Submission in response to the proposed National Strategy to Achieve Gender Equality

Please accept this submission on behalf of Parkerville Children and Youth Care (Parkerville CYC). We welcome the development of a National Strategy to help guide whole-of-community action to make Australia one of the best countries in the world for a gender-equal society.
In providing this submission we have illustrated points with current case or practice examples. To protect the privacy of those involved we have removed identifying details and provided pseudonyms.

Acknowledgement of lived experiences of violence and abuse

Parkerville CYC acknowledges the lives and experiences of the children, young people and families represented in this submission who are affected by all forms of child abuse, and domestic, family and sexual violence. We recognise their individual stories of courage, hope and resilience, and that of all victim-survivors.

1. Introduction

It is unfair if, because of circumstances beyond their control built into unequal social structures, some children are more likely to be abused or neglected, to miss out on family life and/or cultural connection. We see the consequences of socially-determined inequalities in all our work with and for children and young people affected by trauma and abuse, and see the fundamental role that gender inequality plays.

In this response, we particularly focus on violence against women and children, recognising the deep connections between the two. We know the acute complexity of families' lives in the communities that we serve, and see the profound impact of a gender unequal society on children and young people from their earliest years, through adolescence and into young adulthood. For our children and young people, this is particularly true in relation to a broader context of gender inequality, giving rise to intersections of family and domestic violence (FDV) with other forms of child abuse, poverty, insecure housing and intergenerational trauma.

As the recently published Australian Child Maltreatment Study (ACMS) has powerfully demonstrated, 'policy and programmatic reforms are needed to promote education and skill development, enhance parenting, change harmful attitudes justifying violence against children and women, and create norms

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protecting children, provide social and therapeutic services, and improve structures and policies to support individuals, parents and families' (ACMS, 2023).

We also note the importance of an intersectional lens, recognising that violence against women and children exists in relation to multiple and intersecting structural and systemic forms of discrimination, such as racism, ableism, homophobia, and transphobia, which can increase the severity or prevalence of violence, create barriers to help-seeking, and/or worse outcomes for particular groups (Coumarelos *et al*., 2023). This recognises that gender and gender inequality may be constructed and experienced differently, and that prevention, intervention and recovery and healing must therefore respond to the diversity of families and communities (*ibid.*).

2. Our holistic support to children, young people, and families

Parkerville CYC is a For Purpose organisation that provides advocacy, services and supports to children, young people and families to reduce the impacts of child abuse and other adverse life experiences, and in doing so, help WA to become the safest place in the world to bring up children and young people. We have been working alongside vulnerable children, young people, and their families for nearly 120 years, and every year, we support more than 10,000 people across WA through our child advocacy and multi-investigation support team services; integrated family services; early intervention and prevention, youth homelessness and supports; therapeutic foster and residential care programs; and education, employment and training programs. The future of those we serve depends on what we do in the present to support them to reach their potential.

In the past 12 months, Parkerville CYC has:

- Supported 1,280 children affected by child sexual abuse, through our MIST services that are delivered in partnership with the WA Police Child Abuse Squads in Armadale and Midland
- Helped 1,142 families through intervention support after experiencing abuse
- Supported 140 children and young people through Protective Behaviours Education
- Supported 417 children and young people with Therapeutic Services
- Provided a safe place to live to 222 children and young people in our Foster Care, Group Homes and Youth Accommodation
- Reunified 4 children and young people with their families
- Supported 123 children, young people and families through our outreach programs:
    - 58 families through the Support and Community Services program
    - 37 young people and families through the Reconnect program
    - 28 young people through the Moving Out, Moving on program
- Held 10,141 Early Intervention sessions at our Child and Parent Centres (CPCs)
- Supported 25 Education, Employment and Training students to graduate

Our support to children, young people and families is holistic, wrap-around, and responsive to individual/familial need. Below, we present evidence from the broad scope of our direct work, spanning out-of-home care, community outreach and youth homelessness services, multi-agency service response to child sexual abuse, and community-based early intervention services for families.

