Domestic, Family and Sexual Violence Commissioner speech

Commissioner Micaela Cronin

Healing and Recovery Conference

Thank you for the opportunity to be here today.

I want to begin by acknowledging the Traditional Owners of the land on which we meet, the land of the Turrbal and Jagera peoples, and to pay my respects to Elders past and present.

I also acknowledge all Aboriginal and Torres Strait Islander people here today.

If we are serious about healing – and serious about preventing future violence – we must shift from seeing Aboriginal and Torres Strait Islander people only as overrepresented in systems, to learning from Aboriginal and Torres Strait Islander led practices that centre restoration, accountability and belonging.

Practices that understand that healing is not quick, not individual, and not linear.

That trauma can be collective, historical and ongoing.

That culture, Country, kinship and connection are central to restoring wellbeing and interrupting cycles of harm.

Those approaches challenge punitive thinking. And they remind us of something fundamental: healing is relational, intergenerational and ongoing.

I also want to acknowledge the Healing and Recovery Alliance and the Board, including Carolyn Robinson and Lata Satyen, and the many people who contribute their time, expertise and leadership. In 2024, the Commission co-convened a healing and recovery roundtable with the Alliance, and much of what I'll speak about today draws direct on that work.

I want to acknowledge the deep expertise, including lived expertise, in this room, including some members of the Commission's Lived Experience Advisory Council – Alison Scott, Conor Pall and Quinn.

No one in this room needs convincing that the harm caused by domestic, family and sexual violence causes trauma.

But trauma is not just a feeling. It is not just a memory.

Trauma changes we experience the world.

It shapes how people respond to stress, to authority, to conflict and to fear.

It influences behaviour, relationships, health, decision making and risk.

And importantly – trauma that is not healed does not simply fade with time.

It shows up later, in different ways. It shows up in repeated contact with systems.

In difficulty trusting services. In escalating harm.

And too often, in the next generation.

We know that the cycle of harm often continues when those who experience violence do not heal.

While we have not put enough attention and resources into supporting healing for people who have experienced domestic, family and sexual violence - we are also not addressing the need for healing for those who cause harm. In fact, we are systematically acting in ways that make this cycle worse.

Healing is a critical mechanism by which we can break cycles.

Without it, harm does not disappear. It relocates. Across relationships. Across households. Across generations.

That is why healing and recovery are not optional extras in this work, but foundational.

If we do not invest in healing – for everyone in this story – systems will continue to manage harm rather than prevent it, often in ways that deepen trauma rather than resolve it.

Today I want to focus on what is required of us all, system wide, if we are genuinely committed to resolving trauma, and preventing domestic, family and sexual violence.

I want to frame today's remarks around three core propositions, grounded in evidence, practice and lived experience.

Firstly: **Healing is prevention.**

Secondly: **Healing and recovery are nonlinear – and systems must be designed accordingly.**

And thirdly: **If we fail to centre and respond to the needs of children and young people, we entrench future harm** – and the increasingly punitive approaches to young people across Australia are actively undermining our long-term efforts to end domestic, family and sexual violence.

At the 2024 Healing and Recovery Roundtable, participants were asked to imagine a future – 10, 15, even 20 years from now – where healing and recovery are common, effective and well understood.

And then they were asked a harder question:

What do we need to do now to make that future possible?

That question shifted the conversation.

It wasn't crisis driven.

It wasn't deficit focused.

It was strategic, strengths based – and importantly, hopeful.

Because hope matters in this work.

Only by holding a credible vision of a safer future can we ensure a commitment to the long term effort this work demands.

1. Healing is prevention

From that conversation, a clear message emerged: **healing and recovery are central to prevention.**

Not an optional extra.

Not something we do once the "real" work is finished.

Not something we tack on after crisis responses.

Healing *is* prevention.

And when we treat it otherwise – when we relegate healing to the margins – we undermine our own efforts.

This was also clear in the roundtable discussions we have convened about people who use violence.

There was strong consensus that prevention requires access to healing for men and boys, especially for those whose violence is connected to their own experiences of trauma.

Recognising trauma is not the same as excusing violence. And accountability and healing are not mutually exclusive.

In fact, what the evidence consistently tells us is that:

Unhealed trauma increases the likelihood of future harm, while access to healing reduces it.

If prevention is our goal, then healing cannot be treated as secondary.

If we want to break cycles of domestic, family and sexual violence, we need to talk about healing for people who cause harm, not as an alternative to accountability, but alongside it.

The evidence is very consistent. A significant proportion of people who use violence in intimate and family relationships have themselves experienced trauma.

Childhood abuse. Neglect. Exposure to violence.

Shame without repair. Loss without support.

We know that it is overwhelmingly men who use violence. And that men who have experiences of trauma, are far more likely than women with experiences of trauma, to use violence.

