



Victim Survivor Voices consultation and scoping summary

Prepared by Women's Health Matters
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Contents

Acknowledgement of Country.....	3
Acknowledgement of victim survivors	3
A note on content.....	3
Terminology.....	4
Glossary and acronyms.....	4
Executive summary	6
Background.....	6
Overview of ACT Government 2022-23 budget commitment.....	6
Overview of consultation and scoping findings.....	6
Consultation and scoping findings.....	8
Who we heard from	8
What we heard	11
Next steps.....	15
Attachments	16
Attachment A: ACT Budget 2023-23 initiative	16
Attachment B: Overview of Victim Survivor Voice consulting on design survey findings.....	17
Attachment C: Mind Australia participation and co-design practice framework (2021)	20

Acknowledgement of Country

Women's Health Matters is committed to reconciliation and acknowledges the Ngunnawal People who are the traditional custodians of the land on which this report was written. We pay respects to their Elders past, present and emerging. We recognise the strength of Aboriginal and Torres Strait Islander women and their continuing connection and contribution to this land, these waters, and communities.

Acknowledgement of victim survivors

We appreciate the knowledge, expertise and generosity of all individuals who contributed to the development of this report. This includes people who identify as having lived experience of domestic, family and sexual violence as well as those who walk alongside them in a professional or personal capacity, many of whom have their own lived experience.

The people we heard from spoke passionately, thoughtfully, vulnerably, clearly, and almost exclusively with the intention to support other people who may experience these forms of violence in their lifetime.

The aim of the Victim Survivor Voices project is to elevate and amplify their voices.

A note on content

This report includes themes of domestic, family and sexual violence. These themes can be distressing. Please take care while reading this report and seek support if needed.

Support is available from the following services:

Domestic Violence Crisis Service (DVCS)

DVCS provides 24/7 crisis intervention services to anyone in the ACT region who is experiencing, or has experienced, domestic and family violence. Contact 02 6280 0900 or visit www.dvcs.org.au.

Canberra Rape Crisis Centre (CRCC)

CRCC provides support to anyone in the ACT region who is experiencing, or has experienced, any form of sexual abuse. Contact 02 6247 2525 or visit www.crcc.org.au.

1800RESPECT

1800 RESPECT is a confidential information, counselling and support service open 24 hours a day to support people impacted by sexual assault, domestic or family violence and abuse. Contact 1800 737 732 or visit www.1800respect.org.au.

Other support

Lifeline's telephone crisis support is available 24 hours a day, every day, including public holidays. Contact 13 11 14 or visit www.lifeline.org.au.

Terminology

The language in which those who have experienced domestic, family and/or sexual violence identify is deeply personal.

Women's Health Matters recognises that there are many terms people use to describe those who have experienced violence. Some people identify with some of these terms more than others, and some people do not identify with any of these terms.

In this report, the terms 'victim survivor' and 'people with lived experience' are used to describe those with personal experiences of domestic, family and sexual violence. However, it is important to acknowledge that these terms may not represent all experiences for all people.

We will continue to hold space for and honour new and emerging language as it continues to develop throughout the duration of this project.

Glossary and acronyms

Aboriginal and Torres Strait Islander peoples	Members of Aboriginal and/or Torres Strait Islander communities
ACT and region	Australian Capital Territory and surroundings areas, including areas of regional NSW located within approximately 35km of central Canberra
Co-creation/co-design	Inclusive facilitation of those with lived expertise and professional experience to learn from each other and make things better while centring care, working with the people closest to the solutions, sharing power, prioritising relationships, being honest, being welcoming, using creative tools, balancing idealism and realism, and building and sharing skills ¹
Consultation	The process of discussing something with someone in order to get their advice or opinion about it ²
Continuum of engagement	A continuum ranging from relatively low levels of participation to work that is consumer led (inform, consult, involve, collaborate, empower) ³
Culturally and linguistically diverse	People from a non-English speaking background, and/or being from a non-Anglo-Celtic cultural background. We also acknowledge the development of 'culturally and racially marginalised' terminology ⁴
DFSVO	ACT Government Domestic, Family and Sexual Violence Office

¹ Beyond Sticky Notes. (2024). *What is co-design?* <https://www.beyondstickynotes.com/what-is-codesign>

² Cambridge Dictionary. Consultation. In *Cambridge Dictionary*. <https://dictionary.cambridge.org/dictionary/english/consultation>

³ Lamb K, Hegarty K, Amanda, Cina, Fiona, and the University of Melbourne WEAVERs lived experience group, Parker R. (2020). *The family violence experts by experience framework*. Domestic Violence Victoria.

