

Emerge Women and Children's Support Network is a specialist family violence organisation in Victoria.

We provide:

- adults and children with safe accommodation at our 24/7 refuge, support via outreach and transitional housing in the community
- evidence-based programs and therapeutic support against a human rights model for service delivery
- secondary prevention and early intervention for children at risk of becoming perpetrators of violence, and holistic support to assist adults and children to end the cycles of re-victimisation
- a recovery model focussed on breaking the cycles of violence and ending system churn.

You can contact us at: mail@emergesupport.org.au

Or visit our website at: emergesupport.org.au

Submission to the National Plan to End Violence Against Women and Children 2022– 2032 - Consultation on the Second Action Plan

Emerge Women and Children's Support Network

Executive summary

Emerge Women and Children's Support Network (Emerge) welcomes the opportunity to contribute to the consultation on the Second Action Plan under the National Plan to End Violence Against Women and Children 2022–2032.

Emerge is a specialist family violence organisation delivering 24/7 secure refuge, outreach, therapeutic support and early intervention to women and children across Victoria, including through our Back on Track program for primary-age children. This submission draws on Emerge's service expertise, our evaluated program outcomes, the research and data that strengthens our system, and the lived experience of the women and children we serve.

We focus on systemic changes to improve the long-term outcomes and support the recovery of women and children coming through the specialist family violence system; the unacceptable rates of women and children killed in the last year, the uncounted others who are unable to leave unsafe homes, and those who are living with the profound impacts of violence.

We make four practical, evidence-based recommendations for the Second Action Plan. Each recommendation sets out:

1. the problem in the system,
2. a proposed policy solution to the problem, set as our recommendation to the Minister
3. the Commonwealth and state mechanisms available to deliver it, and
4. how delivery should be measured to ensure accountability and measure reform.

Our four recommendations are:

1. Recognise children as victim-survivors of family violence in their own right, with individualised service responses delivered through the specialist family violence system.
2. Embed early intervention for primary-age children across the system to break intergenerational cycles of violence, drawing on the evidence from Emerge's Back on Track program
3. Ensure equitable access and service responses for clients with complex, intersectional needs, so that no victim-survivor is turned away from the specialist system because of substance use, mental illness, or any other co-occurring need.
4. Reach women and children before crisis by embedding specialist family violence literacy and referral pathways into universal touchpoints such as; maternal and child health services and schools.

We **attach** the following supporting evidence:

1. Our submission to the Senate Inquiry into Australia's Youth Justice and Incarceration System, which contains detailed information on our early intervention program Back on Track (Recommendation 2)
2. An evidence scan commissioned by Emerge and delivered by the RMIT Centre for Innovative Justice on the impacts of family violence on children, the gaps in the specialist family violence system to support their recovery, and the need for early intervention
3. Confidential case studies about the children we have supported in Back on Track.

1. Children are victim-survivors of family violence in their own right

The problem: Children are treated as adjuncts to their parent in the system • The specialist family violence system and surrounding systems largely respond to children as add-ons to their mother's case, rather than as victim-survivors with their own distinct needs.ⁱ • The service system response, and the way that data is collected across the system, do not see the child as a unique individual. • This is not just a policy issue. It is a system design and capability failure. Children's needs are not consistently assessed or met independently of their caregiver's case plan by practitioners who can effectively work with children. • Children represent 1 in 3 people present at family violence incidents in Victoria, and family violence has profound and lasting effects on their development, health and wellbeing.^{iiiiiiv}	The solution: An individualised service response to protect the rights and support the individual needs of every child • Every child should receive their own individualised service response, considered and case-managed separately from (though connected with) their caregivers and family's needs. • Case management is the central response to ensure every child's rights are met. However, a full system response requires more than coordination; it must also include therapeutic support and early intervention • System-wide data collection must consider each child as an individual, rather than an addition to their accompanying adult. • This response must be an embedded part of the specialist family violence system and embedded at every refuge and service response to ensure the rights and needs of children across the system are met.
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Mechanisms for change

- The Second Action Plan should contain an explicit direction for system-wide change to ensure that every child receives an individual service response.
- The Second Action Plan should make individualised child case management, and a child-centred service response, a condition of National Partnership Agreements and other Commonwealth–state funding agreements for family violence services.
- The Second Action Plan to uplift the capability of the specialist family violence sector to work with children and young people, building capacity where trauma and violence expertise already exists. This means embedding child- and youth-specific trauma-informed practice within specialist family violence roles; funding dedicated child and youth practitioners within specialist family violence and refuge services; strengthening clinical supervision and career pathways for child-focused practice; and ensuring Aboriginal-led and intersectional approaches lead design and delivery of these capabilities.

Accountability and measurement

- Funding agreements should require reporting on the proportion of children in the specialist system who receive their own documented case plan and service response.
- Data collection should record children as system clients and victim survivors in their own right across the national family violence data system.

2. Embed early intervention in the system to break cycles of violence

The evidence base for this recommendation is set out in detail in Emerge's earlier submission to the Legal and Constitutional Affairs References Committee's inquiry into Australia's Youth Justice and Incarceration System, which is **attached** to this submission.

The problem: Untreated childhood trauma drives cycles of violence	The solution: Embedding early intervention for children into the service system
- Family violence is the most common form of childhood maltreatment in Australia^v, and children who experience it are highly likely to have experienced other forms of maltreatment as well.^{vi} - National research shows strong links between childhood maltreatment and later offending: - half of young people who offend had prior contact with police as a victim of family violence, and 75% of arrested individuals have experienced maltreatment.^{vii} - Research consistently shows that that people who later use violence are more likely to have been victims of violence in childhood.^{viii} Most current system interventions target teenagers and activate only after a child has already had contact with the justice system. The system lacks early, developmentally timed responses during programs during the primary school years, when challenging and aggressive behaviours first emerge and begin to escalate.^{ixx}	- Early intervention for children exposed to violence should be embedded structurally across the family violence and social services system to address trauma and break the cycles of intergenerational family violence - Emerge's Back on Track program demonstrates this is achievable at scale with targeted, evidence-based therapeutic support for children aged 5–12 displaying aggressive or challenging behaviours after experiencing family violence. The program is delivered through evidence-based therapeutic interventions for children and caregivers both individually and together. - Independent evaluation by RMIT's Centre for Innovative Justice found that all children in the program significantly reduced or stopped using violence, and re-engaged with school, while caregivers reported greater confidence, stability and reduced isolation. - Evidence-based interventions strengthen protective factors that reduce the risk of using violence, helping to break-and prevent the recurrence of-intergenerational cycles of violence.

Mechanisms for change

- Targeted Commonwealth investment in secondary intervention programs for children identified through the family violence system, funded and measured explicitly as violence prevention, not as generic family support service.
- Investment must fund the scaling of proven models such as Back on Track, supported by a trained, trauma-informed practitioner workforce.

Accountability

- Outcomes should be tracked against justice system avoidance and the de-escalation of violence at home, using the kind of program-level evaluation data that Emerge has already generated through Back on Track, and reported against the National Plan's Outcomes Framework.

3. Equity of access and service response for complex, intersectional presentations

The problem: the family violence system excludes many complex and highest-risk clients • Most victim-survivors across the specialist family violence system present with multiple intersecting needs, including complex mental health and substance use.^{xi} • Many zero-tolerance drug and alcohol policies in family violence services inadvertently exclude the very clients most in need—survivors whose substance use is a trauma response to the violence they've endured. • Many services are not equipped to respond to mental health needs alongside family violence, even though these needs are frequently a direct response to the violence itself. • The exclusion built into the current system disproportionately affects clients most likely to die, be seriously injured, or to become homeless.	The solution: baseline capability and no exclusionary gatekeeping • The specialist family violence system should be expected to deliver a service response to clients no matter how complex their presentation, with no exclusionary eligibility criteria that turns away the highest-risk clients. • This does not mean the specialist system becomes generalist. Specialist family violence workers are not being asked to replace AOD or mental health specialists. • This means building baseline trauma informed capability across the specialist workforce; a shared understanding of how trauma co-occurs with alcohol and other drug (AOD) use and mental health presentations, and the skills to respond, paired with clear partnership pathways that enable warm referrals to specialist expertise across the system.
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Mechanisms for change

- A staged, funded national capability uplift for the specialist family violence workforce that recognises most service users have intersectional needs, modelled on Victoria's Family Violence Reform Provider Registration (Reg 209) requirements, which mandated core capabilities for caseworkers alongside funding attached to meet them.
- Priority capability areas should include intersectional needs (including AOD and mental health) and trauma-informed practice.
- This should be structured as new investment in system capability, not a redistribution of existing scarce funding across an already under-resourced sector, particularly given the pressure this would otherwise place – particularly on regional services and Aboriginal Community Controlled Organisations.
- The Commonwealth should set the expectation of non-exclusionary service response through National Partnership Agreements. States, as the primary funders and administrators of service agreements, should operationalise it through funding conditions and workforce investment.

Accountability

- Accountability should sit at the system and government level; tracking whether government has delivered the promised capability investment and funding, not through penalising individual services, especially regional services and ACCO providers, for outcomes constrained by their existing funding streams.

