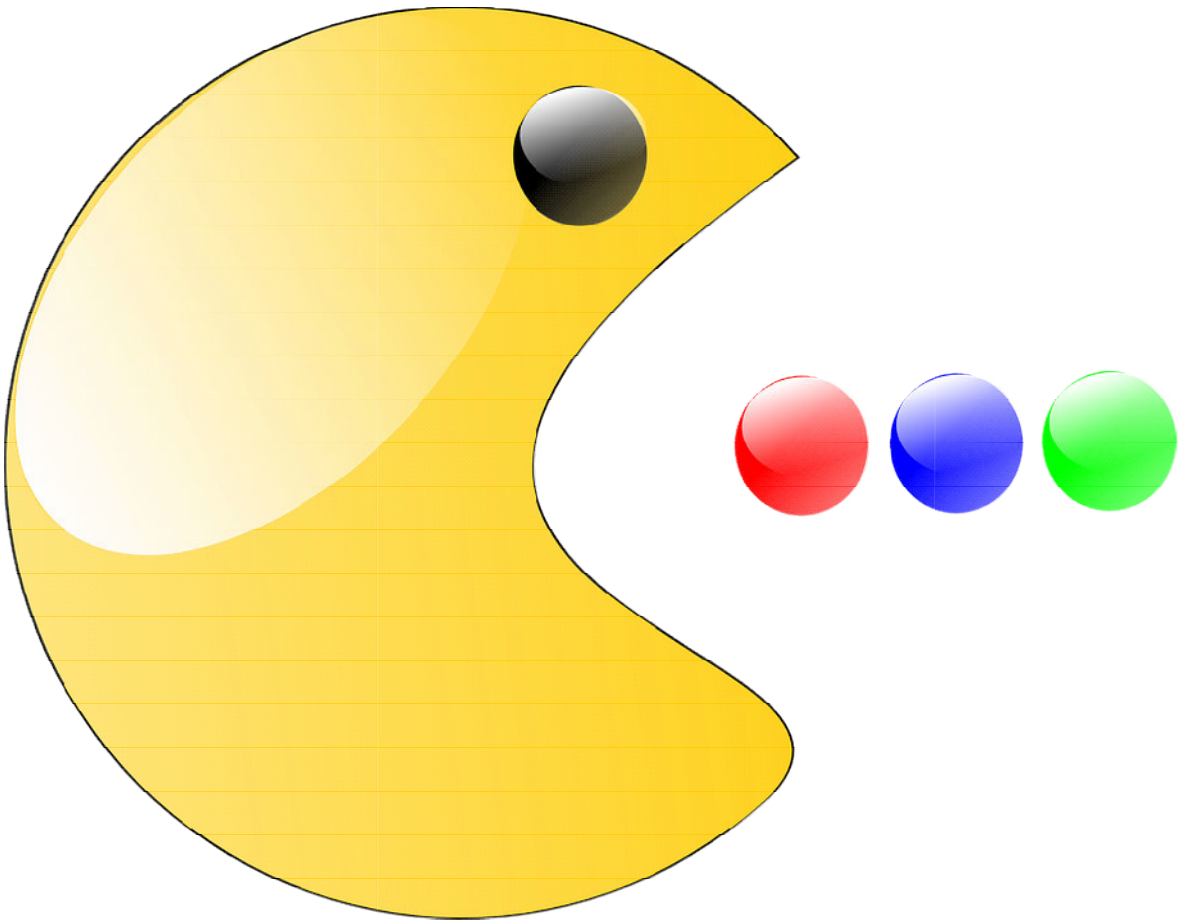
MO iCom – Moderated Digital Communication
Vision Statement



[redacted] for the MODiCom Project

Contents

1. Mission statement:

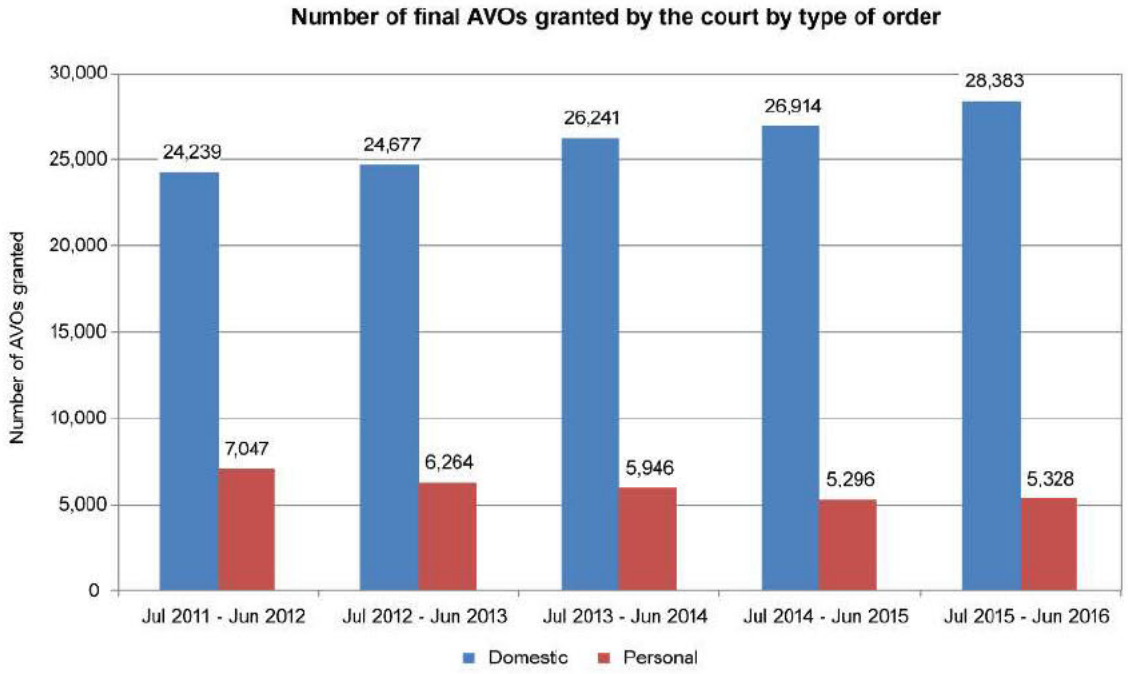
The aim of MODiCom project is lobby Government to providemoderated digital communication platforms for use by per a ors n u vor of m t c io e ce parents sub ct o court parenting orders, criminal parolees and probates.

2. Problem Statement:

a) AVO's

As can be seen in Figure 1, the in:idence of Apprehe ded Violen e O de (O's in NSW has increased markedly over the past 5 years. Other states ve i i tr nd w r gar o t eir own versions of the AVO.

Figure 1: N m er of VO' in NSW



Source: BOSCAR (2016)

Normally such orders st e t t parties must not " ssault, m l s ha as thr ten r otherwise interfere with" the protected party, but here t is has failed to prevent this occurring, orders are ma le that prevent parties from communi t ng with eac other entirely. In the first ta c , o pa t es a mmunicate freely without breac ng t e o er as lo a civility is maintained. Unf rtunatel his n a a s the case and intimidation, haras en , b ll ng an oft threatening communications and actions result (the breach rate in NSW for final orders is 19.7% (BOS A , 2016)). Often this type of behaviour goes un-reported for fear of recrimination so the actual r te is likely o be hig er. Unreporte e h inc a e t lik hoo of he behaviour escalating. The esultan psyc ological im act on the victim can be deep and profound.

In the second case, neither party can communicate with each other directly so it is often left to a third party to carry messages. This third party is unfortunately, by default, the children in care. This is an unacceptable practice as children should not have to act as a go-between for parentaldisputes. Children can and do suffer deep psychological wounds after separation and the last thing they need is the responsibility of carrying messages between parents that are still dealing with their grief and anger themselves. Unfortunately, mediation services are not available to victims and perpetrators under an AVO, building further frustration between parties. This often leads to communication in spite of the AVO, creating potentially inflammatory situations.
As intervention orders are the most common legal response to domestic violence it is critical that the misuses of ICT for communication are incorporated in the conditions of orders.
Hand *et al*.(2015) recommend that orders need to ensure that numerous types of ICT-based contact are excluded: mobile and landline phone calls, emails, instant messaging etc.In New South Wales the Crimes Amendment (Apprehended Violence) Act 2006 changed the definition of intimidation to specifically include approaches made by telephone, text messaging, emailing and other technology-assisted means. It seems that most legislation enables such inclusions in violence intervention orders in Australia. Text messages make up by far the most common form of abuse suffered by domestic violence victims. 80% of survivors indicate that they have been abused via text (ReCharge, 2015). This often takes the form of a pervasive unwelcome presence and the feeling the victim cannot escape.
In 2013, 25,535 ADVOs were granted by NSW Local Courts, 11,688 breach ADVO offences were recorded by NSW Police Force and 8,900 persons of interest were proceeded against to court by the police for these offences(BOCSAR, 2015). Many of these breaches were abusive text messages. Due to the nature of reporting digital abuse, there is no standardised response from police as to what constitutes abuse and often language barriers prevent abuse from being readily recognised.
Domestic violence has serious social, economic, health and financial consequences. For example, in 2001, intimate partner violence was found to contribute eight per cent to the total disease burden of Victorian women aged between 15 and 44 years, and to be the leading preventable contributor to death, disability and illness in women aged in this range (VicHealth and the Department of Human Services, 2004). In 2002-2003, the estimated total annual cost of domestic violence in Australia was $8.1 billion (Access Economics, 2004).1 The main components of these costs were pain, suffering (e.g. depression, anxiety), premature death (suicide, femicide) and consumption costs (e.g. replacing damaged property, defaulting on bad debts and loss of economies of scale in consumption due to reduced household size).
A common theme throughout domestic violence research is that there is a need for a more long-term integrated response to domestic violence in Australia, which aims to prevent domestic violence in the first place with a view to reducing existing levels of violence. The challenge is in the provision of grass roots programs that address on-going problems and also achieve longer-term goals. International studies on domestic violence also point to a need to:

- **improve domestic violence data collection**
- **improve evaluations of intervention**

Domestic Violence in Australia an Overview of the Issues (2003)

We believe that a pro-active strategy to improve the safety and quality of communication is the FIRST step in the integrated response required to prevent rather than react to domestic violence.

b) Family Court Orders

Many relationship breakdowns result in parenting orders being made by the Family Court. Parenting orders are sometimes broken by either party, sometimes resulting in messy legal disputes over custodial arrangements.In 2004 Australia wide, there were 26,234 applications for final orders and 2400 reported contraventions to such orders (Family Law Council, 2007). Post 2006, parents are required to participate in dispute resolution mediation, however, there has been no recent data on whether the system has improved since the changes to legislation in 2006. Family relationship centres now play a pivotal role in dispute mediation and assisting with ongoing communication. The MODiComvision is capable of streamlining communication between parents so that boundaries are respected as well as implementing an early warning system of breaches that may lead to domestic violence.

c) Miscellaneous Tribunals, Commissions, Registries Etc.

There are a multitude of scenarios involving people released on parole or those that are placed on probation for offences that involve harassment or altercations between family members. MODiCom gives courts a tool to use in situations where these people still need to communicate due to familial responsibilities such as child or elder care.

3. The Current Landscape:

There are many Apps out there designed to increase security and to access information. Some of them are listed below under the state in which they were developed because each state has different laws in relation to family violence, domestic violence and sexual assault. As can be seen, none of them allow for moderated communication between conflicting parties. Most of them give specific information based on a state legal system.

Victoria

Smartsafe+

Smartsafe+ is designed to assist women to collect and store evidence to help them get an intervention order, or to prove a breach (recommended for Victorian use only).

iMatter

The iMatterApp is aimed at young women. It details some of the warning signs of abusive and controlling behaviour in relationships, looks at healthy relationship behaviour and lists services in Victoria.iMatter was developed by Doncaster Community Care and Counselling (Doncare)

Live Free

The LiveFree App includes quizzes and scenarios and answers to common questions like ‘What happens if I call the Police?’ There are links to websites, and directly to services across Victoria.
This App was jointly produced by Doncare and the Rotary Club of Doncaster.

Queensland

ECommbook

Ecommbook is a similar App which is focused on allowing children better access to their separated parents as well as helping ex –partners communicate. It proposes to use meta data to help authorities in the instance of violent occurrences. It is a wholly commercial product and does not have a free version.

Re-focus

Re-focus is a Queensland App and provides a combination of legal information, practical steps and coping tips for women about separation. Separating from a violent partner is the most dangerous time and this App looks at rights and options.
Re-focus was developed by the Women's Legal Service Queensland.

New South Wales

Aurora

Aurora is a New South Wales App from the Department of Family and Community Services (FACS). It addresses domestic and family violence and lists some sexual assault services. It includes information on safety planning and other information.

Western Australia

Positive Pathways

This App developed by Zonta House Refuge Association Inc. in Western Australia is a safety and wellbeing App for women experiencing family and domestic violence.

The App has the façade of a women's wellness App with Inspirational Quotes, Positive Moments and a Daily Diary which is password protected. The main function however is the emergency functionality with audio recording, pre-written help SMS and GPS location and a one touch 000 call function. This App is free to all users.

Tasmania

Girls Gotta Know

Girsl Gotta Know is a Tasmanian supported resource. It is a mobile-responsive website, which means that it is easily viewed on a smartphone. Girls Gotta Know contains a wide range on information for young women on resources, rights and options.

South Australia

Don't Cross the Line

In South Australia laws are clear that you have the right to be safe and treated with respect. You also have the right to say no, especially to sexual activity. So if anyone abuses you, tries to control you or is violent, they're crossing the line. Find out what is and isn't OK in relationships on the responsive website - Don't Cross the Line.

Australia-wide

Daisy

Domestic and family violence affects one in three Australian women, and sexual assault affects one in five women over the age of 15. Daisy connects women who are experiencing or have experienced sexual assault, domestic and family violence to services in their state and local area. Daisy provides women with an easy way to find a wide range of services.

Lisa Harnum App

This App is Australia-wide. BUZZ News App is a free Application for iPhone that contains summaries of top stories in world, sports, and entertainment news, from the Lisa Harnum Foundation. This App also contains a Help Section which lists resources for victims of domestic violence.

My Witness

MyWitness is a digital witness in your pocket; a personal video safety system that alerts the people you trust most whenever you're in danger, feel threatened or need help. MyWitness is an emergency response App.

Girls Gotta Know

Girsl Gotta Know lists out resources for young women nation-wide. It is a mobile-responsive website, which means that it is easily viewed on a smartphone. Girls Gotta Know contains a wider range on information for young women on resources, rights and options. Visit the Girls Gotta Know website

4. Visiondescription

Few disputes or relationship breakdowns are mutually beneficial. In most cases where a resolution is required, communication is essential to the process. MODiCom is designed to moderate this process and help people to communicate in a non-violent manner. In cases where an AVO has already been granted, MODiCom can assist parties with their communication needs, especially where shared child care responsibilities require ongoing communication.
MODiCom will establish a moderated messenger service using a mobile phone based application.

The community version of MODiCom will block abusive communications by using AI technology to screen out key words and phrases.A cool off period between tapping send and tapping send again will give users the chance to review their messages. The community free version also allows users to set the times at which messages can be received.

In the court issued version of MODiCOm, in addition to language moderation, messages between two parties will not be monitored unless one or the other party “flags” a text message. The exception to this may be where children are at risk and DOCS (or relevant child protection agency) are already involved. The user will choose the colour of the flag required (see description below). At the time of flagging, the proximity of the users with the flagged message and its context will be recorded and sent to the back end database to be monitored by the relevant Government agency.

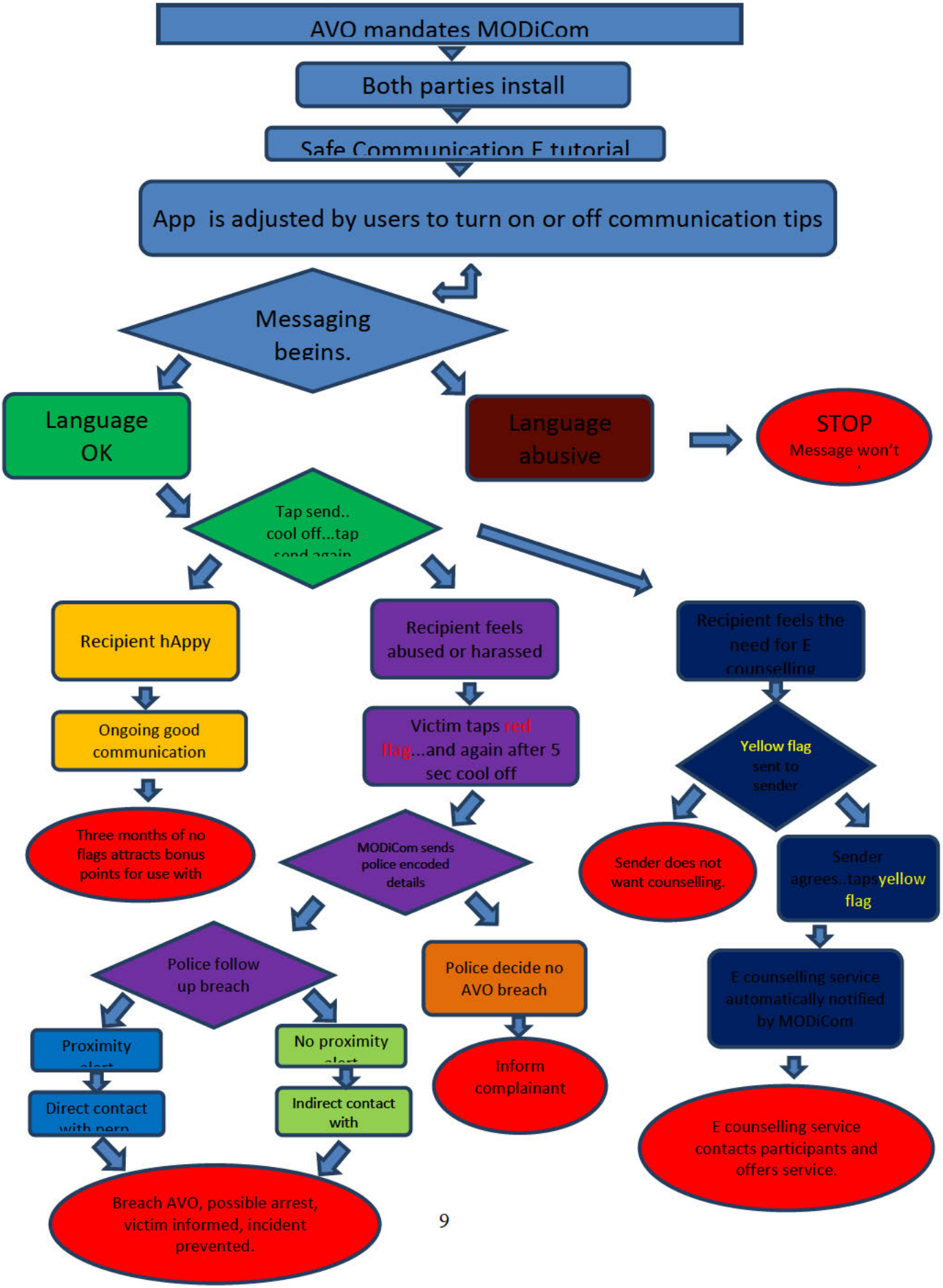
Both versions of MODiCom will provide clients with instant messages advocating communication skills and tips during the communication process. These will appear as another text bubble with simple messages.

Eventually, we hope to use artificial intelligence to make these specific to the needs of the users. We anticipate users will have the opportunity to turn this feature off if so desired. Both parties may also request additional e counselling by yellow flagging any communique.

Additionally, all users of will have access to a web based tutorial based on the principles of non-violent communication to provide training and tools for conflict resolution.

Our vision recognises the need for private, safer communication as a first step to preventing violence and harassment. The diagram below represents where we see MODiCOm with regards to communication. We offer safe communication because we screen out or report violence and potentially inflammatory situations. We offer private communication because only the users have the choice as to whether to flag messages or not and the technology will be password protected so ONLY the registered users may access it. This also ensures integrity of evidence with regard to court order breaches.

MODiCom process flow chart Judicial version



Red Flags:

If one party receives a message that they feel breaches an AVO or other order, they are entitled to red flag the message. The sender will not receive notification this has occurred. The message with context, including both parties'current location and distance separating them, will then be relayed by MODiCom to the back end of the App which will interface directly with the Government system. The response will then be prioritised and Police resources allocated accordingly.

Yellow Flags:

If the text message is not of an AVO or Family Court order breaching nature, but is still unacceptable to the receiving party then that party is entitled to yellow flag the message. A yellow flag will ensure that a message is sent by MODiCom to an e counselling service that will contact both partiesand attempt to begin a mediation process. This function will be available in the community version.

Green Flags:

After three months of no flags recorded, both parties will receive Green flags from MODiCom, these will be exchangeable for more tangible rewards, i.e. free games etc. This function will not be available in the community version.

5. Edge Cases

a) Edge Case 1

Hypothesis: The potential for ease of reporting a breach in an AVO and a better understanding of the consequences will significantly reduce breaches.

In Edge Case 1, a couple have separated after a violent argument in which the woman was injured and attended hospital. An interim AVO was issued by attending police officers and the ex-partner was arrested and charged with assault. Under the interim AVO, no restrictions on communication have been made, however, the standard must not "assault, molest, harass, threaten or otherwise interfere with" the protected party clause was included. After initial negotiations via SMS both parties agree to share child care for the two children 50/50. There is no current parenting order or plan. After a short period, the male ex-partner becomes angry at a decision to take the children for an extra day to visit family. The male begins a regime of harassment and bullying via SMS and the victim becomes frightened and stressed, fearing to communicate with her ex-partner about anything at all lest he become physically aggressive. The breach goes un-reported because the victim does not want to go to the police directly because she is blaming herself for the situation she is in. The victims children are now asked to ferry important messages about where and when they will be collected and dropped off, school excursion payments, enrolling in school, uniform issues etc. The children fear talking to their parents about these things as they were witness to the violence and fear further violence if there is an issue that cannot be resolved. This situation continues with some SMS communication and as the date of the accused court case approaches, more abusive text messages are received by the victim, who is

preparing to stand witness to her own assault. As the court date looms, the confidence of the victim erodes and she decides not to give evidence in person. As a result, the trial fails to convict the perpetrator and the result is simply an extension of the AVO for one more year. In the aftermath of the trial, the victim receives spiteful and bullying text messages and this time her new boyfriend insists that she show police to see if the AVO has been breached. Police confirm that the AVO has been breached and the offender is arrested for breaching the AVO. A further court hearing finds him guilty of breaching the AVO and changes the conditions of the AVO to "no communication except through legal representatives". The children are now the primary route of communication between the parents.
The above scenario is broadly representative of typical domestic violence situations involving children. Although the AVO prevents further physical violence, acrimony between parties remains and is vented via any communication medium allowable.

If, in the first instance, MODiCom was ordered as the only means of communication between both parties in the interim AVO, both parties would be clear as to their communication responsibilities and fully aware of the ease of reporting and consequences of breaching. If, during the second AVO hearing after the breach was reported, MODiCom was ordered to be used by the presiding magistrate, communication could have continued, easing the responsibility placed on the children. If a breach did occur, the local police can be notified directly and preventative measures taken to ameliorate the situation.
We believe that MODiCom will act as a disincentive to inappropriate communication, preventing harassment and the trauma associated with such and remove the need for children to act as a go-between in shared parenting arrangements.

b) Edge Case 2

Hypothesis: The potential for ease of reporting a contravention of a parenting order and a better understanding of the consequences will significantly reduce contraventions.
A man who has three children with his ex-partner has been contacted by his ex to say that he may not have his regular access to his children this week as they came home last time with colds and missing socks. There is an existing court ordered parenting agreement that states that he has a legal right to access his children this week. This has happened before and he is at the end of his patience with his ex. He considers her arguments petty and inconsiderate of his children's right to access with their father. He attempts to call her but she will not answer his calls and he is due to pick up his children from her place in one hour. He goes to her place at the pre-arranged time to find his children playing in the yard with a friend and his mother. He asks the kids to get their things and hop in the car. His ex-partner emerges from her house and begins yelling at him. He suspects she is under the influence of alcohol and tries to reason with her while the kids go down to the car. She notices the kids going to the car and becomes hysterical, racing towards the car. He gets to the car and attempts to drive away but she hangs onto the car and punches him through the car window, then shuts her front gate to prevent escape. He drives through the gate and proceeds to the police station to report the incident. There is an adult witness and the police charge the ex-partner and issue an AVO against her. This enrages the

ex-partner and she applies for new family court orders preventing the children's father from further access. The situation spirals into chaos and all communication between the warring parties ceases, again placing the burden on the children.

If the magistrate issuing the original parenting orders had proscribed the use of MODiCom for all use in written communication, it may have acted as a deterrent to the children's mother as she would have been fully aware of the ease of reporting a potential contravention of the orders. Had she still not cared about the consequences, the police would have been made instantly aware of the impending breach and could have intervened to prevent the violence.

c) Edge Case 3

Taking the scenario described in edge case 2, let us assume that the father of the children had had more warning of an impending contravention of the parenting orders. **The father could have flagged the warning text message with a yellow flag, whereby a representative from a mediation service could have begun the process of mediating a desirable outcome for both parties.** Many parenting plans and orders are not restrained from change as long as both parties agree to such changes. In this instance a moderated conversation about needs and concerns could have avoided the violent incident entirely and both parties could have continued on a healing path.

d) Edge Case 4

Hypothesis: The potential for ease of reporting a breach of any injunction, order and agreement or otherwise between parties will significantly reduce such and result in better resolution of conflict.

In any conflict scenario that has been mediated or where an agreement has been reached between any number of parties, MODiCom has a role to play if such an agreement includes the use of theApp as the single mode of written communication. An example would be where a tenant has taken her landlord to the tenant's tribunal regarding a disagreement about who should pay for smoke alarms in her apartment. The tenant's initial enquiries were met with abusive text messages and she does not want to communicate with her land lord verbally for fear of the same. At the tribunal, the magistrate orders that the landlord install smoke alarms and communicate using MODiCom about the best time for the installation to take place.

The tenant now has peace of mind and can communicate with the landlord without fear of abuse. If the land lord communicates with her in any other way, she can flag the message and report it to the court.

e) Edge case 5

Hypothesis: The potential for ease of reporting abusive communications will reduce the recidivism rates for perpetrators on bail, parole or probation.

After being released from incarceration or placed on bail, a perpetrator decides to try to get back together with an ex- partner victim of violent abuse. He is banned from approaching her but feels a need to “make things right”. **If his parole or bail conditions include communication via MODiCom, he may have an opportunity, where, if she consents, she may be contacted in a safe and secure manner and he may continue to heal or resolve past issues.**

f) Edge Case 6Community free Version

Hypothesis: Using a communication tool that blocks abusive language and phrases will make people experiencing conflict feel safer during their mediation process.

A relationship breakdown has left a normally loving couple living separately after heated arguments and verbal abuse. One party in particular feels so aggrieved and abused that she refuses to communicate with her ex-partner in fear of being verbally abused again. However, both parties long to work out their differences. Currently there is no safe way they can begin to communicate again without fear of abuse.

The man offers an olive branch and asks her to download our App so she can communicate without fear of abuse. They begin to communicate, with assistance from our back end mediation expertise and they find a way to forgive each other and learn to communicate their feelings more effectively.

6. MODiCom commercial model

In thepublicly available FREE version of the App, the user would simply download the App and start communicating with another party that has the App. A commercial user would purchase a number of flags in advance and be alerted when they have reached their credit limit or be re-charged automatically. When the product is purchased, the purchaser will receive a code which can be used twice, once to activate the purchasers App and once to activate the App on another device.

Most typically however, we predict that the software **will be purchased by Government Agencies and made available to consumers freely.** In this instance, court orders or similar would be allocated with codes with which both parties can access the software for free. Government can monitor the back end of the App using a client interface which will allow their agencies to respond to potential DV situations and breaches from a central control station. MODiCom **should not** collect personal details of government assigned users, so agencies will match codes with their own data to identify App users. With over 110 000 AVO’sin Australia this last year alone, there are many reasons why governments might want to promote the use of this concept. The social benefits to better communication between warring parties are many. Some are listed below:

- Reduced risk of harm by quick identification and alert of communications leading to violence.
- Standardised response to what constitutes a breach of court orders.

- Immed ate res onse to red flagged mess e e ns ol ce l up to date with latest information.
- Streaml ned and acc ɔpted evidence of bre h s b in MO iC ck end client interface.
- Less tress and psyc lo i a ar t o pa ies a a r sul of ore civil communication.
- Less nhibitio to cor ca n ea tte com u cation ab ut children's welfare.
- Children not i vol ed in communication process.
- Traini g d o rated communication means less breaches of AVO's and less court time devote to h s matters.
- At risk famili s are l t e n d d rl i tervention tra egies implemented.
- Communication training a a si t n e lts b e tc m fo ociety in the longer term.