Key Recommendations

1. Increase resourcing for evidence-based, trauma-informed therapeutic responses and community-based wraparound services to children exposed to FDV and other forms of child maltreatment.
2. Increase support for victim-survivors to safely stay in their homes after leaving a perpetrator of FDV, including flexible financial support and legal assistance.
3. The Commonwealth Government's increased funding for the Safe Places Emergency Accommodation Program is welcome: emphasis should be on its flexibility, to meet the diverse needs of families. This should include rental assistance, and recognise the impact of FDV on families' rental history e.g., families who have been 'blacklisted' from the rental market.
4. Design service responses that are agile, and willing to deliver outreach assessment and intervention to families experiencing homelessness and/or other multiple and substantial service access barriers.
5. Prioritise access to early education and health services for children experiencing homelessness, given the likelihood of missed early education participation, resulting developmental impact, and poor provision of treatment options and support.
6. Provide adequate culturally responsive and diverse housing which reflect cultural living arrangements, recognising the criticality of safe and secure housing as a foundation for recovering from trauma and multiple disadvantage.
7. Women may seek support from mainstream services, but others will prefer specialist services. Both options must be available, to ensure access to support.
    a. Increase cultural competency in mainstream services to ensure that supports are delivered in a culturally sensitive and community-informed manner, responding in a place-based way to community need, and ensuring that non-specialist services are equipped to address multiple intersecting barriers.
    b. Increase provision of specialist migrant and refugee services, including access to counselling, parenting support and wrap around services to address issues of isolation and challenges with seeking support, in conjunction with key needs.
8. Build on best practice in collaborative, multi-agency working to identify and address safety concerns for children and young people that access specialist sexual abuse services, to ensure that holistic support is wrapped around those children, young people and families with multiple and complex needs.
9. Ensure that free specialist therapeutic support is available for all children who have experienced sexual abuse.
10. The Commonwealth should drive efforts to address the lack of data on the scale of child sexual abuse, as a crucial step in the design and provision of prevention and early intervention services.
11. Commission regular campaigns to increase public awareness of child sexual abuse, including continuous evaluation to measure impact.
12. Increase resources for specialist LGBTQIA+ organisations, and specialist children and young people's organisations providing outreach and crisis accommodation services, to support and house LGBTQIA+ young people in a safe, inclusive and trauma-informed manner, recognising the intersecting experiences of trauma and abuse that these young people may have experienced, and still be experiencing.
13. Increase provision for transgender young people in particular, recognising that there may be access restrictions to mainstream accommodation services, and/or they may not experience these services as safe, appropriate or welcoming.
14. Increase awareness about the differential risks of all forms of violence that LGBTQIA+ children and young people face, and better resource specialist organisations to support children and young people from these communities.

3. Socio-economic context for our children, young people and families

Any commitment to the creation of a gender-equal society must, in a real sense, address the systemic factors which underpin inequality. Every day in our support for children, young people and families, we see that some are more likely to be abused or neglected, have poorer health, wellbeing and educational outcomes, and miss out on family life, cultural life and other facets of social participation and identity expression. Family socio-economic circumstances are central to this, and while gender inequalities may not map directly on to poverty, they do affect poverty risks (Bennett and Daly, 2014).

Recent research by ACOSS and UNSW shows that in Australia, women are more likely to live in households below the poverty line than men (13.9% as against 12.9% for men), and most people in poverty (1,754,000 out of 3,320,000 people, or 53%) were women or girls. There are more people in poverty in households where the main earner is a woman compared to a man; sole parent (which are overwhelmingly female – 79.9%[1]) families have the highest rate of poverty, with 34% of all people (adults and children) in sole parent families living in poverty, and this rose slightly in the June quarter of 2020. The rate of poverty among children is higher than average at 16.6% (of all children) (761,000 children) compared with the overall average rate of 13.4%. The risk of poverty is highest for children in sole parent families (Davidson *et al.*, 2023).

