
 - **Compassion fatigue**, where carers may feel emotionally drained from continuously responding to children and young people's trauma and behaviours.
 - **Frustration and resentment**, especially if the child exhibits challenging behaviours, such as aggression, defiance, or attachment difficulties.

These pressures may increase the likelihood of verbal aggression, punitive discipline, or, in extreme cases, physical violence within the home.

In some instances, biological parents who have their children and young people placed in out-of-home care may continue to exert control through coercive tactics such as persistent phone calls, emotional manipulation, or even physical threats directed at either the child or the Foster/Kinship care family.

Parents may use contact and access rights as a means to intimidate or harass Foster/Kinship care families, reinforcing a cycle of fear and uncertainty. This ongoing exposure to parental threats and coercion may prevent children and young people from fully engaging and immersing into their new environment, causing them to struggle with attachment issues and emotional dysregulation.

At the same time, it is not uncommon to observe situations where there is a power imbalance between foster carers and biological parents, which may create an environment where children and young people feel torn, manipulated, and emotionally distressed. For instance, I have observed occasions where foster carers:

- share derogatory, exaggerated, or one-sided accounts of parents' past actions. There are times where I come across situations where carers may present biological parents as dangerous, irresponsible, or unfit, reinforcing the child's fear or shame; or, on some occasions telling children and young people that their parents are not trying hard enough to regain custody, fostering resentment. This narrative may distort the child's perception of their own history and identity, leading to internal conflict

- can subtly or overtly control interactions, shaping how children and young people perceive their parents. This may include supervising visits in a way that makes the biological parent feel powerless or scrutinised or restricting discussions, preventing children and young people from asking questions about their past. Even steering children and young people towards rejecting their parents by emphasising negative aspects of their behaviour.

Some carers leverage their position to control access, creating an environment of fear and instability for both children and young people and parents, including:

- imposing arbitrary rules on visitations or emotionally manipulating children and young people into refusing visits
- suggesting that further "bad behaviour" from the biological parent will result in reduced access or termination of visits

For children and young people who have already experienced a parent being subjected to coercive control, these dynamics may be retraumatising and may: reinforce feelings of powerlessness; elicit feelings of guilt and internal conflict; build mistrust of authority figures; and creates feelings of being a pawn in an adult conflict.

In general terms, children and young people who experience this form of secondary exposure often exhibit hyper vigilance in the everyday person to person contact, difficulty concentrating in school, and increased anxiety related disorders. They may also feel torn between their loyalty to their biological parents and the need to adapt to their Foster or Kinship care placement, leading to distress and internalised guilt. Addressing these concerns requires a coordinated approach that involves child protection services, law enforcement, and trauma-informed therapeutic support to ensure children and young people in out-of-home care feel safe and supported.

Experiences of Family and Domestic Violence in Kinship Care Arrangement

Often seen as the preferred placement type, Kinship Care is simply described where children and young people are placed with immediate and extended family members other than their biological parents. It is generally seen as a natural placement type due to the sense of familiarity and continuity of care within a family unit. Whilst connection and continuity are important, we must be clear that this does not guarantee a violence-free environment for children and young people. In some cases, children and young people placed with relatives may be exposed to family and domestic violence, particularly if there are histories of abuse or exposure to violence and/or if there are ongoing violence issues within the household.

In addition to the key points highlighted in the Foster Carer section about, there are several factors specific to Kinship Carers that may contribute to family and domestic violence within Kinship care arrangements, including:

- **Pre-existing Family Trauma:** Many Kinship carers are relatives of parents who may have experienced domestic violence themselves, leading to intergenerational patterns of violence. Such unresolved family conflicts may resurface, especially if the placement was initiated due to abuse or neglect by the child or young person's parents.
- **Financial and Emotional Stress:** Kinship carers, often grandparents or extended family members, may experience financial strain due to the unexpected responsibility of raising a child/ren. The added responsibility of caregiving, particularly if the carer is

elderly, has health issues, or is caring for multiple children and young people, may lead to high-stress levels.

- **Lack of Support and Resources:** Kinship carers frequently receive less professional support than Foster carers, leading to increased stress and burnout. In addition, limited access to mental health and family support services may contribute to difficulties in managing trauma-related behaviours in children and young people.
- **Power Imbalances and Family Dynamics:** A Kinship placement may reinforce pre-existing power dynamics, where one family member exerts control over others. Carers may struggle with boundaries, discipline, and decision-making, particularly if they feel conflicted about the parents' role in the child's life.
- **Substance Abuse and Mental Health Issues:** Some Kinship Carers may struggle with substance misuse, mental health issues, or a history of family violence, increasing the risk of harm to the child. Children who have witnessed violence may exhibit behavioural challenges that may be difficult for caregivers to manage.
- **Contact with Parents:** Children in Kinship care often maintain contact with their biological parents, which can be beneficial but also expose them to continued violence if the parents remain in abusive relationships and Kinship carers are unable to establish protective boundaries for children and young people in their care. The carer may feel pressured to allow contact even when it poses risks to the child's emotional and physical safety.

It is also important to recognise that despite best efforts of Kinship carers financial stress, lack of access to training, and inadequate support may further exacerbate tensions, leading to conflict and even violence within the home. Unlike Foster carers, Kinship carers often do not receive the same level of attention or assistance, which may leave children and young people at risk of harm. Therefore, it is crucial to improve assessment protocols, provide better financial and psychological support for Kinship carers, and implement monitoring mechanisms to ensure children and young people's best interests are met in placements where family and domestic violence is a significant risk.

Experiences of Family and Domestic Violence in Residential Care Settings

Residential care facilities accommodate children and young people who cannot be placed in Foster or Kinship care. These settings often house children and young people with multiple placement breakdowns, complex trauma histories, high disability and/or mental health needs - increasing the risk of aggression and interpersonal violence among residents and between staff and children and young people. Violence within residential care may take the form of peer-to-peer bullying, physical assaults, or emotional abuse by staff members. Experiences of physical force, such as use of restraints that are authorised within legislation, may also be experienced by children and young people as violence.

Children in residential care settings are particularly vulnerable to multiple forms of violence.

- **Peer-to-peer bullying** can manifest as physical intimidation, verbal abuse, or exclusion, creating a hostile and unsafe living environment.

- **Physical assaults** among children and young people may escalate due to competition over resources, past trauma responses, or inadequate supervision from staff. Children and young people may also be assaulted by staff members.
- **Lawful restraints by staff** may be used when children and young people are dysregulated or a danger to themselves or others, and particularly for children and young people with disability. While lawful in the circumstances, these restraints can be highly traumatising for children and young people and be experienced as a physical assault
- **Emotional abuse** by other children and young people or even staff members may reinforce feelings of worthlessness, isolation, and rejection.
- These experiences may contribute to the development of **compound trauma**, wherein repeated traumatic events accumulate, further destabilising a child's sense of security and mental well-being.