We envisage that after our sion is taken on by Govern e t co rts w l iss e orders that specifically request that MODiCom us ɔd in all written communications between th parties. Currently, magistrat s ha wi ra gin o er to mak ord rs t at may include the use of such an App. Financial b n fit to ing MODiCom for governments are a matter of o p rtu / cost. The opportunity costs of not aking on this vision are:

- Further ncr ases n s e ing n lice ea tion o preventa le d mestic violence.
- Hig r r tes o reventable recidivism after AVO's have been issued.
- Lon er our hours ɔent dealing with domestic violence issues.
- Incarceration of off nders where preventable violence had occurred.
- Increased spe n on emergency medical services at hospitals.

The able bel retriev d from an Access Economics (2004) report indicate domestic violence costs nearly $300 million a year which is likely to be a conservative estimate today.

Summary Table—Legal Syst ɔm Costs

COST	($M)
Perpetrator Incarceration	231.1
Court System	14.2
Private Legal (Perpetrator)	31.7
Police	3.5
AVOs and Family Court	17.4
Coroner	0.1
TOTAL VALUE	***297.9***

7. Market demographics

The target market for this concept is occupied by legal jurisdictions where a mechanism is in place to prevent domestic violence by means of a court ordered preventative measure. All legal jurisdictions in Australia contain such a mechanism. Please see details in Appendix A (NSW provisions are described above). Considering this and also that in many countries around the world, similar legal instruments are used;MODiCOm is entirely scalable and has the potential to be used in many countries.

Secondary markets are those mediated conflict resolution cases that are outlined in Appendix B. In most of these cases mediators have the power to request parties partake in activities that enable conflict resolution. Again, this is infinitely scalable as conflict resolution services are a global phenomenon.
Thirdly, the community free version of MODiCOm can be used by anyone who wants to communicate with anyone else without the risk of abusive language or harassment.

8. Functionality hypothesis

MODiCom is capable of facilitating positive behavioural modification with respect to communication between conflicted parties.
Human behaviour, however complex, has some fundamental simplicity. When we are in conflict with one another, we exhibit very similar behaviour, although the scale may change widely. Initial conflict may result in two distinctive non-collaborative behaviours. The first is a desire to bicker, insult or argue a path towards resolution, the second is to go silent and try to remove oneself from the field of play. Both represent a deficit in the skills required to maintain happy relationships.

MODiCom presents a path to both parties that takes the middle ground. Our App allows those that would become abusive to safely communicate knowing that they are unable to abuse using foul language, and if they do find another way, the knowledge that the other party has absolute ease of reporting that abuse. Those that would go silent and withdraw are also met with the easy option of text communication without the fear of abuse or intimidation.
Both parties have now MODIFIED their behaviour to allow for the communication that may resolve their conflict to take place in a safe environment.

9. Uptake Strategy

The MODiCom project began in 2016 with the realisation that new approach was required by the Australian judicial system and that the statistics regarding breaches of court orders due to digital abuse and harassment pointed to a fundamental flaw in the system. Since then we have attempted to build our vision through co-operation with grass roots DV groups in Qld and NSW. After a lengthy process

of consultation with the following groups, we have arrived at the vision which we are now engaged in lobbying to Government.

- Consultation with the following DV sector organisations:
    - QLD DV Police unit – [redacted]
    - Micah Projects – [redacted]
    - DV Connect – [redacted]
    - Mission Australia – [redacted]
    - Qld Community Legal Centres – [redacted]
    - DVNSW – [redacted]
    - We Al-li (Trauma specialists) – [redacted]
    - EVAWQ (Qld. Peak DV body) - [redacted]

In late 2018, MODiCom secured meeting with the office of the Minister for the Prevention of Domestic and Family Violence in Queensland, The Hon. Di Farmer. The merits of the idea were not lost on the ministers' staff and they recommended an outcome assessment be carried out by WESNET. To this date we have been unable to have this done as WESNET will only carry out such an assessment in response to a request from a Government agency. In a letter from Mike Smith (19/3/19), the Ministers Chief of Staff, he noted that they (Qld. Govt.) are "considering their future approach to domestic violence and that this will now encompass the growing use of technology to harass and intimidate". We consider this a step forward in as such that the issue of the use of technology is now firmly on the Qld. Govt radar.
We hope to have meetings with federal and state MP's and their staff over the coming year to further consolidate this position.

10. Conclusion

The MODiCom vision is for a society that understands the benefits of non-violent communication and endeavours to improve itself by alleviating the many issues that stem from poor communication skills. This is a social issue where government can play a lead role. By adopting technology to fend off the new challenges that technology itself brings, our society will have the opportunity to grow with confidence that we are one step ahead of the game. Currently, domestic violence courts or grass roots service providers have no pro-active tools with which to combat abuse using technology. If our society is to flourish and overcome the terrors of physical violence, we must also take responsibility for the high level of psychological violence that occurs.

11. Contact information:

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Formal Submission

Consultation on the Second Action Plan

National Plan to End Violence against Women and Children 2022–2032

Submitted as an individual contributor

Submitted from the perspective of a perioperative healthcare professional with postgraduate studies in domestic and family violence response and policy, drawing on clinical, academic and lived experience perspectives.

May 2026

Executive Summary

Family, domestic and sexual violence remains a significant public health issue requiring stronger integration between healthcare systems and broader violence prevention frameworks.

This submission highlights healthcare as an underutilised setting for early intervention, safe disclosure and long-term recovery support. Many victim-survivors interact with healthcare systems long before engaging with specialist domestic violence organisations, yet opportunities for safe enquiry and support remain inconsistent.

This submission recommends:

- Strengthening recognition of family, domestic and sexual violence as a healthcare issue
- Embedding routine, private and trauma-informed safety and wellbeing enquiry across healthcare settings
- Recognising perioperative and surgical settings as potential environments for early intervention
- Improving workforce education and organisational preparedness
- Strengthening referral pathways and integrated support systems
- Expanding recovery-focused approaches beyond crises intervention models

A healthcare response that prioritises dignity, autonomy, safety and early intervention may improve opportunities for disclosure, support and long-term healing.

Background

Family, domestic and sexual violence remains one of Australia's most significant public health and social issues. While important progress has been made in awareness and crisis responses, substantial gaps remain in early intervention, trauma-informed healthcare responses and long-term recovery support.

This submission focuses on the role healthcare systems can play in prevention, early identification, safe enquiry and long-term recovery. It reflects a healthcare perspective informed by clinical practice, trauma-informed care principles and an understanding of the long-term impacts coercive control and violence can have on physical and psychological health.

Healthcare services are uniquely positioned to identify vulnerability, provide safe opportunities for disclosure and connect individuals with support. However, healthcare remains an underutilised component of Australia's broader response to family, domestic and sexual violence.

Many victim-survivors present repeatedly with healthcare settings long before they engage with police, crisis services or specialist domestic violence organisations. These interactions represent important opportunities for earlier intervention that are often missed.

Why Healthcare Must Be Part of Prevention and Early Intervention

Family, domestic and sexual violence should continue to be recognised not only as a justice issue, but as a healthcare issue requiring a coordinated public health response.

Victim-survivors frequently present to healthcare settings while experiencing violence, including coercive control, emotional abuse and technology-facilitated abuse. This may include emergency departments, general practice, outpatient clinics, perioperative services, surgical admissions and specialist care settings.

Many individuals present with:

- chronic stress and anxiety
- trauma-related symptoms
- gastrointestinal symptoms
- frequent healthcare presentations without clear underlying pathology
- reproductive health concerns
- unexplained injuries
- chronic pain
- sleep disturbance
- mental health concerns
- psychosomatic symptoms

without ever being safely asked about their wellbeing or safety.

Healthcare interactions may represent one of the few private opportunities an individual experiencing coercive control has to disclose concerns away from perpetrators or unsafe home environments.

Despite this, routine enquiry regarding safety and wellbeing remains inconsistent across healthcare settings and is often limited to maternity or emergency contexts. This creates significant missed opportunities for early intervention.

The Second Action Plan should strengthen recognition of family, domestic and sexual violence as a healthcare system responsibility and support the integration of trauma-informed approaches across healthcare environments.

Routine Trauma-Informed Enquiry in Healthcare Settings

The implementation of routine, private and trauma-informed enquiry regarding safety and wellbeing should be considered across broader healthcare settings as part of comprehensive patient assessment.

Importantly, routine enquiry should not be viewed as forcing disclosure or turning healthcare professionals into investigators. Rather, it is about creating safe, respectful and clinically appropriate opportunities for patients to disclose concerns if they choose to.

Embedding simple, trauma-informed safety and well-being questions into patient histories may allow earlier identification of risk before violence escalates into crisis presentations.

This approach aligns with:

- trauma-informed and violence-informed care principles
- the National Safety and Quality Health Service (NSQHS) Standards relating to comprehensive care and risk identification
- the Queensland Domestic and Family Violence Common Risk and Safety Framework (CRASF)
- World Health Organization recommendations regarding healthcare responses to violence against women
- ACORN Standards for Perioperative Nursing relating to patient advocacy, comprehensive assessment and person-centred care

Perioperative environments should also be included within these conversations. Surgical patients often experience periods of private assessment during admissions, pre-operative assessments and recovery processes which may provide opportunities for safe enquiry and support.

The ACORN Standards for Perioperative Nursing emphasise patient advocacy, comprehensive assessment, patient safety and person-centred care. Trauma-informed safety enquiry is consistent with these principles and supports holistic patient care rather than solely task-focused clinical management.

Routine enquiry should always:

- occur privately
- prioritise patient autonomy and consent
- include culturally safe approaches
- avoid re-traumatisation
- have clear referral pathways available
- be supported by appropriate workforce education

Without safe referral pathways and trained responses, screening alone risks becoming performative rather than meaningful.

Barriers to Disclosure in Current Systems

A significant barrier to disclosure within healthcare settings is the lack of consistent systems supporting safe enquiry and response. Time-limited interactions, lack of private assessment spaces and inconsistent organisational policies may further reduce opportunities for safe disclosure.

Many healthcare environments remain heavily task-focused and time-pressured, limiting opportunities for private, trauma-informed conversations. Healthcare workers may also feel uncertain regarding:

- how to ask about violence safely
- recognising coercive control
- responding to disclosures
- documentation responsibilities
- referral pathways
- concerns about “saying the wrong thing”

Coercive control and emotional abuse are also frequently overlooked because they may not present with visible physical injuries. Individuals experiencing violence may present with subtle or cumulative signs of trauma rather than obvious indicators of abuse.

Patients may additionally fear:

- judgement
- loss of autonomy
- child protection involvement
- not being believed
- financial consequences
- escalation of violence if disclosure occurs

These barriers highlight why healthcare responses must move beyond simple screening tools toward trauma-informed systems capable of responding safely and appropriately.

Fragmented referral pathways also remain a challenge. Disclosure without appropriate follow-up support may increase distress rather than improve safety outcomes.

Workforce Training and Implementation Needs

One of the largest barriers to effective healthcare responses is workforce confidence and organisational preparedness.

Trauma-informed and violence-informed care education, including education regarding coercive control, non-physical abuse and culturally safe responses, should become more consistently embedded across healthcare training, continuing professional development and organisational policy frameworks.

However, implementation must move beyond one-off online education modules. Sustainable change requires:

- leadership support
- organisational commitment
- practical workflow integration
- partnerships with specialist DFV services
- clear escalation pathways
- ongoing reflective education
- psychologically safe workplace cultures

Healthcare workers themselves may also have lived experience of violence or experience vicarious trauma exposure within clinical environments. Workforce wellbeing and psychological safety should therefore form part of implementation planning.

Importantly, healthcare professionals should not be expected to independently manage complex domestic violence situations beyond their scope of practice. Their role is to recognise concerns, respond safely and connect individuals with appropriate support pathways.

The success of trauma-informed enquiry relies heavily on whether systems surrounding healthcare workers are prepared to support both staff and patients appropriately.

Recovery and Healing Beyond Crisis Response

Victim-survivors often navigate fragmented systems while simultaneously managing trauma, financial instability, housing insecurity and ongoing safety concerns. More coordinated and integrated responses may reduce the burden placed on individuals to repeatedly retell traumatic experiences across multiple services.

This burden may be particularly significant for culturally diverse communities, rural populations and individuals experiencing financial dependence or social isolation.

The Second Action Plan should continue strengthening its focus on recovery and healing rather than concentrating predominantly on crisis intervention.

Recovery from family, domestic and sexual violence is often long-term, non-linear and deeply connected to:

- housing stability
- financial independence
- healthcare access
- mental health support
- social connection
- identity rebuilding
- autonomy and self-determination

Many victim-survivors require support well beyond the point of immediate physical safety.

Healthcare systems should also recognise the long-term physical and psychological health impacts of violence, including chronic stress responses, trauma-related conditions, long- term physical health conditions related to violence, reproductive health impacts and ongoing mental health challenges.

Recovery should not be viewed solely through clinical or crisis-service frameworks. Creative therapies, peer support, culturally safe healing approaches and community connection may all play important roles in rebuilding confidence, identity and autonomy after trauma.

A recovery-focused system should aim not only to help individuals survive violence, but to help them rebuild lives that feel safe, meaningful and self-directed.

Recommendations for the Second Action Plan

1. Recognise family, domestic and sexual violence as a healthcare issue requiring coordinated system responses.
2. Support routine, private and trauma-informed safety and wellbeing enquiry as part of comprehensive healthcare assessment.
3. Expand workforce education in trauma-informed and violence-informed care across healthcare professions.
4. Improve integration between healthcare services, specialist DFV services and community support systems.
5. Recognise perioperative and surgical settings as important environments for early intervention, patient advocacy and safe enquiry.
6. Increase investment in long-term recovery and healing services beyond crisis response models.
7. Strengthen responses addressing coercive control, emotional abuse, online misogyny and technology-facilitated abuse.
8. Support culturally safe, accessible and inclusive services across metropolitan, regional and rural communities.
9. Strengthen implementation frameworks including referral pathways, workforce wellbeing and organisational preparedness
10. Recognise autonomy, dignity and long-term healing as essential outcomes of the National Plan.

Closing Statement

Healthcare settings represent an important and often underutilised opportunity for early intervention, patient support and long-term recovery. Strengthening healthcare integration within Australia’s broader response framework may improve prevention, earlier intervention and more connected recovery pathways over time,

Relevant Frameworks and Documents

- National Plan to End Violence against Women and Children 2022–2032
- National Safety and Quality Health Service (NSQHS) Standards
- Queensland Domestic and Family Violence Common Risk and Safety Framework (CRASF)
- World Health Organization guidance regarding violence against women and healthcare responses
- ACORN Standards for Perioperative Nursing in Australia

Submission to the Consultation for the Second Action Plan under the National Plan to End Violence against Women and Children 2022-2032

Submitted by

[redacted]

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Introduction

Thank you for the opportunity to contribute to consultations informing the Second Action Plan under Australia's National Plan to End Violence

against Women and Children 2022–2032.
This submission introduces CLEAR-VOICE, a proposed survivor-led pilot initiative exploring whether trauma-informed, AI-assisted analysis can help identify systemic patterns in family, domestic, and sexual violence (FDSV) responses through the structured review of de-identified case material.
The proposal has been developed from lived experience alongside independent research into recurring procedural failures identified across domestic homicide reviews, coronial findings, survivor accounts, and institutional response systems.
The pilot does not seek to replace frontline workers, legal professionals, police, courts, or specialist services. Instead, it aims to evaluate whether carefully governed analytical tools can support earlier identification of systemic risks, procedural gaps, and escalation patterns that

may otherwise remain fragmented across agencies and cases.

CLEAR-VOICE is grounded in the belief that systemic reform requires not only policy commitment, but also improved visibility of patterns that place victim-survivors at ongoing risk.

Overview of the CLEAR-VOICE Pilot

CLEAR-VOICE is proposed as a 12-month pilot designed to explore whether trauma-informed artificial intelligence systems can assist in identifying recurring institutional and procedural patterns in FDSV responses.

The pilot would focus on de-identified and ethically governed data analysis, with particular attention to:

- Repeated procedural non-compliance
- Escalating risk indicators
- Misidentification trends
- Patterns preceding serious harm or domestic homicide
- Gaps in information-sharing between agencies
- Repeated failures to act on reported risk
- Inconsistencies in victim response pathways
- Systemic barriers experienced by victim-survivors

The project is intended as a research and systems-improvement initiative only. It is not proposed as a replacement for professional judgement or survivor advocacy.
Any future implementation would require:

- Independent ethical oversight
- Survivor-informed governance

- Privacy and data protection safeguards
- Academic and institutional partnerships
- Human review and accountability mechanisms
- Trauma-informed design principles

Why Innovation Is Needed

Domestic homicide reviews and survivor experiences consistently demonstrate that many deaths and severe harms occur despite prior system contact.

Victim-survivors often report:

- Repeated disclosures not resulting in meaningful intervention
- Fragmented responses across agencies

- Escalating coercive control not recognised early enough
- Risk assessments that fail to capture cumulative harm
- Misidentification of primary aggressors
- Poor information-sharing between institutions
- Inconsistent application of policy and procedure

While Australia has made significant progress in recognising coercive control and strengthening FDSV responses, there remains a need for innovation that can support earlier pattern recognition and systemic accountability. AI-assisted analytical systems, when carefully governed, may offer opportunities to:

- Detect recurring institutional failures
- Identify trends across large volumes of case material

- Support evidence-informed reform
- Improve institutional learning
- Assist risk escalation analysis
- Highlight procedural inconsistencies requiring review

The proposed pilot seeks to examine whether these opportunities can be explored safely, ethically, and in a survivor-centred manner.

Alignment with the National Plan

The proposed CLEAR-VOICE pilot aligns strongly with the objectives of the National Plan to End Violence against Women and Children 2022–2032, particularly in relation to:

Prevention and Early Intervention

Earlier identification of escalating risk patterns may improve opportunities for intervention before serious harm occurs.

System Accountability

The pilot focuses on identifying systemic gaps and recurring institutional failures that contribute to unsafe outcomes for victim-survivors.

Survivor-Centred Reform

CLEAR-VOICE has been developed from lived experience and centres survivor perspectives in both design and governance.

Evidence and Data

The initiative seeks to strengthen the use of evidence-informed analysis to support institutional learning and policy development.

Innovation and Collaboration

The pilot encourages collaboration between survivors, researchers, universities, government agencies, legal experts, and frontline services.

Recommendations

To support innovation and systemic reform within the Second Action Plan, this submission recommends:

1. Support exploration of trauma-informed technology initiatives aimed at strengthening systemic accountability in FDSV responses.
2. Increase investment in survivor-led research and innovation projects.
3. Develop ethical governance frameworks for

AI use within family and domestic violence systems.
Expand research partnerships between government, universities, survivor advocates, and specialist services.
Prioritise improved cross-agency information analysis and risk escalation identification.
Ensure all future technology initiatives remain human-led, trauma-informed, and subject to independent oversight.
Include survivor voices not only in consultation, but also in governance, design, and evaluation processes.

Closing Statement

Ending family, domestic, and sexual violence

requires both systemic accountability and willingness to explore innovative approaches that may strengthen prevention and institutional response.

CLEAR-VOICE is proposed as an exploratory, survivor-led initiative seeking to examine whether trauma-informed AI-assisted analysis can contribute to earlier recognition of risk patterns and systemic failures.

This submission is offered in the spirit of collaboration, reform, and prevention.

Thank you for the opportunity to contribute to the development of the Second Action Plan.

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Feedback for Priority Area 1: Victim-survivors

Effective responses for victim-survivors must prioritise safety, early intervention, trauma-informed practice, and system accountability. One of the biggest opportunities for improvement is strengthening coordination and information-sharing across police, courts, health, housing, and specialist family violence services. Many victim-survivors repeatedly disclose escalating harm before serious injury or homicide occurs, yet patterns are often missed because responses remain fragmented across systems.

Earlier access to support is improved when services are accessible, culturally safe, non-judgemental, and designed around lived realities. Barriers commonly include fear of not being believed, prior negative experiences with institutions, financial dependence, coercive control, geographic isolation, lack of culturally safe services, fear of child removal, and trauma caused by repeatedly retelling experiences.

The Second Action Plan should address emerging forms of coercive control and technology-facilitated abuse, including stalking, monitoring, impersonation, image-based abuse, digital intimidation, and misuse of data and tracking technologies. Greater investment is also needed in trauma-informed innovation, including ethical approaches to data analysis and risk pattern identification that may support earlier intervention and systemic accountability.

Significant gaps remain for Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, people with disability, LGBTQIA+ communities, rural communities, and victim-survivors experiencing complex trauma. Responses must be community-led, culturally informed, and designed in partnership with those directly impacted. Survivor voices should not only be consulted but embedded within governance, design, and evaluation processes across all reform initiatives.

Feedback for Priority Area 2: Prevention and early intervention

Preventing family, domestic, and sexual violence requires long-term cultural, institutional, and systemic change. The biggest difference will come from shifting responses from crisis reaction to earlier identification of coercive control, escalating risk, harmful gendered attitudes, and patterns of abuse before serious harm occurs.

Prevention efforts should be strengthened across schools, workplaces, sporting organisations, online platforms, and public institutions through consistent education around respectful relationships, consent, coercive control, emotional abuse, and healthy communication. Early intervention must also include stronger accountability for harmful behaviours and greater support pathways for those using violence to seek behavioural change before escalation occurs.

Governments and institutions can better support recognition of abuse by improving public awareness of non-physical forms of violence, particularly coercive control and technology-facilitated abuse. Many victim-survivors do not initially identify their experiences as abuse because controlling behaviours are often normalised or minimised.

Promising approaches include trauma-informed and survivor-led programs, culturally safe community initiatives, perpetrator intervention programs, integrated service responses, and earlier risk assessment models. Greater investment is also needed in ethical innovation and research exploring how technology and data analysis may help identify recurring systemic failures, escalation patterns, and missed intervention opportunities across fragmented systems.

Emerging issues requiring urgent attention include technology-facilitated abuse,

AI misuse, online coercion, digital stalking, image-based abuse, and increasing complexity in identifying cumulative harm. The Second Action Plan should support innovative, survivor-centred approaches that strengthen prevention, accountability, and early intervention while maintaining strong ethical safeguards and human oversight.

Feedback for Priority Area 3: Children and young people in their own right

Improving outcomes for children and young people affected by family, domestic, and sexual violence requires recognising them as victim-survivors in their own right, not solely as witnesses to adult harm. Safety, recovery, and wellbeing outcomes improve when responses are trauma-informed, developmentally appropriate, culturally safe, and designed around long-term healing rather than short-term crisis management.

Governments, schools, health systems, child protection services, and communities must improve early recognition of the impacts of coercive control, emotional abuse, exposure to violence, and cumulative trauma on children and young people. Many children experiencing harm are overlooked because abuse is not always physical or immediately visible. Greater integration between education, mental health, family violence, and youth services is essential to prevent children from falling through systemic gaps.

Young people using violence or displaying harmful sexual behaviours should be responded to with accountability-focused, trauma-informed, and therapeutic interventions that address underlying drivers of harm while prioritising victim safety. Early behavioural intervention is critical to preventing future violence.

The Second Action Plan should also address emerging harms including technology-facilitated abuse, harmful online content, image-based abuse, peer-to-peer violence, online coercion, and unhealthy relationship dynamics among young people. Digital

environments are increasingly shaping attitudes, behaviours, and experiences of violence.

Children and young people should be meaningfully involved in shaping policies, services, education programs, and prevention strategies through safe, supported, age-appropriate participation mechanisms. Their lived experiences and perspectives are essential to designing responses that are effective, relevant, and trusted.

Feedback for Priority Area 4: People who use violence

Preventing and responding earlier to the use of violence requires stronger recognition of coercive control, behavioural escalation, and patterns of harm before violence becomes severe or lethal. Earlier intervention is critical, particularly where repeated warning signs, stalking behaviours, threats, controlling conduct, or escalating intimidation are present.

Services, workplaces, schools, health systems, and communities need greater training and confidence to identify non-physical forms of abuse and respond safely without minimising risk. Many people who use violence are known across multiple systems before serious harm occurs, yet fragmented responses and inconsistent accountability can allow escalation to continue unchecked.

Effective approaches must prioritise victim-survivor safety while holding people who use violence accountable for their behaviour. Responses should combine behavioural accountability, trauma-informed intervention, risk monitoring, mental health and substance use support where relevant, and ongoing assessment of coercive control dynamics. Programs are most effective when they are evidence-informed, culturally safe, and linked with integrated support systems rather than operating in isolation.

Governments should strengthen investment in early intervention programs, perpetrator behaviour change initiatives, and cross-agency risk assessment models that better identify cumulative patterns of harm. Greater attention is also needed on emerging forms of abuse including technology-facilitated coercive control, online harassment, stalking, and misuse of digital platforms.

Responses must remain accessible and culturally responsive for Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, LGBTQIA+ communities, people with disability, and those in rural or regional areas. Community-led and culturally informed approaches are essential to ensuring accountability measures are both effective and safe.

Feedback for Priority Area 5: System Integration and Workforce

A more coordinated and connected system response requires stronger integration between police, courts, health services, housing, child protection, education, specialist family violence services, and community organisations. Many victim-survivors interact with multiple systems before serious harm occurs, yet information, risk indicators, and patterns of escalation often remain fragmented across agencies. Improving cross-system coordination, shared risk assessment approaches, and accountable information-sharing frameworks would significantly strengthen prevention and response outcomes.

Workforce capability is equally critical. Frontline workers across both specialist and universal services require ongoing training in trauma-informed practice, coercive control, risk escalation, cultural safety, technology-facilitated abuse, and the impacts of cumulative trauma. Workforce sustainability also depends on manageable workloads, psychological support, adequate funding, and long-term investment in specialist expertise.

Integrated service models and multi-agency collaboration frameworks appear most effective where they enable earlier intervention, reduce duplication, and improve continuity of support for victim-survivors. Greater investment is needed in evidence-informed systems that support pattern recognition, data-informed risk assessment, and institutional accountability while maintaining strong ethical safeguards and human oversight.

Specialist and universal services also require improved accessibility, culturally safe practice, disability inclusion, interpreter access, regional service investment, and stronger pathways for diverse communities. Responses must be designed collaboratively with Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, LGBTQIA+ communities, and people with lived experience.

The Second Action Plan should prioritise closing evidence and implementation gaps relating to coercive control, technology-facilitated abuse, integrated data analysis, survivor outcomes, and long-term system accountability. Greater support is also

needed for survivor-led innovation, research partnerships, and ethical exploration of emerging technologies that may strengthen early intervention and systemic learning.

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

An additional priority area should be strengthening systemic accountability and institutional learning across all family, domestic, and sexual violence responses. Many domestic homicide reviews and survivor experiences demonstrate that serious harm frequently occurs after repeated disclosures to systems that failed to identify escalating risk, cumulative coercive control, or patterns of institutional inaction.

Greater investment is needed in survivor-led research, integrated risk analysis, and ethical innovation that supports earlier identification of systemic failures and missed intervention opportunities. This includes exploring trauma-informed approaches to data analysis and cross-agency pattern recognition while maintaining strong privacy protections, ethical oversight, and human accountability.

There should also be greater focus on long-term recovery and post-separation safety. Many victim-survivors remain at high risk after leaving abusive relationships due to ongoing coercive control, legal systems abuse, financial abuse, stalking, and technology-facilitated abuse. Responses must recognise that separation often increases danger rather than ending it.

Finally, survivor voices should be embedded not only in consultation processes, but in governance, policy design, research, evaluation, and decision-making structures. Lived experience should be recognised as essential expertise in shaping meaningful reform.

23rd May 2026

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1. Priority Area 1: Victim-survivors

When providing your feedback on this area, you might like to consider:

What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?

What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?

What current or emerging issues should the Second Action Plan address, including in relation to coercive control and technology-facilitated abuse?

What gaps remain in addressing the needs of diverse communities, including Aboriginal and Torres Strait Islander people?

Feedback for Priority Area 1: Victim-survivors

Victim-survivor responses need to move beyond crisis intervention and recognise that safety, recovery and healing are often long-term journeys that continue well beyond disclosure, separation and court proceedings. Current systems frequently focus on immediate risk and crisis response but provide less support during recovery, criminal justice processes and long-term healing.

One of the biggest gaps is support for victim-survivors engaging with the criminal justice system. Victim-survivors who report abuse and participate in criminal proceedings often become witnesses for the State while remaining deeply impacted by the process and outcome. Improved communication, trauma-informed updates, case navigation support and dedicated victim advocacy are needed throughout investigations, court proceedings, sentencing, imprisonment, release and post-court recovery. Support should not end when legal processes conclude.