4. Reach women and children before crisis, through universal touchpoints

The problem: many victim-survivors never reach the specialist system before crisis • The recent deaths of women and children in Australia – at the date of writing, 42 women and 17 children – require national focus to the touchpoints into the system. • Families likely to have had contact with universal, non-specialist services, including maternal child health, and especially schools, which are attended by almost every family with children. • Schools currently have limited capacity to identify family violence: for example, a handful of short parent-teacher conferences a year, with no expectation that a child will disclose what is happening at home, and teachers who are already stretched and not resourced to respond to trauma. • Local touchpoints depend on the resources and capability of the community – meaning that families in vulnerable areas are less likely to be engaged and receive a service response.	The solution: embed specialist liaison into existing universal touchpoints • Embed a specialist family violence liaison role within schools and maternal child health services, the universal touchpoints where vulnerable families are already engaged. • This should build on existing infrastructure (such as the National Child and Family Hubs Network), linking a formal, recurring schools liaison function to the specialist family violence system, rather than creating a new standalone system. • The function should have two parts: building teacher and staff capability to recognise behavioural signs of violence exposure, and providing a direct, warm referral pathway to the specialist system once a concern is identified. • This is not a proposal for teachers to become trauma experts on top of an already stretched job, but rather a mechanism for a specific, resourced pathway to refer at-risk families and children to.
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Mechanisms for change

- Fund a specialist family violence liaison function, delivered through existing infrastructure (such as the National Child and Family Hubs Network), with a formal, recurring presence across a cluster of schools, developed in partnership with the Department of Education and State and Territory family violence systems.
- Consent, trauma-informed practice, safety planning and referral pathways must be built into the model from the outset, so that once a concern is identified, there is a clear, resourced way to safely engage the family identification without a pathway to support risks becoming a further burden on an already stretched system.

Accountability

- Track referrals generated through the schools and maternal child health liaison function as a direct measure of whether the model is reaching families who would not otherwise have contacted the specialist system.

ⁱ Gillfeather-Spetere, S., & Watson, A. (2024). *In their own right: Actions to improve children and young people's safety from domestic, family and sexual violence* (ANROWS Insights, 01/2024).

ⁱⁱ Crime Statistics Agency *Family Violence Dashboard*, [Online] Available at: <https://www.crimestatistics.vic.gov.au/>

ⁱⁱⁱ Wolfe, D. A., Crooks, C. V., Lee, V., McIntyre-Smith, A., & Jaffe, P. G. (2003). The Effects of Children's Exposure to Domestic Violence: A Meta-Analysis and Critique. *Clinical Child and Family Psychology Review*, 6(3), 171–187. <https://doi.org/10.1023/A:1024910416164>. The National Plan to End Violence Against Women and Children 2022–2032 (Department of Social Services, 2022); Carson, R., Kaspiew, R., Qu, L., De Maio, J., Rhoades, H., Stevens, E., Horsfall, B., Press, L., & Dimopoulos, G. (2022). Compliance with and enforcement of family law parenting orders: Final report (Research report, 20/2022). ANROWS; Fitz-Gibbon, K., Meyer, S., Boxall, H., Maher, J., & Roberts, S. (2022). Adolescent family violence in Australia: A national study of service and support needs for young people who use family violence (Research report, 18/2022). ANROWS; Hooker, L., Toone, E., Wendt, S., Humphreys, C., & Taft, A. (2022). RECOVER – Reconnecting mothers and children after family violence: The childparent psychotherapy pilot (Research report, 05/2022). ANROWS; Orr, C., Sims, S., Fisher, C., O'Donnell, M., Preen, D., Glauert, R., Milroy, H., & Garwood, S. (2022). Investigating the mental health of children exposed to domestic and family violence through the use of linked police and health records (Research report, 10/2022). ANROWS.

^v Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology.

^{vii} Australian Institute of Family Studies & Respect Victoria (2023) *Evidence Summary: Adolescent Violence in the home*, Australian Institute of Family Studies, Melbourne.

^{viii} Ibid

^{ix} Unlocking the prevention potential: Accelerating Action to end domestic, family and sexual violence (Department of the Prime Minister and Cabinet, 2024)

^x Ralph B, Roberts S, Lukamto W, Fitz-Gibbon K, Meyer S. Understanding the Mediating Effect of Child Abuse and Poor Mental Health on the Use of Adolescent Family Violence: Findings From an Australian Study. *Br J Sociol*. 2025 Dec;76(5):1087-1099. doi: 10.1111/1468-4446.70022. Epub 2025 Aug 9. PMID: 40782339; PMCID: PMC12668243.

^{xi} Australian Institute of Health and Welfare (AIHW). (2022). *Specialist homelessness services annual report 2021–22, Clients who have experienced family and domestic violence*. AIHW, Australian Government.

Response to inquiry: Effective alternative approaches to incarceration for young people

DECEMBER 2025

EMERGE WOMEN AND CHILDREN'S SUPPORT NETWORK

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Executive summary

Emerge Women and Children's Support Network ("Emerge") welcomes the Legal and Constitutional Affairs References Committee inquiry into Australia's youth justice and incarceration system which identifies a critical systemic need to identify effective alternative approaches to incarceration for young people. Emerge's early intervention work with primary age children who are using challenging and aggressive behaviours as a result of family violence, abuse and childhood trauma is a model for evidence-based alternative approaches to incarceration. Emerge's focus is to provide early intervention models to young children in the family violence system to break the cycles of violence and stop offending behaviours before they start.

Emerge's **Back on Track** program is strongly aligned to the Committee's focus on effective alternative responses to the incarceration of young people. The evidence shows that the indicators that a child will use violence start young, often far before a child becomes old enough to offend. By bridging gaps in the social services system and embedding early intervention for high-risk children and their families, Back on Track offers a proven and cost-effective solution to address complex trauma and interrupt cycles of violence before escalation and justice system involvement occur.

Back on Track offers targeted, evidence-based therapeutic support for children aged 5 to 12 who exhibit challenging and aggressive behaviours toward safe caregivers after experiencing family violence, a group previously unserved by existing services.

The problem: high rates of primary school age children use violence

- The most significant factor associated with a child using violence is being exposed to adults who use violence¹ – there is strong evidence for intergenerational cycles of behaviour²
- Children represent 1 in 3 people present in family violence incidents in Victoria³ and are significantly impacted by family violence, and it has profound and lasting effects on their development, outcomes, health and wellbeing⁴.

The system lacks secondary prevention before the justice system intervenes

- There are significant gaps in the specialist family violence system and surrounding sectors which do not provide early intervention to children and families escaping violence⁵
- Most system interventions are for teenagers, and occur after a child has had contact with the justice system.
- The system lacks programs that respond during primary school when challenging behaviour begins to escalate.

¹ Australian Institute of Family Studies & Respect Victoria (2023) *Evidence Summary: Adolescent Violence in the home*, Australian Institute of Family Studies, Melbourne.

² Perry, BD (2001) 'The neurodevelopmental impact of violence in childhood', in *Textbook of Child and Adolescent Forensic Psychiatry*, American Psychiatric Press, Inc., Washington, D.C., pp. 221-238.

³ Crime Statistics Agency *Family Violence Dashboard*, [Online] Available at: <https://www.crimestatistics.vic.gov.au/> (Accessed: 9December 2025)

⁴ The National Plan to End Violence Against Women and Children 2022–2032 (Department of Social Services, 2022)

⁵ Unlocking the prevention potential: Accelerating Action to end domestic, family and sexual violence (Department of the Prime Minister and Cabinet, 2024)

Back on Track: Emerge's cycle-breaking early intervention program

- All participants are using violence at home, and many at school. High proportions of the children are being excluded from kindergarten/school due to their behaviours.
- All participants have histories of experiences of violence, most perpetrated by their father. Most safe caregivers report having nowhere to seek help in the current system, and most reported that contact with police had commenced for their child.
- All participants who have completed the program reported a significant de-escalation or complete cessation in using violence.
- All primary and early high school age participants who have completed the program re-engaged in school.
- All parents who completed the program reported significant increases in ability to respond to behaviours, co-regulate, attune with the child, and reported significant increases to the safety of the family home.
- The program is scalable, and the proposed model focusses on increasing capacity and capability across the family violence and broader social services system.
- The program can be delivered regionally and is designed to meet the needs of participants across the system, including in diverse cohorts and multicultural groups.
- The program has a growing current waitlist – there is high demand and need for secondary prevention in the community before children engage with the justice system.
- The program creates a coordinated, cross-sectoral response identified by the Commission as needed with the care system.

Relevance to the Inquiry

Back on Track's innovative design is evidence-informed with demonstrable outcomes. It creates an effective and cost-efficient early intervention model to avoid youth justice involvement for vulnerable children who are at high risk of engagement with the criminal justice system.

Violence is cyclical and intergenerational, and children exposed to violence are significantly more likely to be involved in the youth justice and incarceration system

Family violence is a crime that is widespread and cyclical in Australia. The most recent Australian Bureau of Statistics national data records that 27%, or over a quarter, of offenders have at least one family violence offence proceeded against by police.⁶

Family violence is the most common form of childhood maltreatment.⁷ The Australian Child Maltreatment Study found that children who experience family violence are highly likely to have also experienced other types of abuse including emotional abuse, physical abuse, neglect, and sexual abuse – meaning that children who experience family violence are also highly likely to have experienced multi-type maltreatment.⁸

National research by the Australian Institute of Criminology has found strong links between childhood maltreatment and young people who offend:

- Half of young people who offend had contact with police as a victim of family violence,
- People who have been convicted with a crime are significantly more likely to have experienced childhood maltreatment, with 75% of arrested individuals having experienced maltreatment,
- Both men and women who have experienced chronic multi-type maltreatment are significantly more likely to be convicted of a crime,
- Young men who have experienced multi-type maltreatment are more than 3.5% more likely to be imprisoned.⁹

There are limited programs to address the impacts of childhood maltreatment and trauma before children engage with youth justice

Emerge has identified a critical gap in services for children aged 5 to 12 who, after experiencing family violence, display aggressive or challenging behaviour toward their safe caregiver. In Victoria, children represent 1 in 3 people present in family violence

⁶ Australian Bureau of Statistics (2025) *Recorded Crime - Offenders, 2023–24*, [Online] Available at: <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-offenders/2023-24> (Accessed: 9 December 2025)

⁷ Haslam, D, Mathews, B, Pacella, R, Scott, JG, Finkelhor, D, Higgins, DJ, Meinck, F, Erskine, HE, Thomas, HJ, Lawrence, D & Malacova, E 2023, *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report*, Report, Australian Child Maltreatment Study, Queensland University of Technology, Brisbane

⁸ Ibid.