⁴ Diversity Council Australia. (2023). *Words at work: Should we use CALD or CARM?* <https://www.dca.org.au/news/blog/words-at-work-should-we-use-cald-or-carm>

Healing informed	Strengths based approach that regards people with experience of trauma as agents in restoring their wellbeing and informs processes that enhance healing, rather than preventing harm ⁵
LGBTIQ+	Umbrella term inclusive of people of diverse sex, gender, variations of sex characteristics or sexual orientation ⁶
Lived experience	Direct, firsthand personal experience of any form of domestic, family or sexual violence ⁷
Lived expertise	Knowledge, insights, understanding and wisdom gathered through lived experience ⁸
Participation	The act of taking part in something
Peer	People who share similar identities or lived experiences
Peer based programs	Programs based on the premise that people in marginalised communities tend to discuss personal issues with their peers, noting that peers are often regarded as non-judgmental and more credible. Widely considered a way to reach marginalised people and other hard-to-reach populations who may face difficulties accessing main-stream health care and support services ⁹
People with disability	People who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others ¹⁰
Trauma informed	Approach recognising the widespread impact and prevalence of trauma and centres principles of safety, trustworthiness and choice ¹¹
WHM	Women's Health Matters
Young people	In the context of this project, people aged between 18 and 25 years

⁵ Ginwright, S. (2018). *The Future of Healing: Shifting from Trauma Informed Care to Healing Centred Engagement*.

⁶ ACT Government. (2019). *Capital of equality*.

⁷ Lamb, K., Dembele, L., Nina, Fiona, Hegarty, K (2023). *An Australian Framework for the ethical co-production of research and evaluation with victim survivors of domestic, family, and sexual violence*, University of Melbourne.

⁸ Cataldo, M., Rynehart, S. and White C., & Larsen, K. (2021). *Remembering radical roots: Lived experience participation movements and the risks and responsibilities of co-design in community-led change*. *Parity*, 34(6), 13–16.

⁹ MY-PEER Toolkit. *What are peer-based programs?* <https://mypeer.org.au/planning/what-are-peer-based-programs/>

¹⁰ ACT Government. (2019). *Disability justice strategy 2019-2029*.

https://www.act.gov.au/__data/assets/pdf_file/0010/2380798/ACT-Disability-Justice-Strategy.pdf

¹¹ Blue Knot Foundation. (2020). *Trauma-informed factsheet*. https://blueknot.org.au/wp-content/uploads/2020/02/Fact_Sheet_Workers.pdf

Executive summary

Background

The Victim Survivor Voices project involves five phases:

1. Planning (completed December 2023)
2. Consultation and scoping (completed April 2024)
3. Development of a detailed model and implementation plan
4. Stage 1 Pilot implementation
5. Stage 2 Pilot implementation

Phase 2 (consultation and scoping), completed between January and March 2024, developed a set of principles underpinning the development of the Victim Survivor Voices model. The findings of this phase are included in this report.

Phase 3 (development of a detailed model and implementation plan) will use these findings to develop a detailed model and implementation plan and a monitoring and evaluation framework.

The scope of consultation for the pilot will be developed in partnership with the ACT Government Domestic, Family and Sexual Violence Office in Phase 3.

Overview of ACT Government 2022-23 budget commitment

In the 2022-23 Budget, the ACT Government committed \$1.4 million over four years to establish a structured Victim Survivor Consultation Program to ensure the voices and experiences of victim survivors remain central to sexual violence reforms.

The scope of the Victim Survivor Consultation Program has been widened to include the voices of people with lived experiences of domestic and family violence.

Further information about this measure is available in **Attachment A**.

Overview of consultation and scoping findings

In consultation and scoping conducted between January and March 2024, Womens' Health Matters:

Trialled a **mixed methods approach to victim survivor consultation**, using surveys, individual consultation, engaging with existing networks and analysis of research data to understand a breadth of perspectives

Heard from nearly **200 people who identified with lived experience** of domestic, family and sexual violence

Analysed methodology and findings from **30 existing lived experience mechanisms** and networks across Australia

Conducted individual consultations with **35+ organisations**, including community, government and research bodies

Consultation and scoping identified a set of key themes that indicate principles to underpin the Victim Survivor Voices project:

Recognition

Victim survivors hold valuable knowledge and expertise about domestic, family and sexual violence. This is called 'lived expertise' and is at the centre of the Victim Survivor Voices project.

Reciprocity

Power imbalances are identified and addressed with transparent processes and increased opportunities for meaningful influence on outcomes.

Healing informed

Processes are designed to promote healing through empowerment and enhanced agency.

Trust

Honest and trusting relationships are built to enable genuine collaboration.

