

**IN THE MATTER OF
THE BOARD OF INQUIRY
INTO HISTORICAL CHILD SEXUAL ABUSE IN BEAUMARIS PRIMARY SCHOOL
AND CERTAIN OTHER GOVERNMENT SCHOOLS**

WITNESS STATEMENT OF KELLY STANTON

I, Kelly Stanton, Executive Director, Program and Service Development, Family Safety Victoria, Department of Families, Fairness and Housing (the **Department**), of 35 Collins Street Melbourne, in the State of Victoria, say as follows in response to the Notice to Produce issued by the Board of Inquiry into historical child sexual abuse in Beaumaris Primary School and certain other government schools (**Board of Inquiry**):

A. ACKNOWLEDGEMENTS

1. I acknowledge the Traditional Owners of Country on which I live and work, and the Traditional Owners of Country across all lands and waters now known as the State of Victoria, and I pay my respects to their Elders past and present.
2. I acknowledge all victim-survivors of child sexual abuse, their family, supporters and community, including those who have not yet disclosed the abuse they experienced. I recognise that child sexual abuse causes significant harm and can have substantial lifelong impacts.

B. SCOPE OF STATEMENT

3. I am the Executive Director, Program and Service Development, Family Safety Victoria, within the Department. I commenced in this role in July 2017.
4. I make this statement to the Board of Inquiry in my capacity as Executive Director, Program and Service Development, Family Safety Victoria.
5. This statement responds to the questions issued by the Board of Inquiry to the Department on 30 October 2023.

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6. In preparing this statement, I have consulted with subject matter experts within the Department. I confirm the contents of this statement are true and correct to the best of my knowledge.

C. PROFESSIONAL BACKGROUND AND RELEVANT QUALIFICATIONS

7. Prior to my appointment as Executive Director, Program and Service Development, Family Safety Victoria, I held the following professional roles:
- (a) Non-Executive Director, Centre for Excellence in Child and Family Welfare, November 2015 - June 2017
 - (b) General Manager, Client Services, Wesley Mission Victoria (Uniting VicTas) August 2012 - June 2017
 - (c) Assistant Manager, Children, Youth and Family Services, Southern Region, Department of Health & Human Services, March 2009 - August 2012
 - (d) Manager, Workforce Planning and Development, Children, Youth and Families Branch, Department of Health & Human Services, July 2007 - March 2009
8. My professional qualifications are:
- (a) Bachelor of Social Work 1992

D. RESPONSES TO QUESTIONS

Question 1: describe the Support services and Healing services for victim-survivors of child sexual abuse, including specifically for victim-survivors of Historical child sexual abuse that are delivered, provided or funded by the Department, including:

- (a) a summary of the service;
- (b) the Department's role in delivering, providing or funding each service;
- (c) details of any external organisations involved in the delivery of the service;
- (d) the eligibility requirements of each service;
- (e) the number of hours or sessions each service is funded to provide to each victim-survivor; and

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(f) the average wait time for victim-survivors to receive services.

Department means the Department of Families, Fairness and Housing and its predecessors.

Child sexual abuse includes allegations or incidents of inappropriate behaviour or misconduct against children which may constitute child sexual abuse, grooming or boundary breaches.

Historical child sexual abuse means, in addition to definition in the Order, allegations or incidents of inappropriate behaviour or misconduct against children which may constitute child sexual abuse, grooming or boundary breaches by a Relevant Employee.

Including means including without limitation.

Support services and Healing services includes mental health, counselling or other therapeutic support, including emotional or practical assistance, provided to a victim-survivor or a secondary victim.