⁹ Mathews, B, Papalia, N, Napier, S, Malacova, E, Lawrence, D, Higgins, DJ, Thomas, H, Erskine, H, Meinck, F, Haslam, D, Scott, J, Finkelhor, D & Pacella, R (2023) 'Child maltreatment and criminal justice system involvement in Australia: Findings from a national survey', *Trends & issues in crime and criminal justice*, No. 681, Australian Institute of Criminology, Canberra

incidents in Victoria.¹⁰ These children are significantly impacted by family violence, which has profound and lasting effects on their development, outcomes, health and wellbeing¹¹.

Research and meta-analysis has shown that significant predictors of youth and adult offending include aggressive and reactive behaviours.¹² Despite this, there are limited interventions within the system to support children impacted by trauma and the profound effects on children's mental health and behaviours. Most interventions target younger children (0–5 years), adolescents (12–18 years), or offer general parenting support that does not address the specific challenges faced by children and families dealing with the aftermath of family violence.

Many cases of aggressive behaviour in children aged 5 to 12 are underreported due to inadequate screening, parental shame, and fears about external intervention (i.e., child protection, the police). As a result, few programs address the unique needs of this age group affected by family violence. This gap means vital opportunities for early intervention are missed, which may allow behaviours to escalate and making positive change more difficult as children enter adolescence, when risks and justice system involvement increase.

Back on Track – an early intervention program breaking cycles of violence and keeping kids out of youth justice

Emerge Women and Children's Support Network ("Emerge") supports women and children who have experienced family violence by providing refuge, housing and practical recovery programs. The organisation welcomes the Legal and Constitutional Affairs References Committee inquiry into Australia's youth justice and incarceration system inquiry and recommendations and is particularly interested in the critical need for effective alternative approaches to incarceration for young people

Emerge would like to inform the Inquiry of the secondary prevention and early intervention supports it is providing for children and young people. In our work responding to family violence we have identified the need for innovation to undertake critical prevention and early intervention work with children and young people to reduce the likelihood of their need for other government services now and in the future.

Emerge has identified a critical gap in services for children aged 5 to 12 who, after experiencing family violence, display aggressive or challenging behaviour toward their

¹⁰ Crime Statistics Agency *Family Violence Dashboard*, [Online] Available at: <https://www.crimestatistics.vic.gov.au/> (Accessed: 9 December 2025)

¹¹ The National Plan to End Violence Against Women and Children 2022–2032 (Department of Social Services, 2022)

¹² Leschied, A., Chiodo, D., Nowicki, E. & Rodger, S. (2008) 'Childhood Predictors of Adult Criminality: A Meta-Analysis Drawn from the Prospective Longitudinal Literature', *Canadian Journal of Criminology and Criminal Justice*, 50(4)

safe caregiver. A review of available research highlights that, while family violence has profound effects on children's mental health and behaviour, few specialised programs exist for this age group. Most interventions target younger children (0–5 years), adolescents (12–18 years), or offer general parenting support that does not address the specific challenges faced by children and families dealing with the aftermath of family violence.

Many cases of aggressive behaviour in children aged 5 to 12 are underreported due to inadequate screening, parental shame, and fears about external intervention (i.e., child protection, the police). As a result, few programs address the unique needs of this age group affected by family violence. This gap means vital opportunities for early intervention are missed, which may allow behaviours to escalate and making positive change more difficult as children enter adolescence, when risks and justice system involvement increase.

Program outcomes

Back on Track: Strengthening Child-Caregiver Relationships After Family Violence (Back on Track) is a holistic, therapeutic program designed to break the cycle of violence for children and caregivers after family violence. It combines psychoeducation with art and play-based therapy in group and dyadic settings, addressing the impact of trauma, repairing family relationships, and fostering early behavioural change to prevent future violence.

The program serves children aged 5 to 12 who display aggressive or challenging behaviour at home following family violence, their safe caregivers, and sometimes siblings. It offers tailored support for two age groups — 5 to 8 years and 8 to 12 years — ensuring each child receives developmentally appropriate care and engagement. The program launched its pilot year in February 2025 in a culturally safe and responsive environment to children from diverse backgrounds, including children from First Nations families.

Back on Track has strengthened outcomes for children and caregivers, as evidenced by the Centre of Innovative Justice's evaluation of the program. These outcomes highlight the program's ability to address complex trauma and foster healing, though longer-term support may be needed for sustained impact.

Outcomes for children

1. **Improved emotional regulation:** Children developed self-soothing strategies and emotional regulation skills, with some showing reduced outbursts and better emotional stability.
2. **Strengthened attachment:** Children began rebuilding their attachment with safe caregivers, welcoming physical affection after previously rejecting it.

3. **Pro-social skills:** Enhanced ability to interact positively with others, including kindness and asking for help.
4. **Critical self-reflection:** Group sessions prompted children to reflect on their emotional states and coping mechanisms, leading to increased self-awareness.
5. **Sense of belonging:** Children felt less isolated, realising shared experiences with peers, which reduced secrecy and shame.

Outcomes for caregivers

1. **Increased confidence:** Caregivers improved their ability to respond to their children's challenging behaviours and understand the mechanisms behind them.
2. **Strengthened bonds:** Caregivers and children experienced stronger attachments through shared activities and reflections.
3. **Peer connection:** Caregivers benefited from a supportive group environment, fostering shared understanding and reducing feelings of isolation.
4. **Psychoeducation:** Caregivers gained insights into intergenerational trauma and family violence, enabling them to interrupt cycles of harm.
5. **Improved emotional stability:** Post-group sessions showed caregivers feeling more emotionally stable, supported, and better equipped to manage stress

Avoided costs of the Back on Track program

Emerge has identified avoided costs expected from program participation which are largely avoided costs to government.

- Justice system: Avoided cost from reduced juvenile justice involvement, fewer police callouts and lower rates of protective interventions (e.g., IVOs) as a result of early behaviour support and caregiver engagement to reduce the risk of criminalisation in adolescence and reactive justice costs.
- Health system: Avoided cost from decreased mental health presentations, lower hospital and emergency department usage and reduced paediatric trauma-related care as a result of proactive therapeutic care that offsets acute distress and long-term mental health deterioration.
- Housing and homelessness: Avoided cost from reduced need for crisis accommodation and refuge re-entry as a result of supporting the child-caregiver bond so as to lower housing instability caused by intra-family conflict.
- Child protection: Avoided cost from fewer child protection investigations, lower likelihood of out-of-home care placements and reduced case management burnout as a result of strengthened family unit lessening escalation to statutory involvement.
- Education system: Avoided cost from reduced school expulsions and suspensions, less need for classroom aides/behavioural support and higher

school attendance rates as a result of addressing behavioural issues early and increasing school engagement.

- Productivity/social capital: Increased caregiver workforce participation and improved long-term outcomes for children including employment readiness as a result of reduced caregiver stress and improved child functioning supporting community and economic contribution over time.

Scaling Back on Track to support more young children

Back on Track is a ready-to-scale therapeutic secondary prevention and early intervention program designed to address a critical gap in the family violence response system: the needs of children aged 5 to 12 who display challenging or aggressive behaviour post-violence. The program works to stop the use of violence in children and young people before it escalates to break the intergenerational transmission and cycle of violence. This goal, combined with its unique structure, and blend of psychoeducation with developmentally tailored art and play therapy, positions it as both impactful and replicable.

The program has been successfully delivered in metropolitan settings, with clear potential for expansion into regional and high-need local government areas. Its core delivery model (i.e., 10 families per cohort supported through a structured program model) enables replication while preserving therapeutic integrity. With additional funding, Back on Track could operate across multiple sites concurrently, supported by a scalable practitioner workforce trained in trauma-informed practice and child development.

Emerge has invested in infrastructure and protocols that support program fidelity and workforce readiness. These include:

- a detailed practitioner manual and session templates;
- alignment with the Multi-Agency Risk Assessment and Management (MARAM) framework;
- established partnerships with schools, community organisations, and family violence services for referral pathways; and
- a Practice Lead role that ensures consistency, supervision, and quality assurance.

In addition, an internal training framework equips new therapeutic staff with foundational and specialised skills for working with child–caregiver dyads in post-violence recovery. Emerge is ready to support other organisations develop the capability and capacity to deliver Back on Track to extend the program’s reach.

Program costing

A scaled model for program delivery for Back on Track costs approximately \$5600 per participant, with an estimated scaled program cost of approximately \$15,713 per family

(including an average of 1.5 children presenting with each family and one safe caregiver). This estimate includes all program costs and oncosts, including operational costs, ongoing program evaluation and continuous improvement, and additional supports for more complex presentations.

The scaled model for Back on Track would also enhance the capability of the specialist family violence system and adjacent systems to deliver early intervention and secondary prevention programs, trauma-informed and client-centred therapeutic work, and cohesive and supported warm referrals and collaborative practice to support clients toward recovery.

Relevance to the Inquiry and Recommendations

The Back on Track program is directly relevant to the Inquiry as it embeds a coordinated, cross-sectoral response to the complex needs of children and young people affected by family violence and addresses the likely justice trajectory of children who are presenting with complex and challenging behaviour. By addressing root causes and intervening early, Back on Track demonstrates a genuine commitment to the National Prevention agenda. It recognises that those impacted by family violence are often the same children and young people who interact with multiple care sectors over the course of their lives. Back on Track directly responds to the lasting impact of maltreatment and family violence across a child's life, which findings from Australian national research have established cause significantly higher rates of severe mental health problems, behavioural problems, substance use, and self-harm across a victim survivor's life without meaningful intervention.¹³

Back on Track bridges the gap between child protection, justice, education, community services, and the health sector. Its design acknowledges that behavioural, emotional, and educational challenges rarely occur in isolation – instead they are frequently interlinked with experiences of trauma and household instability. The program's integrated service model brings together supports that can respond flexibly and holistically, ensuring children and families are not navigating fragmented systems. This alignment reduces duplication of services and maximises the effectiveness of interventions.