Intersectional

People with diverse and intersecting identities provide valuable insight into a broad range of perspectives.

Sustainable

Processes allow for building partnerships, longer term work and the sharing of key learnings.

Consultation and scoping findings

This section contains a summary of WHM approach to Phase 2 (consultation and scoping) and a summary of findings that will inform the development of the Victim Survivor Voices high level and pilot models.

Who we heard from

Consultation

Phase 2 (consultation and scoping) of the Victim Survivor Voices project aimed to identify initial themes, needs, expectations and principles that provide clear indication of the scope of the Victim Survivor Voices model. This section provides a summary of findings from consultation and scoping.

WHM used a mixed methods approach to consultation, conducting surveys, individual consultation, engaging with existing networks and analysis of research data to understand a breadth of perspectives.

WHM heard from nearly 200 victim survivors of domestic, family and sexual violence in the ACT and region. Consultation methods included a survey (summary of findings at **Attachment B**) and a small number of one-to-one interviews with people who contacted WHM directly.

Of the victim survivors who responded to the survey, the following identified with these diverse and intersecting identities:

- 40 people living with disabilities (25 of these respondents also indicated living with mental illness)
- 48 people living with mental illness (15 of these respondents also indicated living with disabilities)
- 33 people from LGBTIQ+ communities
- 19 people from culturally and linguistically diverse communities
- 11 people from Aboriginal and Torres Strait Islander communities

We note that while lived experience is not a defining feature, it remains common among the professional workforce¹². As anticipated, several professionals that participated in consultation identified as victim survivors themselves. Because these disclosures were entirely voluntary, this data was not collected. However, we acknowledge the prevalence of lived expertise within the workforce and recognise it as a strength of the sector.

One-to-one interview style consultations were held with teams from the following organisations.

- Local and federal government agencies
- Academic and community researchers from across Australia
- ACT domestic, family and sexual violence service providers
- Health and social community organisations, including at least one of each organisation with a specialist focus on working with the following priority cohorts:
 - Culturally and linguistically diverse communities
 - LGBTIQ+ communities
 - People with disability
 - Young people (aged 18-25)

¹² Lamb K, Hegarty K, Amanda, Cina, Fiona, and the University of Melbourne WEAVERs lived experience group, Parker R. (2020). *The family violence experts by experience framework*. Domestic Violence Victoria.

Listening to Aboriginal and Torres Strait Islander communities

In 2023/24, Curijo were funded by the ACT Government Office of Domestic, Family and Sexual Violence to consult Aboriginal and Torres Strait Islander communities in the ACT on several issues relating to domestic, family and sexual violence, including development of a lived experience mechanism.

We express our gratitude to each person who shared their valuable insight and knowledge with Curijo as part of this process. We also acknowledge Curijo's expertise and thank them for their considered approach to this consultation.

The key considerations we heard from Curijo include:

1. **Support for victim survivors:** Consultation participants emphasised the importance of being listened to and supported throughout the consultation process. Trauma-informed and culturally responsive support should be available pre-, during, and post-consultation. Participants emphasised the need for individual and group support opportunities, with flexibility and sensitivity from service providers to minimise re-traumatisation.
2. **Purpose-driven consultation:** Consultation must have clear goals and be transparent and accountable. Considering what has already been shared before commencing consultation is essential. The outcomes from consultation must be made clear from the start, implemented and communicated back to community.
3. **Flexible and secure engagement:** Community workers suggested creating a register or panel of victim-survivors who can opt-in to consultations, with strong security measures. Indigenous led organisations may be able to identify and screen consultation participants using their existing networks. Consultation should occur in various formats that could include workshops, 1:1 sessions, written submissions, yarning circles and camps on Country.
4. **Inclusion of diverse voices:** Language should reflect that not everyone who has experienced domestic, family and sexual violence will identify as a 'victim survivor'. ACT consultation processes should include a diverse range of voices, including men who are fathers and men with experience of the criminal justice system. Consideration should be given to ensuring cultural sensitivity, reducing stigma and preventing backlash when working with men.
5. **Privacy and confidentiality:** Participants stressed the importance of privacy and confidentiality, advocating for a strong agreement to protect participants. Strong security measures should be put in place to protect sensitive information and manage any risk of experiencing personal consequences for taking part in consultation.
6. **Remuneration:** People with lived experience should be adequately compensated for sharing their expertise and experiences, comparable to professionals or subject matter experts, rather than receiving nominal compensation like gift vouchers.

This report incorporates consideration of Curijo's consultation findings. These findings will also be considered in the development of the model and implementation plan.