Response to Question 1a

9. Support services and Healing services for victim-survivors of child sexual abuse, including specifically for victim-survivors of historical child sexual abuse that are delivered, provided or funded by Family Safety Victoria within the Department and outlined in this statement are:
 - (a) Sexual Assault Support Services (SASS)
 - (b) Sexual Assault Crisis Line Victoria (SACL)
 - (c) Multidisciplinary Centres (MDCs)
 - (d) Aboriginal Sexual Assault Support Services
10. The Department also funds the peak body Sexual Assault Services Victoria (SAS Vic). SAS Vic evolved from the CASA (Centre Against Sexual Assault) Forum. This forum was sector led.
11. SASVic's members include 18 SASS across Victoria¹. SASVic provides information to assist victim-survivors and their families to find help including through the SACL and their local SASS. SASVic works to promote rights,

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recovery and respect for victim-survivors and other people impacted by sexual violence and harm and seeks to achieve this by working collectively to change attitudes, systems and structures that enable sexual violence to occur².

12. The Department also contributes to national policy and service design activities, and is represented on national governance bodies, to implement the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 (the National Strategy).¹ The National Strategy focuses on five themes: awareness raising, education and building child safe cultures; supporting and empowering victims and survivors; enhancing national approaches to children with harmful sexual behaviours; offender prevention and intervention; and improving the evidence base.

Sexual Assault Support Services (SASS)

13. The Department funds 19 Sexual Assault Support Services (SASS) across Victoria. Services are free and confidential, and include:
- (a) Immediate crisis response including crisis intervention, counselling, and related case work and advocacy such as liaison with the Department on Child Protection matters, police, forensic and other medical personnel, and coordination of services.
 - (b) Medium- and longer-term counselling (such as psychoeducation, cognitive behavioural therapy and creative therapies), and advocacy such as attending court with victims and taking steps to ensure that their views and wishes are being heard, attendance at Child Protection case plan meetings to provide support and information to inform assessments, and assisting victim-survivors to access other services to - achieve therapeutic goals.
 - (c) Information and assistance regarding medical options, including follow-up medical treatment, management of sexually transmitted infections and/or pregnancy arising from the assault.

¹ <https://www.childsafety.gov.au/resources/national-strategy-prevent-and-respond-child-sexual-abuse-2021-2030>

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- (d) Assistance in the management of practical consequences of the assault such as emergency housing and compensation; as well as support and information to non-offending family members and support people².
- (e) Brokerage funds for practical support such as meeting transport or childcare costs.
14. SASS also provide community education, training and specialist consultation services to other practitioners and services to facilitate meeting the broader needs and concerns of victim-survivors of sexual assault.
15. The SASS funded by DFFH are available across all areas of the state. These services are designed for victim survivors of all forms of sexual assault, regardless of where or when the assaults occurred. The service scope includes child sexual abuse, historical child sexual abuse and sexual offences against adults.
16. In some DFFH areas, there are multiple services, with one or more service provider delivering services specifically to children, and one or more service provider delivering services specifically to adult victim survivors. There are also services specifically designed and funded to work with victim-survivors who identify as First Nations.
17. The SASS also work with victim-survivors of all forms of institutional sexual abuse, including government schools.
18. The services are funded and designed to be able to work with both adult and child victim-survivors of all forms of sexual abuse. Within these services, individual practitioners may have particular skills, expertise and experience. Services will seek to match victim-survivors with practitioners in order to best suit their needs. Questions about practice are best directed to funded service providers.

² <https://services.dffh.vic.gov.au/sites/default/files/2017-05/Sexual-ass>

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Sexual Assault Crisis Line Victoria (SACL)

19. Sexual Assault Crisis Line Victoria (SACL) is a state-wide, after-hours, confidential, telephone crisis counselling service for people who have experienced both past and recent sexual assault³.
20. SACL is the central after-hours coordination centre for all recent sexual assaults and provides immediate crisis responses throughout Victoria.
21. After-hours telephone crisis counselling support, information, case work and referral is available to anyone living in Victoria who has experienced any form of sexual assault at any point in their lives.
22. SACL also provides co-ordination of a crisis care response to recent victim-survivors of sexual assault that have occurred within the previous two weeks throughout Victoria.