Repeated victimisation in residential care is particularly concerning, as many children and young people have already been exposed to abuse prior to entering the system. My observations are that children and young people in residential care are more likely to be re-traumatised due to systemic failures, inadequate safeguarding measures, and insufficient therapeutic intervention. Victimisation may be exacerbated by power imbalances, lack of consistent caregivers, and institutional neglect, making children and young people feel abandoned and hopeless. Exposure to continued abuse may lead to profound difficulties in emotional regulation, a heightened sense of hypervigilance, and the normalisation of violent interactions as a coping mechanism.

Moreover, the lack of individualised attention in residential care often means that incidents of victimisation go unnoticed or unaddressed. Staff shortages, high turnover rates, and inadequate training in trauma-informed care contribute to an environment where bullying, exploitation, and aggression persist without effective intervention. This may have devastating effects on a child's self-esteem, social development, and long-term well-being.

The destabilisation caused by exposure to violence in residential care may lead to severe mental health impacts, including increased rates of depression, anxiety, self-harm, and suicidal ideation. Children who endure continuous victimisation in care settings may struggle with trust, developing a deep-seated belief that no environment is truly safe. This may affect their ability to form healthy relationships in adulthood, sustain employment, and engage in stable housing situations after leaving care. Without targeted interventions, children and young people exposed to prolonged violence in residential care may continue to suffer from long-term psychological distress and social instability.

Understanding Perspectives on Family and Domestic Violence

Children's First-Hand Experiences

Many children and young people in out-of-home care share that they experience family and domestic violence both before and after their placements. Some children and young people feel

that they were safer with their biological parents, despite the challenges they faced at home, due to the emotional connection and familiarity they had with their family environment. Others report feeling unsafe in care due to abusive Foster or Kinship carers, neglect, or exposure to violence between caregivers or other children and young people in their placement.

Children and young people's reflections on their safety vary depending on the quality of care they receive. Some report experiencing continued mistreatment in Foster or Kinship care, including emotional abuse, physical punishment, or neglect, leading them to question whether their removal from their biological families was truly in their best interest. Others, however, acknowledge that their placements provided them with stability and security, especially when they were placed with nurturing and well-supported caregivers.

Through my Guardian and Child and Young Person Visitor functions, I also hear from children and young people in residential care, who often experience peer violence, bullying, and a lack of emotional support from staff. Many children and young people in these settings feel that their voices are not heard and that they have limited avenues for reporting mistreatment without fear of retribution.

I have also observed more complex situations where children and young people placed in out-of-home care have lived in environments where they took on a protective role for their parents, siblings, or other family members. When removed from these situations, they talk about experiencing deep distress, guilt, and anxiety, as they are suddenly unable to fulfill their perceived duty to protect their loved ones. This emotional burden is often overlooked in child protection processes, leaving children and young people with unresolved trauma and a lack of support in managing these feelings.

There are many reasons why children and young people feel responsible for protecting their families, including when children and young people often witness violence against a parent (commonly the mother) or caregiver and feel compelled to intervene or support them emotionally. Many act as emotional caregivers for younger siblings or even adults in the home. In cases where a parent has a disability, mental health struggles, or substance dependency, children and young people may assume a caregiving role. They may monitor the household, mediate conflicts, or even take on adult responsibilities such as managing finances, cooking, and caring for siblings. Some children and young people feel that if they don't step in, their parent or sibling could be harmed or even killed. They may have been told by an abusive person that they are the only thing standing between their parent and serious harm. In some cultural contexts, particularly in First Nation and migrant communities, there is a strong expectation that children and young people will support and care for their families. The removal of a child or young person from their family can be experienced not just as separation, but as a complete severing of their role and identity.

These lived experiences highlight the need for stronger departmental investment in the quality of care for children and young people in these placement types, increased capacity to oversight this quality of care, child-centred approaches to care, and improvements in placement matching to ensure children and young people's safety and well-being.

Aboriginal and Torres Strait Islander Perspectives

Aboriginal and Torres Strait Islander children and young people are overrepresented in the out-of-home care system, largely due to systemic failures, intergenerational trauma, and the

ongoing impacts of colonisation. The removal of Aboriginal and Torres Strait Islander children and young people from their families must be understood in the historical context of the Stolen Generations and the ongoing disruption of cultural identity, kinship systems, and community ties.

For many Aboriginal and Torres Strait Islander children and young people, the experience of family and domestic violence in care settings is compounded by the additional trauma of cultural disconnection, racism, and a system that often does not prioritise culturally safe responses. The application of mainstream definitions of family and domestic violence can fail to reflect the realities of Aboriginal and Torres Strait Islander family structures, leading to gaps in support and protection.

The impact of family and domestic violence on Aboriginal and Torres Strait Islander children and young people in out-of-home care has a number of specific and unique nuances that need to be discussed, such as :

- **Cultural disconnection and loss of identity:** many Aboriginal and Torres Strait Islander children and young people placed in non-Aboriginal foster or residential care settings lose connection with their culture, language, and community. This may be a form of cultural violence, as it disrupts their sense of identity and belonging. If children and young people experience family and domestic violence in care settings, they may not have access to Elders, cultural mentors, or community leaders who can provide guidance and support. Children and young people may feel isolated and alienated in placements where their cultural traditions, spirituality, and family connections are not respected or understood.
- **Disruption of family connections:** Aboriginal and Torres Strait Islander children and young people who are removed from their families inevitably experience a loss of connection to their biological relatives. As mentioned previously, this may negatively affect the child's sense of identity and their ability to bond with other family members from whom they are now separated. It is important to recognise that when children are removed, they are not only separated from their parents but from the entire family unit.
- **Role of kinship and community in family and domestic violence responses:** mainstream definitions of family and domestic violence do not always reflect Aboriginal and Torres Strait Islander kinship systems, where caregiving roles extend beyond immediate parents to include aunties, uncles, grandparents, and community Elders. When Aboriginal and Torres Strait Islander children and young people experience violence in kinship care, service eligibility criteria may exclude them from family and domestic violence protections because the abuser does not fit the traditional Western definition of a caregiver. The removal of Aboriginal and Torres Strait Islander children and young people from family members due to family and domestic violence must be approached with caution, ensuring that cultural safety plans are in place and prioritising community-led solutions rather than government-imposed interventions.
- **Normalisation of state violence and racism in care:** Aboriginal and Torres Strait Islander children and young people in care are more likely to experience systemic violence, including racial discrimination, over-surveillance, and criminalisation of their behaviours. Residential care settings, where many Aboriginal and Torres Strait Islander children and young people are placed, often involve coercive control by staff, use of

force, and high levels of police involvement—further entrenching distrust in the system. Many Aboriginal and Torres Strait Islander children and young people fear seeking help when experiencing violence in care, as they have seen their families criminalised or mistreated by child protection and law enforcement agencies.

- **Intergenerational trauma and family and domestic violence in care:** The trauma of child removal continues across generations, meaning many Aboriginal and Torres Strait Islander children and young people in care have parents or grandparents who were also taken from their families under government policies. This trauma may manifest as mental health issues, substance use, and community violence, contributing to cycles of family and domestic violence. Aboriginal and Torres Strait Islander children and young people in care may struggle with loyalty conflicts—feeling guilty for being removed while also fearing for the safety of their family members left behind.