Literature review

A literature review was conducted through analysing qualitative studies, grey literature, other literature reviews and theoretical discussions, adopting the following parameters:

- Qualitative studies, largely of adults, of domestic, family and sexual violence victim survivors with lived experiences, and
- Published literature over the last ten years.

In total, more than 50 sources of literature (i.e. academic/peer-reviewed literature, grey literature and theoretical discussions) were used in this review.

Broadly, the literature was found to offer commonsense themes to develop meaningful engagement approaches to working with and embedding the lived expertise of domestic, family and sexual violence victim survivors.

Findings from the literature review are reflected in the summary of findings below.

Women's Health Matters ACT Survey of Women's Health 2023

Data from the WHM ACT Survey of Women's Health 2023 was analysed in the development of this report. Between November 2022 and February 2023, 1668 responses to the survey were collected. This survey aimed to investigate the state of women's health and wellbeing in the ACT. The survey's target population was women, femme-identifying people and people who align themselves with this group aged 18+ years and living in the ACT or region.

The survey¹³ found:

- **44% of the 1412 respondents who answered the questions on violence indicated experiencing sexual violence** in their lifetime, with 3% reporting their experience occurring within the last 12 months
 - 40% of these respondents indicated they had experienced workplace sexual harassment in their lifetime (4% reporting their experience occurring within the last 12 months)
- **28% of these 1412 respondents indicated experiencing domestic violence** (violence from a partner or spouse) in their lifetime, with 3% reporting their experience occurring within the last 12 months
- **31% of these 1412 respondents indicated experiencing family violence** (violence from a family member other than partner or spouse) in their lifetime, with around 5% reporting their experience occurring within the last 12 months.

Additionally, 91 qualitative responses from survey respondents indicating lived experience of domestic, family and sexual violence have also been analysed to inform the summary of findings below.

¹³ Women's Health Matters. *Report on the ACT Survey of Women's Health 2023*.
<https://www.womenshealthmatters.org.au/wp-content/uploads/2023/07/Report-on-ACT-Survey-of-Womens-Health.pdf>

What we heard

In the context of the Victim Survivor Voices project, upholding a principles-based approach is critical to countering experiences of abuse and restoring safety and control¹⁴.

A set of key principles that will underpin the Victim Survivor Voices project has been developed through analysing themes from consultation.

This set of principles, with related summary of findings from Phase 2, are outlined below:

Recognition

- The Victim Survivor Voices project must recognise different forms of expertise and create opportunities to build, share and grow the knowledge and experience for all those involved.
- Preventing and responding to domestic, family and sexual violence requires many different forms of expertise, including lived expertise. Lived expertise refers to knowledge, insights, understanding and wisdom gathered through lived experience¹⁵.
- There is clear, demonstrated motivation from adults with lived experience of domestic, family and sexual violence in the ACT and region to utilise their lived expertise to partner with, actively engage and work with both government and services to collectively address the complex issues they are most affected by.
- People with lived expertise may or may not have experience with all skills required to address gender-based violence, including expertise in policy, program and service development, community engagement and research translation.
- Inclusion, partnership and co-creation that brings together diverse forms of expertise can provide an opportunity to embed lived expertise in policy, program and service, from inception to implementation.
- To mitigate and address widespread consultation fatigue, there is also an opportunity to recognise the work that has already been done by people with lived expertise. This could include reviewing recent consultation data to understand what people with lived expertise have already shared to identify priority areas for policy, program and service development.
- Substantive remuneration for lived expertise is essential as this recognises the ownership of people's knowledge. One of the Best Practice Principles of the *Family Violence Experts by Experience Framework* focuses on the importance of valuing the contributions and expertise of survivor advocates¹⁶. One way in which transparency can be achieved is by providing clear and consistent remuneration.

¹⁴ Cataldo, M., Wark., A. (2024). *Cultivating lived wisdom: translating experience to expertise*. Eastern Metropolitan Regional Family Violence Partnership.

¹⁵ Cataldo, M., Rynehart, S. and White C., & Larsen, K. (2021). *Remembering radical roots: Lived experience participation movements and the risks and responsibilities of co-design in community-led change*. *Parity*, 34(6), pp. 13–16.

¹⁶ Lamb K, Hegarty K, Amanda, Cina, Fiona, and the University of Melbourne WEAVERs lived experience group, Parker R. (2020). *The family violence experts by experience framework*. Domestic Violence Victoria.

- There is a range of community expectation about remuneration. Some community members suggested providing consultancy fees of \$400-500 per hour. A number of people with lived experience expressed that they are not interested in remuneration at all. Several existing government mechanisms set fees in line with the *Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination*, which determines a \$448 daily fee for holders of part-time public office.