Multidisciplinary Centres (MDCs)

23. Multidisciplinary Centres (MDCs) have been developed to improve responses to sexual offences and child sexual abuse⁴ and are a part of the suite of SASS service offerings. The centres co-locate Child Protection practitioners with specialist police investigators and sexual assault counsellor/advocates, as well as having strong links to forensic medical personnel.
24. Co-location supports these specialist professionals to work collaboratively to provide victim-survivors an integrated and holistic response. The role of the SASS is to provide free and confidential specialist therapeutic services to adults, young people and children. SASS also works with their non-offending parents, partners and carers of children and young people who have experienced or are at risk of experiencing sexual violence or harm.
25. A key role of the funded SASS in an MDC is to ensure that responses are victim-survivor led and that collaboration occurs with partner agencies to

³ [Sexual Assault Crisis Line » Sexual Assault Crisis Line \(sacl.com.au\)](http://sacl.com.au)

⁴ <https://www.cpmanual.vic.gov.au/advice-and-protocols/service-description/centres/multidisciplinary-centres>

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provide access to information about justice options in a timely and appropriate way.

26. Victoria's eight MDCs are located in Seaford, Dandenong, Bendigo, Mildura, Morwell, Geelong, Wyndham with an additional MDC for Shepparton anticipated to open in December 2023.

Aboriginal Sexual Assault Support Services

27. In addition to the 19 mainstream specialist services across Victoria, the Department funds four Aboriginal Community Controlled Organisations (ACCOs) to deliver culturally safe support to Aboriginal Victorians who are victim-survivors of sexual violence or harm.
28. Aboriginal Sexual Assault Support Services provide cultural models of support which focus on safety, healing and wellbeing of Aboriginal people, including Aboriginal children and young people who have experienced sexual abuse. The program takes a whole-of-community healing approach.

Response to Question 1b

29. The department funds all services mentioned in 1a and has contractual arrangements with these services defined in a service agreement. The department manages the contracts with services through its operational divisions to support quality service delivery.
30. In MDCs, the Department funds SASS and Child Protection service delivery, but not operational costs.

Response to Question 1c

31. The Department funds 19 mainstream SASS across Victoria (in addition to the four ACCOs who provide Aboriginal Sexual Assault Support Services). Some organisations provide services across multiple DFFH areas as outlined in the table below.

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Table 1: Organisations delivering Sexual Assault Support Services and DFFH areas

DFFH area	Agency/ies delivering SASS
Loddon	Centre Against Sexual Assault – Central Victoria
North East Melbourne	Austin Health (NCASA)
	Kids First (formerly Children’s Protection Society)
	Victorian Aboriginal Health Service Co-operative
Hume Merri-bek	Austin Health (NCASA)
Mallee	Mallee Sexual Assault Unit
Goulburn	Australian Childhood Foundation
	Goulburn Valley Health (GV CASA)
Inner Eastern Melbourne	Eastern Health (ECASA)
Outer Eastern Melbourne	Australian Childhood Foundation
	Eastern Health (ECASA)
Ovens Murray	Centre Against Violence
Inner Gippsland	Bass Coast Health
	Gippsland Centre Against Sexual Assault
Outer Gippsland	Gippsland Centre Against Sexual Assault
	Yoowinna Wurnalung Aboriginal Healing Service
Southern Melbourne	Monash Health (SECASA)
	Victorian Aboriginal Child Care Agency Co-operative
	Windermere Child and Family Services Inc
Bayside Peninsula	Monash Health (SECASA)
Wimmera South West	*Brophy Family & Youth Services (no service delivery)
	South West Healthcare (SWCASA)
	Sexual Assault and Family Violence Centre

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DFFH area	Agency/ies delivering SASS
Central Highlands	Grampians Health (Ballarat CASA)
Barwon	Sexual Assault and Family Violence Centre
Western Melbourne	Royal Women's Hospital (CASA House)
Brimbank Melton	The Royal Children's Hospital (Gatehouse Centre)
	Western Region Centre Against Sexual Assault

32. The core partner agencies located in MDCs comprise:

- (a) Victoria Police
- (b) SASS, as follows:
 - (i) Seaford, Monash Health (SECASA)
 - (ii) Dandenong, Monash Health (SECASA)
 - (iii) Bendigo, Centre Against Sexual Assault Central Victoria
 - (iv) Mildura, Mallee Sexual Assault Unit
 - (v) Morwell, Gippsland Centre Against Sexual Assault
 - (vi) Geelong, Sexual Assault and Family Violence Centre
 - (vii) Wyndham, West Centre Against Sexual Assault
 - (viii) Shepparton, Goulburn Valley Health (GV CASA)
- (c) Child Protection
- (d) Department of Health, Community Health Nurse Program.