By strengthening families and supporting caregivers, Back on Track reduces system oncosts by:

- reducing the likelihood of police and youth justice intervention
- decreasing the likelihood of statutory child protection involvement
- lessening demand on out-of-home care and long-term case management

¹³ Haslam D, et al. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology

- with an early intervention approach in schools, improving attendance and reducing suspensions and expulsions
- minimising the need for additional behavioural support in the classroom.

Annexure 1: Expected avoided costs

Service area	Avoided cost type	Explanation	Calculation	Estimated unit cost
Justice system	Reduced juvenile justice involvement, fewer police callouts, lower rates of protective interventions (e.g., IVOs)	Early behavioural support and caregiver engagement reduce risk of criminalisation in adolescence and reactive justice costs	Estimate % of participants likely to enter system without intervention, average justice costs per person	Youth detention: \$1.4M/year or \$3,835/day Group conferencing: \$20K/case
Health system	Decreased mental health presentations, lower hospital and emergency department usage and reduced paediatric trauma-related care	Proactive therapeutic care offsets acute distress and long-term mental health deterioration	Use health service utilisation rates among similar cohorts x average treatment costs per visit or per day	Mental health bed day: \$583–\$759/day ED visit: \$800–\$1,200 (est.)
Housing & homelessness	Avoided crisis accommodation, reduced need for refuge re-entry and stabilised caregiving relationships reduce risk of housing breakdown	Supporting the child-caregiver bond lowers housing instability caused by intra-family conflict	Estimate % of families likely to access crisis housing x average daily accommodation cost x duration of stay	Crisis accommodation: \$150–\$250/day (est.)
Child protection	Fewer child protection investigations, lower likelihood of out-of-home care placements and reduced case management burden	Strengthened family unit lessens escalation to statutory involvement	Forecast reduced entry into protection based on historical program impact x unit cost of casework and placements	Out-of-home care: \$80K–\$100K/year/child Protection services: \$1B+ annually in VIC

Education system	Reduced school expulsions and suspensions, less need for classroom aides/behavioural support and higher school attendance rates	Addressing behavioural issues early increases school engagement and avoids costly educational supports	Estimate % of children likely to require special supports x associated per-child education costs (e.g., aides, re-engagement)	Behavioural aide: \$20K–\$30K/year/child (est.) Suspension recovery: \$5K–\$10K (est.)
Productivity/social capital	Increased caregiver workforce participation, improved long-term outcomes for children including employment readiness	Reduced caregiver stress and improved child functioning supports community contribution over time	Use program data to estimate improved workforce participation x average earnings + long-term uplift in child outcomes	Avg. annual wage: \$70K (VIC) Participation rate: 67.9% (record high)

Response to inquiry: Delivering quality care more efficiently

SEPTEMBER 2025

EMERGE WOMEN AND CHILDREN'S SUPPORT NETWORK

CONFIDENTIAL ANNEXURE – CASE STUDIES

Emerge is a specialist family violence organisation in Melbourne.

We provide:

- adults and children with safe accommodation at our 24/7 refuge, support via outreach and transitional housing in the community
- evidence-based programs and therapeutic support against a human rights model for service delivery
- secondary prevention and early intervention for children at risk of becoming perpetrators of violence and provide holistic support to assist adults and children to end the cycles of re-victimisation
- a recovery model focussed on breaking the cycles of violence and ending system churn.

You can contact us at: mail@emergesupport.org.au

Or visit our website at: emergesupport.org.au

Confidential Annexure 2: Case studies

Case study 1 – Semester 1, Back on Track

Client A, an 8-year-old, was referred to the Back on Track (BOT) program due to concerning risks, including threatening family members with knives and severe dysregulation. He and his two older sisters had endured extreme and prolonged family violence, including physical and emotional abuse, coercive control, and being drugged by their perpetrator father (PUV). This exposure led to significant trauma responses in all children, with Client A specifically exhibiting dissociation and selective mutism when his father was mentioned. His aggressive outbursts also put him at risk of school exclusion. Client A's middle sister began modelling the PUV's coercive control behaviours within the family, displaying emotional reactivity and verbal aggression towards family and peers. The eldest sister developed verbal and physical tics, later revealing intrusive thoughts and suicidality, leading to diagnoses of OCD and PTSD.

The BOT program implemented a whole-family intervention, addressing these risks and achieving significant positive outcomes:

- **Cessation of high-risk Behaviours:** Client A completely stopped all knife-related behaviours and self-harm.
- **Improved emotional regulation:** Client A showed a significant reduction in dissociation and selective mutism, alongside increased emotional literacy and self-regulation. This progress enabled him to verbalize feelings, identify bodily cues, and develop confidence in managing his triggers.
- **School engagement:** Client A's school engagement was maintained, preventing exclusion. He was empowered to advocate for his needs, even writing a letter to his teacher explaining what made him feel safe.
- **Strengthened family dynamics:** The program addressed the intrafamilial coercive dynamics modelled by the middle sister, leading to improved sibling relationships and a safer family home. Mum regained confidence in her parenting and established consistent, safe boundaries and responses to trauma behaviours.
- **Child-led advocacy:** Both children were empowered to advocate for themselves, writing letters to the judge and their lawyer about boundaries for supervised contact with their father that met their needs for safety.
- **System linkage:** The family received supported referrals through the program including coordination with CAMHS, collaboration with the school to prevent school exclusion, and lawyers to centre the children's voices in court proceedings.

Case study 2 – Semester 1, Back on Track

Client B, a 13-year-old boy, and his family had commenced engagement with the child protection and youth justice systems. Client A presented with significant risks including school refusal, severe depression, and escalating physical aggression towards his mother and 5-year-old sister. The family's history was marked by extensive complex trauma, including two violent relationships, time in refuge, and prolonged overcrowded transitional housing. Client A had been disengaged from education and therapeutic services for over seven years, spent most of his time isolating in his room, and expressed profound hopelessness and belief he was "destined for prison." Mum had called the police twice due to his violence. At the commencement of the program Mum was considering placing both children into care. Client B's younger sister also presented with significant emotional dysregulation, including property damage, aggression, and trauma responses mirroring the previous perpetrator's behaviours. Mum had been resorting to locking her children outside during meltdowns, highlighting the extreme distress and lack of effective coping strategies within the family.

The program provided a comprehensive, trauma-informed, and neuro-affirming whole-family intervention:

- **Avoiding justice system involvement and child protection intervention:** The program supported high risk of Client B's removal from the home or youth justice intervention which was a highly likely outcome before program commencement.
- **End of using violent physical behaviours:** Client B stopped all physical aggression and property damage, demonstrating significant improvements in behaviour and emotional regulation.
- **School re-engagement:** Client B achieved full school re-engagement, began building friendships, and became a peer mentor within BOT, helping co-design a gaming-based program for other young people.
- **Strengthened family relationships and safety:** The program fostered a increased emotional safety and a safer home for all family members with safe, respectful conversations, the development of household boundaries and routines, and new connection rituals.
- **Addressing neurodevelopmental needs:** The younger child's ASD assessment and NDIS supports were initiated, providing critical supports for her disability.
- **Parental empowerment:** The mother felt "*seen, not blamed*", utilised psychoeducation to understand her own trauma and the trauma behaviours of her children, and shifted to a connection-based parenting model. She enrolled in a counselling degree and volunteered and formed strong peer support connections with other parents in the program.

Case study 3 – Semester 1, Back on Track

Client C, a 5-year-old boy, was referred to the Back on Track (BOT) program following exclusion from two kindergartens due to severe dysregulation and high-risk behaviours including running away (with incidents on major roads), physical aggression towards peers, teachers, and family members, use of weapons, threats of self-harm, and extreme separation anxiety. Client C's younger sibling was also demonstrating physical aggression, and an older sibling had taken on a parentified role. The family had experienced a long period of family violence, with Dad in jail.

At intake, Client C's intense fear responses and unsafe behaviours meant they could not be left alone in a classroom, putting them at high risk of future school exclusion, child protection involvement, and long-term justice system contact. Mum reported feeling overwhelmed, isolated, and excluded by services, while simultaneously caring for two other children with complex needs.

The BOT program engaged in trauma-informed targeted intervention focussed on play and movement based therapeutic activities to support regulation and emotional literacy, disrupting the trajectory of Client C:

- **Cessation of high-risk behaviours:** Client C's school refusal and absconding behaviours stopped completely.
- **Reduced aggression and improved regulation:** Client C was able to attend school in the mornings with no recorded incidents of aggression, a dramatic improvement in his self-regulation and ability to manage intense emotions.
- **School engagement:** The program's liaison with the school facilitated a part-time hybrid learning plan and gradual classroom exposure, incorporating sensory tools, body-based regulation, and relational safety supports, preventing further school exclusion.
- **Enhanced family safety:** The family reported significant reduction in shame and blame. Mum reported improved confidence, co-regulation strategies, and understanding of the neurobiological impact of trauma. The older sibling was also supported to step back from their caregiving role, promoting healthier family dynamics. Mum reported feeling "seen, heard, and supported as a family for the first time," and was linked with a social worker, child mental health service, and a supportive school with an individual learning plan.

Case study 4 – Semester 1, Back on Track

Client D, a 9-year-old boy and middle child of four was referred to Back on Track due to escalating violence in the home, school exclusion, and emotional dysregulation. All four siblings had been exposed to multiple violent partners across their early years. Mum had a significant trauma history and had relocated the family eight times across schools and regions, fleeing violence. By the time of referral, Client D had been suspended from primary school repeatedly and was physically aggressive at home. The family had extensive contact with police, schools, and child protection – but had not received support to help with Client D’s escalating behaviours.