The National Strategy to Achieve Gender Equality Discussion Paper makes scant mention of poverty, but acknowledges that, in relation to FDV, 'Many women experiencing violence can also face a stark choice to stay in a relationship where violence is occurring or escalating, or to leave the relationship but face ongoing financial hardship, homelessness or poverty. There can be a range of reasons why women stay or leave, including… Having no money or nowhere else to go.' We highlight the fundamental role that poverty plays in creating and entrenching circumstances of multiple disadvantage, and risk from violence and abuse for women and (their) children.

4. Relationship between gendered violence, child abuse, and multiple disadvantage

In response to the question, '*Are there issues you (or your organisation or community group) would address first? Are there issues that should be addressed together?'*, this submission focuses primarily on the intrinsic link between violence against women and abuse/maltreatment of children, particularly intrafamilial violence. In policy discussions about violence against women and gender-based violence, we stress the profound need to recognise children and young people in their own right – and children in all their diversity, including LGBTQIA+, Aboriginal, and culturally and linguistically diverse children and young people.

Violence against women and girls is a manifestation of inequality and discrimination based on gender, race and other power imbalances. It is rooted in historically unequal power relations that view women and girls as subordinate to men and boys (Commonwealth of Australia, 2022a). However, intrafamily violence cannot be isolated from the entrenched disadvantages brought by systemic gender inequality, economic inequality, and the intersection with overlapping and compounding disadvantages like ethnicity, intergenerational trauma, gender identity and sexual orientation, and

[1] ABS, Labour Force Status of Families, Released 18 October 2022

cultural context, to create/entrench individual and systemic disadvantage for our most vulnerable and at-risk children and young people.

4.1 FDV and co-occurring child maltreatment

Recommendations

9. Increase resourcing for evidence-based, trauma-informed therapeutic responses and community-based wraparound services to children exposed to FDV and other forms of child maltreatment.
10. Increase support for victim-survivors to safely stay in their homes after leaving a perpetrator of FDV, including flexible financial support and legal assistance.
11. The Commonwealth Government's increased funding for the Safe Places Emergency Accommodation Program is welcome: emphasis should be on its flexibility, to meet the diverse needs of families. This should include rental assistance, and recognise the impact of FDV on families' rental history e.g., families who have been 'blacklisted' from the rental market.
12. Design service responses that are agile, and willing to deliver outreach assessment and intervention to families experiencing homelessness and/or other multiple and substantial service access barriers.
13. Prioritise access to early education and health services for children experiencing homelessness, given the likelihood of missed early education participation, resulting developmental impact, and poor provision of treatment options and support.

The UN Committee on the Right of the Child has explicitly stated that 'exposure to domestic violence' is mental violence against the child under Article 19, and as the Government of Western Australia notes, 'when it occurs in a family with children, family and domestic violence is *always* child abuse' (WA Government, 2021), not least due to the way that this violence shapes their perceptions and understanding of the world, and the serious long-term negative consequences for child health and wellbeing (Commonwealth of Australia, 2022). We have long seen the profound impact of FDV on children and young people that we serve – both in their day-to-day lives and over the life course of childhood, adolescence and into adulthood – and this is increasingly being recognised in research and policy.

But further, there is broad consensus that different types of violence often occur simultaneously in the same family, and that the presence of one form of violence may be a strong predictor of the other (Tomison, 2000, Coumarelos *et al*., 2023). That is, FDV and child maltreatment as systemic, co-occurring features of the totality of violence present in families, with FDV itself a form (indeed, as the latest ACMS has found, the most common) of child maltreatment.

Moreover, in families where children are exposed to domestic violence, there is a much higher chance of the child experiencing other forms of maltreatment, often because family adversity increases the risk of multi-type maltreatment and FDV (Haslam *et al.,* 2023); and children exposed to FDV experience increased levels of fear, inhibition, anxiety and depression compared to their peers, with

evidence pointing to higher risk of poor health outcomes in adulthood (James, 2020). The significance of FDV impact on children is therefore highly significant, putting at risk their present and future health and wellbeing, their psychosocial and cognitive development, and their chance of forming happy, healthy relationships.