33. Four ACCOs are funded by the Department to deliver Aboriginal Sexual Assault Support Services in five DFFH areas, as outlined in the table below.



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Table 22: ACCOs delivering Aboriginal Sexual Assault Support Services and DFFH Areas

DFFH area/s	ACCO
North East Melbourne	Victorian Aboriginal Health Service
Western Melbourne Southern Melbourne	Victorian Aboriginal Child Care Agency
Central Highlands	Ballarat and District Aboriginal Cooperative
Outer Gippsland	Yoowinna Wurnalung Aboriginal Healing Service

Response to Question 1d

34. SASS, including SASS within MDCs, provide services to any person who has experienced sexual violence or harm or any child who is at risk of sexual abuse. This includes victim-survivors of recent and past sexual assaults, regardless of gender and age. SASS also works with their non-offending parents, partners and carers of children and young people who have experienced or are at risk of experiencing sexual violence or harm.
35. People who have experienced past and recent sexual assault are eligible for SACL, and recent victim-survivors of sexual assaults that have occurred within the previous two weeks are eligible for SACL's co-ordination of a crisis care response.
36. Aboriginal Sexual Assault Support Services are available to Aboriginal Victorians who are victim-survivors of sexual violence or harm, including Aboriginal children and young people who have experienced sexual abuse.

Response to Question 1e

37. The Department does not fund sexual assault services on the basis of number of hours or sessions, but rather by individuals accessing services within a DFFH Area, either based on new referrals or number of new cases per year. SASS work with victim survivors to meet their individual therapeutic goals over time. For some victim survivors this may include more than one episode of support over their lifetime.

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38. In 2022-23 SASS services delivered support to 20,698 victim-survivors.
39. The Department funds SACL to provide a crisis phone line service from 5pm weeknights through to 9am the next day and 24 hours over weekends and all public holidays. SACL provides regular reports to the Department about the number of calls received by the service. The Department does not prescribe call volume targets. Since July 2021, call volumes to SACL have ranged from 1200 to 1700 contacts per month.
40. In February 2024 technology upgrades to the SACL telephony system will be completed by the Royal Women's Hospital, which will enable further information to be captured about phone calls including the time of day and amount of time spent on the call.
41. The Department funds Aboriginal Sexual Assault Services to deliver specialised therapeutic support to 335 Aboriginal Victorians who are victim-survivors of sexual violence or harm annually.

Response to Question 1f

42. The Department manually collects average wait times and the number of people waiting for a service for SASS.
43. Due to increasing demand there are currently more victim-survivors requiring support than services can provide. At June 2023, there were 1121 adults and 517 children and young people waiting for SASS support.
44. From January 2022 to September 2023 the average wait time for SASS, including SASS within MDCs, was 62.9 days for children and 72 days for adults. The *National Association of Services Against Sexual Violence: Standards of Practice Manual for Sexual Violence Services* (the Standards) provide guidance on how services manage demand⁵. The Standards require services to prioritise clients in crisis or with high needs, and allocate counselling clients to staff in a prompt and equitable manner. The Standards also note that many clients are in crisis when they first contact a specialist

⁵ <https://www.nasasv.org.au/resources>

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sexual violence service, regardless of whether the sexual violence was recent or occurred in the past.

45. SACL cannot measure the number of calls that are not answered or where the victim-survivor disengaged if waiting for a practitioner. The new technology upgrades will assist the Department in creating a more accurate picture of demand over time, including the number of calls not answered, placed on hold and the length of call.