Long-term recovery support also requires greater attention. Many victim-survivors continue to experience trauma, fear, hypervigilance and uncertainty long after immediate danger has passed, particularly around release dates, parole, expiry of protection orders and ongoing safety concerns. More structured post-court counselling, recovery pathways and proactive follow-up support are needed.

Earlier access to support is often prevented by barriers including shame, fear, financial constraints, lack of awareness of services, concerns about not being believed, workplace pressures and the complexity of navigating multiple disconnected systems. Victim-survivors should not be required to repeatedly retell their story across services. Better system integration, clearer pathways and case coordination would improve access and engagement.

There is also a gap for employed victim-survivors who remain in the workforce but may not qualify for supports linked to income assistance or concession eligibility. Employment does not remove the impacts of domestic and family violence, nor the financial burden of recovery, legal

costs, trauma treatment, safety measures and lost leave. Greater access to affordable trauma-informed support is needed for working victim-survivors.

Workplaces should play a stronger role in supporting recovery. While domestic violence leave is important, organisations need greater trauma-informed capability, dedicated domestic violence response pathways, specialist Employee Assistance Program support, privacy protections and return-to-work planning. Recovery is often long-term and extends well beyond crisis periods.

The Second Action Plan should also prioritise coercive control and technology-facilitated abuse, recognising that abuse increasingly occurs through digital monitoring, social media, location tracking, devices, messaging platforms and online environments. Education, prevention and system responses must continue evolving alongside technology.

Consideration should also be given to prevention strategies that better identify repeat perpetrators and improve safety in emerging environments such as online dating, while balancing privacy and legal protections.

Victim-survivors need systems that support not only immediate safety, but long-term recovery, dignity, participation and healing

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2. Priority Area 2: Prevention and early intervention

When providing your feedback on this area, you might like to consider:

What would make the biggest difference in preventing and ultimately ending violence?

How can existing efforts to prevent violence be strengthened or built upon at the individual, community, organisational, institutional and societal levels?

How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?

What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?

What emerging issues should the Second Action Plan address in relation to primary prevention and early intervention?

Feedback for Priority Area 2: Prevention and early intervention

Preventing and ultimately ending family, domestic and sexual violence requires moving from reactive responses to earlier identification, prevention and accountability. Prevention efforts should not only focus on responding after violence occurs, but on recognising patterns, addressing harmful behaviours early and preventing repeat victimisation.

One of the greatest opportunities for prevention is improving education and awareness around coercive control. Many victim-survivors do not initially recognise abuse because coercive control, manipulation, isolation, monitoring, emotional abuse and technology-facilitated abuse

can occur long before physical violence. Education should focus on recognising early warning signs, healthy relationships, consent, boundaries, emotional regulation and respectful behaviours.

Education and prevention programs should begin before young people enter serious relationships and continue across schools, tertiary settings, workplaces, sporting groups and communities. Older teenagers and young adults are particularly important groups for early intervention as they begin navigating relationships, social media, online platforms and dating environments.

Governments and communities should also consider strategies to better identify repeat perpetrators and patterns of violence. Victim-survivors often enter relationships without awareness of previous domestic violence histories or coercive behaviours. Consideration should be given to safe disclosure pathways similar to the UK's Clare's Law (Domestic Violence Disclosure Scheme), while balancing privacy, safety and legal protections.

Online environments and dating platforms represent an emerging prevention challenge. Online dating, social media and technology have changed how relationships form and how abuse occurs. Stronger safety measures, identity verification, reporting mechanisms, education and accountability processes should be considered to reduce opportunities for perpetrators to target and manipulate victims.

Workplaces should also be recognised as an important prevention and early intervention setting. Large organisations should receive greater training and capability building around domestic and family violence, trauma-informed responses, coercive control, workplace safety planning and employee support pathways. Many victim-survivors remain employed during abuse and recovery, making workplaces an important point for early identification and support.

Prevention also requires stronger accountability for people who use violence. Accountability should go beyond legal consequences and include behaviour change programs focused on coercive control, respect, emotional regulation, responsibility and preventing repeat offending.

The Second Action Plan should prioritise emerging issues including technology-facilitated abuse, digital monitoring, location tracking, image-based abuse, online coercive control and the increasing role of technology in relationships and victimisation. Prevention efforts must evolve alongside technology and changing social environments.

Ending violence requires prevention at every level — individual, community, workplace, institutional and societal — with a focus on early recognition, accountability and long-term cultural change.

3. Priority Area 3: Children and young people in their own right

When providing your feedback on this area, you might like to consider:

What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?

How can governments, services, education settings, families, communities and others better recognise and respond to children and young people experiencing violence or harm?

What approaches are most effective in supporting children and young people who are using violence or displaying harmful sexual behaviours to take accountability, change behaviours, and reduce harm?

How should the Second Action Plan respond to current or emerging forms of harm affecting children and young people, including technology-facilitated abuse, harmful online content, and violence within peer and dating relationships?

How can children and young people be meaningfully involved in shaping the policies, programs and services that affect them?

Feedback for Priority Area 3: Children and young people in their own right

Children and young people affected by family, domestic and sexual violence should be recognised as victim-survivors, including where they are exposed to violence rather than directly targeted. Witnessing violence, coercive control, fear, instability and trauma can have long-term impacts on wellbeing, relationships, education, emotional development and future safety.

Improving outcomes requires earlier recognition, trauma-informed responses and dedicated support pathways for children and young people at all stages of recovery. Support should not only focus on immediate safety but also long-term wellbeing, mental health, education participation and healthy relationship development.

Education settings, governments and communities should strengthen education around respectful relationships, consent, coercive control, emotional literacy, healthy boundaries and recognising early warning signs of abuse. Many young people understand physical violence but may not recognise emotional abuse, isolation, manipulation, monitoring, technology-facilitated abuse or coercive behaviours until much later. Prevention and education should begin before young people enter serious relationships.

Older teenagers and young adults should receive particular attention as they navigate peer relationships, online environments, social media and dating relationships. Young people can be especially vulnerable to technology-facilitated abuse including monitoring, image-based abuse, location tracking, digital coercive control, harmful online content and abuse occurring through social media and dating platforms. Prevention efforts must continue evolving alongside technology.

Children and young people also need safe and accessible support that reflects their stage of life. Older teenagers and young adults can sometimes fall between child and adult systems, resulting in gaps in support. Services should provide continuity through key transitions including school completion, tertiary education, employment and early adulthood.

For children and young people using violence or displaying harmful behaviours, responses should prioritise early intervention, accountability, education and behaviour change rather than only punitive responses. Support should address underlying drivers, emotional regulation, healthy relationships, respect, consent and preventing future harm.

Children and young people should also be meaningfully involved in shaping policies, programs and services that affect them. Their experiences and perspectives are critical to designing prevention, education and support responses that are relevant and effective.

Investing in children and young people is one of the strongest opportunities for prevention — helping them recognise unhealthy behaviours early and build safe, respectful relationships before harm becomes normalised.

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4. Priority Area 4: People who use violence

When providing your feedback on this area, you might like to consider:

What would make the biggest difference in preventing and responding earlier to the use of violence?

How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?

What approaches are most effective in supporting people who use violence to take accountability, change behaviours, and reduce the use of violence, while focusing on victim-survivor safety?

How can governments and services, among others, strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?

Feedback for Priority Area 4: People who use violence

Preventing and responding earlier to the use of violence requires stronger accountability, earlier intervention and greater recognition of coercive control and non-physical forms of abuse. Responses should not focus only on physical violence or crisis points, as many harmful behaviours begin long before violence escalates. Emotional abuse, manipulation, isolation, monitoring, technology-facilitated abuse and coercive control should be recognised as early indicators requiring intervention.

Communities, families, schools, workplaces and services should receive greater education and awareness training to recognise early warning signs, harmful attitudes and escalating

behaviours. Early identification creates opportunities to intervene before violence becomes entrenched.

People who use violence need access to evidence-based behaviour change programs focused on accountability, coercive control, emotional regulation, healthy relationships, respect, empathy and preventing repeat offending. Participation should encourage responsibility and understanding of the long-term impact's violence has on victim-survivors, children and families.

Accountability should extend beyond legal consequences alone. Where safe, appropriate and genuinely voluntary for victim-survivors, professionally facilitated restorative or accountability-based approaches may provide opportunities for people who use violence to better understand the harm caused and support behaviour change, while ensuring victim-survivor safety remains the priority. Participation by victim-survivors should never be expected or required.

Workplaces should also be recognised as important settings for prevention and early intervention. Organisations should receive greater training on family and domestic violence, coercive control, respectful relationships and trauma-informed responses. Workplaces can play an important role in recognising concerns, supporting affected employees and encouraging early help-seeking.

Responses should also recognise the increasing role of technology in abuse, including digital monitoring, location tracking, image-based abuse, online harassment and technology-facilitated coercive control. Behaviour change programs and interventions need to evolve alongside these emerging forms of harm.

Governments and services should continue strengthening culturally safe, accessible and evidence-informed responses that recognise the diverse needs and experiences of different communities and cohorts while maintaining a strong focus on victim-survivor safety.

Preventing violence requires earlier recognition, accountability, behaviour change and sustained intervention before harm escalates.

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5. Priority Area 5: System Integration and Workforce

When providing your feedback on this area, you might like to consider:

What would make the biggest difference in creating a more coordinated and connected system response for people affected by violence against women and children and other forms of gender-based violence and people using violence?

What workforce capabilities, supports, or conditions are most needed to strengthen prevention, early intervention, response and recovery?

What approaches or models appear most effective in improving collaboration, coordination and information sharing across services, systems and programs?

What supports do specialist and universal services need to provide inclusive, accessible and response services?

What evidence, workforce or system gaps should the Second Action Plan prioritise to strengthen implementation and improve outcomes over time?

Feedback for Priority Area 5: System Integration and Workforce

Creating a more coordinated and connected system response requires moving away from fragmented service delivery and towards integrated, trauma-informed and victim-centred pathways that support prevention, crisis response, justice processes and long-term recovery. Victim-survivors should not be expected to navigate multiple disconnected systems, repeatedly retell their story or coordinate their own support while experiencing trauma.

One of the biggest improvements would be stronger integration between justice, health, mental health, housing, workplaces, specialist domestic violence services, education and community systems. Better coordination, information sharing and case navigation support would help victim-survivors understand available services, reduce duplication and improve continuity of care.

Dedicated case coordination and victim navigation roles should be strengthened to support people through investigations, court proceedings, recovery and long-term safety planning. Recovery often extends well beyond immediate crisis periods and support systems should reflect this.

The workforce also requires stronger capability in recognising coercive control, trauma, technology-facilitated abuse and long-term recovery impacts. Training should extend beyond specialist domestic violence services to include health, education, workplaces, justice, community services and leadership teams within organisations.

Workplaces are an under-recognised part of the response system and should be included more strongly within system planning. Many victim-survivors continue working throughout abuse, court proceedings and recovery. Organisations require greater capability beyond minimum leave entitlements, including trauma-informed responses, privacy protections, workplace safety planning, dedicated domestic violence pathways, specialist Employee Assistance Program support and return-to-work planning.

System responses should also better recognise employed victim-survivors who may not qualify for supports linked to concession status or income assistance but still experience significant impacts and barriers to recovery.

Privacy, confidentiality and information handling should also be prioritised across all systems. Victim-survivors need confidence that sensitive information will be managed safely and appropriately. Workforce training should include confidentiality, trauma-informed communication and safe information sharing practices.

The Second Action Plan should prioritise workforce capability building around coercive control, technology-facilitated abuse, digital safety, privacy, trauma-informed practice and long-term

[redacted]

recovery. It should also strengthen evidence around emerging forms of harm and the experiences of victim-survivors who fall outside traditional crisis models, including those remaining in employment.

A coordinated system should reduce burden, improve safety and support healing — not require victim-survivors to become the coordinators of their own recovery.

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6. Other areas of action

Are there any other actions you think should be a priority to stop family, domestic and **sexual** *violence?*

A priority area should be challenging community misconceptions and stigma around family, domestic and sexual violence. There is still a perception that domestic violence only affects certain groups or occurs only within disadvantaged communities, when in reality it can affect anyone — regardless of gender, age, race, culture, education level, profession, income or social status.

These stereotypes can create additional barriers to disclosure because people may not identify with traditional victim narratives, may fear judgement, or believe they will not be believed. Victim-survivors who are employed, in professional roles or appear outwardly stable can feel particularly isolated and unsupported.

There also needs to be greater awareness that family and domestic violence is not always physical. Coercive control, emotional abuse, technology-facilitated abuse, monitoring, manipulation and psychological harm can occur across all parts of society and often remain hidden.

People need safer and more accessible opportunities to speak up and seek help. Victim-survivors should feel confident that if they contact police, attend a station or disclose abuse, they will be met with empathy, trauma-informed responses, safety and support — not judgement, disbelief or shame.

Creating safe reporting pathways and reducing stigma is critical to encouraging earlier disclosure and intervention. Ending violence requires changing not only systems and policies, but also community attitudes and assumptions.

[redacted]

Feedback for Priority Area 1: Victim-survivors

Victim-survivor responses need to move beyond crisis intervention and recognise that safety, recovery and healing are often long-term journeys that continue well beyond disclosure, separation and court proceedings. Current systems frequently focus on immediate risk and crisis response but provide less support during recovery, criminal justice processes and long-term healing.

One of the biggest gaps is support for victim-survivors engaging with the criminal justice system. Victim-survivors who report abuse and participate in criminal proceedings often become witnesses for the State while remaining deeply impacted by the process and outcome. Improved communication, trauma-informed updates, case navigation support and dedicated victim advocacy are needed throughout investigations, court proceedings, sentencing, imprisonment, release and post-court recovery. Support should not end when legal processes conclude.

Long-term recovery support also requires greater attention. Many victim-survivors continue to experience trauma, fear, hypervigilance and uncertainty long after immediate danger has passed, particularly around release dates, parole, expiry of protection orders and ongoing safety concerns. More structured post-court counselling, recovery pathways and proactive follow-up support are needed.

Earlier access to support is often prevented by barriers including shame, fear, financial constraints, lack of awareness of services, concerns about not being believed, workplace pressures and the complexity of navigating multiple disconnected systems. Victim-survivors should not be required to repeatedly retell their story across services. Better system integration, clearer pathways and case coordination would improve access and engagement.

There is also a gap for employed victim-survivors who remain in the workforce but may not qualify for supports linked to income assistance or concession eligibility. Employment does not remove the impacts of domestic and family violence, nor the financial burden of recovery, legal costs, trauma treatment, safety measures and lost leave. Greater access to affordable trauma-informed support is needed for working victim-survivors.

Workplaces should play a stronger role in supporting recovery. While domestic violence leave is important, organisations need greater trauma-informed capability, dedicated domestic violence response pathways, specialist Employee Assistance Program support, privacy protections and return-to-work planning. Recovery is often long-term and extends well beyond crisis periods.

The Second Action Plan should also prioritise coercive control and technology-facilitated abuse, recognising that abuse increasingly occurs through digital monitoring, social media, location tracking, devices, messaging platforms and online environments. Education, prevention and system responses must continue evolving alongside technology.

Consideration should also be given to prevention strategies that better identify repeat perpetrators and improve safety in emerging environments such as online dating, while balancing privacy and legal protections.

Victim-survivors need systems that support not only immediate safety, but long-term recovery, dignity, participation and healing

Feedback for Priority Area 2: Prevention and early intervention

Preventing and ultimately ending family, domestic and sexual violence requires moving from reactive responses to earlier identification, prevention and accountability. Prevention efforts should not only focus on responding after violence occurs, but on recognising patterns, addressing harmful behaviours early and preventing repeat victimisation.

One of the greatest opportunities for prevention is improving education and awareness around coercive control. Many victim-survivors do not initially recognise abuse because coercive control, manipulation, isolation, monitoring, emotional abuse and technology-facilitated abuse can occur long before physical violence. Education should focus on recognising early warning signs, healthy relationships, consent, boundaries, emotional regulation and respectful behaviours.

Education and prevention programs should begin before young people enter serious relationships and continue across schools, tertiary settings, workplaces, sporting

groups and communities. Older teenagers and young adults are particularly important groups for early intervention as they begin navigating relationships, social media, online platforms and dating environments.

Governments and communities should also consider strategies to better identify repeat perpetrators and patterns of violence. Victim-survivors often enter relationships without awareness of previous domestic violence histories or coercive behaviours. Consideration should be given to safe disclosure pathways similar to the UK's Clare's Law (Domestic Violence Disclosure Scheme), while balancing privacy, safety and legal protections.

Online environments and dating platforms represent an emerging prevention challenge. Online dating, social media and technology have changed how relationships form and how abuse occurs. Stronger safety measures, identity verification, reporting mechanisms, education and accountability processes should be considered to reduce opportunities for perpetrators to target and manipulate victims.

Workplaces should also be recognised as an important prevention and early intervention setting. Large organisations should receive greater training and capability building around domestic and family violence, trauma-informed responses, coercive control, workplace safety planning and employee support pathways. Many victim-survivors remain employed during abuse and recovery, making workplaces an important point for early identification and support.

Prevention also requires stronger accountability for people who use violence. Accountability should go beyond legal consequences and include behaviour change programs focused on coercive control, respect, emotional regulation, responsibility and preventing repeat offending.

The Second Action Plan should prioritise emerging issues including technology-facilitated abuse, digital monitoring, location tracking, image-based abuse, online coercive control and the increasing role of technology in relationships and victimisation. Prevention efforts must evolve alongside technology and changing social environments.

Ending violence requires prevention at every level — individual, community, workplace, institutional and societal — with a focus on early recognition, accountability and long-term cultural change.

Feedback for Priority Area 3: Children and young people in their own right

Children and young people affected by family, domestic and sexual violence should be recognised as victim-survivors in their own right, including where they are exposed to violence rather than directly targeted. Witnessing violence, coercive control, fear, instability and trauma can have long-term impacts on wellbeing, relationships, education, emotional development and future safety.

Improving outcomes requires earlier recognition, trauma-informed responses and dedicated support pathways for children and young people at all stages of recovery. Support should not only focus on immediate safety but also long-term wellbeing, mental health, education participation and healthy relationship development.

Education settings, governments and communities should strengthen education around respectful relationships, consent, coercive control, emotional literacy, healthy boundaries and recognising early warning signs of abuse. Many young people understand physical violence but may not recognise emotional abuse, isolation, manipulation, monitoring, technology-facilitated abuse or coercive behaviours until much later. Prevention and education should begin before young people enter serious relationships.

Older teenagers and young adults should receive particular attention as they navigate peer relationships, online environments, social media and dating relationships. Young people can be especially vulnerable to technology-facilitated abuse including monitoring, image-based abuse, location tracking, digital coercive control, harmful online content and abuse occurring through social media and dating platforms. Prevention efforts must continue evolving alongside technology.

Children and young people also need safe and accessible support that reflects their stage of life. Older teenagers and young adults can sometimes fall between child and adult systems, resulting in gaps in support. Services should provide continuity through key transitions including school completion, tertiary education, employment and early adulthood.

For children and young people using violence or displaying harmful behaviours, responses should prioritise early intervention, accountability, education and behaviour change rather than only punitive responses. Support should address underlying drivers, emotional regulation, healthy relationships, respect, consent and preventing future harm.

Children and young people should also be meaningfully involved in shaping policies, programs and services that affect them. Their experiences and perspectives are critical to designing prevention, education and support responses that are relevant and effective.

Investing in children and young people is one of the strongest opportunities for prevention — helping them recognise unhealthy behaviours early and build safe, respectful relationships before harm becomes normalised.

Feedback for Priority Area 4: People who use violence

Preventing and responding earlier to the use of violence requires stronger accountability, earlier intervention and greater recognition of coercive control and non-physical forms of abuse. Responses should not focus only on physical violence or crisis points, as many harmful behaviours begin long before violence escalates. Emotional abuse, manipulation, isolation, monitoring, technology-facilitated abuse and coercive control should be recognised as early indicators requiring intervention.

Communities, families, schools, workplaces and services should receive greater education and awareness training to recognise early warning signs, harmful attitudes and escalating behaviours. Early identification creates opportunities to intervene before violence becomes entrenched.

People who use violence need access to evidence-based behaviour change programs focused on accountability, coercive control, emotional regulation, healthy relationships, respect, empathy and preventing repeat offending. Participation should encourage responsibility and understanding of the long-term impacts violence has on victim-survivors, children and families.

Accountability should extend beyond legal consequences alone. Where safe, appropriate and genuinely voluntary for victim-survivors, professionally facilitated restorative or accountability-based approaches may provide opportunities for people who use violence to better understand the harm caused and support behaviour change, while ensuring victim-survivor safety remains the priority. Participation by victim-survivors should never be expected or required.

Workplaces should also be recognised as important settings for prevention and early intervention. Organisations should receive greater training on family and domestic violence, coercive control, respectful relationships and trauma-informed responses. Workplaces can play an important role in recognising concerns, supporting affected employees and encouraging early help-seeking.

Responses should also recognise the increasing role of technology in abuse, including digital monitoring, location tracking, image-based abuse, online harassment and technology-facilitated coercive control. Behaviour change programs and interventions need to evolve alongside these emerging forms of harm.

Governments and services should continue strengthening culturally safe, accessible and evidence-informed responses that recognise the diverse needs and experiences of different communities and cohorts while maintaining a strong focus on victim-survivor safety.

Preventing violence requires earlier recognition, accountability, behaviour change and sustained intervention before harm escalates.

Feedback for Priority Area 5: System Integration and Workforce

Creating a more coordinated and connected system response requires moving away from fragmented service delivery and towards integrated, trauma-informed and victim-centred pathways that support prevention, crisis response, justice processes and long-term recovery. Victim-survivors should not be expected to navigate multiple disconnected systems, repeatedly retell their story or coordinate their own support while experiencing trauma.

One of the biggest improvements would be stronger integration between justice, health, mental health, housing, workplaces, specialist domestic violence services, education and community systems. Better coordination, information sharing and case navigation support would help victim-survivors understand available services, reduce duplication and improve continuity of care.

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The Second Action Plan should prioritise workforce capability building around coercive control, technology-facilitated abuse, digital safety, privacy, trauma-informed practice and long-term recovery. It should also strengthen evidence around emerging forms of

harm and the experiences of victim-survivors who fall outside traditional crisis models, including those remaining in employment.

A coordinated system should reduce burden, improve safety and support healing — not require victim-survivors to become the coordinators of their own recovery.

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

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There also needs to be greater awareness that family and domestic violence is not always physical. Coercive control, emotional abuse, technology-facilitated abuse, monitoring, manipulation and psychological harm can occur across all parts of society and often remain hidden.

People need safer and more accessible opportunities to speak up and seek help. Victim-survivors should feel confident that if they contact police, attend a station or disclose abuse, they will be met with empathy, trauma-informed responses, safety and support — not judgement, disbelief or shame.

Creating safe reporting pathways and reducing stigma is critical to encouraging earlier disclosure and intervention. Ending violence requires changing not only systems and policies, but also community attitudes and assumptions.

Feedback for Priority Area 1: Victim-survivors

"Feeling seen and heard, having the ability to access counselling supports and be financially compensated for the harm they have endured. The Shark Cage program is very effective in being able to support people understand their human rights and be able to prevent them from entering back into abusive relationships in the future.

Having responsive services, appropriate identification by police when attended DV call outs, a non-judgmental approach from service providers."

Feedback for Priority Area 2: Prevention and early intervention

"Invest in preventative programs such as healthy relationships for school aged children, building into health programs at school what safe relationships look like, especially around technology use, tracking apps. Encouraging culture in male environments to call out negative behaviours of their peers, call out when they speak badly about another women.

Provide every child in crisis accommodation or a women's refuge with specific individualised support (such as their own case manager) to help equip parents mainly mothers with ensuring their children can recover from trauma for ongoing support to prevent them from either entering into an abusive r/ship or being someone who uses violence in a relationship.

Ensuring that all programs recognise family violence in conjunction to interpersonal violence, and everyone is eligible for support (eg. leaving violence program).

Have child protection, family law court and domestic violence court all be under the same understanding that if there is a worry or concern around a child's safety that the parent can and should withhold the child from going back into an unsafe situation."

Feedback for Priority Area 3: Children and young people in their own right

Promoting a culture of respect is essential when supporting young people and children, and recognising that children and young people are survivors in their own right. Increasing services which can provide emergency accommodation support for young people, and knowing and understanding the impacts of violence on children and young people.

Feedback for Priority Area 4: People who use violence

"Creating incentives for community programs such as sporting clubs to hold information nights for juniors and seniors, which promote respectful relationships and hold accountability for people who use violence throughout the year.

Encouraging/ Incentivising male dominated workplaces or industries to also undergo healthy, safe relationship programs which strengthen accountability. Mining, construction, medical, labour force, hospitality (chefs)."

Feedback for Priority Area 5: System Integration and Workforce

Having responsive services, appropriate identification by police when attended DV call outs, a non-judgmental approach from service providers.

Feedback for Priority Area 1: Victim-survivors

It shouldn't be a division of needs between diverse communities. It should just be a single issue. Stop segregating people based on special needs. It's dehumanising and weakens an individuals strengths by thinking they identify as.someone from a diverse background.

Feedback for Priority Area 2: Prevention and early intervention

Absolutely early education. I found the age group of 45 - 60 year old men have a toxic outlook on gender and women. They are usually aging narcissists and have to deal with insecurity of getting older.

Feedback for Priority Area 3: Children and young people in their own right

Any abuse against a child should be frowned upon and justice needs to be harsh. Children are the future and if Australia wants to have a self sufficient and healthy future they need to protect this population. Adults are old enough to know right from wrong and they still harm children causing intergenerational trauma. This will be a further burden on tax payers and the elderly that need care provided to them by younger people

Feedback for Priority Area 4: People who use violence

Lock them up straight away. Make it a no nonsense approach. My ex worked for [redacted] who sponsered the Oscars last year. What message does that send to society?

Feedback for Priority Area 5: System Integration and Workforce

Domestic violence leave is great. My boss was supportive once I disclosed to her. My son's work place was also supportive. More funding should be given so witnesses can access support in a timely manner. It's not just counselling related to the domestic violence court case though. My son started a drug habit due to the stress of it all. I had to make many reports to Crimestoppers about the drug dealers and nothing was done. These drug dealers are still walking free. I had to make contact with the drug dealers to tell them to back off because the police did nothing

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

The sexual violence I experienced was reported many times. No action has been taken at all even though the violence was caught on my ex's cctv at his home. It really makes you think there is no reason in reporting because what ever money has been wasted on resources still gets no results. My ex is walking a free man becaus ei had to take a plea deal and focus on getting my son off drugs. The police didn't help with the drug dealers either. The lawyers who received money from my ex are richer and helped perpetuate the cycle of violence, legally!!!

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

You can't heal or get help when you are still being abused through gaslighting and the legal loop holes that all the court systems have as they help the abusers in ways that victims are often treated as the criminals or cause of the cases to begin with this often turns into lengthy and financially stressful processes as the abusers are often self representing or are helped by legal aid in which are also the statistically the most corrupt system when it comes to family law cases . The victims are never heard properly and or are often judged as dramatic , unrealistic , unreasonable and also gaslighted by the system that is supposed to be neutral and evidence based the assumption is that every case is exactly the same and the system needs to go through the same process each time . All cases should be handled and treated as independent procedures and evidence should be viewed thoroughly at any stage of the proceedings and no matter the evidence and any legal system should be able to intervene if necessary . The case should also be handled by the same authority or panel of judges throughout the proceedings as their are to many different interpretations at different stages .The discretion of the authority needs to be removed and all proceedings should be conducted as the law states and evidence is presented as to many factors are being overlooked and violated to which seem to favour the abusers and the victims are forced into volatile situations that have no effect on the authorities at all as they have no repercussions on their verdicts and make it so hard to appeal and have their own loopholes to protect themselves . The legal system is broken and the people within the system need to be accountable and responsible for their decisions and judged on their conduct as they're playing with people's lives it's not a game .