The Census estimates that 21% of Western Australian homeless people are aged 12–24 (Seivwright *et al.,* 2021), and in 2020–21, 7,102 children and young people aged 0 to 17 years presented at WA specialist homelessness services alone or with their families, the majority of whom (4,170) were under 10 years of age (AIHW, 2021). We know that FDV is the leading cause of homelessness for children (Campo, 2015, Government of Western Australia, 2022). While FDV can affect anyone, regardless of culture, gender, economic status or sexuality, research and practice show that overwhelmingly, violence perpetrated by men against women is the most common. Consequently, women and children are at greatest risk of homelessness, as women leaving the home to establish greater safety for themselves and their children; with certain groups at even greater risk, including Aboriginal and Torres Strait Islander women and their children. FDV disrupts and violates the sense of safety and belonging within the home, but making the decision to leave usually results in losing the family home permanently. This loss itself can have traumatic effects on children (Spinney, 2013).

FDV is the driving cause of homelessness and residential transiency for the children and families that Parkerville CYC supports; both in terms of our whole family supports, and our services supporting children and young people fleeing violent homes into homelessness. We see the wide-ranging and highly destabilising impact of this in our Outreach services. In our Support and Community Services (SACS) program, the July-December 2022 period saw a notable increase in families actively fleeing violence and engaging with services to address imminent threat to themselves and their children. Unaffordable or insecure housing is a major barrier for victim-survivors to re-establish their lives after leaving a violent situation, and a key consideration in their decision to leave. A shortage of transitional and long-term social and affordable housing means some women and children exiting crisis accommodation are faced with a choice of returning to a violent home or becoming homeless (Commonwealth of Australia, 2022).

The following case studies highlight the ways in which FDV creates both serious and cumulative negative psychological, emotional and social impacts on child and young person wellbeing, but also highly destabilising and traumatic secondary effects, including unstable housing, little or no access to education, child development services, and ante/post-natal care. This is within a context in which the time around leaving a violent relationship is the most dangerous for a victim-survivor and their

children. This represents a particularly critical time for families, and requires (multi-agency) support that can respond to this complexity in a flexible, holistic and trauma-informed way.

Parkerville CYC's support for children, young people and families affected by homelessness and multiple disadvantage

Parkerville CYC delivers a range of services to support children, young people and families experiencing or at risk of experiencing homelessness; providing holistic, wrap around case management to hold families through highly challenging experiences of trauma and insecurity:

- **Support and Community Services (SACS):** service for children aged 4-14 from families that are homeless, or at risk of homelessness and living in supported accommodation.
- **Moving Out, Moving On (MOMO):** service for young people aged 15-21 who are homeless, or at significant risk of homelessness or transience.
- **Reconnect:** early intervention service for families with young people (12-18) at risk of homelessness or family breakdown.
- **YWP:** medium-term accommodation and support for young women (including those with children) aged 16-25 experiencing or at risk of homelessness, or who need help to live independently.
- **AYAS:** short-term crisis accommodation for young people experiencing or at risk of experiencing homelessness.

Case Study

Impact of FDV on family safety, child development and housing security: Case 1

Redacted

Case Study

Impact of FDV on family safety, child development and housing security: Case 2

Redacted

4.2 Intersection of culture and inter-generational trauma

Recommendations

6. Provide adequate culturally responsive and diverse housing which reflect cultural living arrangements, recognising the criticality of safe and secure housing as a foundation for recovering from trauma and multiple disadvantage.

7. Women may seek support from mainstream services, but others will prefer specialist services. Both options must be available, to ensure access to support.

   a) Increase cultural competency in mainstream services to ensure that supports are delivered in a culturally sensitive and community-informed manner, responding in a place-based way to community need, and ensuring that non-specialist services are equipped to address multiple intersecting barriers.
   b) Increase provision of specialist migrant and refugee services, including access to counselling, parenting support and wrap around services to address issues of isolation and challenges with seeking support, in conjunction with key needs.