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Question 2: *In relation to any support services or healing services described in the Department's response to question 1 above:*

- (a) whether the Department is generally aware of any barriers to victim-survivors accessing or using those services and if so, details of those barriers;*
- (b) whether any of these services provide access to peer-support;*
- (c) how victim-survivors are directed to these services;*
- (d) how communication with victim-survivors could be improved;*
- (e) how the Department has evaluated if the services available to victim-survivors of child sexual abuse and historical child sexual abuse are effective and trauma informed; and*
- (f) how the Department ensures lived experience perspectives are included in the design, implementation and evaluation of services.*

Response to Question 2a

- 46. The Department is aware of barriers to victim-survivors of sexual violence accessing or using support and healing services in Victoria.
- 47. These include those highlighted by the Victorian Law Reform Commission (VLRC) in its 2021 report *Improving the Response of the Justice System to Sexual Offences*⁶, such as:
 - (a) a lack of easily accessible information about local support options
 - (b) geographical barriers to accessing statewide services in rural and regional areas
 - (c) a lack of trust in authorities and fear of not be believed, noting that people are more likely to disclose to a community organisation that they know and trust (such as multicultural, disability and LGBTIQ+ organisations)

⁶ [Improving the Justice System Response to Sexual Offences: Report \(html\) - Victorian Law Reform Commission](#)

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- (d) funding constraints with service demand is outstripping supply⁷.
48. The Department is working to address the barriers, including through:
- (a) the continued establishment of the peak body, SASVic, including development of a new website which includes a directory of SASS services in Victoria⁸ and raising the profile of SASS;
 - (b) working to secure additional funding to services across Victoria in response to demand and introduction of brokerage and flexible funding to meet the immediate needs of victim-survivors and remove practical barriers (such as transport costs) to victim-survivors accessing support;
 - (c) contributing to the Department of Justice and Community Safety project to scope and design an online reporting pathway to provide an alternative way for victim survivors to disclose their experiences of sexual violence and harm;
 - (d) tailored approaches for victim survivors who have experienced structural barriers to reporting and seeking support, including:
 - funding SASS and multicultural, faith-based and ethno-specific organisations to work in partnership to increase access to and cultural safety of SASS⁹, as part of Victoria's implementation of the National Partnership Agreement on Family, Domestic and Sexual Violence Responses 2021-27¹⁰;
 - under the *Everybody Matters: Inclusion and Equity Statement*, funding SASVic to increase access to services for people with disability and people from LGBTQIA+ communities.

⁷ https://www.lawreform.vic.gov.au/wp-content/uploads/2022/04/VLRC_Improving_Justice_System_Response_to_Sex_Offences_Report_web.pdf

⁸ <https://peak.sasvic.org.au/servicemap>

⁹ <https://www.premier.vic.gov.au/funding-boost-end-family-and-sexual-violence>

¹⁰ <https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2023-08/FDSV%202021-27%20VIC.pdf>

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Response to Question 2b

49. SASS, including Aboriginal Sexual Assault Support Services, provide a range of differing approaches to support victim-survivors of sexual assault, which may include a peer-support component. Any questions about the detail of peer-support available through SASS would be best directed to the individual providers.
50. The Department does not specifically require SASS to facilitate peer-support, however as part of their agreement with the Department, SASS can provide therapeutic group work programs based on the assessment of clinical need and demand. These group work programs can vary and can include psychoeducation and other therapeutic services such as art and yoga. Group work programs provide mutual benefit of victim-survivors connecting with each other. At a point in a victim survivor's recovery, SASS may provide informal or peer support group work programs that could support and bring survivors together to identify and discuss common issues and reduce isolation.
51. Peer support would not be appropriate for the service model for SACL and MDCs -:
- (a) SACL is a counselling phone line that provides professional after hours support and coordination of crisis response involving police, suitably trained professional counsellors and forensic medical specialists
 - (b) MDCs are a co-location model of professional and specialist services, led by Victoria Police

Response to Question 2c

52. Victim-survivors are directed to SASS primarily through referrals from other services, including:
- (a) SACL – for victim-survivors who first contact the after-hours crisis response
 - (b) The Orange Door – for victim-survivors who have experienced family violence as well as sexual violence
 - (c) Specialist family violence services