Feedback for Priority Area 1: Victim-survivors

"1. Safety first, Maslow's hierarchy of basic needs

Victim-survivors need safety above all else Maslow's hierarchy of basic human needs applies directly; without shelter, food, and physical safety, healing, recovery and engagement with any service is impossible

Safe housing must be the first and most urgent response not any housing, safe housing; a roof that places a victim alongside perpetrators, active drug use and violence is not safety, it is retraumatisation

Food insecurity is a direct driver of why people stay women are choosing between feeding their children while living in violence, or leaving and not being able to feed them; this is not a choice, it is a structural failure

You cannot get a rental without income and you cannot get income without a stable address the cycle traps victims completely; changing address repeatedly destroys credit scores, eliminates bond loan eligibility, and pushes people further and further behind with no mechanism for recovery

The 30% income threshold for rental affordability excludes everyone on income support average rent sits at $450 per week while 30% of income support sits under $150; there is nowhere in Australia to rent for that and the affordability crisis is placing more victims at risk every day

Bond and rent in advance support must be funded and matched to the actual needs of victims not means-tested against thresholds that exclude the people who need it most

Victim-only accommodation must be funded separate from general social housing, separate from perpetrators and unrelated high-risk populations; the model of earlier specialist women's services with a strong feminist post-structural foundation worked; it was effective precisely because it was focused, values-based and safe

2. Privacy and information safety the system is exposing victims

Confirming a name, address and phone number loudly at a Centrelink counter, a GP reception, a hospital emergency desk, or a police station foyer is a direct risk to victim-survivors this practice must end immediately; all frontline services must implement private confirmation protocols

A Centrelink address change automatically triggers updates to the electoral roll and driver's licence this data matching is actively putting victims at risk and must be immediately disabled for any person with a confirmed FDSV flag

A national FDSV data suppression framework is urgently needed one verified disclosure must activate address suppression across all linked government systems simultaneously; not one agency at a time

Utilities, telcos, supermarket loyalty programs, parcel delivery services and libraries are all current vectors for location discovery legislation must close these loopholes; a single phone call currently gives a perpetrator a victim's address

Legal pseudonyms must be available for all court, Centrelink, NDIS and financial proceedings victims must not choose between financial recovery and physical safety

Technology abuse is escalating perpetrators use location services, shared accounts, spyware, social media, and data from loyalty programs to monitor and locate victims; the Second Action Plan must treat digital safety as a core protection issue with specific legislative and regulatory responses, its too easy to get info

3. Access to support what helps and what prevents it

The most dangerous period is after leaving services that close cases or deny eligibility because a person is no longer in ""immediate danger"" are contradicting the evidence base and placing lives at risk; this practice must end

Eligibility criteria that exclude high-earning or professionally employed women are based on a false and dangerous stereotype financial and psychological abuse are

experienced across all income levels and all demographics; eligibility must be based on the nature of the harm, not the income of the victim

An hour of trauma disclosure at intake followed by a determination of ineligibility is not a service it is harm; intake processes must be trauma-informed, proportionate, and immediately useful to the person, not a gatekeeping exercise

Wait times of two to four weeks for initial response are not acceptable family violence does not pause; people who reach out and are told to wait frequently do not call back and remain in danger

Services must operate 24 hours a day, 7 days a week violence does not operate 9 to 5; crisis support, safety planning, and housing referral must be available at all times

Safe phone access is not guaranteed perpetrators monitor devices; services must offer SMS, online chat, and discreet contact options; all websites must have a quick-exit button and leave no browser history

Transport must be funded as a core component of service access in regional and remote areas without it, every other investment is inaccessible

Dignity must be a baseline requirement of every service interaction people must not be made to beg, humiliated at Centrelink, or treated as lesser for needing help; the loss of dignity is compounding trauma, not supporting recovery

A single, survivor-controlled intake record must be introduced one verified account that travels with consent through the system; retelling the story to every new service is retraumatisation and it must end

4. Coercive control

Coercive control is the central dynamic of family violence financial control, psychological manipulation, social isolation, and surveillance are often more predictive of lethality than physical violence, and the system still does not consistently recognise or respond to them

The family court is currently weaponised as a tool of coercive control perpetrators use proceedings to delay, financially exhaust, and maintain legal tether to victims long after separation; the court must identify and refuse to enable this

Financial abuse destroying credit scores, incurring debt in a victim's name, emptying accounts, controlling access to money must be explicitly criminalised and must activate the same urgent response as physical violence

Technology-facilitated abuse requires specific legislative responses spyware, location tracking, monitoring of shared accounts, social media harassment, and exposure of location through data systems must all be addressed as forms of family violence

Risk assessment frameworks must be updated to fully weight coercive control patterns a perpetrator who has never been physically violent but who has systematically destroyed a victim's financial independence, isolated her from family, and monitored her every movement is a high-risk perpetrator

All FDSV workers, police, and judicial officers must be trained to recognise coercive control without this training, the most dangerous perpetrators continue to present as credible, reasonable, and unfairly treated

5. The corporatisation of FDSV what the government has done and must undo

The consolidation of FDSV funding into large corporate not-for-profits is the single most damaging structural decision made the same pattern destroying outcomes in childcare and the NDIS is now destroying outcomes in family violence; the data is not going down, it is going up

Large providers see funding opportunities and apply they create projects with no solid evidence base, use programs not designed for high-risk cohorts, employ staff without specialist qualifications, and report outputs rather than outcomes; no one in government is asking the hard questions

Programs like Circle of Security are being used with high-risk and FDSV-affected families despite the original research explicitly not recommending this; organisations delivering them face no consequences; the harm caused is unrecorded and unfunded to address

CEOs and managers of major FDSV organisations without qualifications in behavioural science, criminology or psychology are making decisions about criminal behaviour they do not understand this is not adequate and it is causing harm

Return funding to smaller, community-embedded specialist services organisations with genuine community relationships, trusted workers, strong feminist post-structural foundations, and accountability to the people they serve; these are the services survivors actually trust and use

Mandatory independent auditing of all funded organisations with public reporting on genuine safety outcomes not throughput, not case closure rates, not partnership activity reports

The specialist sexual assault and family violence services that retained their founding feminist framework and specialist focus remained the most effective defunding them in favour of large generalist providers was a mistake with measurable, deadly consequences

6. Lived experience advisory panels mandatory, not optional

Every organisation receiving FDSV funding must have a formal lived experience advisory panel with genuine decision-making input into service design, practice standards, recruitment criteria, and funding priorities

Lived experience panels must not be bound by confidentiality that prevents them from reporting on how an organisation is treating people, making decisions, or managing its service transparency is the point

The same requirement must apply at every level funded organisations, peak bodies, government advisory processes, and the development of the Second Action Plan itself

Lived experience advisors must be remunerated appropriately unpaid consultation with survivors who are often still rebuilding their own financial stability is extractive, not inclusive

The bias embedded in uninformed, underqualified service delivery is a direct result of sidelining lived expertise the solution is to centre it; advocates with lived experience are already doing this work across the country and government must formally recognise and resource that expertise

On every significant social challenge in Australia, lived experience advisory panels are leading the best organisations and research institutions"

Feedback for Priority Area 2: Prevention and early intervention

"Prevention and early intervention are not soft options they are the only strategies that will ultimately end family violence. The current system waits for escalation, responds to crisis, and wonders why the numbers keep rising. Harmful attitudes begin in childhood, are reinforced across every institution, and go unaddressed at every early stage because the system requires something to have already happened before it will act and even then, the response depends entirely on who you get.

1. Consistency — the foundational failure across policing and courts

Inconsistency in police and judicial response is not a minor administrative problem it is a structural failure that perpetrators exploit and that survivors learn to navigate around; when women know to drive to a different police station because the local one has a known culture toward women, the system has failed completely

A victim should receive the same response regardless of which officer is on duty, which station she walks into, or which magistrate is sitting that day the current reality is the opposite; outcome depends on individual bias, local culture, and who happens to be there

Police station cultures that are hostile toward women reporting family violence are not isolated incidents they are institutional failures that must be identified through independent external review, not managed internally; internal cultures protect themselves

Magistrates working within the same legislative framework produce wildly different outcomes on the same facts experienced practitioners can predict outcomes based on which magistrate is sitting; this is not justice, it is a lottery that perpetrators can game and survivors cannot afford to lose

Mandatory, standardised FDSV decision-making frameworks must apply to all police responses and all judicial decisions involving family violence with oversight, audit, and published outcome data that exposes inconsistency

Discretion in FDSV matters must be narrowed the wider the room for individual bias, the more the system reflects the attitudes of its least informed and most biased members rather than the law

Every police station must have a trained, accredited FDSV officer on every shift not a specialisation that exists in some stations and not others, a baseline standard everywhere

Judicial training on FDSV, coercive control, and perpetrator behaviour must be mandatory and ongoing not a one-off induction; sentencing and AVO decisions must reflect current evidence, not individual attitudes formed decades ago

Published sentencing and AVO outcome data broken down by court and magistrate must be made publicly available transparency is the only mechanism that makes inconsistency visible and therefore addressable

2. Early intervention act before harm escalates

Being told ""we have to wait until something happens before we can act"" is not early intervention it is a system that waits for harm; stalking, online harassment, using a victim's personal information to run up subscriptions, billing things to their address

these are family violence and coercive control, and police must have the tools and authority to act on them now

Every stage at which harmful behaviour receives no consequence is a stage at which it is behaviourally reinforced the system's inaction at early stages is not neutral; it is an active contributor to escalation

Repeated AVO breaches with zero consequence are a behavioural reinforcer perpetrators become more brazen because the evidence consistently shows the system will not stop them; this is a court and policing failure with direct, measurable consequences for victim safety

Mandatory perpetrator intervention at first police contact not after escalation; behavioural science is clear that early accountability changes trajectory more effectively and at far lower cost than crisis response

Fast-track family court must actually be fast delays in designated fast-track matters continue to be weaponised; the court must enforce its own timelines with consequences for deliberate obstruction

Early intervention support for victims must be available before crisis emotional, financial, legal and safety planning support at first sign of risk, not weeks later after the situation has deteriorated and the opportunity to prevent has passed

The attitudes spreading in community the brazenness, the sense of entitlement, the dismissal of accountability are a direct reflection of what the system has consistently modelled; inconsistent policing, inconsistent courts, and unanswered breaches are the message perpetrators hear loudest

3. What would make the biggest difference in preventing violence

A sustained, whole-of-society zero tolerance approach modelled on Scotland's decades-long sexual violence campaign; not an awareness week, a permanent cultural shift embedded in every institution with saturation public presence and legislative backing

Reframe the language at every level stop calling it ""domestic""; it is violence, it is a crime; name it consistently and without euphemism in every policy, media report, police brief, and court document

Address the attitudes that normalise control, entitlement and aggression they are taught and reinforced across families, schools, workplaces, sporting cultures and online platforms from childhood; prevention must reach all of these simultaneously

Appropriately qualified professionals must drive prevention responses behavioural scientists, criminologists, psychologists and trauma specialists; generalist managers with no understanding of violent and controlling behaviour are not equipped to design or deliver effective prevention

Invest in the evidence commission and publish longitudinal outcome data on what actually works; stop funding programs without evidence and defund those shown to cause harm or deliver no change regardless of how established they are

4. The earliest years 0 to 3 is where prevention begins

Neuroscience is unambiguous the first three years of life are the most critical period of human brain development; trauma exposure here has lifelong consequences for emotional regulation, attachment, and the capacity for healthy relationships

Prevention investment in the 0–3 window has the highest return of any social investment every dollar spent here saves multiples in crisis response, child protection, mental health and justice costs downstream

Maternal and child health nurses, early childhood educators, and paediatricians must receive mandatory FDSV training they have earliest access to families and are currently under-equipped to identify and respond

Embed FDSV awareness and safety planning in antenatal care pregnancy is a known escalation point for family violence and this prevention window is currently almost entirely missed

Evidence-based programs must only be used with the populations they were designed for applying Circle of Security to high-risk and FDSV-affected families, when the original research explicitly does not recommend this, causes harm and must stop

5. Schools where attitudes are formed and intervention is possible

Harmful attitudes begin in schoolyard dynamics, in the language tolerated in classrooms, in how conflict is modelled schools must address this explicitly, continuously, and with qualified people

Respectful relationships education embedded from foundation year through to Year 12 sustained curriculum, not a one-off lesson

Mandatory face-to-face trauma and FDSV training for all teachers punitive discipline applied to a child in survival mode replicates the coercive control already present at home

Always believe the child mandatory reporting must be consistently applied with no discretion based on a teacher's personal relationship with the family

Age-appropriate peer support training young people disclose to friends first; equipping them to respond safely and refer is one of the highest-leverage prevention investments available

Every school must have a trauma-specialist counsellor trained in FDSV, child development and mandatory reporting not a generalist welfare officer

6. Workplaces where behaviour is challenged or reinforced

Workplace bullying and controlling behaviour are on the same continuum as family violence workplaces that tolerate intimidation and gendered aggression are incubators for perpetrators

Mandatory FDSV training for all people managers face-to-face, scenario-based, with organisational accountability; a manager who performance-manages a trauma response is causing harm

Enforceable consequences for employers who fail to act on identified FDSV risk the culture of silence that protects perpetrators in workplaces, including statutory agencies and police, must carry legal consequences

People with a history of family violence must be barred from roles working with vulnerable people mandatory screening, not self-declaration; this applies to policing, child protection, health, education and community services

Institutions with documented high rates of FDSV among their own members must face external oversight internal cultures protect themselves; only external accountability produces change

7. FDSV First Aid a national community training program

Develop a national FDSV First Aid program modelled on Mental Health First Aid upskilling the broadest possible cross-section of community to recognise, respond to, and refer people experiencing family violence

Tailored versions for: children and young people; workplaces; health professionals; sporting clubs; rural and remote communities with adapted local referral maps

All versions face-to-face with trained facilitators online tick-box modules produce compliance records, not capability

Every version must include a current, local referral map in regional areas this must reflect what actually exists locally, not a metropolitan service list

8. Online platforms, technology-facilitated abuse and community culture

Social media has accelerated normalisation of controlling attitudes"

Feedback for Priority Area 3: Children and young people in their own right

"1. Consent education from the earliest age

The seeds of violent and controlling behaviour are already present in childcare and kindergarten minimised and excused with ""they're just playing,"" ""he's tired,"" ""that's just how boys are""; these responses normalise aggression and teach children that consent and boundaries do not matter

Consent education must begin at the earliest age in age-appropriate language touching without permission, projecting frustration onto others, and aggressive behaviour toward peers must be responded to consistently and without tolerance, from the first year of early childhood education

Zero tolerance of non-consensual behaviour must become a cultural norm across every setting children occupy childcare, school, sporting clubs, online so that the absence of

consent becomes an understood and enforced boundary, not an abstract concept introduced in high school

Respectful relationships and consent education must be embedded as a continuous curriculum thread from foundation year through Year 12 not a one-off lesson, a developmentally progressive and consistently reinforced framework

Patriarchal belief systems and cultural attitudes that underpin harm toward others must be explicitly named and challenged at every level of education from how educators respond to playground aggression to how secondary school students are taught about relationships, power and control

The normalisation of violence in sport, in media, and online reaches children before any school program does prevention must be coordinated across all of these environments simultaneously, not confined to the classroom

2. Mandatory reporting the obligations that are not being met

Educators and teachers are the least likely professional group to fulfil mandatory reporting obligations the most reliable reporters in practice are police, because they apply a clear, consistent standard; teachers apply discretion shaped by personal relationships with families and it is costing children their safety

Bias in mandatory reporting is most acute in regional, rural and remote areas in small communities where professionals know families personally, the decision to report is filtered through relationship rather than obligation, and children pay the price

Children in remote areas are at four times greater risk than urban children with fewer services, less transport, fewer options and less hope mandatory reporting in these communities is both more critical and more consistently failed

Mandatory reporting must be treated as a non-discretionary legal obligation with real consequences for failure to report current accountability is minimal; professionals who fail to report must face enforceable professional and legal consequences

Regulators overseeing mandatory reporting compliance must be independently audited bias and failure to act within regulatory bodies mirrors the bias in the services they oversee and must be externally scrutinised

Mandatory declaration of conflict of interest must apply whenever a professional knows the family personally in regional and rural settings this is routine, routinely undisclosed, and routinely the reason children are not protected

Always believe the child this must be policy, consistently applied, with professional accountability for dismissing or minimising a child's disclosure

3. FDSV First Aid for every professional working with children annual, face-to-face, mandatory

Every professional working with children must complete annual face-to-face FDSV First Aid training not an online module, not a tick-and-flick certificate; online completion where workers skip through content on their phones while the training plays in the background is not training and must not satisfy any professional or regulatory obligation

Recent regulatory changes in Victoria have introduced mandatory child safety training that is being completed in name only workers advance through modules without engagement, obtain the certificate, and return to practice unchanged; this is a governance failure with direct child safety consequences

Training must be meaningful facilitated by qualified practitioners, scenario-based, personally confronting, and assessed on demonstrated understanding, not module completion

Training must cover: how to recognise signs of FDSV in children's behaviour and presentation; how to respond to a child's disclosure; mandatory reporting obligations and consequences for non-compliance; trauma-informed responses that do not replicate coercive control; and local referral pathways

A disruptive, failing, withdrawn or risk-taking child is not a behaviour problem they may be in active danger at home; educators who respond with punitive discipline to trauma responses are compounding harm; this must be explicitly addressed in training

Consequences for professionals who complete training in a manner that cannot be said to meet the standard supervisors and organisations must be accountable for the quality of completion, not just its occurrence

4. Reporting pathways for children accessible, safe, and actually answered

Children need clearly identified, trusted, physically accessible reporting pathways in every childcare service, school, community centre, and online designed for children, not adults, and known to children before they need them

Emergency and crisis lines for children and young people are failing hold times of over three hours, callback systems that return calls two days later, and chronic understaffing are not acceptable for any service, and are catastrophic for a child in crisis; these lines must be properly staffed and immediately responsive

Young people who report that they cannot get through to help are not exaggerating this has been tested and verified; the underfunding of crisis response is a policy choice with measurable, preventable harm to children

Online and SMS reporting options must be available for children who cannot safely make a voice call a text sent from a school bathroom may be the only safe contact a child can make

Every school must have a named, known, trusted adult a relationship built over time, not a welfare officer title on a door — who children understand they can approach without fear of disbelief or disclosure to the family

Age-appropriate peer support training young people disclose to friends before adults; equipping young people to recognise warning signs and respond safely, including knowing how to get help for a friend, is one of the highest-leverage investments in child safety available

5. Mental health, behavioural expertise and scope of practice

Mental ill health is being used as a defence for violent behaviour in ways the mental health system itself does not support when a hospital assessment concludes that behaviour is not driven by mental illness but by choice and pattern, the justice system must treat it accordingly

Forensic behavioural specialists must be involved in cases of serious, repeated, escalating violence the complexity of violent behaviour is beyond the scope of practice of social workers, counsellors, or diploma-trained professionals and it is a disservice to children and communities to pretend otherwise

When a person presents a serious and ongoing risk of violence to their community, the community must not be left to absorb that risk indefinitely innocent people, including children, should not pay the price of a system that has no adequate response to high-risk individuals who cycle through mental health interventions without change

Scope of practice must be enforced professionals working outside their qualifications and competence in high-risk FDSV and child protection contexts cause direct harm; criminologists, psychologists and forensic behavioural specialists must be leading these responses, not replaced by less qualified generalists in the name of cost efficiency

Children displaying violent or harmful sexual behaviours require specialist forensic and therapeutic responses not generalised behavioural programs delivered by workers without the qualifications to understand what they are dealing with

6. Keep families together housing the solution, not removing the child

Children are currently being removed from homes and placed in 24-hour motel care with multiple rotating carers because there is nowhere for them to go this is not child protection, it is institutional harm delivered at enormous cost when the far better outcome would be housing the adult victim with their children and keeping the family safely together

Removing children from a non-offending parent who has nowhere to go punishes the victim twice first for being abused, then for being unable to provide safety in a system that has provided no safe options; the child loses the one stable attachment they have

Safe, immediate, family-appropriate housing for adult victims with their children must be the first response not the last resort considered after removal; if the housing existed, many removals would be unnecessary

Stability is medicine for traumatised children the same school, the same home, the"

Feedback for Priority Area 4: People who use violence

"1. Name it for what it is criminal behaviour

Family violence is criminal behaviour it must be named, prosecuted, and responded to as such at every level of the system; the persistent use of softened language, therapeutic framing, and welfare responses for what is fundamentally a pattern of criminal conduct is a structural failure that protects perpetrators

Coercive control, financial abuse, technology-facilitated abuse, and psychological manipulation are crimes they must be legislated, investigated, and prosecuted as such; waiting for physical violence before the system responds is waiting for escalation that is entirely predictable and frequently preventable

The family court being used as a tool of coercive control to delay, financially exhaust, and maintain legal tether must be recognised as a continuation of the original crime, not a civil matter; the court must have the legislative tools to identify and shut this down

Financial abuse emptying accounts, running up debt in a victim's name, weaponising child support and court costs must carry criminal liability; at present it is largely treated as a civil dispute, which means perpetrators face no consequence and victims fund their own further victimisation

Every unanswered breach, every court delay, every consequence-free act of coercive control is a behavioural reinforcer perpetrators become more brazen because the evidence of their experience consistently tells them the system will not stop them; this must change at first contact, not after escalation

2. Specialist assessment end the generalist response to complex behaviour

Every person who uses violence presents differently different functions driving the behaviour, different histories, different co-morbidities, different levels of risk; a single generalised group program delivered by a diploma-trained worker is not an appropriate response to this complexity and the evidence that it works is not there

Forensic behavioural analysis must be the starting point for any serious perpetrator intervention understanding the specific function, pattern, and drivers of an individual's violence requires forensic criminologists, behavioural scientists, and forensic psychologists, not generalist counsellors operating outside their scope of practice

Many perpetrators present with co-morbid complexity substance misuse, trauma histories, mental health conditions, personality differences, entrenched attitudes, and behavioural patterns that have never been challenged; each requires an individualised, evidence-based response designed by appropriately qualified specialists

Mental ill health must not be a default explanation or defence for violent behaviour when clinical assessment determines that behaviour is driven by attitude, entitlement, and choice rather than mental illness, the justice and service response must reflect that; conflating the two protects perpetrators and stigmatises people with genuine mental illness

Scope of practice must be enforced social workers, counsellors, and diploma-trained workers must not be delivering high-risk perpetrator interventions without the clinical and forensic supervision required; the complexity of violent behaviour is beyond generalist scope and pretending otherwise causes harm

Defund men's behaviour change programs without published longitudinal outcome data programs that cannot demonstrate reduced reoffending, reduced risk, and improved victim safety over time must not continue to receive public funding regardless of how long they have existed

3. Electronic monitoring a necessary and overdue tool

People who use violence and who have demonstrated they are a risk to others are a risk to the community mandatory GPS electronic monitoring from the point of an AVO or first conviction is not a punitive measure, it is a public safety one; it changes the risk calculation for perpetrators and provides real-time safety data for victims

Monitoring must remain in place until an independently assessed reduction in risk is demonstrated not removed on the basis of program completion or time elapsed; risk reduction must be evidenced, not assumed

A camera at a front door does not deter a perpetrator motivated by control and entitlement electronic monitoring that tracks location and triggers alerts when exclusion zones are breached is a fundamentally different level of protection and it must be standard, not exceptional

The cost of monitoring must fall on the perpetrator where financially possible not on the public as an additional burden while victims remain unsupported

AVO breaches detected through monitoring must trigger immediate police response not a report taken at the next available opportunity; the value of monitoring is in real-time response, not retrospective documentation

4. A family violence history register the right to know

People entering new relationships have no mechanism to check whether a potential partner has a history of family violence a scheme that allows a person to request a red flag check against a named individual, without disclosing the specific details of that history, would provide a critical layer of protection that currently does not exist

The response need not disclose specifics a simple red flag indicator that a history exists is sufficient to prompt caution and further inquiry; the current absence of any such mechanism leaves people entirely unprotected from perpetrators with long documented histories

The UK's Clare's Law the Domestic Violence Disclosure Scheme provides a model; Australia must adopt and strengthen this nationally, not leave it to individual jurisdictions to implement inconsistently or not at all

A history of family violence including uncharged pattern behaviour, recorded incidents, and AVO history must also be considered in all employment screening for roles working with vulnerable people; a perpetrator employed in child protection, policing, or health is a direct and serious risk

Pattern evidence must be admissible in all legal proceedings isolated incident framing protects perpetrators with long histories of harm by treating each event as unconnected; courts must be required to consider documented pattern of behaviour as primary evidence

5. Perpetrator programs what must change

Programs must be evidence-based and individualised not one-size group programs that allow perpetrators to perform compliance without genuine behavioural change; an individual who can articulate the language of a behaviour change program while continuing to harm is not changed, they are more sophisticated

Programs must never involve victims in any form no joint sessions, no mediation, no restorative processes that place a victim in the same space, process, or power dynamic as a perpetrator; this reinforces control, not accountability

Programs must not give perpetrators any form of authority, access, or information that reinforces their control including access to children's contact arrangements as leverage, information about a victim's location through shared services, or court-ordered contact that weaponises children

Programs must operate collaboratively across services perpetrator intervention, child protection, victim support, and legal responses must be coordinated; siloed responses allow perpetrators to manage each system separately, presenting differently to each

Accountability must be to victim safety outcomes, not program completion a perpetrator who completes a program and reoffends has not been successfully intervened with; outcome measurement must track victim safety, not attendance records

Cultural safety in perpetrator programs must be genuine not a translated version of a program designed for a different population; Aboriginal and Torres Strait Islander communities, CALD communities, and other specific cohorts require programs developed with and for them, by people with genuine cultural knowledge and authority

6. Accountability across institutions perpetrators in positions of power

Perpetrators exist in every part of the community in policing, in the ADF, in statutory child protection, in health, in education; the data on family violence rates within these institutions is significant, documented, and largely unaddressed

A person with a history of using violence who works in a role with authority over vulnerable people including victims is a direct and unacceptable risk; mandatory pre-employment screening and mandatory disclosure obligations must apply across all such roles without exception

Internal institutional cultures that protect perpetrators that manage disclosures quietly, protect reputations, and discourage reporting must face external oversight with enforceable consequences; these cultures are not management problems, they are public safety failures

Inconsistency in police and judicial responses where outcome depends on who you get, which station you attend, or which magistrate is sitting is a systemic failure that perpetrators exploit and survivors navigate around; standardised frameworks, mandatory training, and published outcome data are the minimum required to address this

Sentences must reflect the severity of family violence a person who takes a life or causes serious harm in the context of family violence must not receive lesser consequence than property crime; the current proportionality communicates the system's values with clarity and they are wrong

7. Early recognition communities, families and workplaces

The earliest signs of controlling and violent behaviour minimised in families as stress, tiredness or a bad day must be recognised and named; the cultural tolerance for excusing these behaviours is the first layer of protection perpetrators rely on

FDSV First Aid training across workplaces, sporting clubs, health services, and communities must include recognition of perpetrator behaviour not just recognition of victim presentations; bys"

Feedback for Priority Area 5: System Integration and Workforce

"1. Legislation Fair Work Act and employment protections

Amend the Fair Work Act to mandate a minimum of 20 days paid family violence leave non-cumulative, available from day one of employment, without requiring court orders, police reports, or documentation that many survivors do not have and cannot safely obtain

Paid FV leave must be accessible to casual and contract workers the current entitlement leaves the most economically vulnerable workers, who are disproportionately women, without protection at exactly the point they need it most

Access to personal leave for FV-related absences must be legislated survivors must not be forced to choose between disclosing to an employer and losing income; personal leave must be available for FV without requiring medical certification

Extended unpaid leave to retain employment a minimum of 6 months unpaid FV leave with guaranteed return to role must be legislated; survivors who need time to stabilise their safety and housing must not lose their employment in the process

Employers must not performance-manage, discipline, or terminate employees whose work is affected by FDSV this must be explicitly protected in the Fair Work Act with enforceable consequences for breach; a trauma response is not a performance issue

Non-disclosure agreements used to silence employees who experience or report workplace-facilitated violence, bullying, or gender-based harm must be prohibited NDAs that suppress disclosures of violence are a form of institutional silencing and a continuation of the harm; legislation must render them unenforceable in these contexts

Employers who use NDAs to pay out and silence victims of workplace violence must face enforceable consequences this practice is currently widespread, largely invisible, and directly analogous to the coercive silencing that characterises family violence itself

2. Education system legislative and structural change for children's safety

The Department of Education must legislate children's safety as the overriding priority enabling immediate transition to online or flexible schooling for children who need to leave their school due to FDSV without penalty, without complex bureaucratic process, and without loss of educational continuity

If online schooling was possible for every child in Australia during COVID it is possible for children fleeing family violence the infrastructure exists; the political will to use it for this purpose must follow

Fund specialist behaviour coordinators in every school trained in FV symptomology, the neurological and developmental impact of trauma on children, and trauma-informed responses; not generalist welfare officers, but qualified specialists who can coordinate support for children whose behaviour and learning is being profoundly affected by violence at home

EAP Employee Assistance Programs equivalent for children in schools must be available; a child who needs professional support in the school context must not wait for a referral chain to resolve; funded, in-school, immediately accessible therapeutic support is required