4.2.1 Aboriginal women and children

There is a compelling body of research demonstrating that Aboriginal and Torres Strait Islander women and girls experience discrimination and violence at a rate disproportionate to non-Indigenous women: in comparison with other Australian women, Aboriginal women are 34 times more likely to be hospitalised from family violence and 10 times more likely to be killed by violent assault. Violence against Aboriginal women has profound impacts on communities and families, with the disproportionate impact of family violence correlating with the over-representation of child removal and incarceration experienced by Aboriginal women (National FVPLS, 2017). Around 80 per cent of Aboriginal women in prison are mothers, contributing to further harm for Aboriginal children who are nearly 11 times more likely than non-Aboriginal children to be represented in the child protection system, and 22 times more likely to be in youth detention (Commonwealth of Australia, 2022b).

Moreover, research has shown that the very high levels of violence suffered by Aboriginal women commences in the pre-teen years. The incidence of substantiated physical and sexual abuse increased much more for Aboriginal girls than boys, with assault hospitalisation incidence 125% higher for Aboriginal girls than boys (compared to 56% lower for non-Aboriginal girls than boys) (Moore *et al*, 2022).

We see the significant and disproportionate violence, complex trauma and multiple disadvantage faced by Aboriginal girls and young women across our services, evident from case studies across this submission. The further case studies below highlight the complexity of interaction between these issues for the girls and women – and communities – that we serve, including how systemic failures (for instance, child protection, housing, youth justice) have compounded trauma and disadvantage.

Case Studies

Redacted

Child and Parents Centres (CPC)

Parkerville runs two CPCs in Perth, in areas designated as having high socio-economic disadvantage; one in the City of Gosnells and one in the City of Armadale. CPCs are located at schools to give families easy access to advice, programs, and services, and give schools the opportunity to work with families from a child's birth, through to starting school and beyond. The centres work to increase the capacity of families and help them provide appropriate experiences and a happy, healthy home environment.

Our CPCs have an average monthly attendance of between 375 and 500, and run a variety of playgroups primarily targeting children 5 and under (including for babies, pre-kindy, neurodiverse children, young parents, and fathers/father figures). They host developmental services, including a Child Health Nurse (CHN), Speech Pathologist, lactation consultant, immunisation clinic, kindy screening and parenting groups and workshops.

4.2.2 Women and children from culturally diverse, migrant and refugee backgrounds

There can be specific, gendered stressors for women, children and families from diverse cultural, ethnical, religious and linguistic backgrounds and migrant and refugee women and children. These include the impact of their visa status (for example, restricted eligibility criteria for access to government support and services, perpetrators using a women's visa status to control and abuse them), a lack of trusted local social/community networks or families, linguistic and cultural barriers to seeking help and reporting violence, experiencing discrimination and racism, and a history of trauma arising from having witnessed conflict in their homeland or from their journey to Australia (Harmony Alliance, 2021, Campo, 2015).

The cultural concepts of 'honour' and 'shame' are complex phenomena which affect people of diverse ethnic, racial, socio-cultural, and religious heritage; characterised by close links between gender roles, nurture, tradition, culture, religion and internal and external influences (Mansoor, 2015). It brings a powerful belief in the importance of maintaining family honour; loss of honour can be seen to come from help-seeking outside the family and community, and it has been argued that it can serve to control and regulate women's behaviour, diminish autonomy and increase isolation (Patel, 2022). We

see the impact of this across our services, and the ways in which it can inhibit help-seeking for those affected by trauma and abuse, and create or compound isolation.

Targeted programs can carry stigma and thereby reduce families' willingness to engage; CPCs mitigate this stigma by offering access to all children and families in an area, and by being located on or near public schools to support families as they lay the foundations for their children's development and learning (ECU, 2013).