Biological Parent’s Perspectives

Biological parents whose children and young people are placed in out-of-home care often have complex and deeply personal perspectives on family and domestic violence within the system. Their viewpoints are shaped by a range of emotions, experiences, and structural challenges, particularly in relation to their children and young people's safety, well-being, and the nature of their ongoing relationship with them.

Many biological parents express deep concerns about the possibility of their children and young people experiencing or witnessing further violence in care. They fear for their children and young people’s wellbeing, despite the intention of out-of-home care to provide a safer environment, parents often worry about:

- The potential for abuse or neglect in Kinship care, Foster care or residential care.
- The possibility of their children and young people being placed with caregivers who may have histories of violence or unstable households.
- Their children and young people's exposure to trauma due to placement disruptions, peer violence, or institutional environments.

Parents frequently experience guilt, shame, and helplessness, particularly if their children and young people were removed due to family and domestic violence in their own homes. This may be exacerbated by a lack of control over their children and young people's placements and care arrangements. Which can further be compounded by limited access to information about their children and young people's lives. Parents also talk about the barriers that exist for them in working towards reunification, even when they have worked to address the conditions that led to the removal.

It is also important to acknowledge that many biological parents, especially those from marginalised backgrounds, perceive the out-of-home care system as punitive rather than supportive. Their level of distrust for the child protection system is high as they may believe that the system fails to adequately protect children and young people from harm while in care. And that their voices and concerns about potential family and domestic violence in care placements are dismissed. A common overlay to this is the perceived and real racial and socioeconomic bias in decisions about removals and reunifications.

Some parents worry that their children and young people will be at higher risk of experiencing or perpetuating violence due to placement in care settings where they may witness or experience violence. Or the fact that there is a level of disconnection of their children and young people from cultural and familial support systems that could provide guidance and stability in navigating such complex matters. Parents also talk about the emotional impact of removal, including trauma, loss of identity, and attachment issues as a reason why they worry about their children and young people experiencing violence in care.

It is also important to acknowledge that despite negative experiences, many parents remain hopeful that their children and young people will receive better opportunities in a safer environment. That they can work toward reunification by addressing past issues related to family and domestic violence and that their children and young people will receive adequate support services, including therapy and trauma-informed care, to help them heal.

Carers' Perspectives

Carers (Kinship and Foster) play a crucial role in ensuring the safety and well-being of children and young people in out-of-home care. Many Foster and Kinship carers express concerns about the profound impact of family and domestic violence on the children and young people in their care. Carers often share that children and young people with histories of family and domestic violence display heightened anxiety, trust issues, and difficulty forming secure attachments. Some carers acknowledge that they feel ill-equipped to handle the emotional and behavioural challenges presented by children and young people who have experienced repeated trauma.

Foster and Kinship carers have also spoken about their own experiences with family and domestic violence and how it impacts their ability to care for vulnerable children and young people. Some carers have disclosed that they have experienced domestic violence in their own relationships, which has influenced their caregiving approach and emotional availability to the children and young people in their care. They highlight the challenge of managing their own trauma while providing stability and safety for children and young people with complex emotional needs.

Further, carers also talk about that their own exposure to family and domestic violence, whether in their past or current relationships, may create difficulties in setting boundaries and providing consistent discipline. Some have raised their own struggle with managing triggers and stress responses, particularly when working with children and young people who exhibit aggressive or self-destructive behaviours due to their own trauma histories. This underlines the need for psychological support and trauma-informed training for carers to ensure they can provide a nurturing and stable environment.

Additionally, carers acknowledge that family and domestic violence may lead to disruptions in placement stability. If a Foster or Kinship carer is experiencing domestic violence within their own household, children and young people may need to be relocated, adding another layer of instability and distress to their lives. This further reinforces the importance of screening and ongoing assessment to ensure that out-of-home care placements remain safe and suitable for the children and young people involved.

Despite these challenges, many carers remain committed to providing a nurturing and supportive environment for children and young people in care. Some Kinship and Foster carers recount positive experiences where children and young people, with the right support, were able

to heal from past trauma and develop trusting relationships. These accounts highlight the importance of a strong support system, ongoing professional development, and multi-agency collaboration in ensuring the best outcomes for children and young people exposed to family and domestic violence in out-of-home care.

Disability Perspectives

Children and young people with disabilities have significant involvement in the out-of-home care and face unique vulnerabilities to family and domestic violence. Many children with disabilities are placed into care due to parental violence, neglect, or an inability of the system to provide adequate family-based support. However, out-of-home care placements themselves often fail to provide a safe environment, leading to increased risk of abuse, neglect, and systemic harm.

Children and young people with disabilities in care settings often experience family and domestic differently from their peers, facing additional challenges related to communication barriers, dependence on caregivers, inadequate protections, and a lack of tailored support.

The impact of family and domestic violence on children and young people with a disability in out-of-home care has a number of specific and unique nuances that need to be discussed, such as :

- **Increased risk of violence and abuse in care settings:** Foster or kinship carers who lack understanding or patience for their needs or residential care staff who may use excessive restraint or punitive measures, or even other children or young people in care who exploit their vulnerabilities. Some children with disabilities may be subjected to neglect, where their medical, therapeutic, or basic care needs are not met—this, in itself, constitutes a form of family and domestic violence.
- **Communication barriers and lack of agency:** Many children with disabilities, particularly those with non-verbal communication styles, intellectual disabilities, or sensory impairments, struggle to report abuse or violence. Some children and young people are not believed when they disclose violence, leading to underreporting and systemic inaction. Where there is reliance on carers or staff for communication assistance, this may mean that the very people causing harm are also the gatekeepers to their disclosure and protection. The standard family and domestic violence interventions are often not accessible, failing to accommodate different communication or sensory needs.
- **Coercive control and systemic dependence:** children and young people with disabilities in out-of-home care often rely heavily on carers for daily living support, making them vulnerable to coercive control and financial, emotional, or physical abuse. Examples of coercive control experienced by children and young people with disabilities in care include,
 - Withholding essential supports (mobility aids, medication, or assistive communication devices).
 - Controlling access to family or support services, isolating the child or young person from trusted adults.

- Using disability as an excuse to justify restrictive practices (e.g., locking doors, limiting movement, or using medication to manage behaviour).

Children and young people with disabilities may find it almost impossible to escape abusive environments due to systemic failures in alternative placement options.

- **Intersecting complexities:** Children and young people with disabilities may also come from Aboriginal or Culturally and Linguistically Diverse backgrounds, introducing additional complexities that must be considered in our responses. These extra layers of vulnerability may further marginalise individuals or increase the risk of violence.
- **Use of restraints and restrictive practices as "Discipline":** children and young people with disabilities in residential care settings are often subjected to physical, mechanical, and chemical restraints under the guise of behavioural management. This can include:
 - Physical restraints, where staff hold or immobilise a child during behavioural outbursts.
 - Seclusion and isolation, where children are locked in rooms or restricted from engaging with others.
 - Over-medication, where children are given sedatives or psychotropic drugs instead of trauma-informed therapeutic care.

While legal in certain circumstances, these practices may be experienced as violence and coercive control, leading to further trauma and reinforcing a sense of powerlessness.