Healing informed

- The design of the Victim Survivor Voice project should facilitate healing rather than addressing potential harm. The model must be informed by the impacts of trauma but shifted to focus on empowerment and enhancing agency, instead of preventing distress.
- ‘Recovery and healing’ is one of four domains in the *National Plan to End Violence Against Women and Children 2022-32*. Recovery refers to the ongoing process that enables a victim survivor to be safe, healthy, resilient and have security and post-traumatic growth. Recovery also relates to the rebuilding of a victim survivor’s life, their ability to return to the community, as well as obtaining financial independence and economic security¹⁷.
- In the development of lived expertise processes, researchers have moved toward the term ‘healing informed’, instead of ‘trauma informed’. Healing informed has a positive strengths-based focus and is consistent with the concepts of empowerment¹⁸.
- Some victim survivors who wish to participate in consultation may still be actively managing harm and risk. Issues relating to legal, physical, emotional and cultural safety must be carefully considered, but never allowed to act as a mechanism for exclusion¹⁹.
- A multi-modality approach to consultation provides people who have lived experience with the agency to participate in consultation in a way that can be tailored to individual need and focused on structured safety.
- People with lived expertise express interest in engaging with a range of consultation methods, depending on their personal circumstances. There is no one ‘best practice’ method of participation.
- The physical location that consultation is facilitated should provide a space for healing. Consultation should be held in locations that are homely, welcoming and open.
- Facilitators should be trained to provide support pre, during and post consultation. The facilitators of several existing lived expertise committees reported that their members had very minimal engagement with specially funded support providers. Rather, they found that members were much more likely to seek support from staff facilitators because of the existing trusted relationships. While this does not discount the importance of providing structured supports, it does indicate the importance of facilitators trained in accidental counselling, debriefing and mental health first aid.

¹⁷ Commonwealth of Australia, Department of Social Services. *National Plan to End Violence against Women and Children 2022-32*

¹⁸ Lamb, K., Dembele, L., Nina, Fiona, Hegarty, K (2023). *An Australian Framework for the ethical co-production of research and evaluation with victim survivors of domestic, family, and sexual violence*, University of Melbourne.

¹⁹ Cataldo, M., Wark., A. (2024). *Cultivating lived wisdom: translating experience to expertise*. Eastern Metropolitan Regional Family Violence Partnership.

- Structuring safety describes the practice of negotiating or co-constructing conditions, structures, and agreements that will make space for ‘safe-enough’ work²⁰. Structuring safety is the intention of not traumatising those who we work with and bearing witness to their stories and accounts, while balancing the differences inherent in the interplay of power and privilege²¹.
- Adopting a stance of structured safety and safe-enough practice recognises that no single person, policy or program can guarantee a felt sense of safety for or with others²².

Intersectional

- Diverse groups of people are disproportionately affected by systemic and structural inequality. Considering how policy and services impact people differently and disproportionately is an opportunity for governments to identify and fund measures that address these issues,²³
- It is not possible for a small committee to represent a breadth of victim survivor experiences.²⁴ Further, research suggests the privileging of certain voices in these committees does not present an intersectional representation of people with lived expertise. Those engaged in formal committees are typically recruited based on their ‘social and cultural capital’. There is an emerging body of research that suggests this approach may reinforce inequalities and provide only tokenistic opportunities for collaboration.²⁵
- We were encouraged to consider developing a consultation model that engages, and invests, in existing networks of people with lived expertise. This approach of targeting consultation with existing networks was tested in Phase 2 (consultation and scoping) with promising results.
- Consulting with existing lived experience networks provides a unique opportunity to engage with identified priority cohorts (culturally and linguistically diverse communities, LGBTIQ+ communities, people with disability and young people aged 18-25). This approach recognises the unique strengths, needs and preferences of the many diverse communities in the ACT and the embodied knowledge of those already facilitating these networks.

²⁰ Reynolds, V. (2012). An Ethical Stance for Justice-Doing in Community Work and Therapy. *Journal of Systemic Therapies*, 31(4), 18–33.

²¹ Richardson, C., & Reynolds, V. (2014). Structuring safety in therapeutic work alongside indigenous survivors of residential schools. *Canadian Journal of Native Studies*, 34(2), 147–164.

²² Hodges, E., Leditschke, A., Solonsch, L. (2023). *The Lived Experience Governance Framework: Centring People, Identity and Human Rights for the Benefit of All*. Prepared by LELAN (SA Lived Experience Leadership & Advocacy Network) for the National Mental Health Consumer and Carer Forum and the National PHN Mental Health Lived Experience Engagement Network.