Our CPCs serve diverse communities, with our Gosnells-located CPC in particular serving a community that is approximately 85% CALD. Our approach to best supporting the children and families is place-based, culturally sensitive and trauma-informed. This is particularly critical given the deep distrust that some CALD communities that we serve express towards Government services, including health. We take great care to build this trust and act responsively to community need, including by co-locating with allied health services to embed early intervention services in communities.

Indeed, given this distrust towards Government services and the effects of honour/shame within some CALD communities, the CPC – with its emphasis on supporting families of young children – is often one of the only, if not the only, service with which some families engage. We find this to be particularly true for women who are affected by intimate partner/family violence and control. The WA Department of Communities have reported to our Local Advisory Committee that they have been seeing a higher prevalence of CALD families presenting with FDV. Whilst direct FDV disclosure in our Centres is rare (as per the cultural context described above), we provide social support, a safe environment, awareness-raising materials and maintain close relationships with specialist CALD organisations, to facilitate support when women feel prepared to reach out for help. And crucially, our CPCs' grounding in the community and range of supports offered helps to build social capital and community connections, a vital contribution to reducing isolation and supporting help-seeking.

The following cases from our MIST program reflect what we see in practice, in terms of the impact that isolation and shame can have on help-seeking and recovery from trauma for families that we support.

Case Snapshots

Redacted

4.3 Role of gender in sexual abuse and multi-type child maltreatment

Recommendations

8. Build on best practice in collaborative, multi-agency working to identify and address safety concerns for children and young people that access specialist sexual abuse services, to ensure that holistic support is wrapped around those children, young people and families with multiple and complex needs.
9. Ensure that free specialist therapeutic support is available for all children who have experienced sexual abuse.
10. The Commonwealth should drive efforts to address the lack of data on the scale of child sexual abuse, as a crucial step in the design and provision of prevention and early intervention services.
11. Commission regular campaigns to increase public awareness of child sexual abuse, including continuous evaluation to measure impact.

Women are overwhelmingly the victims of violence in intimate relationships and sexual violence and men are overwhelmingly the perpetrators of this violence. Younger women are at higher risk of many forms of violence, including stalking, sexual assault, sexual harassment, stalking, image-based abuse and intimate partner violence, compared to both younger men and older women (Coumarelos *et al*., 2023, Commonwealth of Australia, 2022). The ACMS has found that whilst women experienced comparable levels of childhood physical abuse and exposure to domestic violence to men, they reported substantially more childhood sexual abuse (35.2% vs 14.5%), emotional abuse (40.5% vs 26.9%), and neglect (12.5% vs 7.2%). Four in 10 young people experienced more than one type of maltreatment (this can include any combination of the five types: physical abuse, sexual maltreatment than boys (43.2% vs 34.9%) and are almost twice as likely to experience 4 or 5 types (4.7% vs 2.0%) (Haslam *et al.,* 2023).

This ACMS data shows the extent to which girls are vulnerable to multitype child maltreatment. This is a crucial point to highlight and is reflected in our services: frequently, if not overwhelmingly, the 'presenting issue' for the girls and young women that we support is only one form of trauma or disadvantage with which they are dealing. Whilst the evidence presented below refers predominantly to child sexual abuse (CSA) and its greater prevalence for girls, it is important to note this complexity, which is clear from the presented case studies.

Our support for children, young people and families affected by child sexual abuse (CSA)

Multi-agency Investigation and Support Team (MIST)

Parkerville CYC's MIST service is a co-located, multi-disciplinary, trauma-informed model working to reduce the harmful impacts of trauma from abuse. It provides WA's first truly integrated child sexual abuse (CSA) response. We opened Child Advocacy Centres in Armadale (2011) and Midland (2019), and attached Child and Family Advocates (CFA) and psychology services to the Perth District Child Abuse Team in 2020. In the past 12 months, Parkerville CYC has supported 1,280 children affected by child sexual abuse through these Child Advocacy Centres. The core principle of MIST is to reduce instances of children having to tell and re-tell their story, and coordinate services (including Police) to wrap around the child and family, through collaborative relationships and sharing knowledge to produce better outcomes. In the 12 months from March 2022 to March 2023, 76 per cent of clients supported by MIST were female/identified as female.