“No one would help us. Everyone saw my son as the problem. I was scared he’d end up in jail like his dad.” – (Mum)

“This place wasn’t like other adults – they actually listened, and they were fun.” – (Client D)

Program outcomes for Client D included:

- **School re-engagement** achieved through the development of an Individual Learning Plan, with BOT staff advocating directly with school personnel.
- **Parenting confidence and insight increased:** Mum developed a trauma-informed understanding of her child’s behaviour and her own triggers, reducing punitive responses and increasing connection.
- **Neurodivergence explored safely:** the child and mother felt validated and supported in naming attention, sensory, and regulation needs without shame.
- **Warm supported referral** to tertiary mental health services initiated formal diagnostic assessments and long-term support planning for both parent and child.
- **Safer home environment:** sibling relationships improved, with fewer outbursts and more moments of play and repair at home.
- **Risk of youth justice involvement averted,** with significant reduction in police contact, no further school suspensions, and child protection concerns stepped down.

Case Study – Client E, Age 11

Client E, aged 11, was referred to the *Back on Track* (BOT) program after a sudden exit from the family home due to escalating family violence linked to his father's substance use and psychosis. A series of high-risk incidents—including the father driving intoxicated with the children in the car, threats of suicide, and self-harm in front of the children—triggered child protection involvement and the family's first experience of service contact. Mum, who had never previously engaged with support systems, described feeling deeply ashamed, saying: *"I don't know how this happened to us—we had a really nice home and jobs."*

Following the separation, the family rotated through multiple crisis housing arrangements. E became highly dysregulated, presenting with complex trauma responses, school suspensions, physical aggression at home, and disconnection from peers and routines. His mother, now a sole parent with limited financial and emotional supports, called an ambulance three times due to concerns for E's safety.

At intake, E was at significant risk of intersecting with the justice system, health system, and child protection. The BOT program provided intensive, relationally-based support that included flexible outreach sessions, dyadic therapy, school advocacy, and tailored regulation strategies. Sessions were trauma-informed and adapted to D's sensory and emotional needs (e.g., parks, art, therapy dog). His school adjusted expectations with BOT support, reducing the risk of expulsion and increasing attendance. D was later diagnosed with ADHD and anxiety, which supported a shift in understanding across services.

Therapeutic work focused on grief and repair—grieving the loss of home, pets, and identity, and supporting reconnection with his mother. E's empathy toward his younger sibling increased, and new family routines emerged as healing rituals.

By the end of the program:

- No further ambulance or police callouts
- No additional school suspensions
- No protective interventions required
- School attendance stabilised
- Mother returned to part-time work

Back on Track – Evidence Scan

Introduction

This evidence scan explores the current understanding of the impacts of domestic and family violence (DFV) related trauma on young children. It focuses particularly on those who then exhibit aggressive and challenging behaviour within their family units, as well on the evidence for early intervention approaches that support healing and recovery for the whole family.

The document draws on peer-reviewed and grey literature, alongside the early findings of a developmental evaluation currently being conducted by the Centre of Innovative Justice (CIJ) of the Back on Track Program, delivered by Emerge Women and Children's Support Network (Emerge).

Emerge commissioned the CIJ to undertake this brief evidence scan as part of the evaluation. This was to inform and demonstrate the value of the Back on Track Program model in the context of available interventions for young children (aged under 12 years) addressing trauma-related impacts. Further, the scan seeks to articulate the service gap identified by Emerge through its service delivery and supported by the broader evidence-base. This gap highlights that current, adolescent-focussed interventions are coming “ten years too late”¹ and that earlier, developmentally appropriate interventions are vital to stem the interpersonal and community impacts of DFV in a more effective and sustained way.

How are young children impacted by domestic and family violence-related trauma?

This section briefly highlights the impacts on young children (i.e., up to 12 years of age) of domestic and family violence-related or other significant trauma on their development, behaviours, and subsequent life trajectories.

The evidence base indicates that children's exposure to DFV is widespread, with the Australian Child Maltreatment Study finding this exposure to have impacted 39.6% of the population, making it the most prevalent form of maltreatment experienced by Australian children followed closely by direct physical and other types of abuse.² Even in light of these worrying numbers, it is generally agreed that reported rates are an underestimate.³ This results from a range of barriers to children having their experiences of violence recognised, reported and addressed.⁴

¹ Campbell, E., Richter, J., Howard, J., & Cockburn, H. (2020). The PIPA project: Positive interventions for perpetrators of adolescent violence in the home (AVITH) (Research report, 04/2020). Sydney, NSW: ANROWS.

² Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology.

³ Morgan, A. & Chadwick, H. (2009) Key issues in domestic violence, Research in practice no. 7, Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/rip/rip7>.

⁴ Jaffe P.G, Wolfe, D.A., & Campbell M., (2012) Growing Up with Domestic Violence: Assessment, Intervention, and Prevention Strategies for Children and Adolescents, Hogrefe Publishing.

By comparison, descriptions of the *impacts* of DFV on children has been the subject of intense research efforts since the topic emerged as an area of interest in the mid-1980s.⁵ As such, there is a strong consensus that DFV can cause significant, measurable and negative harm to children.

The impacts of violence for children are often cumulative and overlapping, and may affect their physical and mental health, education outcomes, housing stability, relationships and sense of safety. These impacts often continue even when a child and caregiver are physically safe and when direct risk has been addressed and may persist into adulthood without adequate support.⁶ Here, it is important to acknowledge that, while clearly a vital step towards immediate safety, leaving situations of violence can also carry trauma for children and their families, affecting routines, relationships, sense of stability and sometimes involve significant increases in DFV risk. This can include the well-documented heightened risk to caregivers upon separation, as well as direct risks to children where a perpetrator parent has ongoing contact with children without the intervening presence of a protective parent.⁷

At the earliest stages of childhood development, experiences of DFV and associated trauma can undermine attachment processes, negatively impacting how infants and young children interpret, respond to and cope with external stimuli.⁸ These negative impacts to a child's attachment may result from the unpredictable and persistent stress and fear characteristic of DFV, and the subsequent hyperarousal experienced by children,⁹ as well as the intentional and harmful undermining of the mother-child relationship by the person using violence.¹⁰ Since secure attachment relationships support healthy child development and are considered to be the foundation of healthy adult functioning, the long-term effects of disrupted attachment are viewed with considerable concern.¹¹

The cohort of children engaged in the Back on Track program displayed indications of anxious, avoidant and disorganised attachment styles. Anxious attachment increases an individual's need for closeness and increases fears of rejection and abandonment. For some children engaged in the program, this manifested in severe separation anxiety which prevented them from attending school and contributed towards jealousy and resentment within sibling groups. For others, their avoidant or disorganised attachment styles inhibited their ability to form close relationships with their safe caregiver, siblings or peers and sometimes resulted in dysregulated and aggressive outburst towards others or themselves.

"He's got terrible trauma from his [violent parent]. It's so bad that he started school this year and he won't go to school."

⁵ Wolfe, D. A., Crooks, C. V., Lee, V., McIntyre-Smith, A., & Jaffe, P. G. (2003). The Effects of Children's Exposure to Domestic Violence: A Meta-Analysis and Critique. *Clinical Child and Family Psychology Review*, 6(3), 171–187. <https://doi.org/10.1023/A:1024910416164>.

⁶ Ibid.

⁷ See e.g. Bagshaw, D., Brown, T., Wendt, S., Campbell, A., McInnes, E., Tinning, B., Batagol, B., Sifris, A., Tyson, D., Baker, J., & Fernandez Arias, P. (2011). The effect of family violence on post-separation parenting arrangements: The experiences and views of children and adults from families who separated post-1995 and post-2006. *Family Matters*, 86, 49-61; Australia's National Research Organisation for Women's Safety. (2017). Separation, inter-parental conflict, and domestic and family violence: Impact and support needs [Fact sheet]. ANROWS.

⁸ McIntosh, J. E. (2003). Enduring conflict in parental separation: Pathways of impact on child development. *Journal of Family Studies*, 9(1), 63–80. <https://doi.org/10.5172/jfs.9.1.63>

⁹ Perry, B. D. (2002). Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture. *Brain and Mind*, 3(1), 79–100. <https://doi.org/10.1023/A:1016557824657>

¹⁰ See e.g., Humphreys, C., Thiara, R. K., & Skamballis, A. (2011). Readiness to Change: Mother-Child Relationship and Domestic Violence Intervention. *The British Journal of Social Work*, 41(1), 166–184; Hooker, L., Kaspiw, R., & Taft, A. (2016)

¹¹ Campo, M. (2015). Children's exposure to domestic and family violence: Key issues and responses (CFCA Paper No. 36). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies.

To this point, a large body of literature demonstrates that the quality of a child's attachment to their safe caregiver can have a lasting impact on their development, behaviour and social connectedness. Across the evidence base, these impacts are often grouped into two distinct but mutually reinforcing categories, those being internalising and externalising symptomatology.¹² Internalising symptoms include feelings and actions of anxiety, depression, loneliness and social withdrawal, whereas externalising symptoms describe a child's outward behaviour and are often characterised as disruptive, hyperactive, and aggressive. Importantly, these externalising behaviours - when not appropriately understood or addressed - can lead to social and systemic exclusion of children, thereby contributing to increased vulnerability to internalising symptoms. Evidence also suggests that disruptions to attachment can have long-lasting, negative impacts on a person's interpersonal relationships through all life stages, increasing their vulnerability to other forms of abuse and maltreatment.¹³

"... he's very withdrawn, very isolated, he gets really aggressive and angry."

Experiences of DFV can have profound, cumulative and lifelong impacts on the mental health of children. A recent ANROWS funded study, for example, found that children who were exposed to DFV were 49 per cent more likely to have contact with mental health services than their non-exposed counterparts.¹⁴ Research continues to indicate that young people affected by violence are more likely to experience higher rates of depression, anxiety and suicidal ideation.¹⁵ They may also experience trauma symptoms, including the intrusive re-experiencing of harm, with children with histories of DFV often meeting the diagnostic criteria for posttraumatic stress disorder (PTSD).¹⁶

This was evident within the Back on Track program, with a number of participating children exhibiting ongoing trauma responses, including nightmares, emotional outbursts and dissociative episodes. Others displayed significant risk of self-harm and suicidal ideation and were connected with Child and Adolescent Mental Health Services (CAMHS) as a result.