Every educator must complete annual face-to-face FDSV training not online modules completed on phones while the content plays in the background; meaningful, facilitated, assessed training with accountability for completion quality, not just completion

3. Workforce qualifications the most urgent structural reform

The FDSV sector has been dominated by social work and generalist human services qualifications that are not diagnostic, cannot provide forensic clinical expertise, and are not equipped to assess or respond to the complexity of violent criminal behaviour this must change

A single subject on family violence in a broader degree does not produce a specialist the sector needs three-year degree-trained specialists in criminology and family violence behaviour, forensic behavioural analysts, and clinical psychologists with FDSV specialisation leading the design and delivery of all high-risk responses

All roles in FDSV response, child protection, perpetrator programs, and specialist services must have minimum qualification standards defined, legislated, and enforced

not left to individual organisations to determine based on budget and recruitment convenience

Forensic behavioural analysts and criminologists must be embedded in policing, child protection, courts, and FDSV services providing specialist advice on risk assessment, perpetrator behaviour, and intervention design that is currently absent from every level of the system

Specialist FDSV EAP separate from standard employee assistance programs, staffed by workers with genuine FDSV expertise must be compulsory for all organisations with FDSV-exposed workforces; standard EAP is not equipped to respond to the specific and complex presentations of FDSV-affected employees

The ripple effect of family violence reaches justice, policing, youth detention, mental health, housing, and education every one of these systems needs workers with specialist FDSV knowledge embedded within them, not siloed in a separate FV service that the rest of the system refers to and ignores

4. Coordinated system response end the silos

The current system is a collection of separate agencies that do not consistently share information, coordinate responses, or operate toward a common outcome perpetrators exploit this; they present differently to police, courts, health services, and child protection because each sees only a fragment of the whole pattern

A single, survivor-controlled intake record must travel with consent through the entire system eliminating the retraumatisation of retelling, reducing administrative duplication, and ensuring that every service touching a family has access to the full picture

Mandatory multi-agency case coordination for all high-risk FDSV cases police, child protection, housing, health, legal, and specialist FDSV services must operate from a shared risk assessment and a shared safety plan, reviewed at defined intervals with clear accountability for each agency's role

Information sharing protocols must be legislated and operationalised not aspirational statements in service agreements but enforceable obligations with consequences for agencies that withhold relevant safety information

Shared decision-making with victims must be embedded in all coordinated responses not decisions made for victims by systems and agencies, decisions made with them; empowering victims to make choices restores the agency that violence removes and it is itself a therapeutic intervention

No program or service response should give perpetrators access to information, authority, or leverage that reinforces their control joint services, shared case workers, and mediation processes that place victim and perpetrator in the same system are structurally dangerous

5. Workplaces accountability without exception

Workplaces must actively call out bullying, controlling behaviour, and gendered aggression not manage them quietly through HR processes that protect the organisation and silence the victim

Employers who fail to act on identified workplace violence or harassment must face enforceable regulatory consequences at present there are too many organisations using NDAs, paying out employees, and returning perpetrators to the workforce unchanged and unaccountable

Mandatory FDSV training for all people managers face-to-face, scenario-based, with organisational accountability for quality of completion; a manager who is not trained to recognise and respond to FDSV in their team is a risk to every victim-survivor employed by that organisation

Employment programs specifically designed for FDSV survivors flexible, trauma-informed, with realistic pathways back into employment that do not demand immediate full capacity from people still rebuilding their lives

Workplace violence, bullying, and controlling behaviour exist on the same continuum as family violence organisations that tolerate them internally cannot credibly claim to be part of the solution externally

6. Government must model the values it demands of others

Cultural change starts from the top a government that permits gender bias, ageism, and racism in its own parliamentary conduct while asking communities to adopt zero tolerance of gendered violence is not credible; the values must be lived, not legislated for others

Parliament must hold its own members to the same standards it demands of workplaces, services, and communities conduct that would constitute a serious disciplinary matter in any other workplace must not be tolerated or normalised in the institution responsible for making the laws

Lived experience advisory panels must be mandatory for every government agency, funded organisation, and policy process in the FDSV space with genuine decision-making authority, transparent governance, and remuneration for participants

Government must commission and publish independent longitudinal outcome data on every funded FDSV program not activity reports, not partnership announcements, evidence of whether people are safer; the public investment demands public accountability

The corporatisation of social services FDSV, childcare, NDIS has consistently produced the same outcome: funding absorbed by administration, outcomes unmeasured, and real people falling through gaps that grow wider every year; government must reverse this model before the social fabric it is responsible for becomes irreparable

The central message for Priority Area 5

You cannot build a system capable of ending family violence on a workforce that is underqualified, underpaid, siloed, and unsupported. Legislate the leave. Qualify the workforce, provide FV case managers, who are highly skilled not a diploma in community services, who must have mandatory FV training & coordinate so victims are not retelling, identifying the gaps, advocating in courts, free up more legal aid, ensure workplace law provides for FV victims"

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

"The single thread running through every failure described in this submission is consistency. Inconsistency in policing. Inconsistency in courts. Inconsistency in services. Inconsistency in who gets help and who gets turned away. The corporatisation of FDSV response into large not-for-profits motivated by funding rather than outcomes has widened every gap in the system, and people are falling through those gaps at a rate that is no longer tolerable. Women over 55 are now the fastest growing homeless group in Australia. That is not a coincidence. It is the measurable cost of a system that has consistently failed to protect, support, and resource women leaving long-term family violence. It must be named as such, funded as such, and addressed as such in the Second Action Plan.

Young women are at particular risk in ways the current system has not adequately addressed. Many cannot recognise the early warning signs of coercive control even when people around them are naming what they see. The understanding that consent cannot be given while intoxicated is not consistently embedded in how young people understand their own safety and rights. Social media is reshaping how relationships are formed, how abuse is perpetrated, and how quickly controlling behaviour can escalate across digital and physical environments simultaneously. The developmental vulnerabilities of different age groups mean that the risks are not uniform and the responses cannot be either. A national approach to what healthy relationships look like visible, consistent, embedded in every environment young people occupy, and backed by legislation that protects their rights is not optional. It is foundational.

The cultural shift required to end family violence will not come from awareness campaigns alone. It must infiltrate every aspect of society the approach must be modelled on public health and crime prevention frameworks, not crisis response. This means starting early, staying consistent, and involving every level of government from local to state to federal in a coordinated, sustained national strategy. It means

incentivising large employers and corporations to model respectful behaviour and genuinely value women not as PR, but as an enforceable standard. It means sporting codes being held to their own conduct rules with real consequences, and the community attention currently given to those who use violence being redirected toward those who model accountability. Cultural change is slow and it is only achieved when the institutions that shape culture government, sport, workplaces, schools, media all move in the same direction at the same time.

The family court requires a fundamental overhaul that goes beyond procedural reform. Despite incremental changes, the court's underlying attitude toward children and family violence has not shifted in proportion to what the evidence and the fatality statistics demand. Parenting is not an entitlement. It is a responsibility, and it is one that is forfeited when a parent commits violence against their family. The moment a perpetrator abuses their family they have committed a criminal offence the court must treat the loss of parental rights as the appropriate and proportionate consequence, not as a remedy of last resort that is weighed endlessly against the perpetrator's interests. Children are being placed on AVOs far less often than they should be because courts are reluctant to be seen to remove a perpetrator's right to family but that right was removed by the perpetrator's own actions. The court must stop treating justice for perpetrators as compatible with safety for children, because in case after case it is not.

Australia needs a Children's Commissioner with a mandate that goes beyond family violence a commissioner whose role reflects a society that genuinely values the rights and needs of children across every system they encounter. Children have their own rights. They are not property of their parents, not appendages of an adult case, and not adequately protected by a system designed primarily for adults. A dedicated, empowered Children's Commissioner would provide independent oversight, advocacy, and accountability for child safety outcomes across health, education, justice, housing, and family violence response all of the systems whose failures compound each other in the lives of children experiencing FDSV.

On policing: the trajectory of serious offences and fatalities is consistently clear in retrospect. The violence was escalating. The reports were made. The breaches were recorded. And nothing sufficient was done. Specialist family violence roles within policing must be funded, trained, and deployed as a standard component of police services not an add-on in larger stations and absent everywhere else. The bias that allows an officer with a personal connection to a perpetrator to dismiss a breach, turn away a victim with threats to kill documented on her file, and treat family violence as a

domestic matter rather than a criminal one must be removed through mandatory standardised response frameworks with independent oversight and published outcome data. When an AVO is in place and a breach occurs, the response must be immediate, consistent, and consequence-bearing every time, in every station, by every officer. Anything less is a message to perpetrators that the system will look away, and they hear that message clearly.

Electronic monitoring must become standard for perpetrators subject to AVOs or family violence orders worn until the order expires or until independent risk assessment confirms genuine reduction in threat. Where a perpetrator uses a third party to communicate with a victim in breach of an order, the third party must be charged; the Crimes Act must be amended to make this explicit. If the system is serious about deterrence, the consequences must reach further than the perpetrator's direct actions. Behaviour change programs that are not demonstrably working must be defunded. The government has continued to fund programs run by people with no qualifications in psychology, behavioural science, or criminology, delivering group sessions to violent men and calling it intervention. The evidence of effectiveness is not there. The money must follow what works, and what works must be determined by independent, published, longitudinal outcome data not by the organisations receiving the funding.

Perpetrators must not be permitted to benefit financially from family violence. If the proceeds of crime legislation prevents crime bosses from profiting from criminal activity, there is no principled reason why a family violence perpetrator should retain financial assets acquired during a relationship characterised by abuse, coercion, and control. Legislation must be amended to allow courts to direct that financial penalties paid by perpetrators be placed directly into compensation funds for victims and into protected trusts for children. Child support enforcement must be treated as seriously as any other financial obligation a perpetrator who does not pay child support for seventeen years is not facing a civil inconvenience, they are committing ongoing economic abuse and the system must respond to it as such.

Victim compensation must be available, retrospective for a minimum of five years, and not require the victim to navigate the same court system that has already failed them. Children who have been exposed to family violence must be able to access compensation in their own right, held in independently managed trusts protected from perpetrator access, available when they reach adulthood. The intergenerational cost of family violence the interrupted education, the disrupted attachments, the health consequences, the poverty is real and measurable and it must be met with a real and

measurable financial response. A perpetrator who moves from relationship to relationship, leaving a trail of uncompensated harm, unpaid child support, and children carrying scars that cost them their whole lives, has never faced justice. The Second Action Plan must address this directly.

The current process for navigating family violence the courts, the services, the legal system, the financial recovery s complicated, insensitive, and retraumatising. It victimises victims, ignores children, and in too many cases causes more harm than it prevents. This is not inevitable. It is the consequence of a system built without adequate input from the people it is supposed to serve, staffed by people without adequate expertise, funded through models that reward activity over outcomes, and overseen by institutions that have not yet decided that the lives of women and children matter enough to do this differently. The Second Action Plan is an opportunity to decide that they do."

2nd June 2026

Second Action Plan for the National Plan to End Violence against Women and Children 2022-2032

In making this submission I seek confirmation by the Honorable Minister concerned with this review that upon submitting any suggestions (based on experience), that I will not be subject to any acts of intimidation as have been personally experienced to date , from the bureaucratic system (see Attachment 1 below).Take note that all I have experienced is legal, demonstrating the use of "psychological abuse" within the democratic system to intimidate anyone seeking reform.

Professional status of the author

Bachelor of Science (Food Technology): [details redacted]. I have been self employed , practicing in my home environment via the rearing of three children [details redacted] whilst married since [details redacted].

Experience in dealing with "Violence against Women and Children"

[detailed information redacted for privacy]

The case clearly demonstrates that gender is irrelevant to the violence received by, and delivered to any person. It also displays the generational impact of non-early intervention into relationship breakdown with couples affecting children, who subsequently pass their psychological problems onto their partners in marriage.

It exemplifies the international nature of the problem via subject matter (immigration abuse) in its the core.

My report to the [redacted] review demonstrated the lack of admission by Government as to the core of abuse, that being the inability of individuals in a relationship to logically solve stress issues (e.g. financial), without further impacting on that relationship by the use of mind-altering drugs (legal and illegal), alcohol etc.

Proposal to deal with "Violence – psychological or physical "against any individual

As the individual of concern has repeatedly refused mediation with clergy, clinical psychologists or independent relationship counsellors (Community Justice, Relationships Australia) , and we have never sought any form of legal recourse. I seek:

> A pathway through the medical system for victims of all forms of abuse involving the compulsory attendance at mediation of both parties involved in the dispute. I note that the attendance DOES NOT legally require any "vocal input" from the abuser, merely attendance.

It allows the “victim” psychological reprieve , to prevent the deterioration of their psychological state by allowing them to “put their point of view” as to the reason events occurred.

It also allows “the medical system” access to medical files for those involved, to access the impact of medications etc in generating problems.

Subsequently, that pathway is to extend to children and other family members impacted by the coercive effect an individual may be displaying.

In addressing the issue of domestic violence, I also seek consideration by this Committee of

1. Government policy regarding the system of “distribution” of legal mind-altering drugs in the medical system by doctors, without the need for any form of patient assessment or knowledge by the doctor of patient stress factors. I note that the correlation of legal of mind-altering drug use and abuse events is contained in government records, with information protected by the Privacy Act . I believe my documentation held in State records when correlated with Government records provides conclusive evidence in regards to this issue.
2. A review of policy of the Therapeutic Goods Administration (TGA) in regard to reporting levels required for “adverse reactions” to mind-altering drugs, to provide accurate statistics regarding the impact of drugs in altering the thoughts of an individual which have impacted on innocent individuals.

   Also, that it be established as to which “authority” in the medical system is to be responsible for the accurate reporting of drug abuse (altering dosage, consumption with alcohol etc), without criminal implications for the abuser or abused. I note that the current system requires that the doctor accurately prescribes medication dose rates for the patient, and that the patient is aware of their own behavioural alteration , both of which, are impossibilities! The submission also appears to have proven these facts.

Problems encountered with the current inability to redress domestic violence

1. Inability to mediate, especially when the individual of concern, broadens the spectrum from a situation involving two people, to “everyone”, because of the long term factors over which abuse had occurred.
2. Inability to access the person’s doctor
3. Inability to defend oneself from the individuals “intimidation” incurred over 25 years of marriage in a written letter.
4. Inability to defend oneself in court from psychological claims which formed the basis of an ADVO in [date redacted].
5. Inability to defend oneself from psychological abuse incurred from Government instrumentalities incurred through policy against family via immigration papers.

Determination of exactly “who” is the perpetrator of the violence is a question for the reviewers of this submission ?

Is it the individuals in Government formulating policy which fails to recognize the impact of deliberately perpetrated psychological harm on individuals irrespective of gender, or the

individual reacting to psychological abuse deliberately perpetrated via economic policy generated by governments to “balance budgets” via encouraging spending without the promotion of saving or budgeting ?

General

[redacted] I can also provide supportive evidence of other statements made.

Yours Sincerely

[redacted]

Attachment 1: Experiences in seeking policy reform in our "democratic" system

1. [detailed information redacted]

Feedback for Priority Area 2: Prevention and early intervention

Adequately vet allied health staff members in NSW health from applying for positions of patient facing care by ensuring they (1) have a valid WWCC and (2) do not consort with known child sex offenders. Nurses already do this and there is a community expectation that every staff member in every health facility is child safe.

Feedback for Priority Area 5: System Integration and Workforce

"There is a community expectation that health care services and health care staff are knowledgeable about child safeguarding risks and measures to prevent child sexual abuse and effectively manage the trauma to victim-survivors accessing health care. Child victim-survivors grow up to be adult victim-survivors who are either working in the health care sector or who access it. The health care system is responsible to provide safe services for their patients and staff members with a lived experience of child sexual abuse. I have a lived experience of child sexual abuse and currently work in the health care setting. Up until recently I had a successful career spanning over 20 years, 15 years in the same service.

There are currently no restrictions on Allied Health staff members working in adult population healthcare to have a current Working With Children's Check. This has allowed staff members to be promoted to managerial positions who do not have a WWCC and who openly consort with known child sex offenders. This does not meet community expectations and erodes public trust in the health system. As a victim-survivor I have been deeply traumatised by having to be managed by and work alongside someone who is married to a child sex offender. There are no pathways in place for me to report these concerns to managers, the Employee Assistance Program did not know how to help me through this process and other agencies like Blue Knot did not have the capacity for a conversation (unanswered phone calls).

NSW Health (and likely other health services) only broadly apply WWCC requirements to staffing and this becomes a ""grey area"" or a high risk area that leads to oversight of child safeguarding measures.

In comparison, all NSW Police Force employees have a legislated duty to report

misconduct including perceived conflicts of interest. ""Under section 211F of the Police Act 1990, a police officer or administrative employee who has reasonable grounds to suspect that a police officer has engaged in police misconduct or serious maladministration is under a duty to report that police misconduct or maladministration (or alleged misconduct or maladministration), in writing, to a police officer who is of the rank of sergeant or above and is more senior in rank than the reporting officer. [link redacted]

As it stands (Health Policy PD2022_030), health employees who raise child safeguarding concerns of managers and colleagues consorting with known child sex offenders have no policy in place to report their concerns and be provided protection from victimisation. Furthermore, if a staff member is a victim-survivor of child sexual abuse and has to report another staff member then this opens them up to further trauma in the process of reporting with no available support services. The EAP had never had this situation presented to them when I contacted them for support and they were at a loss of how to help me navigate my distress.

The Child Wellbeing Unit, Violence and Neglect Service office is located in close proximity to an office of allied health staff who (1) do not have current Working With Children's Check and (2) openly consort with known child sex offenders and (3) be managed by a staff member married to a known child sex offender who visits the health facility, uses the shared bathroom and other areas also shared by community members accessing the Child Wellbeing Unit, Violence and Neglect Service. This does not meet community standards and disregards the role that allied health staff have in services where children may be present.

An issue with technology-facilitated abuse is the situation where NSW Health employees have access to patient records but inappropriate access, although digitally recorded, is not audited and followed up. There are clear policies to manage confidentiality but no follow up when a report is made to management. NSW Health Privacy Manual for Health Information, Health Records and Information Privacy Act 2002 (HRIPA), NSW Health Code of Conduct, NSW Health PD2012_069 (Health Care Records – Documentation and Management). I have documented evidence of this oversight and can provide if necessary."

submission to

CONSULTATION ON THE SECOND ACTION PLAN

(NATIONAL PLAN TO END VIOLENCE AGAINST WOMEN AND CHILDREN 2022–2032)

[redacted]

The two questions I have addressed in this submission are:

2. Services and support.
How can services and supports work better for people who have experienced, or are at risk of experiencing, family, domestic or sexual violence?

4. People who use violence.
What more can be done across the community to promote healthy, safe relationships and strengthen accountability for people who use violence?

Introduction:

In any society there needs to be a balance between who has power and resources and who has not. The role of governments is to ensure that the balance of power and resources between groups is maintained. The police force has more power than any other comparable group in society. The situation is out of balance. Without accountability the police force has become ungovernable with devastating affects on society. In particular the criminalisation of women as the perpetrators of domestic violence encourages the real perpetrators to continue and intensify their abuse. Consequently women are killed, jailed, rendered homeless, lose their children and their jobs, to name a few of the consequences. The aim of this submission is to request that this is urgently addressed at the highest level of politics. Those of us whom the police have misidentified as domestic violence perpetrators need reassurance from the government that this issue will be addressed, urgently.

I have had a great deal of experience with domestic violence from the 1960 up to now as this has affected three generations of our family, myself, my daughter and my grand daughter. In my submission I am focusing on the police as being a factor in the violence which has caused a great deal of harm to our family. Whilst it was bad enough dealing with our in-house perpetrators, the extra layer of abuse laid on us by the police and the justice system has added to our disadvantage and has created difficulties in overcoming this additional trauma.

In my submission I trace the factors which account for how police have caused domestic violence to get worse and how this has become entrenched in their operations

from the front line to the executive level. But I may be a lone voice. Through my research I have noted repeatedly that researchers, women's refuge wokers, academics, advocates, governments and bureaucrats tread softly when it comes to examining and criticising the police.

When maladministration is identified within the force the most repeated advice from all quarters is that the police need more education. This has been done alredy, but the domestic violence figures continue to rise. Governments are financing recovery from this when investment is needed to address its causes which are embedded in police practices. I hope my submission adds to our knowledge of how the violence begins and what and who is sustaining it.

The politicians make laws in the best interests of society but something happens between the enactment of legislation and its implementation by the police. The Law Enforcement Conduct Commission (LECC) and other critics have noted that the police are non-compliant with their policies and codes of conduct. This results in women suffering added abuse through the police manipulation of the system to criminalise women as perpetrators. This is where we need to focus our efforts if domestic violence is going to be successfully addressed. Governments are pouring resources into this sector but nothing changes. I hope my submission will shed some light on how they are contributing towards perpetuating domestic violencce in their own homes and in the homes of others.

SUMMARY OF THE ISSUES COVERED IN THE SUBMISSION

The figures

In Australia men who perpetrate domestic violence has been assessed at 43% of the general population. This figure is likely to be replicated or exceeded in the police force. Research in Australia and the US estimates that, after taking into account the variables, the figure of offending policemen is approximately 21.2%.

The NSW police force has 17,000 serving police. An offending rate of 20% means that 3,400 policemen have abused their wives. Double this if the offending rate is 40% which comes to 6,800 police abusing their wives. Media analysis has determined that there are 38 per 10,000 domestic violence perpetrators identified in the NSW general public. But within the NSW police force there are 9 per 10,000 similarly identified. This a dramatic difference which indicates the extent of the privilege the police enjoy. It also indicates the extent of the danger they pose to vulnerable women.

The numbers of domestic violence abusers in the police force will never be known as their wives have been threatened with being served an order. They have been silenced though fear of the consequences to them and their children if they speak out. Until this is remedied, this cohort of women will continue to lead harrowing lives.

The culture of the police force

The force is based on masculine principles. The rigidity of the law sits well alongside the simplicities and the absolutes of the masculine stereotype. The police ignore the nuances of a situation in preferences for simplicity and efficiency which is incompatible with the intricacies of human relationships.

Gender loyalty binds men in the force to each other in a way which disadvantages women. This affects the policemen's judgments in respect to perceiving how to administer the law and what decisions to make. "I've got your back" is the male response when trouble strikes. Further when someone makes a complaint against the police, gender loyalty is reflected by how the police force handles complaints. Consequently complainants are disadvantaged and justice is denied. The culture of the police force compromises accountability which allows corruption to flourish.

How domestic violence at home affects policing at work

The wife of a policeman gave testimony to the LECC that her abusive husband and his mates are the ones who volunteer to police domestic violence incidents. This suggests that within the police force there are an unknown number of policemen who get pleasure from hurting an unknown number of women. An impression of how many are involved is to look at the outcome where increasig numbers of women are being criminalised. This is in step with the explosion of misogyny in the community.

Misogynist police hide their domestic violence habit with faux legality and a number of well documented excuses which disguise what is really going on. Some of these are: gendered beliefs about the ideal victim; incident based policing; identification with the real perpetrator; failure to investigate; excuses such as "conditions in the field warranted the decision"; women and men are equally violent; and believing all women lie.

Possible solutions

The follwing need to be mandated if domestic violence is to be succcessfully addressed.

* policing coercive control is mandatory as it is the only reliable way of identifying the perpetrator, of ensuring accountability and avoiding misidentification of the perpetrator;
* call outs teams should be composed of experienced police, equal genders and trauma specialists, police with negative attitudes or a conflict of interest to be excluded;
* body cameras and other aids to investigation to be utilised at all times, other relevant records to be collected, documented and kept;
* police who make a bad decision to be held accountable instead of accepting without questioning that field conditions determined the outcome;
* couples to be separated at different locations until investigation is complete, then issue orders and take other relevant actions.

POLICEMEN WHO ABUSE THEIR WIVES — EXPOSING HIDDEN POLICE AGENDAS

[redacted]

In 2020 my daughter was diagnosed with stage three endometrial cancer. She was married and they lived on a remote rural property near [redacted]. He was a controlling husband, but was quite amiable in the beginning. With the the onset of her cancer, his control turned into violence and threats. He called the police many times complaining that she was abusing him. He had flipped the script. Things went from bad to worse, as they do when a couple reaches a point where their differences totally overwhelm whatever brought them together.

I am including this story because the way the police treated her was horrifying. I was becoming aware of the way domestic violence was being policed which was according to some hidden agenda which had nothing to do with what had happened to my daughter and her husband. It seemed that the police had a well practiced routine which they imposed on the couple regardless of their problems. In this style of policing, the police disregarded their codes of conduct.

It was authoritarianism on steroids and was aimed at processing the case without wasting time addressing the cause of the disputes, or offering any help such as counseling. So orders were issued, court cases were scheduled and punishment was delivered. As a result of all of this, the disputes just escalated relentlessly along with my daughter's cancer. It came to the point where he committed a heinous act against his sick wife. He burned down her house. She lost everything she ever owned and he fled the country never to be seen again.

These events shocked me to the core. I got an ugly, up close and personal view of how policing domestic violence was being delivered. I didn't look at the perpetrator. I have seen his kind many times before. I have spent nearly three years questioning and researching police behaviour and the dynamic which is created between the parties which delivers the result the police are after. I have arrived at some useful conclusions which I am happy to share. What I witnessed about my daughter's treatment was so inhumane that I have become an activist for a change which either reforms the police in respect to domestic violence or dispenses with them entirely and contracts this work to better suited organisations.

How many policemen are perpetrators of domestic abuse?

In my quest for answers I came across the Law Enforcement Conduct Commission's (LECC) latest review. 1 It was certainly interesting reading and relevant to my work. For sometime I have been trying to locate statistics on the numbers of policemen who are domestic violence abusers. There have been surveys which give a good idea of

how widespread this is. The LECC review snared a few abusive policemen when their wives complained to the police about their behaviour. But the bulk of police abusers were in hiding, protected by the fear of the women they had abused. One of the aims of this submission is to unpack this phenomena.

There are some reliable indicators revealing the numbers of police who are domestic violence abusers. A national study from the Australian Institute of Family Studies survey titled "ten to men" found that 43% of Australian men have used intimate partner violence in their lifetime. The breakdown of this figure was: 32% of men reported they had made an intimate partner feel frightened or anxious; 9% of men admitted to hitting, slapping, kicking, or physically hurting a partner; while 2% reported engaging in sexual abuse. 2 These figures are most likley to be reflected in the numbers of abusers within the police force unless the recruitment process has the means of weeding out men with a domestic violence habit.

A "scoping review" of domestic violence literature was published in 2025 by Briony Anderson which examined the extent of domestic abusers in the police force. The authors stated:

> The nature and extent of DFV perpetrated by police and/or law enforcement officers is difficult to quantify... Research suggests that rates are higher than in the general population but, due to underreporting and a prevailing "code of silence" within law enforcement organisations, the actual prevalence may be much higher. 3

Overseas studies estimated more accurately the numbers of abusers within the police force. The authors quoted Roslin who wrote:

> An astonishing 40% of cops acknowledged in one U.S. survey that they had been violent with their spouse or children in the previous six months. A second survey had remarkably similar results—40% of officers admitted there was violence in their relationship in the previous year"4

The figure from the US surveys when coupled with the "ten to men" survey, strongly suggests that in Australia police abuse their wives at approximately the same rate as the police do in the United States which is up to 40%. However, while this figure covers police abusers' admissions, it pays to seek out other sources.

Annelise M. Mennicke, Katie Ropes, wrote an article titled *Estimating the rate of domestic violence perpetrated by law enforcement officers: A review of methods and estimates*. Seven articles were examined as to how the statistics were compiled. Their conclusion was that the rate of officer-perpetrated domestic violence ranged from 4.8% to 40%. The studies examined variations in the methodological rigor which could explain the different rates. However, the pooled rate was 21.2%. 5 A "pooled rate" is an averaged rate calculated by combining data from multiple separate groups or items into a single, unified rate. But not only did the statistical methods vary, there would

always be avariation because of evidence gathered through self disclosure.

What does this means in the case of the NSW Police Force? There are 17,000 serving police in NSW. An offending rate of 20% means that 3,400 policemen abuse their wives. Double this if the offending rate is 40% which comes to 6,800 police abusing their wives. These figure are damning. How many of these cases come to the notice of the police executive? Not many. Nobody is talking.

In putting this in perspective, the ABC did some arithmetic of its own. It found that:

> In the year ending June 2020, there were roughly 38 domestic and family violence offenders per 10,000 persons [charged] in NSW. Yet of more than 17,000 officers employed by NSW police, last year just 16 were charged (or roughly 9 per 10,000). 6

Given the various figures quoted the numbers of police offenders far exceeds offenders in the community. Yet they are charged at approximately one quarter of the rate that offenders in the community are. This exposes a closed system which has become very corrupted and out of touch with the real world. If the politicians, the advocates, women's groups and the general public truly appreciated these statistics, there would be a much stronger reaction than is the case so far.