Understanding the Effects of Family and Domestic Violence

Children and young people who have experienced or witnessed violence, abuse, or neglect often struggle with emotional regulation, attachment, and trauma responses. Often giving rise to serious and concerning behaviours as a result of such trauma (that may be layered with other developmental and/or disability needs). Below is an outline of observed effect family and domestic violence has on children and young people in out-of-home care.

Psychological and Emotional

For children and young people in foster care, kinship care, or residential care exposure to family and domestic violence often builds upon pre-existing trauma from their biological family environment. They may have already experienced domestic violence, parental substance abuse, or neglect before entering care. When they continue to face violence, neglect, or instability within the care system, the effects of trauma become compounded, leading to a range of emotional, cognitive, and behavioural challenges.

Symptoms of compound trauma include hypervigilance, dissociation, aggression, difficulty trusting caregivers, and increased risk of self-harm or suicidal ideation. Unlike a single traumatic event, compound trauma significantly disrupts a child's ability to develop resilience, regulate emotions, and form secure attachments.

Aggression and Defiance

Aggression and defiance for children and young people with experiences of trauma should be viewed through the lens of coping mechanisms. These behaviours may include physical aggression (hitting, kicking, or destroying property), verbal aggression (yelling, threatening, or cursing), and oppositional defiance (refusing to follow rules, arguing with caregivers or authority figures).

There are multiple reasons these behaviours surface, including (but not limited to):

- **Modelled Behaviour:** Children may have witnessed aggression in their family environment and view it as a normal response to conflict or stress.
- **Hypervigilance and Fight Response:** Exposure to violence may heighten a child's stress response, making them react aggressively to perceived threats.
- **Control Seeking:** Many children and young people in out-of-home care have experienced instability, and acting out aggressively may be an attempt to gain a sense of control over their environment.
- **Attachment Issues:** Disruptions in caregiving relationships may cause distrust toward authority figures, leading to defiance and opposition.

Aggressive and defiant behaviours can create challenges for caregivers and lead to placement instability, the following explores why this is the case:

- **Increased Placement Breakdowns:** where carers struggle to manage behaviours and request that the child be moved. In doing this, it may lead to high needs placements with frequent disruptions may make the child feel rejected, reinforcing a cycle of abandonment and defiance. We know that children and young people with multiple placement failures are less likely to find a stable, long-term home.
- **Strained Foster and Residential Caregiver Relationships:** Conflict between carers and the child can lead to stress, burnout, and emotional exhaustion for caregivers. Some carers react with strict punishment or withdraw emotionally, escalating behavioural issues. Negative interactions with other children and young people in the home may cause tensions in group or sibling placements.
- **Educational Disruptions:** Aggressive behaviours in placements often extends to school settings, leading to suspensions, expulsions, or poor academic outcomes. Frequent school changes due to placement disruptions hinder academic progress and social development.
- **Increased Risk of Institutionalisation:** Children with severe behavioural issues may be placed in residential care, therapeutic settings, or juvenile justice systems, limiting their opportunities for family-based care. Without appropriate intervention, children and young people in institutional settings may experience further trauma and detachment from family environments.
- **Peer and Community Difficulties:** Children with aggressive behaviours may struggle to form friendships or maintain healthy peer relationships. Foster families may face stigma from their communities if a child's behaviour is disruptive or misunderstood.

Whilst this may be overwhelming it is important to remember that aggressive and defiant behaviour in children and young people in out-of-home care is often a manifestation of past trauma and emotional distress. While these behaviours present challenges, placement stability, trauma-informed care, and targeted support interventions can significantly improve outcomes. By addressing the root causes of aggression and defiance rather than just the symptoms, caregivers and the child protection system can create environments where children and young people feel safe, valued, and capable of forming positive relationships.

Self-Harm and Suicidal Behaviours

Some children and young people who have experienced violence in the home share that they turn their pain inward, engaging in self-harm or suicidal behaviours as a way to cope with emotional distress. Again, some of the underlying causes include (but not limited to):

- **Emotional Dysregulation:** Trauma can impair the ability to process emotions, leading children and young people to use self-harm as a way to relieve or externalise internal pain.
- **Shame and Guilt:** Children may blame themselves for the violence they experienced, leading to self-destructive behaviours.
- **Dissociation and Numbness:** Self-harm may serve as a means to feel something when a child is emotionally numb or detached due to trauma.

It is known that in these big feelings and behavioural responses have a significant effect on children and young people's time in care, including:

- **Placement Instability and Frequent Moves:** Foster carers may feel unequipped to manage a child who self-harms or expresses suicidal thoughts, leading to disruptions in placements. Some carers may request the child be moved, further reinforcing abandonment trauma. Children with severe self-harm or suicidal ideation may be placed in residential care or mental health facilities, limiting their ability to experience a stable family environment.
- **Stigma and Isolation:** Some children and young people feel shame or judgment from caregivers, peers, or professionals regarding their self-harming behaviours. They may become more withdrawn, struggling to form relationships in their placements or at school. If not properly supported, self-harm may escalate, increasing risk of severe injury or hospitalisation.
- **Increased Risk of Further Victimisation:** Children in distress may be more vulnerable to exploitation in unsafe placements, where abusers manipulate their pain and emotional vulnerability. In residential settings, children and young people who self-harm may be exposed to peer influences that normalise harmful coping behaviours.
- **Educational and Social Disruptions:** Emotional distress from family and domestic violence, self-harm, and suicidal thoughts may make it difficult to concentrate in school, leading to academic struggles and disengagement. Peer relationships may suffer due to stigma, bullying, or withdrawal from social interactions.
- **Escalation to Crisis Situations:** If not properly managed, self-harm may escalate into suicide ideation and attempts, requiring emergency interventions. Frequent

hospitalisations or crisis placements may lead to greater disconnection from normal life experiences, making recovery harder.

This is a difficult and delicate area of the narrative for children and young people in out-of-home care who experience family and domestic violence in placements. Children and young people are at high risk of self-harm and suicidal ideation, often as a coping mechanism for emotional pain. The impact is severe, leading to placement instability, further trauma, educational disruptions, and increased vulnerability to further abuse.

A trauma-informed, compassionate, and structured approach is essential in addressing these challenges. Providing consistent mental health support, stable relationships, and non-violent environments is key to breaking the cycle of harm and giving these children and young people a chance to heal and thrive.

Withdrawal from Social Interactions

Some children and young people in out-of-home care placements respond to past violence by withdrawing from social interactions. As a difference to the previous point around externalising 'hurt and pain', this method 'internalises' it. This can include avoiding caregivers, peers, or social activities. In working through these cases we know some of the things that underpin this are (but not limited to):

- **Fear of Attachment:** Children who have experienced broken relationships or abuse may struggle to trust others and avoid forming new bonds.
- **Social Anxiety:** Exposure to violence may heighten anxiety levels, making children and young people feel unsafe in social situations.
- **Depression and PTSD:** Withdrawal can be a symptom of underlying mental health conditions such as post-traumatic stress disorder (PTSD) or depression, both of which are common in children and young people exposed to domestic violence.

Social withdrawal may lead to severe consequences for a child's development, relationships, and overall experience in care.