"... he kind of started to withdraw, and you know, he was having nightmares, waking up screaming, walking around the house sobbing."

"My daughter now has like a psychogenic, non-epileptic seizures, which are really interfering with her going to school because she spends a whole time doing this when she's stressed."

¹² See e.g., Gustafsson, H.C., Brown, G.L., Mills-Koonce, W.R., Cox, M.J. and The Family Life Project Key Investigators (2017), Intimate Partner Violence and Children's Attachment Representations During Middle Childhood. *J. Marriage Fam*, 79: 865-878. <https://doi.org/10.1111/jomf.12388>; Papachristou, E., & Flouri, E. (2020).

¹³ See e.g., Ellard, R., Young, S., Lazzaro, E., Hard, N., Ogilvie, K., Dobson, D. and Campbell, E. (2025). *Unsafe & Unseen: Spotlighting the experiences of children and young people seeking shelter from family violence*, RMIT University, Melbourne; Campo, M. (2015). *Children's exposure to domestic and family violence: Key issues and responses* (CFCA Paper No. 36). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies.

¹⁴ Orr, C., et al, 'Investigating the mental health of children exposed to domestic and family violence through the use of linked police and health records' (ANROWS Report Issue 10, July 2022)

¹⁵ See e.g., Meyer, S., Atienzar-Prieto, M., Fitz-Gibbon, K. and Moore, S. (2023). *Missing Figures: The Role of Domestic and Family Violence in Youth Suicide – Current State of Knowledge Report*; Humphreys, C., Thiara, R. K., Sharp, C., & Jones, J. (2015).

¹⁶ Kilpatrick, K. L., & Williams, L. M. (1998). Potential mediators of post-traumatic stress disorder in child witnesses to domestic violence. *Child Abuse & Neglect*, 22(4), 319–330. [https://doi.org/10.1016/s0145-2134\(97\)00178-6](https://doi.org/10.1016/s0145-2134(97)00178-6).

Throughout the evidence base and the Back on Track program, the impact of violence on the school lives of children is apparent. A recent study of over 5,000 Australian young people found that experiences of DFV can be hugely disruptive to their school engagement, attendance and academic performance.¹⁷ This may include reduced concentration and school attendance; difficulties in developing and maintaining peer relationships; and disruptive behaviour in the classroom.¹⁸ Experiences of DFV can also have more pragmatic impacts on a child's learning, including where relocating for safety reasons, housing instability or involvement in the out-of-home care or justice system may necessitate changing schools. Where this occurs, children experience greater difficulties in establishing peer and learning relationships and maintaining a connection to their education.¹⁹ As a result, children who have experienced DFV are often at increased risk of low educational attainment, year level repetition, expulsion and school non completion.²⁰

In addition to over-representation in the mental health system, children who experience violence are also highly represented in the justice system – including when becoming visible to the system for their own use of violence, as well as in homelessness services.²¹

Here, it is important to note, particularly given the service scope of the Back on Track program, that a significant body of evidence describes prior or ongoing experience of adult perpetrated DFV, both indirectly and directly, as a significant risk factor for a child or young person's use aggressive and challenging behaviours. For example, within focus groups conducted for the PIPA project, experiences of trauma emerge as the strongest theme across three Australian jurisdictions, with participating practitioners describing flow-on impacts for the young person's ability to regulate emotions and behaviour, as well as learn and communicate.²² This highlights the cyclical nature of DFV, with much of literature describing this process as the intergenerational transmission of violence,²³ as well as "social learning", whereby young people observe behaviours used by central adults in their lives and replicate them.²⁴

Rather than being deterministic, the high prevalence of exposure to DFV among children and young people using harm should be a core consideration when designing and delivering interventions for this cohort. This is particularly so where children or young people may feel frustrated or resentful about their behaviours being labelled as concerning when they are a victim-survivor themselves and where the same behaviour has been used against them or their caregiver by another adult in their life.²⁵

¹⁷ Stewart, R., Fitz-Gibbon, K., & Roberts, S., (2025), 'Examining the Impact of Domestic and Family Violence on Young Australia's School-Level Education'. Australian Journal of Social Issues.

¹⁸ Ibid.

¹⁹ Fitz-Gibbon, K. (2025). Silence and inaction: Children and young people's experiences of violence and systemic failure in South Australia. Report prepared for the South Australian Royal Commission into Domestic, Family and Sexual Violence. Sequare Consulting, Victoria, Australia

²⁰ Stewart, R., Fitz-Gibbon, K., & Roberts, S., (2025), 'Examining the Impact of Domestic and Family Violence on Young Australia's School-Level Education'. Australian Journal of Social Issues.

²¹ Corrie, T., & Moore, S. (2021). Amplify: Turning up the volume on young people and family violence (Victoria) [Report]. Melbourne City Mission. <https://apo.org.au/node/315414>.

²² Campbell, E., Richter, J., Howard, J., & Cockburn, H. (2020). The PIPA project: Positive interventions for perpetrators of adolescent violence in the home (AVITH) (Research report, 04/2020). Sydney, NSW: ANROWS.

²³ Kwong, M., Bartholomew, K., Henderson, A. & Trinke, S. (2003). The Intergenerational Transmission of Relationship Violence. *Journal of Family Psychology*, 17(3), 288–301. <https://doi.org/10.1037/0893-3200.17.3.288>

²⁴ Margolin, G. & Baucom, B. (2014). Adolescents' Aggression to Parents: Longitudinal Links with Parents' Physical Aggression. *Journal of Adolescent Health*, 55(5), 645.

²⁵ Campbell, E., Ellard, R., Hew, E., Simpson, M., McCann, B., & Meyer, S. (2023). WRAP around families experiencing AVITH: Towards a collaborative service response (Research report, 04/2023). ANROWS.

What are the benefits of early intervention in addressing these impacts?

This section explores the positive potential of early intervention for young children in addressing the impacts of domestic and family violence-related or other significant trauma on their development, behaviours and their subsequent trajectories. It identifies a significant gap in the available interventions for very young children (aged 5-12), emphasising the need for dedicated responses for this cohort.

Growing recognition of children and young people as victim survivors 'in their own right'²⁶ emphasises the importance of dedicated, DFV violence-informed and developmentally appropriate responses for this cohort. An important aspect of early intervention is the ability to identify and then provide ongoing support for the trauma-related impacts of DFV, including by bolstering protective factors and mitigating risk factors. Well-recognised challenges exist to implementing these responses, however, especially where additional support needs are present,²⁷ such as the use of aggressive and challenging behaviours.

At present, there are few early intervention programs that have been developed specifically for children who have experienced DFV,²⁸ and even fewer for those displaying challenging and aggressive behaviours. This results in a significant therapeutic gap for this group of children who may, as a result, not receive support until adolescence, at which point the justice related consequences increase significantly.

In comparison, the literature points to many clear benefits of early intervention and support for childhood experiences of trauma. Research shows that early intervention can significantly reduce symptoms; decrease the need for more intensive services; and improve outcomes and longer-term trajectories. This is supported by early evaluation findings of the Back on Track program, which has found that, even in a short amount of time, positive changes in participating children's behaviours have occurred.

The evaluation's analysis of case notes, for example, reveals an increased capacity by children to recognise, name and regulate their emotions, including by safely redirecting them using sensory engagement; vocalising their needs and asking for help; and communicating boundaries. This supported some children to re-engage with school after a significant period of non-attendance related to dysregulation.

Program and qualitative data collected for the purposes of the evaluation similarly points to early evidence of the program's capacity to rebuild attachment between a child and their safe caregiver. In one example, program staff described children welcoming physical affection from their parent again after rejecting touch for a long period of time. These findings were supported by the caregivers themselves, who reflected positively on their child's behaviour as a result of their engagement with the program.

"He just regulates his emotions better now. He still loses his shit, sometimes. It's not as extreme, like he's learned, you know, to breathe and he wants the punching bag, you know? So, he's, you know, found ways to deal with it. So, yeah. It's not perfect but they are getting better."

²⁶ State of Victoria, Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16), 105.

²⁷ Tayton, S., Moore, S., Campo, M., & Kaspiw, R. (2014). Groups and communities at risk of domestic and family violence: A review and evaluation of domestic and family violence prevention and early intervention services focusing on at-risk groups and communities. Retrieved from <https://www.women.nsw.gov.au/download?file=637553>

²⁸ For example, Berry Street's Take Two program, Act for Kid's Counselling Intervention Service, Relationship Australia Victoria's bRAVe Steps, Relationship Australia South Australia's Safe & Well Kids and Tangentyere Council's Domestic Violence Specialist Children's Service.

The program's focus on dyadic²⁹ work also emphasises the importance of healing attachment through educational and therapeutic interventions with the safe caregiver. The evaluation found increased emotional literacy among the participating caregivers, particularly as it relates to recognising, understanding and responding to the behaviours of their children. In this way, the program highlights an important distinction between a child or young person's use of harmful behaviours, which more often than not occur in the context of significant experiences of trauma and harm, as well as disability, mental health, wider trauma and complex needs.³⁰

Figure 1. Key outcomes for Cohort 1

- Program staff reported positive shifts, both in the emotional literacy and regulation exhibited by children, as well as in the capacity of parents to respond to their needs of their children appropriately and safely.
- Group sessions have supported the participating children to improve their pro-social skills, develop self-soothing and emotional regulation strategies, and begin to rebuild their attachment with their safe caregiver.
- Children were also able to participate in physical activities that taught them about composure and control and provided an outlet for nervous or excess energy.
- A significant outcome of the group sessions has been the sense of peer connection, belonging and shared understanding experienced by participants, which in turn supported them to speak freely about their experiences without shame or fear of judgement.
- The psychoeducation and non-judgmental group environment also contributed to the adult participants being able to recognise and reflect on their own, often inter-generational, experiences of family violence and harm. Program staff reflected this as being a necessary first step to interrupting cycles of trauma.