Even the LECC's recent review commented that "rates of officer-involved domestic violence vary across existing studies, ranging from 4.8% to 40%". 7 This is further confirmation that the figures from various sources have been accepted. But while this domestic violence perpetration is admitted to researchers, it's highly unlikely that police offenders are going to inform the police executive of their marital state of affairs. Also the wives' reluctance to report their abusive husbands to the police was well documented in the review. 8

In questioning the validity of the information gathered through self disclosure, it's likely that men are much more comfortable talking about their abusive behaviour than women in discussing their victimisation. In a patriarchy men are applauded for their violence and women are censured. In addition women are routinely blamed for being abused by their husbands, so it's likely that they would feel shame at being required to answer such questions. And as far as I know, there has never been similar surveys of how much violence women have inflicted on men, which is telling.

Decision makers, politicians and the police force executives are probably anxious to keep the information about police offending from the public. The LECC has done a great service by including relevant references in their review. Getting any information out of the police is an uphill battle. The force is noted for its secrecy. the Redfern Legal Centre published a list of over one hundred documents covering police operation of every possible kind which were categorised by the NSW Police Force to be with-held from the public "where there is an overriding public interest against disclosure". 9

One of the documents covered domestic violence Standard Operating Procedures. For advocates, refuge workers, and victims to be denied access to these documents is very concerning, especially given that the police force says one thing and does another.

What is the police culture?

The culture of most organisations is reflected on how they deal with complaints about their services. LECC's review documented how the NSW Police Force deals with complaints about offending police. This involved: "examining the police's compliance with their policies and procedures when investigating the in-house perpetrators; examining implementation of the Commission's 2023 recommendations that related to officer perpetrators; and to make recommendations to the NSW Police Force to improve the effectiveness of investigations into officer-perpetrators". 10

The LECC review did not cover the internal police culture in spite if its bearing on how this influences every police operation. This is unseen and unquestioned at every level of the police force in the same way that the patriarchy is the ever present background to daily life. The culture of the force is masculine with all of the stereotyped traits which define men. Masculinity at it's extreme turns into misogynism and without accountability, any police force is going to resort to controlling, disciplining and punishing women regardless of their codes of conduct and policies.

The *Independent Cultural Review into the NSW Police Force*, was commissioned in late 2024 by former Police Commissioner Karen Webb and is led by former Victorian Equal Opportunity and Human Rights Commissioner Kristen Hilton. The key focus of the inquiry is: investigating entrenched sexism, bullying, nepotism, and a "boys' club" mentality within the ranks; sexual misconduct, targeting serial harassers and reviewing the force's handling of sexual misconduct and harassment complaints; internal procedures; and, analyzing current policies, reporting mechanisms, and support systems for officers who speak up. 11

Because the police force epitomises the male stereotype, it's likely to attract young men who are insecure in their masculinity and who rely on the culture of the force for support, affirmation and for access to power which goes with discretionary policing. A circular situation is the end result with each scenario blending and bleeding into the other until we arrive at a police force where 40% of policemen are alleged to have abused their wives and then inevitably go on to abuse members of the general public, especially women who have been drawn into the legal system by their violent husbands.

When delegated with the duty of policing domestic violence, which is approximately 40 % of police work, 12 the front line police become the authority which dictates what other men's wives are allowed to do. Their own homes have become the testing ground for their actions in the field. This culture spreads beyond the force and has

strengthened the misogynist push in the community. What we see now in every cohort is men trying to outdo the other in their degree of violence against women. Abusive police for example use the justice system to subjugate women in the community. This presents an image that if women disobey men then swift punishment follows and that resistance is futile because the force is all powerful.

Given the front line police's unlimited, unquestioned discretion, they have plenty of excuses they can resort to when questioned. Further, given the wrap around, unquestioned support from their superiors, any maladministration on their part is yesterday's story and everybody moves on. The in-house police complaints system ensures that most police maladministration is made to disappear.

Conflicts of interest

Resolving conflicts of interest is one of the ways which keeps organisations honest and complying with their reasons for existing in the first place. The NSW Police have a very poor record for addressing conflicts of interest. Without taking the appropriate action, corruption will flourish, and it has. Conflict of interest issues often arise when the wives of abusive policemen consider reporting their husband's behaviour to the police. As documented in the review there are several problems which arise for the victims, but foremost amongst these is their reluctance to report their husband's abuse to the police station where he works. LECC commented in its 2023 review that:

> No matter how impartial an investigator may be when investigating another officer who is known to them or works in close proximity to them, victims and others may perceive that such investigations will not be impartial.

The LECC recommended that the investigation should be transferred to another station. The NSW Police Force didn't support this. Instead it came up with a strategy which the executives hoped would suffice. A conflict of interest form called P1226 was generated which the Inspector on duty had to complete each time the issue of a policeman's domestic abuse arose. The aim of the form was to consider whether conflicts of interests could be managed locally or should be transferred to another station for investigation. In its 2026 review the LECC observed that of the 66 complaint investigations which were reviewed, 21 investigations (32%) included a P1226 and 45 complaint investigations (68%) did not include a P1226. 13

The NSW Police Force and the LECC have been at loggerheads over this issue for some years. The LECC makes recommendations and the police disagree and nothing is done. The police complaints system remains contaminated by self interest and the motivation to clear offending police of any responsibility The police did not support Recommendation 1 of the LECC's 2023 review that an investigation of an abusive policeman should be transferred to another command. The excuse given was that "The NSW Police Force ... advised the Commission that it was 'not operationally practical for

the NSW Police Force to transfer these types of investigations to another command' ". 14 A women who provided a case study for the 2026 review, specifically requested that the NSW Police Force investigate her complaint outside the police district where the abusive husband worked. She was worried about conflicts of interest if his work colleagues investigated her complaint. She told police: "I can't contact police in the usual manner because of the conflicts and the worry of [his] being at work, at the time". 15 The result of her request was that the police denied her request and investigated her husband in the local police station. They did not complete a P1226 form as to whether conflicts of interest could be managed locally. 16

Then the current review stated "The NSW Police Force advised us that the completion of the P1226 and Panel meetings chaired by Region Commanders are 2 key strategies to manage risks associated with officer-involved domestic violence". 17 The main risk in these negotiations is that the police who are supposed to comply, don't. Given that the majority of police did not complete the P1226 forms, it seems that this reform just didn't work as intended by the police executives. Maybe the Panel meetings went better.

The LECC does not have the power to compel the police to comply with its recommendations. Big mistake on the part of the legislators. Why have an oversight organisation which can only stand by while those who are supposed to be supervised run their own agenda, unrestrained. It seems the issue of conflicts of interest has just generated more conflicts, this time of disinterest. This is a sticking point which needs further investigation as to the reasons for this. This saga demonstrates the absolute contempt held by the police force for women who try to complain about their husband's violence. The result of this police maladministration for her could have been catastrophic or perhaps it was and we didn't hear about it.

The police force culture is very "chummy" and "I've got your back". The boys stick together, no matter what the issue is or who gets done over. Gender loyalty is an "us against them" kind of psychology and this is what drives the police. I believe that this is at the core of police executives resisting LECC recommendations in matters of domestic violence. However, where there is a conflict of interest, women's safety should come before men's desire to hang out with their mates.

Any groups which depends on cohesion through conflict, is doomed to become even more perverse as time goes by. Breaking up such groups is essential as new, uncontaminated blood will change the paradigm, possibly for the better. Throwing forms at an already non-compliant bunch of blokes is only going to invite more of the same. According to the LECC's observations this is what has happened. Perhaps the only way to resolve the issue of who investigates abusive policemen and where, is to farm out the work to organisations not connected with the police at all. If this is refused by the executive, then perhaps the politicians need to step in.

Conflicts of interest are at the core of how the NSW police operate. It does not seem

to matter what laws, procedures, policies and codes are invented to address the issues which are affecting the public, the police find crafty ways of being seen to comply whilst doing things their own way. The really critical issue of weaning the police off incident policing onto policing coercive control will be the bellwether test for women. I am regularly reminded how the police who attended the scene when my daughter was being abused by her husband behaved. They handled the case by the book, their book which has never been published. This was my first experience of police non-compliance and I was shocked enough to embark on a long study how the police really operate.

What is the consequences of misogyny on policing domestic violence

Plenty of very disturbing effects follows the controlling behaviour of misogynist police when they attend "domestics". Women are the first causality, then comes their children, the whole family, the helping agencies, the law courts, child welfare and the social safety net which is groaning under the weighty result of police criminalising women and colluding with the real perpetrators. 18 The police who criminalise women don't take into account that a vulnerable woman has been done over for years by the man who was supposed to love her. What often happens is that he will drip feed torment all over his wife for a long time. He knows how to get her riled up. So when she starts to complain to the police, he escalates the torment until she reacts, perhaps violently. This is then used against her by him and by the police. She is declared the perpetrator and is arrested.

Because the up to 40% offending rate amongst policemen covers behaviour which has not been acknowledged either by the police executive or the politicians, misogyny has become the ideology which underwrites many front line policing decisions. These decisions are disguised by the formal structures of policing which has developed through legislation, policy and practice. These are the tools of police maladministration, albeit somewhat manipulated in a way which stretches credibility. The legalities are poorly drafted with many gaps which allows covert, non compliant behaviour to flourish. There is also the fall back line of unchallenged discretion that "conditions on the ground warranted the decisions made". A prime example is the criminalisation of women as the perpetrators of domestic violence which has serious, long term effects on her and on society.

The justice system didn't arrive at discrimination against women recently. There is a long history. Feminists insisted in the 1970s that something be done about domestic violence, otherwise there could be legal action against the state for dereliction of its duty of care. So the state brought in the relevant laws and structures which were quickly manipulated by academics and the police as a way of protecting men and criminalising women. The feminist push for justice morphed into police adopting inappropriate, discretionary treatment of men and women which denied that gender

made any difference to the nature of domestic violence. At the time this theory was called "sexual symmetry". This has led to indiscriminate misidentification of women as the perpetrators of violence, regardless of any evidence to the contrary. The routine has been perfected over the years and now there is a seamless system which corrals women from the first contact with police through to misidentification, criminalisation, jail and any number of other disadvantages and punishments. Misidentification amounts to the old fashioned "frame up" of an innocent person.

The front line police, then and now, apparently fail to notice that the real abuser is often twice the size, strength and with enough resources to call the tune against his hysterical wife. Propaganda has lead the police to believe that women are equally violent to men. When she responds to abuse and attacks her abuser, the police have an excuse to criminalise her. There is no consideration of the circumstances especially those which apply to self defense or defense of others. By misidentifying women as the perpetrator of violence, police are often criminalising innocent women which breaches every code, policy and practice of the justice system. Basically it amounts to a police "frame up". For women, this is devastating as even the temporary domestic violence order can have serious consequences which can land them in jail and disadvantage them in other multiple ways.

The review commented that the 40% of police work which is domestic violence related means that:

> These figures suggest that most officers will investigate domestic violence incidents all through their careers. This becomes problematic when involved officers are the ones investigating these incidents as this can significantly undermine the trust and confidence of victims in reporting domestic violence to police. 19

Given the estimated large numbers of police abusers, the LECC has no idea of how many there are and how many end up on the front line. It is reprehensible that the police executive and politicians turn even the few identified domestic abusers onto vulnerable women in the community. The review included a comment by one of the wives whose abusive husband was in the police force. Her testimony in the LECC review was ground breaking because the point she made exposed the underbelly of the police force. She related that:

> And that's the thing with officer-involved domestic violence where people think it's just our niche group and we're just this little fraction of victims, but the fact is our perpetrators are the ones who call in to go to DV calls. So, it affects all domestic violence victims (…). It's a bigger issue than just us and I don't know that people understand that. So, I just feel that the prevalence of abuse within police ranks is actually something that hinders their ability to respond to DV more broadly. (…) How can they respond to DV when you've got whole towns where they're covering for their own [police] abusers?... 20

LECC review commented:

> The Commission does not suggest that involved officers will inevitably conduct inadequate investigations into domestic violence incidents. However, we acknowledge that victims of domestic violence, and the community, may have a perception that officers who were themselves investigated for domestic violence may be less inclined to conduct an impartial and thorough investigation into a domestic violence incident. 21

Then there is the example of a policeman's abused ex-wife who was threatened by his colleagues for seeking help over the abuse. She told this to the Victims of Crime Assistance League chief executive who told the media that "Some of his workmates were calling her over a period of time, saying if she kept reporting [her ex's abuse], they'd take an AVO out against her". 22 This quote suggests that police are quite prepared to use the instruments of justice for their own purposes, such as misidentifying a women as the perpetrator of domestic violence. It also makes clear that if the wives of abusive policemen report their husbands, then they can expect the full force of the law to come down on their heads, illegitimately.

If the testimony of these two women doesn't shake up the police force, then there is intentionality to this kind of maladministration rather than it being collateral damage through other circumstances. That the police fail to conduct an "impartial and thorough investigation" is inevitable if conflicts of interests and codes of conduct are disregarded. The numbers of abusers in the force is unknown, they might be in the front line teams or not. Just who is abusing who is unlikely to come to the notice of police executives unless a wife makes a complaint. This usually doesn't happen because:

> Victims may believe that their accounts of abuse will be discredited, minimised or ignored;
>
> fear that their partner's careers would suffer if family problems were made known to the department;
>
> officers' in-depth knowledge of the legal system which they can use against the victim;
>
> officers having access to confidential records and personal information, limiting a victim-survivor's ability to covertly seek help;
>
> victims living in smaller communities where responding police may be an immediate colleague of the involved officer and personally know the victim;
>
> officers are taught skills that help them command authority and control situations on the job; when applied within their domestic partner and family relationships this can cause 'psychologically terrorizing and physically violent situations';
>
> fears by victims that the police would protect 'their own' ;

perceived unofficial higher standard of evidence required in civil and criminal DV proceedings against a police officer when compared to a civilian perpetrator;

lack of knowledge of the legal system compared to involved officers. 23

With so many barriers to reporting it's a wonder that the police managed to cobble together enough abusers for the LECC to review. This treatment of their wives by the police adds to the abuser's impunity. It also makes domestic violence worse for other men's wives who are captured in the legal system by police with an agenda underwritten by misogyny and a domestic violence habit.

The LECC comment that abusive policemen may be perceived by the community as being "less inclined" to do their job properly is an understatement. Anecdotal evidence from victims, women's groups and researchers records that the police are not very interested in domestic violence duties. This attitude was confirmed by the inquiry conducted by Judge Deborah Richards titled *A call for change, Commission of inquiry Into Queensland Police Service responses to domestic and family violence*. This inquiry revealed how many police officers were frustrated that the impact domestic and family violence had on women had been exaggerated and was being treated as though it were a "big deal".

The Commissioner also noted that police have an aversion to responding to domestic and family violence incidents which results in their shortcutting the process and responding with little interest in doing a good job. However, this would exclude the police who looked forward to policing domestic violence as an affirmation of their power over women. The Commissioner suggested the causes for this motivational malaise that some police officers feel that the public does not understand or appreciate the work police do in responding to family violence. There is a common perception among police that "domestics" are not "real" police business. The commissioner was also informed that police were disappointed that they rarely got positive feedback when they did a good job. 24 Police are hanging out for the job of catching "real" criminals, not a bunch of women who couldn't please their men.

In my daughter's case charges were laid with a minimal, irrelevant investigation. This was criticised by the LECC after it considered my appeal. She was on the receiving end of two domestic violence orders, neither of which were the result of investigative due diligence. I appealed to the LECC about the first order which was a dual order issued to herself and her husband. The LECC findings was that the police investigation was inadequate, that the police did not comply with the NSW Police Force Code of Conduct or with their Standard Operating Procedures and that she was misidentified as the perpetrator of domestic violence. This made her last months of life harrowing.

But while inadequate investigations is a frequent complaint, of more concern is the US figures that approximately 40% of police are domestic abusers. This is most likely

applicable to the Australian police. And apart from the domestic abusers we suspect are in the force, what about the rest of the men who come to the force straight out of the manisphere or are the graduates of the "how to drug, and rape your wife and post it on line" cohort? How do you calculate these figures and how do you account for the damage which misogynism in the force has inflicted on women? Unless this is dealt with, all that money spent on rehabilitating women is wasted.

Meanwhile the politicians are wringing their hands wondering why domestic violence is so entrenched in society and is not showing any signs of being ameliorated. The woman's voice which was amplified by the LECC Review, needs to be repeated in the halls of power until the message sinks in. Again she said "**our perpetrators are the ones who call in to go to DV calls".** As a comment it was nearly incidental, hardly heard or seen and quickly forgotten. Within the silences and the hapless, thoughtless dismissal of people's suffering, lies the truth. There is an urgent need for the police force to be held accountable at the highest level for condoning the actions of abusive policemen when they roar into the broken home of these broken people and impose with force or threats their misogynist ideology.

The missing link to misidentification, is it planned, purposeful and deliberate?

Misidentification of women as perpetrators has been a problem complained about for many years by official inquiries, by advocates, women's orgnisations and victims. The LECC review proposed that the reasons for misidentification were:

> Involved officers' knowledge of the legal system allows them to use the law as a weapon against the victim; police accept the involved officer's version of events; victims of officer-involved domestic violence are too distressed to provide police with an adequate statement at first contact; and, police investigators do not examine if there is a history of domestic violence between the parties. 25

The most significant factor in police misidentifying women as perpetrators is that those with a domestic violence habit are the first to volunteer to be on the front line teams so that they can victimise even more women.

The police do not keep records of misidentification, probably because it would not reflect well on the station where they work. Misidentification is regarded as a police "mistake" to be buried. The failure to keep relevant records is but another form of preempting potential criticism because information can be used as a weapon. Police with an agenda manipulate the rules, abuse their discretion, rely on their mates for support and lie about who did what to whom and when. Consequently misidentification is hard to pin down and what cannot be identified cannot be addressed.

The police force, the politicians and the decision makers do not realise that a subculture of misidentification exists which is used by a cohort of secretive policemen out to punish women regardless. We cannot be sure of the frequency of this but we can get

some idea by following the outcome. The most relevant outcome is the escalation of domestic violence. Misidentification of women as perpetrators gives the real offender the motivation and the opportunity to do more of the same. Accused women stand to lose everything and many end up in jail, especially Aboriginal women, the disabled and migrant women.

Misidentification has steadily increased over the decades between the 1970s and now. Police are on the back foot over the issue so they are defending their hasty, inaccurate decisions with comments such as this police statement published in the review:

> The NSW Police Force is apprehensive about the term 'misidentification' as it implies that police 'got it wrong'. According to the NSW Police Force it is important to understand what actions police must take when they respond to a domestic violence incident. Officers who first arrive at the scene of a domestic violence incident must assess that specific incident and determine if an offence has been committed. If the complainant has committed an assault, under the law the complainant has committed an offence, and police must act on that offence and arrest and charge the complainant. According to the NSW Police Force this does not constitute misidentification as police must rely on the evidence in front of them. In other words, if the evidence points to the complainant as the aggressor, then police are bound by law to act. Police must also distinguish between self-defense and retaliation; self-defense allows a person to defend themselves, retaliation, by contrast is unlawful. 26

The *NSW Police Force Domestic and Family Violence Guideline* states:

> It is vital that the outcome of the investigation is accurately recorded in the police report to avoid a person being incorrectly identified... Upon an investigation being completed, it may be suspected or believed by police that both parties have committed a domestic violence offence. In this circumstance police have a legislated responsibility to make application for an ADVO against both parties unless there is good reason not to. 27

But in correctly identifying the perpetrator the police cannot disregard the totality of the evidence by reducing it to what they have observed on the day. Before attending, the police need to be aware of the history of the violence so that they are not hoodwinked by a perpetrator acting the victim which is something that abusive men have come to do so well. This knowledge of the case would assist police in telling the difference between perpetrated violence and defensive violence.

Apparently the police do not search their records before attending a call out as my daughter's case demonstrates. Whenever the police attended the call out, it was always in response to her husband's reporting that she was being abusive. After she was issued with the first order her husband applied to the court to have it withdrawn be-

cause he stated that he was not afraid of her. So it was withdrawn. A few months later when he called the police yet again, they issued her with another domestic violence order and a charge of common assault. These were unjustified for several reasons.

With both orders, the police had failed to conduct an appropriate investigation. Her children and her next door neighbour were witnesses and were living close by, but the police never spoke to them. They failed to take into account that the first order they issued was withdrawn because my daughter's husband had outed himself as the prime abuser. At the time they should have charged him with making a false report. At the relevant call-out, the police failed to observe my daughter's bruises which were the result being attacked by her husband. They disregarded that her action of throwing an object at her husband's legs was an attempt to slow him down as he was trying o prevent her from leaving. And finally her actions were in self defense, not retaliation, but this did no deter the police from charging her with common assault and issuing another domestic violence order.

Incident policing of domestic violence is inherently unreliable. The real evidence is the couple's relationship which is the principal evidence in every domestic violence case. But the police ignore this as having no relevance to the crime. Without policing coercive control, the police investigation is incomplete and without the relevant information, mistakes are made. This is what the police don't seem to understand and understanding is prerequisite to doing the right thing. My daughter's case demonstrated that policing to a formulae is defined by a masculine, black and white framing of the law. It doesn't work in most domestic violence cases.

It's quicker and it is less risk adverse for the police to misidentify the perpetrator and hand out orders than to work through all of the variables. The urgency of this process is supposed to protect the safety of the alleged victim. But this is a delusion cherished by the politicians and the police executives. Evidence from researchers and activists has determined that the opposite is the case. I can verify this is so because of my daughter's experience. A few weeks after the second lot of orders were issued against her, he destroyed her property and left her with no home and no possessions. Cases like this demonstrate that victims are in even greater danger because misidentification gives the real perpetrator the covert permission to continue and intensify their abuse, which is what my daughter's husband did.

The misidentified is likely to be a woman and the perpetrator a man. Over the decades playing the victim has become a male tactic and it wins over the police due to gender loyalty. Given the binaries of the justice system, it was deemed necessary to have a victim and a perpetrator so the properties of the masculine stereotype has been adjusted accordingly. Victimhood for men was made respectable with the debates last century about equality of gender violence. It gave men more options of avoiding accountability for their violence. A man, when confronted with his behaviour, could either deny it

or admit the wrong and take his punishment. Most men play the victim knowing that the brotherhood of man will rescue them from too many unpleasant repercussions.

The front line teams are usually composed of men and they do not have the same degree of emotional finesse that women have, so in this absence they rely on gender stereotypes, ancient beliefs, and what they would like to see happen, or otherwise they ensure the outcome is one which they prefer. Nothing is less predictable and understood than human behaviour. What the domestic violence laws and practices do is to rob people of their humanity and puts them into legal boxes which fits the available evidence, rather than the reverse.

Because of time and money constraints, combined with ideological trappings and prejudicial attitudes, the police are motivated to arbitrarily name an offender, issue orders and leave the arguing couple for the courts to sort out. There is no police monitoring the situation. The courts have determined that a "duty of care" is not the police's duty. This is risk adverse policing at its worst. This is incident policing where misidentification is bound to be the outcome whether this is deliberate on the part of the police or not. It's time the politicians and the police executive gave up being so inflexible and defensive and made plans to reorganise domestic violence policing so that preventable maladministration such as this is addressed and corrected.

Coercive control

The new NSW laws on coercive control should ensure that the root causes of the violence will not be disregarded. These laws are an attempt on the part of the politicians to drag the tradition-bound old boys in the police force into considering a new paradigm for domestic violence. This also challenges everything the younger generation of police have learned about the laws and procedures covering personal violence. It's a major shift in the way the police are supposed to approach matters of the heart which have deteriorated into matters of hate.

The policeman who tried to debunk misidentification was relying on practices covering domestic violence which focus on the police's first impressions. This is incident policing which is a very neo-liberal, "hit and run" style of policing. It's popular with the police executive and the foot soldiers because it's cheap, quick, and enables police to process domestic violence at industrial rates. It also blames individuals for their sorrows and entirely dispenses with the social background of the violence which lets the justice system off the hook. If coercive control policing becomes established, the politicians will have to find a lot more money to fund the kind of investigation which is necessary. But it is worth pursuing because women especially will benefit immensely and we might even see the figures trend downwards.

What is coercive control? Coercive control is a course of conduct which is a sustained, repeated pattern of abuse rather than an isolated incident. It is intentional. The per-

petrator acts with the specific intent to coerce, control, or dominate the victim. Coercive control create fear, dependency, or restricts the victim's agency and liberties. The LECC review listed in Table 1 the types of complaint issues investigated by the NSW Police Force. Coercive control was listed as a stand alone offence. 28 The reality is that most of the offenses in this list comprise coercive control.

Such assumptions underlying the list is narrowing the definition of coercive control which means that it might not get up as the way of policing domestic violence. This might suit the police. It saves them from having to conduct prolonged investigations. But it is devastating for the victims. The parliament and the justice system cannot condone this style of policing especially when coercive control policing has been legislated and is embedded in the police codes of conduct. Both the politiians and the LECC need to be aware that incident policing may remain the policeman's shortcut, unless there is a concerted effort to bring them to heel.

Coercive control is a factor in most relationships which exhibit mental or physical violence. The aim of coercive control is man's control over the woman. This is a project which most men feel compelled to conduct because failure to control his woman is seen as a fail in the alpha male stakes and no man wants to be seen as weak. According to the male stereotype, men are supposed to control women and most men see nothing wrong with this. The opposite to coercive control is the situation where abuse and violence is a stand alone, one off occurrence which is the incident the police rely on to make their decisions. This one off violence is a rarity yet this is the model which police rely on when they deal with domestic violence.

It's more likely that the police will cling to incident policing which has become a quasi-legal, easy way to incriminate women while letting the real abuser get off. When the police arrive at the scene the wife has probably attacked her husband as a result of years of abuse. On the day, the police get a bad impression. She is not behaving nicely so she gets criminalised. Meanwhile her husband is probably putting on the victim act and, boys being boys, the police and the perpetrator will stick together in the face of a noisy, annoying women.

The principles and practices of coercive control policing are already embedded in police policies and codes of conduct. The problem is that police fail to comply with these instruments. It's more important to them that they retain their discretion which is the source of their power over people. The provisions of the police codes need to be mandatory. Further the police complaint system needs to ensure compliance and deliver punishment for non-compliance unless there has been a good reason to depart from the rules. It's actually called accountability. If policing coercive control is to succeed, there needs to be recognition that the most important evidence is the relationship itself. The only way to ensure a fair and equitable outcome is to take this into account. In this case misidentification will become a mistake of the past.

My daughter's husband was an expert in coercive control. He knew what to do. This was obvious early in his career of abusing his wife. His behaviour ticked every box. According to the legal definition his control was intentional, purposeful and domineering. My daughter was afraid of him but dependent on him, especially since she was diagnosed with cancer. Her lifestyle was restricted by him for his own ends. He isolated her, deprived her of her friends, wasted their money on whatever he wanted, hated her children, had bad mouthed her relatives, threatened anyone who posed a risk to his reign of terror and he lied all of the time.

The activists and women's groups know what to do about domestic violence but in a patriarchal society this is not given any credibility. For starters, it's either defund the police and hand the work over to people who are capable of making the right decisions for vulnerable couples. Or the police could address the canker at its core by sifting and sorting the misogynism out of the force and initiating the laws, policies and structures in a way which works for the public rather than for the police. In other words, it's a police integrity issue and it's about time that the politicians made sure that this is the basis of policing rather than the present regime of authoritarian masculinity.

The ideal actions which the police should take when they arrive at the scene of domestic violence is to immediately physically separate the couple. Given the housing situation this is difficult. But the government just has to come to the party and provide suitable temporary accommodation. Then gather what evidence there is and leave, without comment, without issuing binding orders, and without judgment. It is absolutely necessary that when people reach this state of crisis the worst thing for anyone to do is to make decisions in a hurry with life altering consequences. There is always time later to make sound decisions.

The cost of mopping up after the violence far exceeds, I'm sure, the cost of preventative action. But getting rid of the misogynist foot soldiers in the police force will take some rethinking of what the police are all about. This implies a revolution which the patriarchy doesn't appear to countenance. Many people believe that domestic violence is inevitable. This perception has to change. What we can do in the meantime is "man the barricades". if the suffragettes were able to achieve the vote by blowing up letterboxes, I am sure we can do the same today by blowing up the internet.

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Feedback for Priority Area 1: Victim-survivors

As someone who experienced suspected drink spiking during a first date, I believe there is a significant gap in public awareness around personal safety options, victim rights, and available support pathways.

At the time, I did not know what practical steps I could take if I suspected my drink had been tampered with. I was unaware of technologies and testing tools that may assist people in identifying potential drink contamination, and I had limited knowledge of my legal rights, reporting options, or what evidence may be important to preserve.