- **Increased Risk of Placement Breakdown:** Carers may struggle to connect with a withdrawn child and feel helpless or frustrated. Some carers may misinterpret withdrawal as defiance or indifference, leading to conflicts or requests for the child to be moved. If the child refuses to communicate or engage, I have observed that they may be labelled as "difficult to place," resulting in frequent placement disruptions.
- **Academic Struggles and School Disengagement:** Withdrawn children and young people often struggle in school, avoiding participation in class, group activities, and social interactions. They may fail to ask for help when they don't understand something, leading to falling behind academically. It has been observed that social isolation at school can increase the risk of bullying, further reinforcing withdrawal.
- **Difficulty Forming Attachments and Relationships:** A withdrawn child may miss out on the opportunity to form healthy attachments with caregivers, mentors, or peers. They may resist bonding with new foster carers, making it difficult for placements to feel like a "home." Struggles with attachment may continue into adulthood, leading to challenges in friendships, romantic relationships, and workplace interactions.

- **Higher Risk of Mental Health Issues:** Long-term social withdrawal is linked to depression, anxiety, and PTSD. Without support, withdrawn children and young people may internalise their pain, increasing the risk of self-harm or suicidal ideation. If unaddressed, social withdrawal in childhood may contribute to long-term social anxiety disorders.
- **Limited Access to Support and Opportunities:** Children who withdraw may not seek help from caseworkers, teachers, or counsellors, leaving their struggles unnoticed. They may miss out on extracurricular activities, hobbies, and skill-building experiences that could improve their confidence and sense of belonging. Avoiding social interactions limits their exposure to positive role models and mentors who could help them heal and grow.

Children in out-of-home care who experience family and domestic violence within placements may withdraw socially as a survival mechanism, leading to isolation, lack of support, and increased mental health risks. Unfortunately, social withdrawal is often overlooked, as the system tends to prioritise children and young people who act out externally.

By recognising withdrawal as a trauma response and providing trauma-informed care, patient relationship-building, and access to mental health resources, caregivers and professionals can help children and young people feel safe enough to re-engage, build connections, and heal from their experiences.

Physical Health

Children in out-of-home care often experience chronic stress, which activates the body's stress response system. When the stress response is constantly triggered, it may lead to dysregulation of key bodily systems, contributing to various physical health issues. Below are some examples of known health issues for children and young people in the out-of-home care system:

- **Neurological and Immune System Dysregulation:** which is the exposure to ongoing stress which can alter brain development, particularly in areas related to stress regulation, emotional control, and decision-making. This chronic stress weakens the immune system, making children and young people more susceptible to frequent illnesses such as infections, colds, and autoimmune disorders.
- **Endocrine System and Hormonal Imbalances:** where the hypothalamic-pituitary-adrenal axis, which regulates stress hormones (such as cortisol), becomes overactive in response to prolonged trauma. Leading to high cortisol levels can disrupt growth, metabolism, and organ development, leading to long-term health consequences.
- **Growth and Developmental Issues:** with exposure to stress in out-of-home care can result in delayed physical growth due to malnutrition, poor appetite, or neglect. Children who experience neglect or food insecurity may develop failure to thrive, stunted growth, or vitamin deficiencies.
- **Gastrointestinal Issues:** develops where chronic exposure to violence and stress is linked to digestive problems (Including: Irritable bowel syndrome (IBS); Chronic stomach pain or ulcers; Loss of appetite or binge eating as a coping mechanism). Stress alters gut microbiota, which can lead to increased inflammation and digestive issues.

- **Cardiovascular and Respiratory Problems:** is linked to elevated stress levels increasing the risk of developing hypertension (high blood pressure) and heart disease later in life. Children in out-of-home care who experience stress are more likely to suffer from asthma or other respiratory conditions, possibly due to weakened immunity and exposure to environmental stressors.
- **Sleep Disturbances and Fatigue:** many children and young people in care experience sleep difficulties due to anxiety, nightmares, or hypervigilance. Sleep deprivation can result in chronic fatigue and exhaustion; impaired cognitive function and memory problems; and increased risk of obesity and diabetes due to hormonal imbalances.
- **Chronic Pain and Psychosomatic Symptoms:** where children and young people who have endured trauma and abuse often report experiencing chronic headaches and migraines; muscle tension and body aches; and unexplained pain (psychosomatic symptoms) triggered by stress and emotional distress.
- **Increased Risk of Substance Use and Risky Behaviours:** some young people in care self-medicate their emotional pain with drugs, alcohol, or tobacco, leading to substance-related health complications. Risky behaviours, such as unprotected sex, can increase exposure to sexually transmitted infections (STIs) and unplanned pregnancies.

Education and Learning Impacts

Children and young people in out-of-home care (out-of-home care) who are exposed to family and domestic violence face significant barriers to their educational success. Trauma, instability, and stress caused by exposure to violence can impair cognitive development, concentration, memory, and social engagement, leading to academic struggles, school disengagement, and behavioural challenges.

Cognitive and Learning Challenges

- **Impaired Cognitive Development:** Toxic stress from families and domestic violence disrupts brain development, particularly in areas responsible for learning, problem-solving, and emotional regulation. Children in out-of-home care who have experienced violence often show delayed language development, difficulty processing information, and struggles with abstract thinking.
- **Attention and Concentration Issues:** Many children and young people in out-of-home care experience hypervigilance—a state of heightened awareness due to trauma—which makes it difficult to focus in a classroom setting. ADHD-like symptoms, such as impulsivity, restlessness, and inattentiveness, are common in children and young people with trauma histories. The stress response system may make it hard to retain new information or follow multi-step instructions.
- **Memory and Information Retention Difficulties:** Trauma impairs working memory, making it harder to process and store new knowledge. Children exposed to violence may struggle with recall and retrieval of learned material, leading to inconsistent academic performance. Emotional distress may interfere with the ability to organise thoughts, complete assignments, and stay engaged in learning tasks.

Emotional and Behavioural Challenges Affecting Learning

- **Emotional Dysregulation and Anxiety:** Many children and young people in out-of-home care experience anxiety and depression, making it difficult to engage with peers, teachers, and learning materials. Fear and emotional distress may trigger avoidance behaviours, leading to school refusal, frequent absences, and difficulty participating in group activities. Children who have experienced violence may become easily overwhelmed by academic challenges, leading to meltdowns or withdrawal from classroom interactions.
- **Aggression and Disruptive Behaviours:** Exposure to violence may result in acting-out behaviours, such as defiance, verbal outbursts, or aggression toward teachers and peers. Some children and young people in out-of-home care struggle with authority figures due to past experiences of neglect or abuse, leading to conflicts in school settings. Behavioural challenges can result in disciplinary actions, suspensions, or school exclusions, further disrupting their education.
- **Low Self-Esteem and Lack of Motivation:** Children in out-of-home care often struggle with self-doubt and a negative self-image, especially if they have been told they are “stupid” or “incapable” in violent home environments. Repeated academic failures or difficulties may lead to learned helplessness, where children and young people stop trying because they believe they will fail no matter what. The lack of stable, positive role models may lead to reduced aspirations and engagement in education.