²³ Commonwealth of Australia, Department of the Prime Minister and Cabinet. *Including Gender: An APS Guide to Gender Analysis and Gender Impact Assessments*, August 2023

²⁴ ²⁴ Whieldon, L. (2023). Gender-based violence policy reform: assessing the risks and public value of co-production with survivors. *Journal of Gender Based Violence* 7(3), pp. 450-466.

²⁵ Ibid.

Reciprocal

- Power is the ability or capacity to have authority or influence over decisions and outcomes.²⁶ People with lived expertise, organisations and institutions hold different levels of power in the context of addressing gender-based violence.
- Outcomes from consultation must be reported, both what has been achieved and reasons why certain recommendations were not implemented.
- Sharing power is a critical dimension of all lived expertise processes.²⁷ There are many ways to share power, but central to all of these are increasing opportunities for people with lived expertise to exchange, influence and generate power.²⁸ Other ways to address power imbalances include peer-led consultation processes, clarity about how information provided in consultation will be used to achieve measurable outcomes and publishing consultation and research findings to 'close feedback loops.'
- There is established importance in providing training to those working with people with lived expertise in co-creation to understand the benefits of sharing power and working effectively with lived expertise.²⁹
- There is greater opportunity for sharing power when work is in a formative stage. The early and ongoing involvement of people with lived expertise in identified aspects in the policy development cycle, such as the budget process and new policy proposals, may present an opportunity for governments to identify and adequately fund what community members identify as important, in ways that meet their needs. This form of human centred design allows movement from a 'doing for' approach, to one of 'doing with' people with lived expertise (see **Attachment C: Mind Australia Participation and Co-design Practice Framework** (2021)).

Trust

- Lived expertise processes are highly relational, based on collaborative relationships that take time to develop. Developing trusted relationships with victim survivors and the broader community sector will be a significant part of the Victim Survivor Voices project.
- Community listening and participation activities require skilled facilitation, authenticity, openness, patience and the ability to build trust. The facilitator/s have a unique role in supporting knowledge translation, guiding people in a way that is accessible and provides enough safety. These skills can be refined through staff training and development.

²⁶ Ash, C., Otiende, S. (2023). *Meaningful engagement with people with lived experience: a framework and assessment for increasing lived experience leadership across the spectrum of engagement*. Global Fund to End Modern Slavery and National Survivor Network

²⁷ Cataldo, M., Wark, A. (2024). *Cultivating lived wisdom: translating experience to expertise*. Eastern Metropolitan Regional Family Violence Partnership.

²⁸ Shumake, J. & Shah, W. R. (2017). *Reciprocity and Power Dynamics: Community Members Grading Students*. *Reflections* 17(2), pp. 5-42.

²⁹ Whieldon, L., (2023). Gender-based violence policy reform: assessing the risks and public value of co-production with survivors. *Journal of Gender-Based Violence*, 7(3): 450-466.

- Peer facilitation has been seen as critical and effective in modelling lived expertise leadership. Peer structures hold power and space differently to traditional consultation structures.³⁰ Peer led consultation involves people with lived experience facilitating consultations with other people with lived experience.

Sustainable

- Funding for sustained engagement is required to enable longer term work, building of partnerships and sharing of key learnings. Adequate resourcing is required for remunerating for lived expertise, project staffing, and investment in training, education and support.³¹
- Experts strongly recommend development of a consultation model that engages with existing lived expertise networks, rather than establishing a new committee. Provide a secretariat function for an advisory group requires a significant administrative load and has been cited as a cause of significant staff burnout.³² Staff time may be better spent on the strategic direction and operationalisation of the consultation model.
- Participatory design and co-creation signify the active involvement of a diverse range of participants in exploring, developing and testing responses to shared challenges. The time-consuming nature of this work is likely outweighed by its long-term benefits.³³
- Principles of participatory action research (situating power with those who are most affected within the research or policy development process) support high quality and responsive policy outcomes when embedded in lived experience participation.
- Participatory action research prioritises collaboration and aims to generate new knowledge not for its own sake, but rather in ways that improve experiences for specific communities and contribute to more just and equal social arrangements.³⁴
- Rigorous monitoring and evaluation require clearly defined, achievable and realistic project scope and objectives.

Next steps

The information gathered through this consultation and scoping process will inform the *Victim Survivor Voices Detailed Model and Implementation Plan* (the Model and Plan).

In Stage 3, the next stage of the Victim Survivor Voices project, WHM will work with the DFSVO to refine the project scope and Model and Plan.

The draft Model and Plan will be iteratively informed by and tested with stakeholders, including people with lived experience of domestic, family and sexual violence, and professional and academic experts in the field.