I also did not fully understand that drink spiking is a criminal offence in itself, regardless of whether a further crime occurs. Greater public education is needed so people understand when and how to seek medical assistance, when to contact police, what support services are available, and what actions can improve their safety and wellbeing in the immediate aftermath of an incident.

The Second Action Plan should support public awareness initiatives that provide practical, accessible information about recognising drink spiking, responding safely, preserving evidence, understanding legal rights, and accessing support services. This information should be available through schools, universities, dating platforms, hospitality venues, festivals, community organisations, and online channels.

Providing people with knowledge before an incident occurs may help reduce harm, increase reporting, improve evidence collection, and support earlier engagement with services.

Feedback for Priority Area 2: Prevention and early intervention

Existing prevention initiatives could be strengthened by expanding education beyond traditional settings and ensuring information reaches people where they are most likely to encounter risk. This includes schools, universities, workplaces, sporting clubs, hospitality venues, festivals, dating platforms, social media, and community organisations.

Programs should provide practical information about recognising unsafe situations, responding to concerning behaviour, accessing support services, and understanding legal rights. Consistent messaging across different settings would help reinforce prevention efforts and increase community awareness.

The Second Action Plan should address emerging challenges associated with technology. Online abuse, image-based abuse, stalking, location tracking, impersonation, harassment, and the misuse of artificial intelligence are creating new pathways for coercion and control.

Prevention strategies must evolve alongside technology and provide people with the skills needed to navigate these risks safely. The Action Plan should also recognise that violence can occur in many contexts, including intimate relationships, dating situations, nightlife environments, workplaces, educational settings, and online spaces. Prevention efforts should reflect the diverse ways Australians interact, communicate, and form relationships in modern society.

Feedback for Priority Area 3: Children and young people in their own right

The harm to children and young people in relation to drug-facilitated assault, abuse and exploitation requires greater recognition within prevention and early intervention frameworks.

Children and adolescents are particularly vulnerable due to developmental, social, and environmental factors, including reliance on adults, peer pressure, emerging social independence, and increased exposure to unsupervised environments such as parties, gatherings, online interactions, and social venues. In some cases, young people may not have the knowledge or capacity to recognise when they have been harmed, or may not feel safe disclosing what has occurred.

Drug-facilitated harm can involve both opportunistic and deliberate targeting of young people in social settings, and may be linked to broader patterns of grooming, coercion, exploitation, or sexual violence. These risks are further increased in environments where supervision is limited, where alcohol and drugs are normalised, or where unsafe behaviours are minimised or dismissed.

A key gap in current prevention efforts is the lack of age-appropriate education about personal safety risks, consent, bodily autonomy, and what constitutes unsafe or non-consensual experiences. Young people should be provided with clear, developmentally appropriate information about recognising unsafe situations, understanding that drug-facilitated harm is a form of violence, and knowing how to seek immediate help without fear of blame or disbelief.

Early intervention responses should also ensure that children and young people who disclose suspected drug-facilitated harm are believed, supported, and not retraumatised through repetitive questioning or inconsistent service responses. Trauma-informed, youth-specific pathways are essential, including access to healthcare, counselling, forensic support where appropriate, and trusted adult or advocate involvement.

Online environments also present emerging risks, including coercion through social media, manipulation through messaging platforms, and targeting via dating apps or event-based invitations. Prevention strategies must therefore include digital safety

education that is accessible to young people and integrated across school, community, and youth services.

Strengthening prevention in this area requires coordinated action across education systems, health services, policing, community organisations, and digital platforms to ensure that children and young people are better informed, better protected, and more confidently supported to seek help early. :::

Governments, communities, schools, workplaces and online platforms can play an important role by increasing awareness of topics such as respectful relationships, consent, coercive control, online safety, technology-facilitated abuse, bystander intervention, drink spiking, and personal safety planning.

Many people are unaware of the warning signs of harmful behaviour until they have already experienced harm. Earlier education and awareness campaigns can help people recognise risks, challenge harmful attitudes, seek support sooner, and intervene safely when they witness concerning behaviour.

Feedback for Priority Area 5: System Integration and Workforce

A critical gap in current prevention and early intervention approaches is the lack of practical, real-world safety education that prepares people for high-risk social environments, particularly dating situations, nightlife, festivals, and other unsupervised social settings.

While respectful relationships education and consent frameworks are essential, there is insufficient focus on situational safety awareness and immediate harm prevention. Many individuals do not receive clear, accessible information about what to do in the first moments of suspected harm, including how to recognise risk indicators, preserve safety, and seek timely assistance.

Emerging forms of harm in social settings, including drink tampering and drug-facilitated assault, are often not well understood by the public until after an incident has occurred. There is a need for preventative education that includes practical risk awareness, not only behavioural and attitudinal change.

A stronger prevention approach would include:

• Clear public education on recognising and responding to suspected drink tampering and drug-facilitated harm

• Improved awareness of legal rights, including that drink spiking and drug-facilitated assault are criminal offences regardless of additional harm outcomes

• Guidance on when and how to seek medical support and police assistance following suspected incidents

• Integration of practical safety information into schools, universities, licensed venues, festivals, and dating platforms

• Increased public awareness of available harm-reduction tools and safety technologies that support early detection and risk reduction in social environments

Prevention efforts should not rely solely on post-incident response knowledge being accessed during crisis. Instead, individuals should be provided with accessible, proactive information that supports decision-making in real time.

A further gap exists in public understanding of early intervention pathways. Many people delay seeking help due to uncertainty about whether an incident "qualifies," fear of not being believed, or lack of clarity around what support is available. Strengthening public messaging around early reporting, medical assessment, and evidence preservation could improve outcomes and reduce long-term harm.

Finally, prevention strategies should recognise that risk does not only exist in domestic or intimate partner settings but also in social and recreational environments where supervision is limited and perpetrators may exploit vulnerability. A comprehensive prevention framework must therefore extend beyond relationship-based harm to include situational and opportunistic violence in community settings.

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

Additional priority actions to prevent family, domestic and sexual violence should focus on strengthening early identification of risk, improving public safety literacy, and addressing emerging forms of harm that occur both online and in social environments.

A key priority is improving early recognition of coercive control and escalating patterns of abuse before they reach crisis point. Many victim-survivors do not initially identify behaviours as abusive, particularly when harm is psychological, financial, emotional, or occurs gradually over time. Public education campaigns should continue to expand understanding of non-physical forms of violence, including coercive control and technology-facilitated abuse.

Another priority is strengthening prevention in community and social environments where risk is currently under-recognised. This includes dating contexts, nightlife settings, festivals, and informal social gatherings where substance use, reduced

supervision, and social pressure may increase vulnerability. Preventative approaches should include practical safety education that helps individuals recognise risk, respond early to unsafe situations, and access support quickly when needed.

Greater attention should also be given to improving public understanding of immediate response pathways following suspected harm. Many people are unsure what steps to take if they experience or witness a concerning incident, including when to seek medical care, how to report to police, and how to preserve potential evidence. Clear, accessible information delivered through multiple settings could improve early intervention and reduce long-term harm.

Technology-facilitated abuse should remain a major focus area, including stalking through location sharing, surveillance via devices, impersonation, image-based abuse, and coercive control enabled through messaging and social media platforms. Prevention strategies must evolve alongside technology and ensure both the public and frontline workers are equipped to recognise and respond to these behaviours.

Finally, prevention efforts should be expanded through consistent education across the life course, starting in schools and continuing through workplaces, universities, and community organisations. Programs are most effective when they are practical, repeated over time, and reinforced across multiple environments rather than delivered as one-off messages.

A stronger prevention system would combine cultural change with practical safety knowledge, ensuring people are better informed, better prepared, and more supported to act early when warning signs first appear

Eg. Teenage and early 20s relationship choices and expectations/ self worth and personal safety/ personal responsibility

Limitation of dissonance and distortion for mutual respect (social media)"

Feedback for Priority Area 1: Victim-survivors

The pain point of domestic violence is that a person cannot leave an abusive partner if they cannot afford to leave, or if they risk losing their children. Policy focus therefore needs to be on the structural economic barriers facing victim-survivors: precarious employment, inadequate childcare support, and prohibitive legal costs.

1. Financial Dependency as a Barrier to Leaving

Financial independence is a precondition for safe exit from abusive relationships. Research by Hayley Fisher (University of Sydney) using Australian administrative data and natural experiments in welfare policy has produced causal evidence that financial resources available to single parents after separation directly shape their repartnering and labour market outcomes [link redacted]. The income loss on separation is severe: Australian Longitudinal Study on Women's Health data show an average 20% drop in equivalised household income for separating mothers; for those likely to have experienced partner violence, the drop is 36%. Seven in ten women who leave a violent relationship report leaving property or assets behind.

There is a consistent correlation between unemployment and domestic violence rates in Australia. Mapping across local government areas in Sydney and Melbourne shows that where economic disadvantage is greatest, violence rates are highest and the gap has grown over time [link redacted]. These associations are observational, however, and international evidence points to a genuine policy tension: while higher income generally corresponds with lower domestic violence, evidence from countries with more generous unemployment benefit schemes suggests that higher benefits can prolong unemployment spells, potentially increasing exposure to violence at home [link redacted]. The net effect is ambiguous and context-dependent, and Australia needs its own causal estimates before assuming that income support reforms will unambiguously reduce violence.

Nonetheless, income support that strengthens women's financial independence may both reduce violence and enable separation from relationships that were coercive rather than chosen. When income policies increase separation rates, this reflects women leaving relationships they could not afford to leave earlier.

2. The Prohibitive Cost of the Legal System

Even when a victim-survivor finds the resources and courage to leave, the family law system imposes massive further costs. Recent reporting documents women spending $300,000–$500,000 in legal fees in family law proceedings, often driven by abusive ex-partners who weaponise self-representation to deliberately drive up costs [link

redacted]. Legal Aid NSW will, from July 2026, restrict family law assistance to victims of reported domestic violence and Aboriginal people only — with means tests that already exclude most Australians in paid employment or with any savings. Women who have not yet formally reported violence are often ineligible for even this restricted assistance. This is a structural failure that disproportionately affects women in the middle of the income distribution — not wealthy enough for private lawyers, not poor enough for legal aid.

The Second Action Plan should substantially raise legal aid income and asset thresholds for DV-related family law matters; fund specialist ongoing legal representation rather than one-off advice; and reform costs rules to deter the weaponisation of self-representation as a form of financial attrition.

3. The Reporting Gap

The ABS Personal Safety Survey (2021-22) finds 1 in 4 women has experienced violence from an intimate partner since age 15. The proportion engaging with formal services is far smaller. Policies targeting only those who have reported miss the largest share of the affected population. We must invest in survey-based monitoring alongside administrative data and explicitly design programmes that reach women before they reach crisis point.

Feedback for Priority Area 2: Prevention and early intervention

Preventing domestic violence requires addressing the economic conditions that make women vulnerable to it and unable to leave it. This means supporting women's financial independence, restructuring perverse incentives embedded in current policy design, and tackling the male economic disadvantage that drives backlash violence.

1. Support Female Labour Force Participation

In Australia, women's employment remains disproportionately part-time and insecure which prevents financial independence. Policies that encourage female labour force participation such as subsidizing childcare for primary carers or grandparents will decrease coercive control.

2. Reform Childcare Subsidies for Primary Carers

Current childcare subsidies are assessed at the household income level, creating a structural trap: women in abusive relationships often reduce or avoid paid work to

remain below the threshold for subsidised childcare, which in turn deepens their economic dependence on their partner. The lower their earnings, the less it makes financial sense to work — reinforcing the partner's role as primary earner and the woman's lack of financial independence. Childcare subsidies should be assessed on the primary carer's income alone.

3. Address Male Unemployment and the Education Gap as Prevention

Male unemployment is itself a risk factor for perpetrating domestic violence, consistent with international evidence that economic stress and loss of status increase violence risk. Zhang and Breunig (2023), using Australian survey data, find that women who out-earn their male partners are 33% more likely to experience partner violence and 20% more likely to experience emotional abuse — a backlash effect driven by violations of the male breadwinning norm. As women increasingly surpass men in educational attainment, this relative shift in economic position is likely to intensify. Causal evidence from Barua, Hoefer-Marti and Vidal-Fernandez (2024) shows that policies increasing male high school graduation rates reduce crime. Prevention policy cannot focus solely on improving women's economic position; it must also address male educational and economic disadvantage to reduce the conditions that generate backlash violence. We should fund programmes targeting boys' and men's educational engagement and employment outcomes as part of a prevention framework.

4. Towards Evidence-Based Policy

A critical gap in Australia's domestic violence policy landscape is the limited use of rigorous causal evaluation. Observational correlations between economic conditions and domestic violence are consistent and plausible, but correlation is not causation — as the income support tension illustrates: international evidence suggests higher unemployment benefits may prolong unemployment spells and increase exposure to violence, but we lack Australian estimates. Policies built on correlational evidence alone can fail or backfire. We should embed a commitment to evidence-based intervention: piloting policies with sound evaluation designs; commissioning causal analysis — using natural experiments, linked administrative data, and where feasible randomised designs — before scaling; and drawing from Australian estimates. The ERC-funded WomEmpower project [link redacted] illustrates what systematic causal research on intimate partner violence drivers and policies can produce across high-income countries. Australia's investment in DV policy has increased substantially; the return would be higher if interventions were routinely piloted and rigorously evaluated before being scaled.

References

Barua, R., Hoefer-Marti, A. and Vidal-Fernandez, M. (2024). Wheeling into school and out of crime: Evidence from linking driving licenses to minimum academic requirements. Journal of Economic Behavior & Organization, 217, 334–377.

Zhang, Y. and Breunig, R. (2023). Female breadwinning and domestic violence: Evidence from Australia. Journal of Population Economics, 36, 2925–2965.

Feedback for Priority Area 1: Victim-survivors

We need to see representation of our stories on screens. Thoughtfully produced dramas and documentaries about survivors lives. This is vital to bring awareness to the general population as well as awareness to survivors who may not even know that what they are going through is abuse. We need stories in the home to start conversations. If there is not enough awareness of how horrifically endemic child sexual abuse is then things cannot change.

Awareness helps people access support earlier. Easy to find information of support services. Awareness posters in doctors offices. Schools who are being educated in how prevalent this is so that they can look out for signs and support students who are being abused.

Feedback for Priority Area 2: Prevention and early intervention

The biggest difference in preventing violence is in sharing stories across all platforms and social media. It's about educating families before they have children. It's about talking to students in high school and even in primary school about consent and body autonomy.

There needs to be more simple, age-appropriate, comprehensible information about what abuse looks like, what you can do to support someone who's going through abuse or to support yourself, and information about where to get support from relevant services.

I cannot stress enough, awareness is key and education needs to be mandatory across all walks of lives about this abusive situation.

Feedback for Priority Area 3: Children and young people in their own right

All in one trauma centres that are aimed at children would be a great idea. Kind of like a healing recovery camp where children can learn about their rights, their emotions, their body, what is appropriate and not appropriate. Where they can learn that they are not alone in this, that they can heal and have positive lives going forward, that none of this was their fault, and that there are many ways to heal and that it will take a lifetime to do so.

Peer support and groups are vital. When we are in community with others who have experienced similar abuses, we do not feel so alone. When we see others who have gone through similar abuses who are thriving we feel inspired.

It is vital that there is education from primary school, high school and into university... Education for babies are born into families... About what is abuse, what the consequences are, and where to get help to prevent committing acts of abuse.

Feedback for Priority Area 4: People who use violence

Again, this is all about education and awareness. Without shame we need to talk to the perpetrators and potential perpetrators about what consent is, what abuse looks like, and how to seek healthy relationships and get support before committing any crimes or any further crimes.

The whole damn judicial system is atrocious in Australia! The whole system needs to change because there is very little meaningful consequence for the actions of abusive perpetrators. There needs to be trauma informed interpreters to help both police understand survivors and survivors understand the legal system, and as it is, to keep their expectations low of any kind of justice.

That needs to be complete and utter overhaul in regards to supporting survivors/victims. Perhaps dedicated courts, detectives and lawyers. However, looking at the family court system, there's no guarantee that people will be safe.

Feedback for Priority Area 5: System Integration and Workforce

There needs to be more trauma centres. More free counselling. More holistic healing places where it's not just talk therapy, but it is art therapy, physical therapy, being in nature and with animals, EMDR. Talk therapy loan is not enough to help people heal.

We need workplaces to understand that conservatively, half their workforce is a survivor of some form of childhood maltreatment. People should not be punished for having being a survivor of abuse. Insurance companies penalise victims of accidents because they have had trauma in their past. They do not take to consideration that as a survivor

you may have certain built-in survival mechanisms that will make you act in a certain way with new stresses and new traumas.

Again, more information for businesses and schools and health workers to understand the different mechanisms that survivors have put into place in order to survive their ordeals.

And what do we need for all of this? Money and physical and online support places.

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

Representation of our stories on screen!!!

Listening to lived experience survivors! Many lived experienced survivors are fierce, intelligent, well educated, insightful and articulate. We do not need patronising platitudes or people speaking for us when they have no idea.

This is not a place where researchers or politicians can try to figure it out for us. Otherwise you get a lot of wasted time, wasted money and inefficient offerings.

A quarter of the population is being abused or healing from that abuse.

The cost that this places on the government in terms of hospitalisations and incarcerations is far more than what awareness and education would cost.

Education in schools, doctors offices, and in prenatal classes is absolutely vital! Yes it is uncomfortable to have to acknowledge and we can no longer spend time tiptoeing around this pretending it's just going to go away. It's getting worse. We need to sit in the discomfort of having these conversations now.

The power of education in our schools, stories on our screens, healing centers and camps, easier access to counselling and support groups in person and online, and a

judicial system that genuinely hears and listens to survivors will do far more good than you can ever understand.

Submission to the Consultation on the Second Action Plan

National Plan to End Violence against Women and Children 2022–2032

From: [redacted] — Safety, Health and Risk Engineer — Perth, Western Australia
Contact: [redacted]
Date: 21 June 2026
Subject: Closing the gap that leaves children unprotected from a known risk — an engineering analysis of a system failure, and a proposed enforceable statutory duty modelled on work health and safety law

About this submission and its author

I am a safety, health and risk engineer — a Chartered Professional Engineer ([redacted]) and Chartered Engineer ([redacted]). My profession is the analysis of systems that can harm people: identifying hazards, ranking the controls used against them, assigning clear duties to those responsible, and building the feedback loops that stop failures from recurring. This submission applies that same discipline to Western Australia's child-protection system, using a single, fully documented case as the dataset.

The conclusions here are not the complaint of an aggrieved parent. They are the output of a structured analysis of the kind I would apply to any safety-critical system that keeps producing harm — a root-cause examination of where the duties sat, which controls were relied upon and where they ranked in the recognised hierarchy, and why the system never learned from its own failures. The case is personal: it involves children in my extended family, and a convicted, registered child-sex offender. But the method is professional, and the central finding is one any competent safety engineer would reach from the same facts — the system has no enforceable duty, no consequence for breach, and no feedback loop, and a system built that way will fail reliably, however good the people staffing it.

This is also why the comparison this submission draws with work health and safety law is not a rhetorical device. Work-health-and-safety regulation is the field I work in. I recognised the gap in child-protection law precisely because I know what a functioning safety regime looks like in practice — the positive duty, the hierarchy of controls, the non-transferable obligations, the regulator — and what it costs a community when that architecture is simply absent for children at home.

I am not a lawyer. The reform drafting in Part 4 is illustrative; section numbers and offence wording would need to be settled by Parliamentary Counsel before any Bill is introduced. Names and identifying details are withheld throughout. A source-anchored evidence pack — court orders, departmental findings, police and ministerial correspondence, clinical

summaries, the cost model, and the safety plan referred to below — is held separately and can be provided to the Department or to any review on request.

Executive summary

Western Australia already protects adults at work with an enforceable duty, real criminal consequences, and a dedicated regulator. It does not extend the same architecture to children at risk of serious harm in the home. That is the gap this submission asks the Second Action Plan to close.

In a single documented case, a man convicted of child-exploitation offences and placed on the child-protection register retained access to children for years under a written "safety plan" that depended on the offender, and on a partner who did not believe he was guilty, to police themselves. Two children were later the subject of substantiated departmental findings of harm — one from sexual abuse, one emotional. No duty-holder was ever held to account, because protection in the governing law is a discretionary power, not a duty, with no consequence for failing to act and no regulator independent of the agencies involved.

The recommendations below are summarised here and set out in detail in Parts 4 to 7:

1. Enact a positive, non-transferable statutory duty to protect a child from a known or reasonably suspected risk of significant harm, binding child-protection agencies and police, modelled on the Work Health and Safety Act 2020 (WA).
2. Attach graded offences to breach of that duty, including a manslaughter-equivalent where a protective failure causes a child's death.
3. Establish an independent Inspector of Child Safety to investigate duty-holders and bring or refer prosecutions, so the system is no longer left to investigate itself.
4. Require that every person responsible for a child's care be told when the child lives with, or has access to, a convicted child-sex offender, with a child's protection prevailing over an offender's interest in suppression.
5. Make immigration referral on conviction of a non-citizen automatic and prompt; make risk information follow an offender across state and national borders.
6. Provide a workable pathway for child disclosures without physical evidence, on the Barnahus ("children's house") model, and require independent, regular interviewing of children living under a safety plan.
7. Build a feedback loop: track court orders and expert risk assessments against what actually happened to the child, so the system learns.
8. Reform the family-law system's lack of accountability, weaponised orders, delay and cost structure (Part 6).

Part 1 — The documented case, in brief

A non-citizen was convicted in the District Court of WA in [redacted] of possessing child-exploitation material and given a suspended sentence with supervision conditions. He was placed on the Australian National Child Offender Register. His conviction was suppressed, and the people responsible for the children around him were not told.

Over the following years the Department of Communities substantiated harm to two children connected to him — one for harm from sexual abuse, one for emotional harm. A child obtained a Family Violence Restraining Order against him and was later awarded criminal injuries compensation. When a child tried to report abuse at a police station in [redacted], no statement was taken. In late [redacted] the offender left Australia in breach of his reporting conditions and is now listed as a missing offender. He is reported to have continued the same pattern overseas.

The Parliamentary Inspector of the Corruption and Crime Commission, having reviewed my efforts, advised that the remedy lies with Parliament. Every complaint avenue — departmental, ombudsman and integrity — has been exhausted without any duty-holder being held to account.

Part 2 — The economic case

This is not only a question of justice; it is a question of cost, and cost is something my profession measures. I costed this single case the way I would cost any system failure — conservatively, with every assumption shown and deliberately set low. On that basis, the actions of one offender cost the public purse over $700,000, with a further $200,000 borne by the family — almost all of it spent reacting to harm after it had already happened.

Source	Category	Sub-total
PUBLIC / STATE COSTS	**Cost borne by the community**	
Family Court of WA	Two parenting matters; registry processing	$138,000
Dept of Communities	Six child-safety investigations and reports	$42,000
WA Police (incl. SOMS)	Investigation, forensic image analysis, offender monitoring	$141,000
Criminal justice	Forensic exam, prosecution, sentencing (guilty plea), injuries award	$115,100

Health (public)	Headspace, CAMHS, GP, psychology, medication	$26,000
Centrelink	Processing and allowances	$17,000
Immigration & visa	Detention, AAT review, Federal Court review, legal costs	$227,500
Public sub-total		**$706,600**
PERSONAL / FAMILY COSTS	**Cost borne by the family**	
Family	Travel, living costs, property damage, personal legal costs	$17,100
Family	Lost income / opportunity (own time at a skilled wage)	$144,000
Family	Administration, documents and reporting (own time)	$50,000
Family sub-total		**$211,100**
TOTAL ESTIMATED COST	**Single documented case (conservative)**	**$917,700**

Methodology. Agency time is valued at conservative loaded professional rates and the family's own time at a skilled wage; these are estimates, not invoices, and the working is shown in the source spreadsheet. The estimate is deliberately conservative: the criminal matter was resolved by a guilty plea, so no trial cost is claimed; offender monitoring is counted only to the point he absconded, not the full eight-year reporting period; and immigration detention is costed at $500 per day, well below widely reported figures. The criminal-injuries award is the one figure that is not an estimate — it is the documented sum the State itself assessed and paid (CIC 510/2020), being the government's own admission that a crime was committed against a child.

Statewide scale. The family was told verbally by the Commissioner for Children and Young People (not in writing) that there may be in the order of 5,000 comparable families in Western Australia. If that is anywhere near right, the public cost alone extrapolates past $3.5 billion, and the total past $4.5 billion — the overwhelming majority of it reactive. An enforceable duty that prevents harm is, on these numbers, also by a wide margin the cheaper course, exactly as work-health-and-safety law proved, where most of the return came not from prosecutions but from the harm an enforceable duty stopped from occurring at all.

Part 3 — The defect, and the model

The Children and Community Services Act 2004 (WA) ("the CCS Act") makes the best interests of the child the paramount consideration (s7) and confers broad protective powers on the CEO (s32). But it frames protection as a discretionary function rather than an enforceable duty; it attaches no consequence to a failure to protect; it requires no one to inform the people actually responsible for a child's care that the child is living with a known risk; and it provides no regulator independent of the agencies whose conduct is in question. The result is a system that may act, is praised when it does, is not accountable when it does not, and — invited to examine its own failures — is left to investigate itself.

Work health and safety law solved the equivalent problem decades ago, for adults, by doing three things the CCS Act does not: imposing a positive duty, attaching graded criminal offences to its breach, and creating a regulator to enforce it. Crucially, those duties are non-transferable and concurrent — more than one duty-holder can owe the same duty at the same time, and none can discharge it by assuming another will. "I thought someone else had it," the single most common sentence in this entire history, is the precise defence that law was written to abolish.

The analogy, clause by clause

Work Health and Safety Act 2020 (WA)	Equivalent gap in the CCS Act 2004	Proposed reform
s19 — positive primary duty to ensure safety so far as reasonably practicable	Protection framed as a discretionary power (s32), not a duty	New positive duty to protect (s32A)
s46 — duty to consult, co-operate and co-ordinate with other duty-holders	No enforceable duty to share risk information between agencies	Information-sharing duty (s32B)
ss47, 70 — duty to inform workers of risks to their safety	No duty to tell those caring for a child that the child lives with a known risk	Duty to inform a person responsible for the child's care (s32BA)
s27 — due-diligence duty of officers, with personal liability	No personal duty on senior officers	Officer due-diligence duty (s32C)
ss31–33 — Category 1, 2 and 3 offences	No offence for a failure to protect	Graded offences (ss32D–32F)
s30A — industrial manslaughter; DPP only; no limitation period	No offence where a protective failure causes a child's death	Protective failure causing death (s32G)

Pt 9, ss230–231 — regulator; prosecutions; right to request prosecution	Agencies effectively self-regulating	Independent Inspector of Child Safety (Pt 4A)

Part 4 — Proposed amendments (illustrative drafting)

Insert a new Division into Part 4 of the CCS Act:

32A. Duty to protect a child from risk of significant harm. (1) A child protection entity must ensure, so far as is reasonably practicable, that a child whom the entity knows, or ought reasonably to suspect, to be at risk of significant harm is not left exposed to that risk. (2) child protection entity means the CEO, the Department, and any other public authority prescribed as having a function relating to the protection of children, including the Police Force of Western Australia. (3) The duty cannot be transferred, and more than one entity may concurrently hold it.

32B. Duty to co-operate and share risk information. A child protection entity that holds information indicating that a person poses a risk of significant harm to a child must, so far as is reasonably practicable, consult, co-operate with and co-ordinate its activities with each other entity holding a duty under section 32A, including by sharing that information.

32BA. Duty to inform a person responsible for the child's care. Where a child protection entity knows that a child lives with, or has access to, a person convicted of a child-sex offence, the entity must take reasonable steps to inform each person responsible for the care of that child of the conviction and the relevant conditions. The duty attaches to each such person at the moment they take on the care of the child.

32C. Duty of officers. An officer of a child protection entity must exercise due diligence to ensure that the entity complies with its duties under this Division.

32D. Category 3 offence. A child protection entity or officer that fails to comply with a duty under this Division commits an offence.

32E. Category 2 offence. A child protection entity or officer that fails to comply with a duty under this Division, where the failure exposes a child to a risk of death or serious harm, commits an offence.

32F. Category 1 offence. A child protection entity or officer that, being grossly negligent, fails to comply with a duty under this Division and thereby exposes a child to a risk of death or serious harm commits a crime.

32G. Protective failure causing death. Where a failure to comply with a duty under this Division causes the death of a child, the entity or officer commits a crime, prosecutable only by the Director of Public Prosecutions, for which no limitation period applies.