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- (d) Children, youth and family services, including Child Protection.
 - (e) Multi-Disciplinary Centres
 - (f) Victoria Police
 - (g) Health services
 - (h) Community organisations
 - (i) The SASVic website¹¹.
53. Victim-survivors can also receive support from SASS without a referral.
54. Aboriginal people who have experienced sexual violence and harm are often directed to Aboriginal Sexual Assault Support Services from other programs they are engaging with in the same ACCO. This includes family violence services and children and family services. Victim-survivors can also self-refer to Aboriginal Sexual Assault Support Services.
55. Victoria Police would be better placed to advise on how victim-survivors are directed to MDCs.

Response to Question 2d

56. The increased investment in the peak body SASVic is improving communication with victim-survivors by raising the profile of SASS - and communicating available support options through the central SASVic website¹².
57. The Department is working to improve communication with victim-survivors of sexual violence who are engaged in the family violence system. In response to the findings of the Royal Commission into Family Violence¹³, the Department has improved how services communicate with victim-survivors who have experienced both family and sexual violence by:
- (a) developing training for specialist family violence workers that will improve their capacity to identify and respond to sexual violence

¹¹ <https://www.sasvic.org.au/help-and-advice>

¹² <https://peak.sasvic.org.au/servicemap>

¹³ [RCFV - Royal Commission into Family Violence \(Victoria\)](#)

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- (b) developing tools and resources to support shared approaches where family and sexual violence co-occur
 - (c) strengthening the interface between sexual assault services and family violence services including The Orange Door network
 - (d) strengthening shared risk assessment, information sharing and joint case work practice between family violence and sexual assault services¹⁴.
58. The Department is improving linkages and referral pathways between trusted community organisations and providers of sexual assault services. The 2021 VLRC report found that compared to mainstream services, community-based organisations (such as ACCOs, multicultural, ethno-specific or faith-based organisations, disability community organisations and LGBTIQ+ community organisations) may be perceived as safer, more responsive and more accessible. Therefore, victim-survivors would be more likely to disclose their experiences of sexual violence to these organisations and then be connected with specialist support services¹⁵.
59. To make SASS services more accessible for victim survivors, the Department is:
- (a) funding SASS and multicultural, faith-based and ethno-specific organisations to work in partnership to increase access to and cultural safety of SASS¹⁶, as part of Victoria's implementation of the National Partnership Agreement on Family, Domestic and Sexual Violence Responses 2021-27¹⁷

¹⁴ <https://www.vic.gov.au/family-violence-recommendations/funding-collaboration-between-specialist-family-violence-and-sexual>

¹⁵ https://www.lawreform.vic.gov.au/wp-content/uploads/2022/04/VLRC_Improving_Justice_System_Response_to_Sex_Offences_Report_web.pdf

¹⁶ <https://www.premier.vic.gov.au/funding-boost-end-family-and-sexual-violence>

¹⁷ <https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2023-08/FDSV%202021-27%20VIC.pdf>

- (b) funding Aboriginal Sexual Assault Support Services to provide access to tailored, culturally safe services for Aboriginal victim survivors
 - (c) funding SASVic to increase access to services for people with disability and people from LGBTQIA+ communities.
60. The Department is working with the Department of Justice and Community Safety (DJCS) to scope and design an online reporting pathway for sexual violence to reduce barriers for victim-survivors to report sexual offences and be connected to support options. The Department is influencing design of the online reporting pathway to ensure it is accessible and safe for all communities¹⁸.