Therapeutic Services

CSATS: We provide a Child Sexual Abuse Therapeutic Service (CSATS) in a regional area of WA. Our specialist staff saw 44 clients in the 1 July-31 December 2022 period, of whom 88% were children and young people. Of the total number of children seen in this period, 77% were female.

PACTS: We also provide a Parents and Children's Therapeutic Service (PACTS) in a northern Perth suburb. 84% of children and young people receiving a service had experienced child sexual abuse. Of the total number of children seen in the 1 July-31 December 2022 period, 63% were female.

Our practice in supporting children, young people and families affected by child sexual abuse demonstrates the profound impact of this trauma for the child and young person, and non-offending family members. And the research cited above reinforces what we see in practice: the trauma of CSA is rarely the sole abuse experienced by children and young people. For instance, we supported 19 children in PACTS from 1 July-31 December, but recorded 46 combined experiences of abuse (witness of FDV, physical abuse, emotional abuse sexual abuse; i.e., most children experienced multiple types of abuse, the highest incidence being for sexual abuse and witness of FDV. Similarly, our CSATS program recorded 90 combined experiences of abuse for 44 children.

For all our services supporting children, young people and families affected by CSA, we see how entrenched poverty and multiple disadvantage, family complexity and intergenerational trauma intersect with gender inequality and gender-based violence to create differential risk to children and young people according to sex, gender, ethnicity and other facets of identity. At the family level, parents/caregivers may be emotionally or physically unavailable, may themselves be the perpetrator or minimise/justify the abuse, may have their own history of CSA and/or intergenerational trauma,

and in cases of sibling-on-sibling abuse (which continues to increase as a presenting issue in our services) – be managing a highly complex and traumatic intrafamilial situation. Indeed, many of our cases are within the family network: for clients in CSATS and PACTS, our most recent data shows that in 68% and 74% respectively of cases the perpetrator is a parent, carer or immediate family member. This proportion is mirrored in our MIST program.

More generally, Parkerville CYC takes a family systems approach to supporting children and young people affected by CSA, including the provision of Family Therapists in MIST to further wrap holistic support around families as they navigate deeply traumatic circumstances – both the CSA itself, and the police, child protection and court systems. These systems often lack capacity to provide an individualised, child-safe and child-centred approach, with families left to mould to the system, participating in processes that are not developmentally appropriate. For example, expectations that a child will disclose their abuse to a stranger in a police setting, expectations that all children/families trust police, expectations that children will be assertive in the face of questioning by a defence lawyer, expectations that children will be strong and fearless when called a liar by a defence lawyer, expectations that a child will be able to sit still and answer questions in both these settings.

Non-offending parents/caregivers often experience feelings of guilt and shame that are intensified by the real or perceived judgments of others and the stigma surrounding child sexual abuse, creating isolation and making it difficult to process the impact of disclosure, and seek the necessary support to move forward. Families are often torn apart by CSA allegations, with extended families taking sides, children often not believed, and non-offending caregivers subject to intense supervision and scrutiny. Families often do not know how to parent a traumatised child or adolescent (and their siblings), or where to turn for help. And many families that we support have their own social issues, trauma histories and complexities, including previous interactions with police and child protection, positive and negative. These histories and pressures can impact on families' capacity to participate in and navigate these systems, as well as successfully access supports and coping strategies, amid a context in which free, appropriate, trauma-informed services for families are lacking or subject to long wait lists. This pint is particularly salient given the greater complexity of need with which families are presenting to MIST over 2022, including the increasing impact of systemic issues such as poverty and the need to link with emergency relief and food, and families requiring accommodation services.