Pilot implementation will commence upon DFSVO approval of the Model and Plan.

³⁰ Cataldo, M., Wark., A. (2024). *Cultivating lived wisdom: translating experience to expertise*. Eastern Metropolitan Regional Family Violence Partnership.

³¹ Lamb, K., Dembele, L., Nina, Fiona, Hegarty, K (2023). *An Australian Framework for the ethical co-production of research and evaluation with victim survivors of domestic, family, and sexual violence*, University of Melbourne.

³² Whieldon, L. (2023). Gender-based violence policy reform: assessing the risks and public value of co-production with survivors. *Journal of Gender Based Violence* 7(3), pp. 450-466.

³³ Blomkamp, E. (2018), *The Promise of Co-Design for Public Policy*. *Australian Journal of Public Administration*, 77: 729-743.

³⁴ Wright, K., Taggart, D., Griffin, H., Baxter-Thornton, M., Coates, C., Duckworth, L., Lewis, E., Maxted, F., Shellam, K., Tuck, C., Ford, S. (2023) *Lived Experience Panels Consulting to Inquiries: Maximising Benefits and Minimising Harms*. La Trobe University and University of Essex.

Attachments

Attachment A: ACT Budget 2023-23 initiative

Related ACT Government Budget measure from [2022-23 Budget Statements G \(Community Services Directorate\)](#):

Changes to Appropriation

Table 20: Changes to appropriation – Controlled Recurrent Payments

	2021-22 Estimated Outcome \$'000	2022-23 Budget \$'000	2023-24 Estimate \$'000	2024-25 Estimate \$'000	2025-26 Estimate \$'000
Sexual Assault Prevention and Response Steering Committee's final report (Phase 1) – Victim Survivor Consultation Program	0	347	425	329	333

Preventing and responding to domestic, family and sexual violence

- establish a structured Victim Survivor Consultation Program to ensure the voices and experiences of victim survivors remain central to sexual violence reforms;

NOTE: Sexual Assault Prevention and Response Steering Committee's final report refers to [Listen: Take action to prevent, believe and heal](#).

Recommendation 1 of the final report was that the ACT Government establish and appropriately resource an ongoing structured consultation program with victim survivors to continue to drive and inform change in the prevention of and response to sexual violence in the ACT.

Attachment B: Overview of Victim Survivor Voice consulting on design survey findings

Background

Women's Health Matters ran a survey in February and March 2024 to seek input from people with lived experience on the development of the Victim Survivor Voice project.

This survey was for people who:

- Were aged 18 years or older,
- Have experienced any form of domestic, family and/or sexual violence, and
- Live in the Australian Capital Territory (ACT) and region.

This survey asked:

- Would you be interested in becoming involved with the Victim Survivor Voice consultation model to inform improved services and systems?
- Please tell us about what Women's Health Matters could do to make you feel comfortable, respected and supported if you became involved in this project?
- Is there anything else you'd like to tell us?

We thank the approximately 150 people with lived experience of domestic, family and sexual violence who took part in this survey. We value the expertise, generosity and contribution of every one of these people.

Our Violence Prevention Coordinator read every individual survey response. Thematic analysis was then used to highlight the key survey findings. These findings are included below.

Who we heard from

We asked people to tell us whether they were a member of any of the diverse and intersecting identities we listed, inviting them to select all that apply.

- 34% of respondents said that they were not part of any of the groups listed
- 66% selected one or more of the following:
 - 32% selected 'People living with mental illness'
 - 26% selected 'People with disabilities'
 - 22% selected 'LGBTIQ+ communities'
 - 13% selected 'Multicultural communities'
 - 7% selected 'Aboriginal and Torres Strait Islander communities'
 - 10% selected 'Carers'
 - 7% selected 'Other'
 - For each of the following options, fewer than 6% selected:
 - 'Prefer not to answer'
 - 'Young people'
 - 'People employed in the sex work industry'

What we heard

When we asked if people would be interested in being involved:

- 62% said yes
- 29% said they were unsure
- 9% said no

From the people who provided qualitative (written) responses

- 18% said they are motivated to **use their lived experience to support other people** who experience domestic, family and sexual violence
- 11% raised the importance of being respectful and inclusive of diverse experiences, and recognising that **people experience domestic, family and sexual violence in many different ways**
- 11% said they would like to have the option to **participate anonymously**
- 20% raised the importance of **respectful and trauma-informed practices**, including:
 - Believing women
 - Providing flexible opportunities to participate
 - Demonstrating cultural integrity
 - Providing participants with clear information, transparency about processes and clarity about expectations
 - Reimbursing people for their time and expertise
 - Respecting privacy and confidentiality
 - Providing a non-judgemental environment
 - Having a recovery and healing focus
 - Providing ways to stay up to date with how information from participation is used
 - Demonstrating empathy and kindness