Social Challenges Affecting School Performance

- **Difficulty Forming Peer Relationships:** Many children and young people in out-of-home care have difficulty trusting others, making it hard to build friendships and engage in collaborative learning. Feelings of isolation or fear of bullying may lead children and young people to withdraw from classroom participation. The stigma of being in out-of-home care may lead to social exclusion and difficulty fitting in with classmates.
- **Frequent School Transitions and Educational Disruptions:** Children in out-of-home care often experience multiple school placements due to changes in foster care or residential care settings. Each school transition leads to learning gaps, difficulty adjusting to new teaching styles, and disruptions in academic progress. Inconsistent access to educational support means some children and young people miss out on essential interventions like tutoring, special education services, or individualised learning plans.

Long-Term Educational Outcomes

- **Lower academic achievement:** Children in out-of-home care are more likely to perform below grade level in reading, math, and writing.
- **Increased early school leaver rates:** Many young people in out-of-home care disengage from education due to unresolved trauma, lack of support, and frequent school changes.
- **Limited higher education opportunities:** Youth in out-of-home care are less likely to complete high school or pursue higher education, affecting their future career and financial stability.

Risk of Further Placement Breakdown

Children and young people in out-of-home care who experience family and domestic violence within their placements are at a significantly higher risk of placement breakdown. Placement instability may have profound consequences on their emotional, behavioural, and developmental well-being, further exacerbating trauma and increasing the likelihood of multiple disruptions in care. Some of the factors that contribute to placement breakdown are:

- **Behavioural and Emotional Challenges:** Exposure to violence often leads to trauma-related behaviours that may be difficult for caregivers to manage, increasing the likelihood of placement breakdown. Such as aggression and defiance; oppositional behaviour; and emotional dysregulation.
- **Attachment and Trust Issues:** Many children and young people in out-of-home care have a history of complex relationships, neglect, and abuse, often leading to difficulty in forming secure attachments with caregivers. Sometimes, the fear of abandonment may contribute to them pushing caregivers away, engage in self-sabotaging behaviours, or becoming overly dependent, increasing strain on placements. Hypervigilance and mistrust may lead to children and young people misinterpreting caregivers' actions as threatening or controlling, leading to placement disruptions.
- **Risk of Retraumatization in New Placements:** If a child or young person is placed in an unstable or unsafe home where domestic violence or emotional abuse occurs, it may trigger past trauma responses, leading to heightened fear, anxiety, and withdrawal. Exposure to violence between caregivers, conflicts with foster siblings, or emotional neglect in the new placement may reinforce a child's belief that relationships are unsafe, increasing their likelihood of running away or disengaging.
- **School and Social Disruptions Contributing to Instability:** Children and young people experiencing instability in their placements often struggle academically and socially, leading to disruptions in school performance and peer relationships. Frequent school changes due to placement moves may increase feelings of isolation, academic gaps, and behavioural issues, making it harder for the child to feel settled.
- **Inadequate Trauma-Informed Support from Caregivers:** Some foster carers or residential care staff may lack the training needed to manage trauma-related behaviours, leading to frustration and placement termination requests. Caregivers who are unprepared for the emotional and behavioural complexities of children and young people exposed to family and domestic violence may resort to punitive discipline, emotional withdrawal, or rejection, worsening placement instability.

Whilst there are multiple factors that contribute to placement breakdown, there are equally significant consequences for this, including:

- **Increased Risk of Multiple Placement Moves:** Once a placement breaks down, children and young people often enter a cycle of frequent moves, leading to greater emotional instability and attachment difficulties. Children with multiple placement disruptions are at higher risk of experiencing homelessness, juvenile justice involvement, and poor long-term mental health outcomes.

- **Heightened Emotional and Psychological Distress:** Every placement breakdown reinforces feelings of rejection, worthlessness, and mistrust, worsening depression, anxiety, and PTSD symptoms. Children who experience repeated disruptions are at higher risk of self-harm, suicidal ideation, and dissociation as a coping mechanism.
- **Increased Likelihood of Running Away or Absconding:** When children and young people feel unsafe or unsupported, they may choose to run away from placements, increasing their exposure to further risks such as exploitation, substance abuse, or criminal activity.
- **Greater Risk of Placement in Residential or Institutional Care:** Children who experience multiple placement breakdowns may be moved to residential care settings which may lack the individualised support and warmth of a stable foster family. Institutional care settings may further exacerbate behavioural issues, making it even harder for the child to transition into a family-based placement in the future.

Going Forward

Addressing the issue of family and domestic violence in out-of-home care requires coordinated efforts from various sectors, including government agencies, non-government organisations, and community-based services, as well as parents and carers. Each plays a crucial role in responding to the needs of vulnerable children and young people and ensuring protective mechanisms are in place.

Despite the involvement of these sectors, there are notable gaps in response efforts. One of the biggest challenges is the lack of inter-agency collaboration, which results in inconsistent service delivery. In many cases, children and young people do not receive the specialised therapeutic care they need because different agencies work in isolation rather than as part of a coordinated system. Additionally, the focus on crisis management rather than long-term prevention means that interventions often fail to address the root causes of family and domestic violence within out-of-home care settings. Increased funding, better policy integration, and stronger collaboration between government agencies, non-government organisations, and community services are needed to create a more effective response framework.

Systemic Challenges and Gaps

Defining Family and Domestic Violence

Current definitions of family and domestic in legal, policy, and service frameworks often fail to account for the diverse relationships that shape these children and young people's lives. Given the information provided in this submission there is a need to consider a more inclusive approach to ensure that all children and young people in care can access protection, support, and justice, regardless of the nature of their family relationships.

Traditional definitions often fail children and young people in out-of-home care:

- They are narrow and may exclude the reality of relationship for children and young people in out-of-home care (such as foster carers; kinship carers; residential care staff;

other children and young people in their placements; biological parents who remain in their lives; siblings 'like' relationships)

- They exclude access to family and domestic violence services, because services are mostly designed for children and young people who have witness or experience violence in their biological family home – not necessarily care placements. Young people aged 16 to 18 often fall into a grey area where they are neither eligible for adult services nor adequacy supported with child focused services.
- They do not enable the appropriate recognition of 'domestic abuse' in Intervention Order proceedings for non-traditional family and domestic violence 'offenders'. Typically, intervention orders related to 'domestic abuse' applies to parents, guardians, intimate partners and carers, but may not cover past foster carers and their families, residential care staff or even peers in care settings. Some young people are unable to have their circumstances properly recognised as family and domestic violence in these proceedings, because they are no longer living with a violent foster carer and that relationship is no longer recognised; a violent residential staff member because they are seen as a professional, rather than a "family" figure under the law; a violent sibling or peer in care because the system does not recognise these dynamics as family violence.