Response to Question 2e

61. The provision of specialist support services for victim-survivors of sexual abuse has developed and evolved, particularly in the last two decades and since the VLRC's inquiry into Sexual Offences in 2004, but also in light of other reviews including:
- (a) the Royal Commission into Family Violence in 2015¹⁹;
 - (b) the Royal Commission into Institutional Responses to Child Sexual Abuse in 2016²⁰;
 - (c) the VLRC inquiry into Justice System Responses to Sexual Offences in 2021²¹;
62. The Department has not conducted formal evaluations of the current SASS, Aboriginal Sexual Assault Support Services or SACL. However, the reviews outlined above have contributed to the Department's understanding of how support and healing services available to victim-survivors of child sexual

¹⁸ <https://alternativereportingproject.com/about-the-research-project/>

¹⁹ [RCFV - Royal Commission into Family Violence \(Victoria\)](#)

²⁰ [Final Report | Royal Commissions](#)

²¹ https://www.lawreform.vic.gov.au/wp-content/uploads/2022/04/VLRC_Improving_Justice_System_Response_to_Sex_Offences_Report_web.pdf

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- abuse and historical child sexual abuse can be more effective and trauma informed.
63. Improvements to the system in response to these reviews has included:
- (a) the establishment of MDCs in response to the VLRC's 2004 inquiry; MDCs have been evaluated and findings continue to lead to ongoing support for and expansion of MDCs.
 - (b) increased funding to meet demand for SASS in response to the VLRC's 2021 report and the Royal Commission into Institutional Responses to Child Sexual Abuse.
 - (c) establishing dedicated Aboriginal Sexual Assault Support Services in response to the Royal Commission into Institutional Responses to Child Sexual Abuse.
64. The Department is undertaking other work to ensure effective and trauma-informed service delivery including contributing to national working groups led by the National Office for Child Safety under the National Strategy, which include a focus on enhancing national approaches and improving the evidence base²².

Response to Question 2f

65. The support services now available for victim-survivors have been developed and have evolved with considerable input from victim-survivors of sexual assault and advocacy by community services organisations regarding systemic change.
66. The Department increasingly ensures lived experience perspectives are included in the design, implementation and evaluation of support and healing services. The Victim Survivors Advisory Council has members with lived experience of family and sexual violence, and provides critical input into reform, policy and practice considerations. The approach to embedding lived

²² <https://www.childsafety.gov.au/resources/national-strategy-prevent-and-respond-child-sexual-abuse-2021-2030>

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experience is outlined in the department's Lived Experience Strategy launched in 2022²³.

67. The Department also centres lived experience perspectives through its Client Voice Framework for community services, which includes support and healing services for victim-survivors of sexual violence²⁴. The framework aims to promote the value and influence of the client voice in all aspects of community services design, delivery and development to improve quality and safety, and provides overarching principles to guide workers to seek out, listen to and act on the client voice.
68. The Department is also funding research to further embed lived experience design, implementation and evaluation of support and healing services.
69. Through the Family Violence Research Program 2021-2024, the Department is funding projects with a focus on centring lived experience perspectives to improve delivery of services²⁵.
70. All projects funded under the research program must demonstrate a genuine commitment to embedding lived experience in research, from design to delivery. Projects underway under phases 1 and 2 of the research program that have a particular focus on involving lived experience of sexual violence include:
 - (a) *The REACH Project: Recovery And Care to promote Healing for Victorian survivors of sexual violence* led by Dr Elizabeth McLindon from University of Melbourne
 - (b) *Family violence and sexual harm: Principles for responding to victim survivors with co-occurring experience of family and sexual violence* led by Dr Anastasia Powell from RMIT University²⁶

²³ <https://www.vic.gov.au/family-violence-lived-experience-strategy>

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<https://www.dffh.vic.gov.au/sites/default/files/documents/202109/Client%20voice%20framework%20for%20community%20services.pdf>

²⁵ <https://www.premier.vic.gov.au/projects-family-violence-research-grants-unveiled>

²⁶ <https://www.vic.gov.au/family-violence-research-grants-unveiled>

(c) *Co-designing a service feedback model with victim survivors of sexual violence led by A/Prof Leesa Hooker from La Trobe University*²⁷.

71. In Phase 2 of the research program, Family Safety Victoria is piloting the *Embedding Lived Experience in Research: Guiding Elements* to support a model that will enable shared decision-making, leadership, and influence of people with lived experience working in partnership with researchers²⁸.

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²⁷ <https://www.vic.gov.au/family-violence-research-grant-projects-announced>

²⁸ <https://www.vic.gov.au/embedding-lived-experience-research>

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