We heard the importance of providing a **variety of different ways to participate**. We heard that some of these ways could include:

- Attending a community forum
- Taking part in a one-to-one interview
- Participating in a peer group with other survivors
- Completing a survey or questionnaire
- Developing, drafting and reviewing a policy submission
- Meeting online and/or in-person
- Sharing a personal story or experience
- Providing an artistic and/or written submission

We heard that some people who **are not sure about participating** have concerns about:

- Not having enough time to participate
- Feeling concerned for their safety if a perpetrator or family member found out they had participated
- The risk of being re-traumatised by talking and thinking about their experience
- Feeling that their own experience of violence was too long ago, or does not count as a valid experience

Some **areas people are interested in consulting on** include:

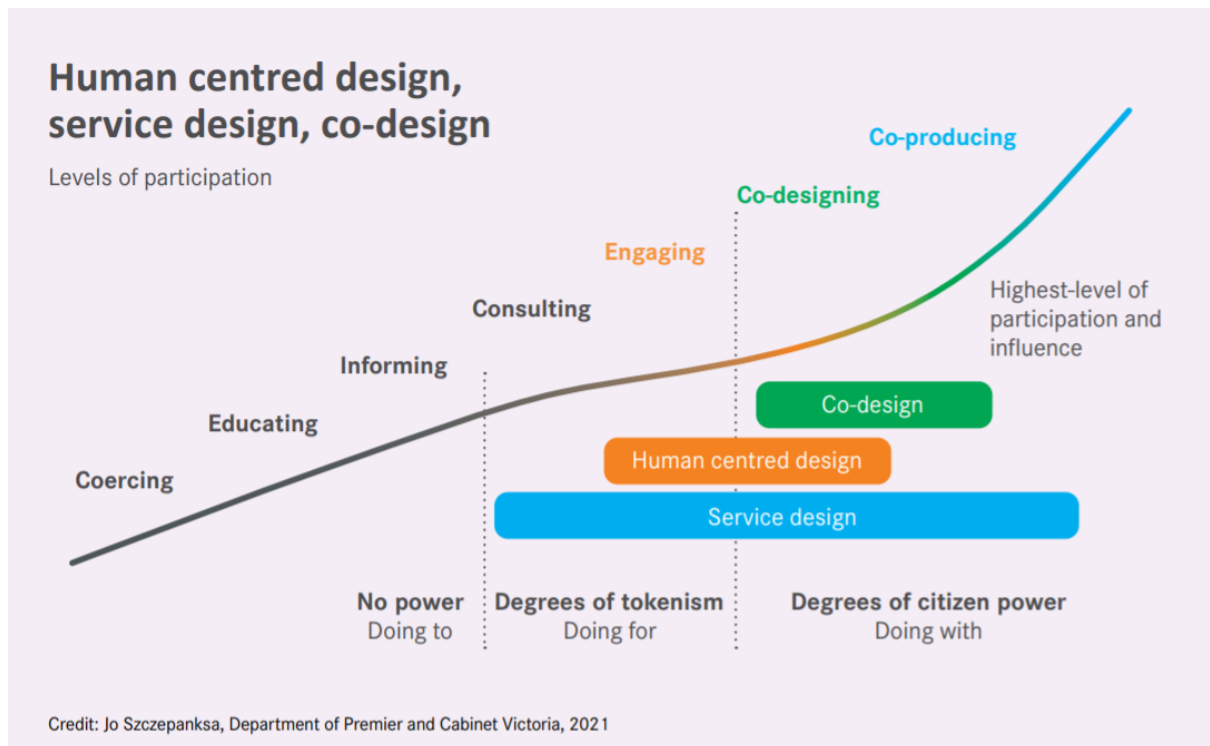
- How children and young people experience violence
- How people with disability experience violence
- Improving the legal system
- Accessing and navigating supports

Other important points people raised were:

- Taking action and demonstrating outcomes from lived experience input
- Sufficient time must be provided throughout all stages of the process

- Voices are diverse, so representation should be too
- Personal circumstances can change very quickly, so it is important to be flexible and allow for involvement at different stages of the process
- Many people feel most comfortable speaking to female staff
- Not everyone with lived experience of domestic, family and sexual violence identifies as a 'victim' or 'survivor'

Attachment C: Mind Australia participation and co-design practice framework (2021)



Credit: Jo Szczepanska (2021), Department of Premier and Cabinet Victoria

Source: Mind's Participation and Co-design Practice Framework (2021)