Systemic Barriers for Aboriginal and Torres Strait Islander Children and Young People

Family and domestic violence in out-of-home care cannot be addressed without acknowledging the historical and systemic factors impacting Aboriginal and Torres Strait Islander children and young people. The ongoing failure to provide culturally safe, trauma-informed responses means that many Aboriginal and Torres Strait Islander children and young people in care continue to experience violence, disconnection, and systemic harm. This includes areas specifically such as:

- **Inaccessible family and domestic services for Aboriginal and Torres Strait Islander children and young people in care:** Many services, including shelters, counselling, and legal protections, are designed around nuclear family structures, which do not align with Aboriginal and Torres Strait Islander kinship models. Aboriginal and Torres Strait Islander children and young people experiencing violence in kinship care, foster care, or residential settings may be deemed ineligible for family violence services because the perpetrator is not a biological parent or intimate partner. Young people in residential care often fall through gaps, as services for family and domestic survivors do not always cater to violence from carers, staff, or peers in institutional settings.
- **The criminalisation of** Aboriginal and Torres Strait Islander children and young people: Aboriginal and Torres Strait Islander children and young people in care are over-policed, leading to high rates of criminalisation for behaviours that, in other contexts, would be treated as trauma responses. If an Aboriginal and Torres Strait Islander young person acts out aggressively after experiencing family and domestic violence in care, they are more likely to receive a criminogenic response rather than therapeutic support.
- **Lack of cultural safety in Intervention Orders and family and domestic violence legal responses:** Current intervention order frameworks fail to account for Aboriginal and Torres Strait Islander family structures, meaning Aboriginal and Torres Strait Islander children and young people may be unable to seek protection from non-parental

perpetrators of violence in kinship or community settings. Aboriginal and Torres Strait Islander families may be reluctant to engage with mainstream legal interventions, as they have historically been used to remove children and young people rather than protect them. There is an urgent need for culturally safe legal responses that allow Aboriginal communities to lead intervention and protection strategies.

Systemic Challenges for Children and Young People with a Disability

Children and young people with disabilities in out-of-home care experience are significantly vulnerable to abuse and neglect in out-of-home care. Yet they remain invisible in mainstream family and domestic violence responses. The following are some systemic barriers that explores why, these include:

- **Lack of family and domestic violence services that are inclusive of disability needs:** Most crisis services, shelters, and therapeutic supports are not designed with children and young people with disabilities in mind. Many support services fail to provide accessible communication options (such as Auslan, braille, AAC devices), accommodate neurodivergent needs (such as sensory-friendly environments), or recognise alternative dependency dynamics (e.g., abuse from carers, support workers, or institutional settings). Such exclusion leaves children and young people with disabilities without appropriate pathways to escape violence or seek justice.
- **Failure to recognise disability-specific family and domestic violence dynamics in legal and policy frameworks:** Intervention orders and legal protections often do not account for the power imbalances in relationships between children and young people with disabilities and their carers or support staff. Children and young people with disabilities may struggle to access protective orders against non-traditional perpetrators, such as foster carers, kinship carers, or residential staff engaging in abuse or neglect or even peers in care who exploit their vulnerabilities.
- **High rates of institutionalisation and placement instability:** Children and young people with disabilities are more likely to be placed in residential care, where exposure to violence is higher. Many experience multiple placement breakdowns, increasing their vulnerability to harm. The lack of disability-informed placement matching means children with disabilities are often placed in unsuitable environments with caregivers who are not adequately trained to meet their needs.

Other Systemic Challenges

Despite existing child protection policies, significant systemic challenges hinder the effective prevention and response to family and domestic violence in care settings. These include:

- **Insufficient training on trauma-informed care and family and domestic violence awareness:** Many carers and residential staff lack adequate training in recognising and responding to trauma and exposure to family and domestic violence. Without proper education on trauma-informed care, they may struggle to provide the emotional support needed by children and young people who have experienced violence, further exacerbating their distress and behavioural challenges.
- **Lack of adequate resources and funding for mental health and support services:** Limited financial and logistical support for mental health services means that children and young people in care often do not receive the therapeutic interventions needed to

recover from trauma. A shortage of specialised counsellors, social workers, and funding for tailored support programs leaves many vulnerable children and young people without necessary psychological care.

- **Fragmentation of services, leading to gaps in monitoring and intervention:** Child focussed services, mental health providers, and law enforcement often work in silos rather than in coordinated efforts, leading to inefficiencies and gaps in tracking children and young people's safety. Without integrated communication and monitoring systems, children and young people at risk of ongoing family and domestic violence exposure may go unnoticed.
- **Stigmatisation of children and young people in care, which can deter them from reporting abuse or seeking help:** Children in care settings often face social stigma, making them feel isolated and less likely to report family and domestic violence experiences due to fear of not being believed or further marginalisation. This reluctance to seek help can perpetuate cycles of abuse and neglect.

Focus for Change

Redefining Family and Domestic Violence

To mitigate the narrow nature of the definition of family and domestic violence

- **Expanding the Legal Definition to Include Foster, Kinship, and Residential Care Relationships:** Family and domestic violence definitions in law and policy (including intervention orders and mandatory reporting requirements) should be expanded to recognise violence in out-of-home care settings as family and domestic violence. This should include violence between:
 - Foster or kinship carers and children, including past carers
 - Residential care staff and children
 - Siblings or peers in the same or separate placements
 - Children and their extended biological family members, where ongoing contact occurs

These changes should be focused on ensuring that child protection agencies do not override these orders by forcing children and young people to stay in unsafe placements due to administrative delays or bureaucratic barriers.

- **Expanding family and domestic violence service eligibility to include children and young people in out-of-home care:** crisis shelters, counselling services, and family and domestic violence support programs should explicitly include children and young people in out-of-home care, even if the violence they experienced occurred in foster, kinship, or residential care settings. Residential care settings should have specialised trauma-informed interventions for peer violence, recognising that these dynamics may mirror coercive control and family and domestic violence. Extend family and domestic violence specific services for young people transitioning out of care, ensuring they are not left unsupported once they turn 18.

Addressing Family and Domestic Violence Care arrangements

To mitigate the risks and impacts of family and domestic violence in care, it is crucial to provide:

- **Trauma-Informed Care:** Training for carers to help them understand and manage trauma-related behaviours in children and young people
- **Targeted Support Services:** Mental health support, financial assistance, and respite care for foster and kinship carers
- **Family Mediation and Counselling:** Support to manage family tensions and prevent violence
- **Improved Monitoring and Intervention:** Regular support-based checks and access to caseworkers who can assess and support the family
- **Safe Contact Arrangements:** Provide support and guidance to carers (particularly kinship carers) in relation to parental contact and safety around this, ensuring this does not expose children and young people to further harm

Policy and Practice Improvements

To enhance the safety and well-being of children and young people in care, the following measures should be implemented:

- **Enhanced Screening and Training:** Appropriate background checks, regular monitoring, and mandatory training on trauma-informed care and family and domestic violence awareness for all carers and residential staff.
- **Strengthened Support Systems:** Increased financial, psychological, and emotional support for foster and kinship carers to reduce stressors that may contribute to violence.
- **Improved Residential Care Conditions:** Reducing staff turnover, ensuring appropriate levels of supervision, and implementing clear anti-violence policies within residential settings.
- **Accessible Reporting Mechanisms:** Child-friendly and anonymous reporting systems to encourage children and young people to disclose abuse without fear of retribution.
- **Integrated Multi-Agency Approaches:** Collaboration between social services, mental health professionals, schools, and law enforcement to provide comprehensive support and intervention.