Trauma is never an excuse to cause harm. And many people who have experienced trauma do not.

But trauma can contribute to conditions that make violence more likely, and more entrenched, without a trauma-informed response.

When trauma is not addressed, risk of harm does not disappear. It relocates.

To the next relationship. To the children in that household. To the next generation.

Programs that combine accountability with trauma-informed responses – addressing shame, emotional dysregulation and challenging patterns of controlling behaviour – show more promise in reducing reoffending than punitive approaches alone.

This is not a controversial claim. It reflects the weight of evidence from behaviour change research.

This is not a soft position. It is the evidence-based one.

And it matters profoundly for our long-term goal of ending domestic, family and sexual violence.

Because every person who has themselves experienced harm, AND causes harm - and does not heal from their trauma - is more likely to cause harm again.

Every father who does not address his use of violence is a risk to his children – and to those children's understanding of what love, relationships and safety look like.

Every young person who causes harm and receives only punishment – with no healing, no support to understand why, no one asking them what is behind their behaviour – is more likely to become an adult who continues to cause harm.

Healing for those who use violence, cause harm is not in competition with healing for those who experience it.

Both are essential. Both are prevention.

This is the cycle we are trying to break.

One of the most consistent things I hear from people who have experienced harm is not just about what happened to them – but about how systems responded.

People talk about being believed – or not believed.

About being listened to – or processed.

About systems that focused narrowly on incidents - but missed patterns.

I hear from people who did everything they were asked to do – filled in the forms, attended the appointments – but were retraumatised by the very systems meant to help.

People tell me they want the people in their lives to receive the help that they need. Despite having been hurt by them.

We also hear from people who have caused harm and who want to change, but who find systems ill-equipped to support that change.

And from both directions, I hear the same thing: what does make a difference is often one relationship – one person who understood trauma, who did not rush, who did not judge. Who listened.

That is what healing and trauma-informed responses look like in practice.

The fundamental core of Trauma informed care is simple.

Rather than asking *"What is wrong with this person?"*

We need to be asking *"What has happened to you? And how is that shaping what we are seeing now?"*

Trauma informed care recognises that many of the behaviours we find challenging – withdrawal, anger, avoidance, hypervigilance – are not signs of defiance or disengagement but adaptations to harm.

They are survival strategies.

When systems respond to those adaptations with impatience, suspicion or punishment, they can deepen trauma.

This is particularly damaging when our responses to children and young people rely on threat, removal, compliance monitoring, or escalation rather than safety and support.

Such approaches can reproduce the dynamics of control and fear that trauma has already taught people to expect.

When systems respond with curiosity, consistency and care, healing becomes possible.

We do see really promising trauma informed approaches working across Australia.

We see it in services that prioritise safety, choice and predictability. Many of the services and partitioners that are here today.

We see it in co-responder models, where police attend incidents alongside specialist workers who understand trauma.

In Aboriginal-led healing programs, where cultural strength and community authority are central.

And in services that work with people who use violence – where accountability is clear, but responses also address trauma, shame and emotional regulation.

These approaches do not ignore violence and harm. They reduce it.

They also reduce reliance on punitive approaches to children and young people by strengthening family safety earlier, by providing support that is targeted and focused on the unique needs of children and young people– before risk escalates to removal, court proceedings or long-term system involvement.

2. Healing is not linear

My second proposition is simple, but still not reflected in how many systems operate.

People do not move neatly from crisis to recovery and then close the chapter.

For many, healing involves cycles.

Periods of stability followed by setbacks.

Times of engagement, followed by withdrawal.

Moments of insight, followed by difficulty.

New life stages and challenges that bring up old issues and require change.

Puberty, parenthood, retirement.

This is not failure.

It is how trauma recovery works.

Yet many systems – including our approach to youth offending – are built as if healing should be fast, predictable and permanent.

Funding cycles are short.

Eligibility windows narrow.

Re-entry often restricted.

The result is that people lose support precisely when trauma resurfaces – during legal processes, child protection involvement, new relationships, parenting stress, or renewed contact with the justice system.

We need to be honest about the consequences of this misalignment.

When people who have experienced harm, disengage from support or government systems, too often we label them as "non-compliant."

When behaviour escalates, we default to control, surveillance or removal.

But trauma does not respond to control.

It responds to safety, time and trust.

Systems that cannot accommodate non-linear healing do not reduce harm – they reproduce it.

3. Children and young people

My third point is about children and young people.

And this is where the costs of getting our approach to healing wrong are most visible – and most enduring.

Children who grow up with domestic and family violence are not just witnessing harm. They are living with it.

Children who have experienced sexual abuse, incest are too often unseen and unheard.

They are navigating fear, unpredictability and loss of control at a time when their brains and bodies are still developing.

Violence and abuse changes how children see relationships.

It changes how they respond to stress.

It changes what feels normal.