Avoided costs

In addition to the therapeutic value to both children and their families, early intervention can also generate significant avoided costs by providing support before the point of crisis, and reducing contact with higher cost, acute services. As outlined in the evidence, when children do not receive adequate support for their experiences of violence and harm, this can lead to increased contact with the mental health, youth justice, Child Protection, as well as housing and homelessness systems while decreasing their involvement with protective factors such as education and employment.

²⁹ Dyadic Developmental Psychotherapy (DDP) is a whole-of-family approach to supporting children and families with experiences of trauma, with the aim of restoring or repairing the attachment between the child and their protective parent.

³⁰ See e.g., Campbell, E., Ellard, R., Hew, E., Simpson, S., McCann, B. & Meyer, S. (2023). WRAP around families experiencing AVITH: Towards a collaborative service response (Research report, 04/2023). ANROWS; Campbell, E., Richter, J., Howard, J., & Cockburn, H. (2020). The PIPA project: Positive interventions for perpetrators of adolescent violence in the home (AVITH) (Research report, 04/2020). Sydney, NSW: ANROWS.

According to a report published in June 2023 by the Centre for Evidence and Implementation, the cost to Australian governments for late intervention with children and young people who are in crisis has been estimated to be \$15.2 billion each year, equating to \$1,912 per child and young person.³¹ In the Victorian context, this same report estimated that \$3.6 billion was spent in 2018-19 on late intervention, with issues relating to children and young people such as Child Protection or Youth Justice involvement, accounting for 70% of this spend.³² These figures are supported by figures provided by the Productivity Commission, which highlighted the expense of detaining a young person. According to the Commission, in 2023-24 the average cost per day of detaining a young person in Victoria was \$7775.44.³³

Emphasising the value of early intervention, particularly in terms of avoided costs, the Back on Track program articulated this as part of its design and development. These considerations are detailed in the table below:

Table 2: Back on Track avoided costs

Service area	Avoided cost type	Explanation
Justice system	Reduced juvenile justice involvement, fewer police callouts, lower rates of protective interventions (e.g., IVOs)	Early behavioural support and caregiver engagement reduce risk of criminalisation in adolescence and reactive justice costs
Health system	Decreased mental health presentations, lower hospital and emergency department usage and reduced paediatric trauma-related care	Proactive therapeutic care offsets acute distress and long-term mental health deterioration
Housing & homelessness	Avoided crisis accommodation, reduced need for refuge re-entry and stabilised caregiving relationships reduce risk of housing breakdown	Supporting the child-caregiver bond lowers housing instability caused by intra-family conflict
Child protection	Fewer child protection investigations, lower likelihood of out-of-home care placements and reduced case management burden	Strengthened family unit lessens escalation to statutory involvement
Education system	Reduced school expulsions and suspensions, less need for classroom aides/behavioural support and higher school attendance rates	Addressing behavioural issues early increases school engagement and avoids costly educational supports

³¹ Rose, V., Mildon, R. & Hateley-Browne, J. (2022). What early intervention looks like across the service system. Paper 1 prepared for the Victorian Department of Treasury & Finance. Centre for Evidence and Implementation

³² Ibid.

³³ Productivity Commission. (2025). Report on Government Services. Australian Government. <https://www.pc.gov.au/ongoing/report-on-government-services>

What opportunities exist to strengthen early intervention responses?

This section articulates the need for greater investment in specialist early interventions for young children impacted by domestic and family violence-related trauma and demonstrates, drawing from learnings from the Back on Track program, appropriate pathways for addressing unmet needs for this cohort.

Early intervention is a key pillar of the *National Plan to End Violence against Women and Children 2022 – 2032*, although even this important framework acknowledges that this area is under developed and requires greater attention.³⁴ This fact is even starker when we consider the needs of children and young people, who are only recently being recognised in policy settings as being separate from, and therefore requiring distinct age and developmentally appropriate responses to, their protective caregiver.

Similarly, a rapid review of approaches to the prevention of gender-based violence commissioned by the Commonwealth in 2024 pointed to inadequate recognition and support for children and young people as victim survivors, including where the intergenerational transmission of harm manifests in aggressive and challenging behaviours.³⁵ The review called for much greater investment in recovery services for children and young people impacted by trauma, as well as recommending that existing frameworks be leveraged to guide the development of a Model of Care for appropriate responses where children and young people are using violence at home as a result of this trauma.

The evaluation of the Back on Track program surfaced significant system gaps in the current service response for children who have experienced DFV and who are now exhibiting aggressive and challenging behaviours. All of the caregivers interviewed for the evaluation had sought therapeutic support and intervention for their child/ren prior to engaging with Emerge. Many were turned away by services, however, who said that their child was too young or that there were no programs to address their specific needs. Many engaged in private counselling, play and art therapy as a result, all at a significant financial cost.

The evaluation findings point to a range of opportunities to strengthen early intervention responses, and therefore improve outcomes, for this cohort of children and their safe caregivers.

A focus on younger cohorts

The Back on Track program was designed with the intention of addressing an identified gap in the program offering for young children using aggressive and challenging behaviour in the home following experiences of DFV. In stepping into this setting, the program has the opportunity to intervene before adolescence, when behaviour, risk and justice system consequences can escalate.

This aligns with existing research carried out by the CIJ, and funded and published by ANROWS, which found that much earlier intervention is required in the lives of children experiencing DFV. Within this study, practitioners across multiple jurisdictions described interventions responding to adolescent use of violence in the home as “coming 10 years too late”.³⁶

³⁴ National Plan to End Violence against Women and Children 2022 - 2032

³⁵ Campbell, E., Fernando, T., Gassner, L., Hill, J., Seidler, Z. & Summers, A. (2024) Unlocking the Prevention Potential: accelerating action to end domestic, family and sexual violence. Rapid Review of Prevention Approaches, Department of Prime Minister & Cabinet, Commonwealth of Australia.

³⁶ Campbell, E., Richter, J., Howard, J., & Cockburn, H. (2020). The PIPA project: Positive interventions for perpetrators of adolescent violence in the home (AVITH) (Research report, 04/2020). Sydney, NSW: ANROWS.

The lack of service responses for this younger cohort is evidenced by the testimony of the caregivers engaged in the Back on Track program, many of whom were told that their child was too young to need therapy. This assumption – that children will ‘bounce back’ from their experiences of trauma without support or intervention – is well documented and debunked in the evidence base.³⁷ In fact, research suggests that, of all age groups, very young children are disproportionately affected by traumatic events and the most developmentally vulnerable to domestic and family violence-related harms.³⁸

“I sort of started to believe that my child didn’t need therapy at his age, and you know, he was too young, cause that’s what CPS had said.”

“But, you know all those things that happen in the first years of their life are so important. You know, all you have to do is Google ‘trauma and children’ and you’re like, ‘Oh my kid’s fucked.’”

Even through the delivery of the program, the need for increased focus on younger cohorts became apparent as referrals reflected younger age ranges than anticipated. Further, through the program’s intake process, the needs and behaviours of younger siblings became visible to practitioners. As a result, the program expanded its age range to include younger children.

“I was very surprised when all these referrals were coming in, and their children, they were quite young and they’re exhibiting really aggressive behaviour. So very frightening behaviour.”

– Practice Lead

This points to an important opportunity to design and implement appropriate interventions for young children, addressing their experiences of trauma and preventing harm from escalating in a way that responds to their age and developmental stage.

Identifying and addressing unmet needs

The program and the concurrent evaluation revealed significant gaps in the ability of the wider service system to identify and respond to presenting risk and needs of families in an adequate way. In some instances, this was described as resulting from adult-centric DFV and therapeutic responses, which failed to give a tailored response to the child and therefore did not have a lens on their needs.

Overwhelmingly, mental health was the most pressing unmet need within the cohort of children engaged in the program. In almost all cases, children were not engaged with specialist mental health services despite significant mental ill health, including self-harm. Program staff reflected that, if left unaddressed, these needs would inhibit a family’s capacity to engage in healing and recovery work.

“[It] surprised me that these things haven’t been picked up, and it wasn’t the ‘learning nuances of mental health’, they were screaming, massive mental health things.”

– Practice Lead

³⁷ See e.g., Australian Child & Adolescent Trauma, Loss & Grief Network (2016) Stepping Up for Kids: Understanding and supporting children who have experienced Family and Domestic Violence; Frances T. (2023). “It’s Just Kind of This Thing That I Need to Navigate”: Young Women’s Stories of Recoveries After Domestic Abuse in Childhood. *Violence against women*, 29(11), 2127–2146. <https://doi.org/10.1177/10778012221125498>.

³⁸ See e.g., Lieberman, A. F., Chu, A., Van Horn, P., & Harris, W. W. (2011). Trauma in early childhood: empirical evidence and clinical implications. *Development and psychopathology*, 23(2), 397–410. <https://doi.org/10.1017/S0954579411000137>; Lyons-Ruth et al., (2017).

Concerningly, the evaluation has unearthed examples where children were excluded from specialist therapeutic responses because of the complexity of their needs and presenting behaviours and a reluctance to engage through a DFV frame. In this way, the Back on Track program is picking up and bridging an important gap between therapeutic and DFV-informed responses for young children.

“Hi, I need my daughter to do this”, and they’d be like, “Why do you need it?” Oh, it’s family violence. “No.” And like you’re like, “Oh no, we can’t work with traumatised children”, and I’m like, “Well then, what’s the point of your service existing?” Why are you offering therapy if you can’t work with traumatised children?”

In addition to mental health needs, the evaluation identified that significant case management by program staff was required to support school engagement; communicate relevant risk information to housing providers; and provide system navigations support and advocacy. While falling outside of the initial scope for the Back on Track program, early emerging findings and practitioner expertise similarly emphasise the interconnected nature of these broad support needs and a child and their family’s capacity and readiness for healing and recovery. With this in mind, and reflecting the developmental nature of the current evaluation, the program has expanded its workforce to include a case manager.