Culturally Safe Responses for Aboriginal and Torres Strait Islander Children and Young People

A reformed approach must be led by Aboriginal and Torres Strait Islander communities, respect kinship structures, and prioritise cultural healing. Only by embedding Aboriginal and Torres Strait Islander voices, traditions, and leadership in family and domestic violence responses can begin to break cycles of trauma and create truly safe environments for Aboriginal and Torres Strait Islander children and young people in care. Areas for Change include:

- **Expanding the definition of family and domestic violence:** Broaden legal definitions to reflect Aboriginal and Torres Strait Islander kinship systems, ensuring that family and

domestic protections apply regardless of the perpetrator's legal relationship to the child. Ensure intervention orders and legal responses can be applied to foster carers, kinship carers, residential staff, and peers in care settings.

- **Culturally led, community-based supports:** Invest in Aboriginal and Torres Strait Islander -led family and domestic violence services, including trauma healing programs, and cultural mentoring. Strengthen community-controlled child protection models, where Aboriginal and Torres Strait Islander families and Elders play a central role in care decisions. Embed Aboriginal and Torres Strait Islander cultural healing in family and domestic violence recovery programs for children and young people.
- **Trauma-informed, strengths-based care for Aboriginal and Torres Strait Islander children and young people:** Increase Aboriginal and Torres Strait Islander workforce representation in child protection, therapeutic services, and residential care. Deliver mandatory cultural competence training for all carers and child protection staff. Embed culturally safe, trauma-informed practices in out-of-home care, ensuring Aboriginal and Torres Strait Islander children and young people are connected to Country, language, and community.
- **Reducing criminalisation and over-policing of Aboriginal and Torres Strait Islander children and young people:** Implement restorative justice programs for Aboriginal and Torres Strait Islander children and young people in care rather than punitive interventions. Ensure residential care settings use cultural mentors and community-led dispute resolution rather than law enforcement responses. Divert Aboriginal and Torres Strait Islander children and young people experiencing family and domestic violence towards Aboriginal and Torres Strait Islander -led healing programs rather than the justice system.

Building a Disability-Inclusive Family and Domestic Violence Response

To create a safer, more inclusive system, reforms must recognise the unique forms of family and domestic violence that occur in out-of-home care for children and young people with disabilities, the following outlines some key areas of reform that can assist with this:

- **Expanding the definition of family and domestic violence to recognise disability-specific abuse:** Legal definitions must explicitly recognise that family and domestic violence can occur in out-of-home care settings, including violence from carers, residential staff, support workers, and peers in care. Intervention orders should be expanded to protect children from coercive control in institutional settings.
- **Making family and domestic violence services disability-inclusive:** All FDV shelters, crisis lines, and therapeutic programs must be accessible to children and young people with disabilities. Services must provide augmentative and alternative communication (AAC) options, sensory-friendly environments for neurodivergent children, carer training in supporting children and young people with disabilities who have experienced FDV.
- **Ending the use of restrictive practices as behaviour management:** Implement trauma-informed behaviour support instead of restraints, seclusion, or sedation in care settings. Ensure stronger oversight and independent advocacy mechanisms to protect children from abusive institutional practices.

- **Strengthening the oversight and accountability of care providers:** Mandatory, independent monitoring of all out-of-home care placements for children and young people with disabilities. Greater enforcement of NDIS safeguarding measures to ensure disability support workers are not engaging in coercive control or neglect.
- **Prioritising safe, disability-informed placement matching:** Ensure children and young people with disabilities are placed in environments that meet their specific needs, with trained carers who understand their vulnerabilities. Provide family preservation and disability support to prevent unnecessary removals in the first place.

The Role of a Multi-Agency Approach in Creating Safer Environments

A multi-agency approach involving child welfare services, law enforcement, healthcare providers, and community organisations is crucial in addressing family and domestic violence in care settings. Collaboration ensures comprehensive intervention and support through:

- **Early Detection and Intervention:** Coordinated efforts allow agencies to identify signs of abuse earlier and provide timely interventions before harm escalates.
- **Holistic Support Systems:** Integrated services provide a continuum of care, including mental health treatment, legal aid, and trauma counselling tailored to each child's needs.
- **Improved Information Sharing:** Data sharing between agencies helps track children and young people's safety and monitor caregivers more effectively.
- **Better Training and Awareness:** Joint training programs for carers, law enforcement, and healthcare providers ensure a consistent, trauma-informed approach.
- **Community Involvement and Advocacy:** Local organisations play a vital role in supporting children and young people in care and advocating for stronger protective policies.

The Role of Trauma-Informed Care

To address these behavioural challenges, trauma-informed care approaches are essential in out-of-home care settings. Key strategies include:

- **Building Safe and Stable Relationships:** Providing consistent, nurturing caregivers who model healthy relationships can help children and young people rebuild trust.
- **Emotional Regulation Strategies:** Teaching coping skills and or therapeutic interventions, may help children and young people process their emotions without resorting to aggression or self-harm.
- **Therapeutic Support:** Access to trauma-focused cognitive behavioural therapy (TF-CBT) or play therapy may support healing and behavioural regulation.
- **Creating Predictable Environments:** Consistent routines and expectations reduce anxiety and help children and young people feel safe.

Addressing Physical Health Risks

To address the existing and domestic and family violence health risks over the course of a child or young person's time in out-of-home care.

- **Trauma-Informed Healthcare:** Regular health screenings should be integrated into out-of-home care to monitor physical health concerns early. Trauma-informed medical care may help professionals recognise and address the root causes of stress-related health problems.
- **Psychological Support and Stress Reduction Strategies:** Providing therapy may help children and young people process trauma and reduce stress-related physical symptoms. Overall wellbeing approaches to engaged children and young people will assist in addressing health risks
- **Nutrition and Physical Health Programs:** Nutritional interventions may help address deficiencies and promote healthy growth. Physical activity programs may improve physical and mental health, helping to regulate stress hormones.
- **Stability and Safe Environments:** Providing stable, supportive placements with caring adults may help mitigate the impact of past trauma and reduce chronic stress levels.

Support Learning and Educational Success

To address the learning and educational support needs for children and young people are essential in short term and longer-term stabilisation and success outcomes.

- **Trauma-Informed Teaching and School Support:** Schools should implement trauma-informed practices, including safe spaces, predictable routines, and individualised learning support. Teachers and staff should be trained to recognise trauma-related behaviours and respond with empathy rather than punishment.
- **Mental Health and Counselling Services:** Access to school-based counselling, therapy, and peer support programs may help children and young people process their emotions in a supportive environment. The provision of appropriate therapy can help children and young people develop emotional regulation and coping skills.
- **Educational Stability and Advocacy:** Reducing school transitions by placing children and young people in stable, long-term educational settings can improve academic outcomes. The allocation of educational advocate and mentors also helps children and young people navigate school challenges along with placement or care based challenges, along with building general self-confidence.
- **Encouraging Positive Relationships with Teachers and Peers:** Building strong teacher-student relationships can help children and young people in out-of-home care feel safe and supported in the classroom. Along with peer mentoring, group learning, and social skills training can help children and young people develop positive friendships and feel more connected to school.