Case Snapshots

Redacted

Moreover, the prevalence of CSA and its harmful impacts present not only in our specialist CSA services, but across the breadth of our programs. The complexity of issues present in young people's lives as a result of sexual (and almost universally, other forms of abuse), often requires intervention by multiple Parkerville services, as seen in the cases below.

Case Snapshots

Redacted

5. LGBTQIA+ children and young people: Violence and intersecting maltreatment

Recommendations

12. Increase resources for specialist LGBTQIA+ organisations, and specialist children and young people's organisations providing outreach and crisis accommodation services, to support and house LGBTQIA+ young people in a safe, inclusive and trauma-informed manner, recognising the intersecting experiences of trauma and abuse that these young people may have experienced, and still be experiencing.
13. Increase provision for transgender young people in particular, recognising that there may be access restrictions to mainstream accommodation services, and/or they may not experience these services as safe, appropriate or welcoming.
14. Increase awareness about the differential risks of all forms of violence that LGBTQIA+ children and young people face, and better resource specialist organisations to support children and young people from these communities.

Gender inequality is underpinned by rigid, binary and hierarchical constructions of sex, gender and sexuality, which also have a significant impact on the violence that LGBTIQA+ people and communities experience (Carman *et al*, 2020). LGBTIQA+ people also experience significant violence within their families of origin, particularly as children and young people (Commonwealth of Australia, 2022). There is growing evidence that LGBTQIA+ people are more likely to experience sexual violence and family violence, face barriers to help-seeking and/or worse outcomes (Coumarelos *et al.*, 2023), are more likely than heterosexual siblings to experience childhood verbal, physical and sexual abuse (Carman *et al.,* 2020). Further, trans and gender-diverse people aged 16 and over report experiencing sexual assault or coercion at rates that were nearly four times higher than the general Australian population (Callander et al., 2019).

Experiences of family rejection have been found to have significant negative consequences on the mental health and wellbeing of LGBTQIA+ young people and, by contrast, family acceptance has both a positive impact and protective effect against negative outcomes (Carman *et al.,* 2020). We see the far-reaching impact for children and young people of family rejection, intra- and extra-familial violence and abuse, and other forms of discrimination and disadvantage perpetrated against LGBTQIA+ children and young people. Equally, we see the profound value that acceptance and unwavering support from parents/caregivers, given and chosen family, and community more widely, has for LGBTQIA+ young people, particularly in response to and recovery from trauma and abuse.

As an organisation providing services to LGBTQIA+ children and young people (and their families), and to LGBTQIA+ families, we strive to provide the best possible care, in a culturally safe, welcoming and trauma-informed way, recognising the intersecting challenges and harms. To better safeguard and champion our LGBTQIA+ children, young people and communities, it is imperative that this is a shared community, State, and nation-wide endeavour.

Case Studies

Redacted

Summary

In our work supporting vulnerable children, young people, and families, we are continually awed by the resilience they display in managing the impacts of abuse, trauma and/or other, often overlapping, challenges. Gender inequality is a deeply embedded systemic issue, and one that intersects, generates and is in turn generated by poverty and multiple forms of disadvantage. This combines to disproportionately impact on women and children. Women should not have to choose between their own and their children's personal safety, and their economic security.

Trauma-informed, person-centred care is at the heart of Parkerville's work, and we endeavour to circumnavigate seemingly implacable systemic barriers by working with agility and flexibility, leveraging relationships and finding workarounds to access services. Nevertheless, for the most part our experience is that there is inadequate recognition of the profound impact of FDV, its co-presentation with other forms of child maltreatment, and the differential risk to girls of multiple forms of abuse. This leads to inadequate provision of targeted, holistic care, by a largely inflexible and under-resourced services sector. This is a disservice to our children and young people, and causes long-term, often inter-generational harm. Children and young people who have been highly disadvantaged by abuse, trauma, and other adverse childhood experiences, whose often complex and multiple needs repeatedly fail to be accommodated, require, and deserve, a system that supports them at the point of need to reach their full potential, despite the challenges they have faced.

Yours sincerely,

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