We know this from the evidence.

And we hear from people who share their stories.

When our primary response is punitive– rather than safety, healing and support – children learn that systems are another source of fear, not protection.

We need to be clear about the connection between domestic, family and sexual violence and youth justice involvement – and what that means for our long-term efforts to address domestic, family and sexual violence.

The increasingly punitive approaches to youth justice across Australia concern me deeply.

Australian data consistently tells us that many – often the majority – of children in youth justice systems have experienced serious harm, including domestic and family violence.

For Aboriginal and Torres Strait Islander children, these experiences are even more pronounced, reflecting compounded trauma from colonisation, child removal and ongoing systemic injustice.

This does not mean causing harm or using violence is inevitable.

But it tells us something essential about prevention – and about what undermines it.

Not everyone who has experienced trauma goes on to use violence, and not everyone who uses violence has experienced trauma.

It is a complicated and complex interplay that we are still working to fully understand.

But many young people in youth justice systems were unsafe long before they entered a courtroom.

They grew up in environments where threat was constant – adults were often unpredictable, and protection was unreliable.

Their later behaviour – impulsivity, aggression and defiance – often reflects adaptations to danger, rather than rational decisions.

These are survival responses shaped by trauma, not evidence of irredeemable risk.

When those adaptations are met with punitive responses – detention, isolation, rigid compliance regimes – healing is interrupted.

And when healing is interrupted, efforts to prevent future domestic, family and sexual violence are undermined.

I understand the fear that people feel when crime goes up, or when they come face to face with harm in their home or community.

These are difficult, even traumatic, experiences – and everyone has the right to feel safe.

It is the domestic, family and sexual violence sector that has been saying that louder and longer than anyone.

But a system that responds to trauma with punishment does not reduce harm. It compounds it.

We need a trauma-informed approach to youth justice that addresses the harm these young people have often experienced themselves.

Punitive youth justice responses may satisfy an immediate desire for control, but they do not reduce violence in the long term.

They entrench trauma, reinforce mistrust of authority, and normalise coercion as a problem-solving tool.

In doing so, they replicate many of the dynamics that sit at the heart of domestic, family and sexual violence itself.

Detention does not create safety.

It dislocates children and young people from family, culture and community.

It disrupts education, relationships and identity formation.

And we know that it dramatically increases the likelihood of further system contact – not long-term recovery.

When we respond to traumatised children and young people with punishment, and not healing, we are not breaking cycles of violence – we are reinforcing them.

If we are serious about ending domestic, family and sexual violence, we cannot treat youth justice as separate from that task.

Punitive approaches do not just fail these children in the moment. They weaken prevention efforts for decades to come. And they do not make our communities safer in the long run.

To be clear: punitive approaches to youth justice actively undermine our efforts to end domestic, family and sexual violence in a generation.

A trauma-informed approach to youth justice looks fundamentally different.

It prioritises:

- keeping children and young people safely connected to adults who care about them
- culturally safe, strengths-based responses
- community-based accountability, and
- repair, healing and relationship building – not just punishment.

We see its impact in diversion programs, restorative justice approaches and Aboriginal-led initiatives.

And we know – from decades of evidence – that children who are supported to heal from trauma are far less likely to use violence in their adult relationships.

That is what meaningful, long-term prevention of domestic, family and sexual violence looks like.

There is important work underway across governments to reflect this understanding.

Across jurisdictions, children and young people are increasingly recognised as people who experience harm in their own right – not just as secondary to the adults in their lives.

We are seeing greater emphasis on early intervention, trauma-informed practice and whole-of-system responses – including growing recognition that punitive approaches alone cannot deliver safety or prevention.

This shift is clearly reflected in the focus of governments as they begin the development of the Second Action Plan under the *National Plan to End Violence against Women and Children 2022–2032*.

This is a critical direction of travel.

Because prevention efforts that do not centre children and young people – and does not support their healing – is not prevention.

So, what does this mean in practice?

First – we must treat healing and recovery as essential prevention infrastructure – for those who experience harm and for those who cause it – supported by sustained investment, not short-term fixes.

Second – systems, including the youth justice system, must be designed to reflect how healing actually happens: relational, non-linear, and long term, not punitive and compliance driven.

Third – children and young people must remain at the centre of our national response – be recognised as people who experience harm now - and cause it - not just as future adults we hope to protect – or punish.

And fourth – we must be honest that healing is incomplete if it only reaches half the people in the cycle.

Those who experience harm need healing.

Those who cause harm also need to heal – alongside trauma-informed accountability.

Trauma-informed care is not a soft option.

It is the most evidence-based approach to reducing future harm.

1. **Healing is prevention.**
2. **Healing is not linear - it is relational, contextual, intergenerational and ongoing.**
3. **We must centre children and young people.**

Communities that are healed are safer for us all.

And it is time our systems fully acted like it.