“She [BoT practitioner] listens. She also wrote some letters to help my case workers and things because, you know, they’re a bit harder to speak to.”

“I feel like she helps push things along, because, you know, all of the trauma and things I’ve dealt with I don’t know how to explain a lot. So, I feel like I open up, I explain to her in our sessions, and then she makes things happen.”

Building on successful / effective initiatives

Although this area remains one of much needed attention and investment, there are nonetheless examples of successful practice which offer important learnings and opportunities for momentum. While limited, the evidence base suggests that programs that include caregivers and children together (dyadic interventions) show significant benefits, including reductions in child behavioural problems and the trauma and mental health symptoms that are experienced by children and their protective caregivers.³⁹

For example, the RECOVER project (“Reconnecting mothers and children after family violence: The child–parent psychotherapy pilot”) saw the delivery of the dyadic intervention of child–parent psychotherapy (CPP) within eleven community-based, clinical sites in Victoria and South Australia. The mixed methods evaluation of this project found that this treatment model had promising application within the Australian context and observed behavioural and mental health benefits to young children and caregivers.⁴⁰ This is consistent with similar evaluations conducted in overseas jurisdictions, which found that caregivers receiving CPP felt that their confidence and parenting improved, with greater reflection and understanding of their child’s behaviour and the trauma that they had experienced.⁴¹

³⁹ Anderson, K., & van Ee, E. (2018). Mothers and children exposed to intimate partner violence: A review of treatment interventions. *International Journal of Environmental Research & Public Health*, 15(9), 07. <https://doi.org/10.3390/ijerph1509195>

⁴⁰ Hooker, L., Toone, E., Wendt, S., Humphreys, C., & Taft, A. (2022). RECOVER – Reconnecting mothers and children after family violence: The child–parent psychotherapy pilot (Research report, 05/2022). ANROWS.

⁴¹ Norlén, A., Thorén, A., & Almqvist, K. (2021). Implementing child–parent psychotherapy (CPP) in Sweden: A qualitative study exploring experiences by caregivers taking part of the intervention with their child. *Journal of Infant, Child, and Adolescent Psychotherapy*, 1–17. <https://doi.org/10.1080/15289168.2021.1925001>

This aligns with emerging findings from the Back on Track evaluation, which found that participating caregivers reported increased understanding of the impact of DFV on their children's behaviours and increased confidence to respond in ways that contribute to, rather than detract from, the parent-child relationship.

"[The] 'I want to be dead,' and all those comments ... and you know, it hurts, you know, as a parent, hearing that. But now we realise they don't want to be dead, they don't want to kill themselves. It's just they were reaching out or screaming out for something that they were missing from us. You know? So that was good to learn."

The RECOVER research report found that the most effective way to restore young children's mental health after experiences of DFV is within their safe relationships, most often their mother. The report therefore advocates that dyadic based, early interventions are an important step in improving mental outcomes for children and families impacted by DFV as well as interrupting intergenerational cycles.

The usefulness of this approach is further evidenced by its uptake by Australian-based responses to adolescent use of violence in the home (AVITH). For example, the ReNEW program, a pilot program delivered in partnership by Carinity Talera and Ipswich's Domestic Violence Action Centre (DVAC), applies dyadic interventions to renew healthy relationships between male adolescents (aged 12 to 17 years) and their mothers. To be eligible for the program the boys must be displaying abusive, controlling or coercive behaviour towards their protective parent and have been a witness to domestic and family violence. Similarly, Victoria's Model of Care for AVITH is designed around whole-of-family approaches and healing attachments between young people and their protective parents.⁴² These approaches recognise that behavioural modification cannot occur without therapeutic interventions which centre healing and recovery from experiences of domestic and family violence, including through the reestablishment of safe and secure relationships.

Further, a Spanish-based evaluation of an early intervention program for what is referred to in international contexts as 'child-to-parent abuse' highlights the usefulness of group-based approaches. Although focussed on older cohorts, this program implemented cohort specific group-work similar to that of the Back on Track program. Consistent with the CIJ's early findings, participants in this evaluation reported that the program helped them to generate a support network to break the isolation in which they previously found themselves; share peer-based solutions to identifying and responding to their children's behaviours; and guide one another to navigate complex DFV and support service systems.⁴³ The evaluation of Back on Track has also found that the group work is having positive impacts for participating children, who similarly feel less alone in their experiences as a result.

"I think the big thing was the other kids, like the sessions and then he knows he's not alone. And because he's in crisis accommodation, and it's all new, but you know, he'd hear other kids don't live at their home either."

⁴² ee e.g., Campbell, E., Ellard, R., Hew, E., Simpson, S., McCann, B. & Meyer, S. (2023). WRAP around families experiencing AVITH: Towards a collaborative service response (Research report, 04/2023). ANROWS; Campbell, E., Richter, J., Howard, J., & Cockburn, H. (2020). The PIPA project: Positive interventions for perpetrators of adolescent violence in the home (AVITH) (Research report, 04/2020). Sydney, NSW: ANROWS.

⁴³ Ibabe, I., Arnoso, A., Elgorriaga, E., & Asla, N. (2021). Evaluation report of early intervention program in situation of child-to-parent abuse: parents and children as participants. *Journal of Family Studies*, 29(1), 77–96.
<https://doi.org/10.1080/13229400.2021.1872404>

What can be learned from the Back on Track Program?

This section highlights early evaluation findings of the effectiveness of the Back on Track program, including key enablers of the program's delivery and successful outcomes. It provides a blueprint of 'what works' as considerations for the intended scaling and expansion of the program, and for improving responses for this cohort more broadly.

The evaluation has identified early promise in the program's capacity to address the needs of young children impacted by DFV-related trauma. While the full evaluation is yet to be finalised and released, the findings to date have allowed for reflexive adaptations to the delivery of the program and nonetheless provide important insights into how broader system responses can better meet the needs of this cohort of young children. The core elements of the program, as identified by the evaluation, are detailed in Figure 1.

Figure 2. Core elements of the Back on Track program model for Cohort 1

- The program was delivered to Cohort 1 through two therapeutic modalities; group sessions, which were divided into three interconnected streams – caregiver sessions, BoT Junior (5-10 years-old), and BoT Senior (10-14 years old) – to respond appropriately to the needs and developmental stage of the participants; and dyad sessions, which were one-on-one sessions for children and their caregivers.
- Each group session included two facilitators – the Practice Lead and a trained art therapist – with one therapist dedicated to working with the caregivers and two to working with the children (one for each age group).
- Given the whole-of-family approach adopted by the program, some caregivers and their children attended the program on-site up to three times a week. Important to note, the frequency of sessions did not seem to deter families from attending.
- The structure of the program, though planned, was fluid in its delivery, allowing for the children to have ownership of the types of activities in which they were engaged. Program staff would then align these activities with the therapeutic goals and outcomes of the session.
- An important feature of the program's delivery was the concept of 'separate but together', with program staff designing sessions to maintain and strengthen connection between children and their caregivers.

As noted throughout this evidence scan, the evaluation was able to measure the changes experienced by participants as a result of their engagement with the program. Importantly, the program supported participating children to improve their pro-social skills; develop self-soothing and emotional regulation strategies; and begin to rebuild their attachment with their safe caregiver. The attachments between children and caregivers were further strengthened as adult participants increased their confidence and skills in responding to their child's challenging behaviours and in recognising the contributing factors behind them.

Another significant finding from the evaluation is the program's capacity to foster, through the delivery of separate adult and children-focused group sessions, a sense of connection, belonging and shared understanding among peers. This in turn encouraged the sharing of experiences and facilitated both practitioner and peer-led psychoeducation in a safe and non-judgmental way.

As well as identifying the effectiveness of the program, the evaluation was able to point to the programmatic enablers which have supported its delivery and early success. Noting the intention of Emerge to train other organisations to deliver this program, consideration of these enablers is crucial to the successful scaling of this program (see Figure 2).

Figure 3. Enablers of the Back on Track program model for Cohort 1

- The specialisation and experience of program staff was key to rapport and trust-building with participants, as well as the adaptability of the program in response to presenting needs and preferences of the children and their caregivers.
- Further to this point, the capacity of program staff to screen for and assess appropriate referrals, as evidenced by the high levels of ongoing engagement by participants, was also identified as a key enabler for this program.
- The therapeutic value of the group sessions also emerged as a significant success for the pilot. Program staff reflected that this model of engagement empowered problem-solving; increased opportunities for learning (from practitioners and each other); and fostered a sense of not being alone in their experiences.
- The inclusion of both formal and informal supervision, as well as reflective practice, has provided an important avenue for professional development and allowed the program to be implemented in a reflexive and responsive way.

Conclusion

The Back on Track program model represents a unique and innovative service response to an identified need. It offers specialised early intervention for young children to address the potentially long-lasting impacts of exposure to DFV and associated trauma.

Through its delivery, this program has identified shortcomings in wider system therapeutic responses for young children, which in turn prolongs their experiences of harm and increases the likelihood of continued systems contact. It also represents an opportunity to build on evidence about best practice to leverage interpersonal relationships, in the context of dyadic and group-based work, as a vehicle for healing and recovery.

While the evaluation of the Back on Track program is still ongoing, it signals a clear need not only for this specific program but for the expansion of therapeutic approaches to meet and address the needs of children and families impacted by DFV. In particular, evidence highlights a need for investment which addresses the significant impacts of DFV on children as victim survivors in their own right – and which supports the repair or re-establishment of strong attachments with safe caregivers.

Far from being the end point of intervention, ensuring immediate safety for children and their caregivers must be the inception of system support. Assuming that children do not require significant help to recover from DFV-related trauma abdicates our shared obligation to the next generation. Delaying intervention until concerning behaviours arise in adolescence or adulthood is, similarly, tacit acceptance of doing too little, too late. By comparison, broader evidence and the ongoing evaluation of the Back on Track program indicate that Australia has a chance to stem that trajectory – instead stepping in at a much earlier point to improve child wellbeing and repair profound and complex harms.