Part 4A. Inspector of Child Safety. Establishes an independent Inspector, outside the Department and the Police Force, with power to (a) investigate compliance by child protection entities with their duties under this Division; (b) issue improvement and prohibition notices; (c) bring, or refer to the DPP, proceedings for offences under this Division; and (d) receive and answer, within a fixed period, a written request from any person that a prosecution be brought, mirroring s231 of the WHS Act.

Safeguards against unintended consequences

The duty is qualified by "reasonably practicable" and does not impose strict liability. The serious offences (ss32F–32G) require gross negligence, not honest error or a reasonable professional judgment that later proves wrong. Liability is directed at entities and their senior officers — as WHS liability is directed at the organisation and its officers — not at frontline workers acting reasonably and in good faith. As under the WHS Act, the Crown is bound. These features are designed specifically to avoid defensive practice and the over-removal of children: the aim is not more intervention, but fewer children knowingly left in danger.

What this reform does not do

This reform does not target offenders, who are the proper concern of the criminal law and the courts. It targets the failure of those under a duty to act on a known risk. Its purpose is narrow and specific: to ensure that, in future, knowing is enough.

Part 5 — Supporting measures

Notification of those responsible for a child's care

Where a person convicted of a child-sex offence lives with, or has access to, children, the law should require that each person responsible for the care of those children be informed of the conviction and the relevant conditions. "Responsible for the care" should be defined by who is actually caring for the child, with the duty attaching at the moment a person takes that care on — so that it reaches not only a parent at the outset, but a relative or grandparent who later takes a child in. In the documented case, every adult who might have protected the children was kept in the dark by the suppression of the conviction.

Mandatory immigration referral and cross-border information

When a non-citizen is convicted of a child-sex offence, referral to the Commonwealth immigration authorities should be automatic and prompt, not discretionary or delayed.

More broadly, risk information and reporting obligations must be made to follow an offender across state and national borders. In this case the offender exploited exactly these gaps, leaving the country in breach of his conditions while Australian-citizen children remained exposed.

A workable pathway for child disclosures

Coercive and familial child abuse does not always map onto a specific offence in the Criminal Code, and without physical evidence such matters are very difficult to prosecute. How police receive and act on a child's disclosure where there is no photographic or medical evidence should be reviewed, including specialist child-disclosure handling on the Barnahus ("children's house") model used across much of Europe, so that a child who comes forward is not simply turned away — as happened at a police counter in [redacted].

Supervision that actually checks on the children

Where an offender is permitted contact with children under a safety plan or court order, the responsible agency should be required to interview the children independently and regularly, and to test the safety plan, rather than relying on the offender and his household to self-report compliance. The safety plan in this case relied for eight years on the weakest tier of control there is — administrative rules, enforced by no one — to manage a hazard the State had itself placed on a register.

A learning loop where risk assessments fail

In this case an expert assessed the offender as "low risk"; harm to a child was later substantiated, and nothing fed that outcome back to test the assessment or the order that relied on it. There should be a mechanism to track substantiated outcomes against earlier expert risk assessments and court orders, so the system learns and individual assessments and orders can be reviewed.

Part 6 — Family-law reform

The family-law system, in my experience, does as much to enable ongoing family violence as any other institution, and is barely reached by the Plan's standard priority areas.

Accountability and a feedback loop

The decisions that most shape a child's safety are made with no oversight and no feedback loop. An order can send a child into harm, and there is no mechanism by which the court ever learns whether the child was safe afterwards, and no body that reviews the decision against what actually happened. Every other profession that makes consequential decisions answers for them; a judicial officer who is wrong in the gravest way imaginable answers to no one. Judicial independence is important, but independence and

accountability are not the same thing. Independent oversight should track family-law outcomes for children against the orders that produced them, so the system can learn and individual decisions and expert assessments can be reviewed.

Orders that are weaponised, and a design that favours the wrongdoer

An order is only as real as the consequence of breaching it, and in practice that consequence is close to nothing. A parent can ignore an order — not comply, not file, not serve, not appear — and is rarely made to answer, while the entire burden of enforcement falls on the wronged party, who must mount a fresh proceeding to compel compliance with an order they already hold. For a protective parent this can take a year and many thousands of dollars, often only to be rejected on a minor error and sent back to the start. A system in which compliance is optional for the obstructive party and ruinous to enforce for the protective one actively favours the abuser, because coercive control thrives on exactly this attrition. The court should enforce its own orders, with real and prompt consequences for breach.

Costs, delay and decision-making

Costs should be apportioned to the party at fault and made proportionate to each party's capacity, not split evenly — in this case non-parent carers of a child who was not theirs were repeatedly asked to pay half. Delay should be attacked directly by front-loading registrar-led negotiation at the very start, rather than after months of pointless directions hearings. And where parents share responsibility but deadlock, decisions should default to the child's best interests unless the objecting parent can give an independent, professional reason against — otherwise shared responsibility quietly becomes a veto for the more obstructive parent, including over a child's medical care and schooling. The independent children's lawyer mechanism should also carry real accountability: a representative who does not read the file is worse than none, because the box is ticked.

Part 7 — Further measures

Conviction suppression should not override a child's protection

In this case the offender's conviction was suppressed, and that suppression is precisely what kept every adult who might have protected the children — partners, relatives, an entire congregation — in the dark for years. Where an offender's interest in privacy and a child's right to protection collide, the child's protection should prevail.

Faith and community organisations

Religious and community organisations should be prohibited from giving a convicted child-sex offender positions of trust with children, and from funding his legal proceedings against the people exposing him. In this case a congregation did both, and individuals

provided affidavits and money — resourcing the very person the system had identified as a danger.

Part 8 — What I am requesting

1. That the Second Action Plan back, and recommend to the States, an enforceable WHS-style statutory duty to protect children, with graded offences and an independent regulator, as the structural reform that would convert the Plan's intentions into something owned, enforceable and answerable.
2. That this Plan be developed in close coordination with the Second Action Plan under the National Strategy to Prevent and Respond to Child Sexual Abuse, since the families it is meant to protect live at the intersection of both.
3. That I be permitted to provide the source-anchored evidence pack and the clause-by-clause reform drafting, and to appear before any relevant review or committee.

I have spent several years documenting this case through every complaint avenue available, all now exhausted, and an independent inspector confirmed to me that the remedy lies with Parliament. I am asking that this remedy be taken seriously — not as a personal grievance, but as the conclusion of a professional analysis of a system that, judged by the standards my own field is held to every day, is failing by design.

[redacted]

Health, Safety, and Risk Engineer

[redacted]

Illustrative drafting for advocacy — not legal advice. The author is not a lawyer; section numbers and cross-references should be settled by counsel and Parliamentary Counsel before any Bill is prepared.

Feedback for Priority Area 1: Victim-survivors

The single change that would make the biggest difference to victim-survivors' safety and recovery is to give child-protection agencies and police an enforceable, non-transferable duty to act on a known risk — the same architecture Australian work health and safety law already gives every adult at work. In our family's experience, a man convicted of child-exploitation offences and placed on the offender register was permitted ongoing contact with children. The only protective measure was a written ""safety plan"" that depended entirely on the offender, and on a partner who did not believe he was guilty, to police themselves — unsupervised and unchecked, for years. A child was later the subject of a substantiated departmental finding of harm from sexual abuse; a second child, of emotional harm. No agency was ever held accountable, because protection in the governing legislation is a discretionary power, not a duty: there is no consequence for failing to act, and no regulator independent of the agencies whose conduct is in question. Healing begins with the system acknowledging it owed these children protection and failed them — and that acknowledgement is only possible where a duty exists. We ask that the Second Action Plan support a positive statutory duty to protect, graded offences for its breach, and an independent regulator, modelled on the Work Health and Safety Act 2020.

People reach help earlier when there is somewhere safe to disclose and someone obliged to act. We met the opposite at every turn. When a child tried to report at a police station, no statement was taken. Where there was no photographic or medical evidence, the disclosure went nowhere. The offender's legal interest in keeping his conviction suppressed was treated as outweighing the children's right to be protected, so the adults who could have intervened — including relatives who later took a child into their own home — were kept in the dark. And the one adult positioned to protect was herself under coercive control and unable to act. Earlier help requires a child-disclosure pathway that does not collapse the moment there is no physical evidence (the Barnahus, or ""children's house"", model used across Europe is the obvious template); a duty to inform every person actually responsible for a child's care that the child is living with a known risk, attaching at the moment they take that care on; and independent, regular interviewing of children living under a safety plan, rather than leaving the offender's own household to self-report compliance.

Coercive control should be treated as a stepping stone to further abuse, not a separate or lesser category. In our case the protective parent was so controlled that she could not perceive the danger to her own children — a frozen, conditioned response that the system read as maternal endorsement and used to justify inaction. The safety plan itself became an instrument of control: rules that fixed the protective parent in place as a full-time guard while the offender moved freely, and a household device ban — imposed in a home already wired with surveillance cameras — that was turned into a cage isolating a

teenager from his bank, his friends, and any means of reporting. That is technology-facilitated abuse operating inside a state-sanctioned safety document. The Plan should recognise that surveillance hardware and control of devices and money are now standard tools of coercive control, and that safety plans relying on administrative rules alone are the weakest possible response to a grave, known risk.

Two gaps stand out for diverse communities. First, cross-border and migrant families: in our case the offender was a non-citizen who, after conviction, left Australia in breach of his reporting conditions and continued the pattern overseas, while Australian-citizen children remained exposed. Risk information does not follow offenders across jurisdictions or borders, and referral to immigration authorities on conviction was neither automatic nor prompt. Second, while I cannot speak to Aboriginal and Torres Strait Islander experience directly, the enforceable-duty principle should be developed with those communities through the First Nations action plans, not designed for them — because the families least likely to be believed at the point of disclosure are exactly the ones a discretionary, self-regulating system fails first. A duty that does not depend on a particular officer choosing to care is, by design, more even-handed than the discretion it replaces.

Feedback for Priority Area 2: Prevention and early intervention

The biggest difference would come from treating prevention as an engineered system with defined trigger points and a feedback loop, rather than as a hope that individuals stay vigilant. Violence against women and children is rarely a bolt from the blue. In our family's case there was a conviction, a place on the offender register, a documented history, and years of warning signs. What was missing was any mechanism that converted that knowledge into action at the moments it mattered. The most effective single reform is to fix those trigger points: at the moment a person is charged or convicted of a relevant offence, a structured safety process involving the child and everyone important to them should be mandatory, not discretionary; and at the moment a child or protective adult discloses, there should be a defined pathway that does not depend on the disclosure landing in front of the right officer on the right day. Prevention fails most often not for want of information, but for want of an obligation to act on it.

Existing efforts can be strengthened by recognising that they currently stop at the threshold of the home and the agency. Australia's child-safe reforms — the Child Safe Standards, reportable conduct schemes, failure-to-protect offences — have done real good at the organisational level, but they reach organisations, not the family home, and not the statutory agencies and police themselves. The result is a strong prevention architecture around schools and clubs and almost none around the place most child sexual abuse actually happens: the home, at the hands of someone known. Extending

the same logic — clear standards, an enforceable duty, an independent regulator — to child-protection agencies and police would do at the institutional level what the Standards already do at the organisational one. At the community and societal levels, the work that matters most is naming coercive control as a precursor to abuse rather than a private matter, so that the warning signs are read as warning signs.

Governments, schools, workplaces and online platforms can do far more to help people recognise and respond. In our experience the institutions around the offender did the opposite: a church gave a convicted, registered offender an active media and photography role and a position of trust with children, and rallied to fund his defence, while the one child being harmed in that congregation was offered nothing. Online platforms were a live vector — the same man advertised publicly for young ""models"" and posted images of children on openly shared albums, with no friction and no flag. Platforms should treat that pattern as the early-warning signal it is, and faith and community organisations need clear, enforced obligations about the roles a registered offender may hold. Schools, which often see the first signs — school refusal, panic, a child who says they do not feel safe at home — need a direct, believed line into a child-protection response, not a referral that quietly lapses.

The most promising approaches are already known and simply under-used. The Signs of Safety model, designed to convene a child and their whole network to build genuine protection, was exactly what our family asked for after the offender's arrest and was never given; had it been held at that point, much of the escalation that followed was preventable. The Barnahus, or ""children's house"", model gives a child a single, safe place to disclose. Both work. What is needed is to make them the default response to a defined trigger, properly funded, rather than something a family has to know to ask for. Equally important, and almost entirely absent, is a learning loop: in our case an expert assessed the offender as ""low risk"" and harm was later substantiated, and nothing fed that outcome back to test the assessment or the court order that relied on it. A prevention system with no feedback on whether its interventions worked cannot improve, however good its staff.

On emerging issues, the Plan should confront the cross-border and online dimensions of prevention. Offenders move between jurisdictions and countries faster than risk information follows them; in our case a non-citizen offender left Australia in breach of his conditions and continued the pattern overseas. Technology-facilitated abuse — surveillance hardware in the home, control of devices and money, and image-based abuse hosted on mainstream platforms — is now a standard part of the pattern and should be addressed in primary prevention, not treated as niche. Prevention, in the end, is also the cheapest course: by a conservative reckoning, a single case like ours cost the public purse over $700,000, almost all of it spent reacting to harm after it had already happened.

Feedback for Priority Area 3: Children and young people in their own right

The biggest difference would come from treating children as people with standing of their own — with their own right to be informed, to be heard, to report, and to recover — rather than as items within an adult's matter. In our family the children had, in the words of our own complaint, no way of reporting any abuse or concerns; they were rarely if ever interviewed independently; and decisions about their safety were made around them rather than with them. The hopeful side of the same story is how fast recovery can come once a child is safe and surrounded by decent people: one boy, removed at last from a harmful parent and given honest, caring adults in his life, went from obvious trauma and regression to flourishing at school and in life within a remarkably short time. Children are resilient when the adults around them finally do their job. Safety, recovery and wellbeing improve most when the child's own standing is built into the system: a right to be independently interviewed, a believed channel to raise concerns, and recovery support that follows the child rather than ending when the legal matter does.

Recognition and response fail at predictable points, and each is fixable. The warning signs in our case were textbook and visible to several institutions — school refusal, panic attacks, a teenager who said plainly he did not feel safe at home — and none translated into protective action. When a child tried to report at a police station, no statement was taken. The lawyer appointed to represent the children's interests in court never troubled to learn the child's face and sat for months on the very file that would have settled the matter. By contrast, when disclosures from younger children were finally met properly — an adult asking the right question in the right way, followed by assessment under a recognised forensic protocol designed to test a child's account rather than lead it — the truth came out and stood up. The lesson is that children are reliable narrators of their own experience when adults are trained to listen. Every child above a threshold age living in a household with a known risk should be independently and regularly interviewed by someone skilled, and children themselves need a direct, age-appropriate, believed way to raise the alarm.

On young people who use violence or display harmful sexual behaviours, our experience points firmly toward early, trauma-informed intervention paired with genuine accountability. Such behaviours are very often downstream of a young person's own untreated victimisation. We watched, in a young person we took into our home, how unaddressed childhood trauma — left without proper psychiatric and trauma-specialised care — hardened over time into fixed and harmful patterns. General counselling was not enough; what was needed, and missing, was sustained specialist treatment, clear external boundaries, and the patient work of building a young person's willingness to accept that their behaviour is harmful and can change. Accountability and compassion are not opposites. The window for the most effective intervention is

adolescence, and the cost of missing it is that the behaviour entrenches into adulthood, where it is far harder to shift.

The Plan should meet the current and emerging forms of harm as children actually experience them. Technology-facilitated abuse in our case was not abstract: a household wired with surveillance cameras, a device ban turned into a tool to isolate a teenager from his money, his friends and any means of reporting, and images of children posted on openly shared online albums with no flag and no friction. Harmful online content and platform inaction are part of the harm, not a separate topic. And because untreated childhood trauma so often resurfaces later as fixation, harassment and harmful behaviour within peer and dating relationships, investing in early intervention for children is also one of the most effective ways to prevent the next generation of intimate-partner harm.

Finally, children can and must be meaningfully involved. The mechanisms meant to carry their voice failed in our case precisely because they were nominal — an independent children's lawyer who does not read the file is worse than none, because the box is ticked. Set against that is a small, powerful example of doing it well: when one boy needed to understand what was happening to his own family, he was given an age-appropriate children's book made for him, in his own terms — a child given a voice and a grip on his own story. That is the principle to build on. Children should be consulted, through safe and age-appropriate methods, in the design of the policies and services meant to protect them; their representation in legal and child-protection processes should be real and accountable, not a formality; and their accounts should be sought early and treated as evidence in their own right.

Feedback for Priority Area 4: People who use violence

The biggest difference would come from acting on coercive control as the early signal of escalating violence, rather than waiting for a chargeable offence, and from making the monitoring of known offenders test the right thing. In our family the man who caused the harm was not unknown to the system — he was convicted, placed on the offender register, and required to report in person for eight years. Yet across those eight years the monitoring asked only whether he had reported as required; it never once asked the children in his household how they were. He met every reporting obligation and went on offending, because his attendance was checked and the children's safety was not. Responding earlier means treating coercive control — the surveillance, the financial control, the isolation — as the precursor it is, and designing offender monitoring around the safety of the people near the offender, not around the offender's paperwork.

Recognising and responding safely requires understanding how a manipulative offender actually operates, because the most dangerous ones do not look dangerous to a busy

agency — they look cooperative, plausible and aggrieved. The man in our case weaponised the very systems meant to provide protection: he made false reports to police and to welfare inspectors to keep his victims frightened and off balance; he told children that if they ever disclosed, it would be their own loved ones the authorities took away; and he used the courts aggressively, including with documents the family say were forged, to sue and exhaust the people exposing him. Meanwhile institutions gave him cover — a church placed him in a position of trust with children, and individuals provided him with affidavits and money — because each took his account at face value. Services, families, communities and institutions need training to recognise this pattern of system-weaponising and authority-mimicry, and to test an offender's narrative against the people closest to him rather than accepting it.

On accountability and behaviour change, our experience counsels honesty about what works and for whom. This offender carried extensive program and supervision conditions and they did not change him; he concealed his convictions from each new partner, told them the material he had been convicted over was ""not that bad,"" and re-established the same pattern in each new household. For fixed, high-risk, manipulative offenders, enforced containment and victim-centred restriction matter more than rehabilitative hope, and a safety plan must never be built to depend on the offender's own cooperation. Where genuine change is possible, it requires sustained specialist treatment combined with external accountability and monitoring that is independently tested, not self-reported. Throughout, the organising principle has to be victim-survivor safety, not the offender's interest in keeping his record suppressed or the comfort of assuming he has reformed. And accountability has to be real: this man ultimately left the country in breach of his reporting conditions and is now listed as a missing offender — a failure of enforcement, not merely of his character, and exactly the kind of breach the system should be built to catch.

Finally, responses must be culturally safe, accessible and evidence-informed across the range of communities and cohorts that offenders move through. The cross-border dimension is acute: this offender was a non-citizen who exploited the gaps between jurisdictions and immigration systems, and risk information and reporting obligations must be made to follow an offender across state and national borders, with referral to immigration authorities on conviction made automatic and prompt rather than discretionary. Faith and community organisations are both a frequent shield for offenders and a potential ally; they need clear obligations and education so they do not unwittingly harbour and resource a person using violence. Evidence-informed practice also means closing the loop on risk: in our case an expert assessed the offender as ""low risk,"" harm was later substantiated, and nothing fed that outcome back to test the assessment — risk tools must be audited against what actually happens. And while I cannot speak to Aboriginal and Torres Strait Islander experience directly, responses for First Nations communities should be designed with them through the dedicated action

plans, since an offender-management system that runs on the credibility an offender can perform will always disadvantage the communities least likely to be believed.

Feedback for Priority Area 5: System Integration and Workforce

The biggest difference would come from placing an enforceable, non-transferable duty on every agency to consult, co-operate, co-ordinate and share risk information — and from making someone responsible for holding the whole picture. The defining failure in our case was not that any one office did nothing; it was that the harm fell through the gaps between the offices, the spaces no one owned, the questions that belonged to everyone and therefore to no one. The man's conviction was never passed to the child-protection department, and never passed to the mother of his first child — who learned what he was only when a government letter arrived years later apologising for the oversight. Police, child protection, the courts, health, education and immigration each held a piece, and no one was obliged to assemble them. Work health and safety law solved exactly this problem for workplaces, with a free-standing duty to consult, co-operate and co-ordinate between duty-holders, and the rule that the duty is non-transferable and concurrent — so that ""I thought someone else had it,"" the single most common sentence in our whole experience, is the precise defence the law exists to abolish. The consultation's welcome ""tell us once"" principle needs that enforceable information-sharing duty behind it to be real.

On workforce, the clearest lesson of our years inside the system is that the people were almost never the problem — the design was. We met decent people worn thin and quietly leaving, and one child-protection caseworker who was exceptional: tireless and principled, plainly straining against the limits of what the rules allowed her to do, with things she wanted to say and was not permitted to. A system that wastes people like her as surely as it fails the families outside it has a design problem, not a staffing one. The capabilities and conditions most needed are caseloads low enough that the duty to act is actually achievable; the authority and mandate to act on what a worker sees, rather than to watch helplessly within the rules; training to recognise coercive control and the manipulative, plausible offender; the skill to interview a child properly; and protection for workers who raise concerns — again on the work-safety model, where victimising someone for speaking up is itself an offence. Retention follows from giving good people tools that work.

The most effective coordination models already exist and should be adopted as defaults. The Barnahus, or ""children's house"", model brings police, health, child protection and justice under one roof around a single child, so the child tells their story once to a coordinated team rather than being passed between fragmented services. The Signs of Safety model convenes a child's whole network — family, professionals,

supports — to build genuine, shared protection rather than a plan held by one stretched caseworker. Both embody the integration this priority area is reaching for. But coordination also needs accountability, and that is the piece entirely missing in our experience: invited to examine itself, the system declined; invited to be examined by anyone else, it turned out to have arranged things so that no one had the standing. I was bounced between the Ombudsman, the Corruption and Crime Commission, the Attorney-General's office and a court system said to lie outside everyone's reach, and met the same closed door from every direction. An independent regulator with power to investigate the agencies and compel answers — rather than each agency investigating itself — is the structural keystone of any coordinated system.

Specialist and universal services both need specific supports to make this work. Universal services — schools, hospitals, general practice — are very often the first to see the signs, and in our case they did: chronic school absence and a visibly distressed teenager, repeated hospital presentations of a baby, a teenager who told a clinician he did not feel safe at home. What they lacked was a clear, believed, mandatory channel into a specialist response that actually caught the referral, rather than one that lapsed. Universal services need clear reporting duties, training to recognise what they are seeing, and confidence that the specialist system on the other end will act. Specialist services, in turn, need the resourcing and the legal authority to share information across agency boundaries without it being treated as a privacy breach.

Finally, the evidence and system gaps the Plan should prioritise are a feedback loop and accountability for outcomes. Every serious profession that makes consequential decisions learns from them — a bridge that cracks teaches the next bridge, a surgery that fails is reviewed — yet the decisions that alter or end a childhood are made with no mechanism to find out whether the child was safe afterwards. Orders and expert risk assessments must be tracked against what later happened to the child, so the system learns and individual assessments can be reviewed; in our case an expert's ""low risk"" finding was never revisited even after harm was substantiated. Build the feedback loop, put accountability somewhere on the decisions that matter most, extend information-sharing across state and national borders, and close the gap whereby Australia's strong child-safe reforms reach organisations but stop short of the statutory agencies and police themselves. None of this is radical — it is what every other safety-critical system already does.

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

Yes — the area I would add as a priority is the family law system itself, which in my experience does as much to enable ongoing family violence as any other institution, and is barely reached by the five priority areas above.

The core problem is that the decisions which most shape a child's safety are made with no oversight and no feedback loop. A family-court order can send a child into harm, and there is no mechanism by which the court ever finds out whether the child was safe afterwards, and no body that reviews the decision against what actually happened. Every other profession that makes consequential decisions answers for them — an engineer whose structure fails, a surgeon whose patient is harmed, a builder whose building falls — yet a judicial officer who is wrong in the gravest way imaginable answers to no one. Judicial independence is important and worth protecting, but independence and accountability are not the same thing, and a system that has built the first with no trace of the second has not protected justice; it has only protected itself from ever having to look. The Second Action Plan should support independent oversight that tracks family-law outcomes for children against the orders that produced them, so the system can learn and individual decisions and expert assessments can be reviewed — the same feedback loop every safety-critical system already runs.

The second problem is that orders are routinely weaponised, and the system's design rewards the party doing the wrong thing. An order is only as real as the consequence of breaching it, and in practice that consequence is close to nothing. A parent can simply ignore an order — not comply, not file, not serve documents, not appear — and is rarely made to answer. The entire burden of enforcement then falls on the wronged party, who must mount a fresh proceeding to compel compliance with an order they already hold: the dispute-resolution step, the exemption application, the enforcement application, the supporting affidavit, service on a person actively avoiding it, then months of waiting for a hearing — a process that can take a protective parent a year and many thousands of dollars, often only to have the application rejected on a minor error and be sent back to the start. In all that time the child keeps suffering. A system in which compliance is optional for the obstructive party and ruinous to enforce for the protective one is not neutral; it actively favours the abuser, because coercive control thrives on exactly this kind of attrition. The court should enforce its own orders, with real and prompt consequences for breach, rather than outsourcing enforcement to the very person the order was meant to protect.

Three further fixes follow from the same logic. Costs should be apportioned to the party at fault and made proportionate to each party's capacity, not split evenly: in our case we were non-parent carers of a child who was not ours and were repeatedly asked to pay half, while the party causing the proceedings bore no greater share. Delay should be attacked directly — front-loading registrar-led negotiation at the very start, rather than after months of pointless directions hearings, would resolve a great many matters

before they calcify and before children are left waiting. And where parents share responsibility but deadlock, decisions should default to the child's best interests unless the objecting parent can give an independent, professional reason against — otherwise shared responsibility quietly becomes a veto for the more obstructive parent, including over a child's medical care and schooling.

Two further specific gaps deserve naming. First, conviction suppression should not override a child's protection. In our case the offender's conviction was suppressed, and that suppression is precisely what kept every adult who might have protected the children — partners, relatives, an entire congregation — in the dark for years. The law should require that each person who takes on the care of a child living with, or having access to, a convicted child-sex offender be informed of the conviction and its conditions at the moment they take that care on; where an offender's interest in privacy and a child's right to protection collide, the child's protection should prevail. Second, religious and community organisations should be prohibited from giving a convicted child-sex offender positions of trust with children, and from funding his legal proceedings against the people exposing him. In our case a church did both, and individuals provided affidavits and money — resourcing the very person the system had identified as a danger.

There is also a hard economic case, which governments should find persuasive on its own terms. I am an engineer, and I added up what a single case like ours costs. By a deliberately conservative reckoning it came to over $700,000 in public money alone — police investigation and years of offender monitoring, a criminal prosecution, a deportation fight run to the Federal Court, six separate child-protection investigations, and the clinical and welfare cost of repairing one child — almost all of it spent reacting to harm after it had already happened. Western Australia's own Commissioner for Children and Young People has indicated there may be in the order of five thousand comparable families in this State alone; if that is anywhere near right, the cost runs well into the billions, the overwhelming majority of it reactive. An enforceable duty that prevents harm is not only the right course — on these numbers it is also, by a wide margin, the cheaper one, exactly as work-health-and-safety law proved, where most of the return came not from prosecutions but from the harm an enforceable duty stopped from occurring at all.

Beneath all five priority areas and this one, there is a single structural action that would do more than any other: give child-protection agencies, police and the relevant arms of the family-law system an enforceable, non-transferable statutory duty to protect a child from a known risk — modelled directly on the Work Health and Safety Act — with graded offences for breach and an independent regulator to enforce it. Australia already protects adults at work this way; it does not extend the same architecture to children at risk of harm at home. Closing that gap is the reform that would convert the good

intentions in this Plan into something owned, enforceable, and answerable. I would also urge that this Plan be developed in close coordination with the Second Action Plan under the National Strategy to Prevent and Respond to Child Sexual Abuse, since the families this is meant to protect live at the intersection of both.

I have spent several years documenting this case through every complaint avenue available, all now exhausted, and an independent inspector confirmed to me that the remedy lies with Parliament. I hold a fully source-anchored evidence pack and clause-by-clause reform drafting, and I am willing to provide both and to appear before any review.

Submission to the Consultation on the Second Action Plan (2025–2028)

National Plan to End Violence against Women and Children 2022–2032

Submitted by

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Author Statement

This submission is informed by both my lived experience as a victim-survivor of domestic and family violence and my professional experience supporting victim-survivors in recovery, risk assessment, coercive control and post-separation abuse contexts.

Introduction

I make this submission as both a victim-survivor of domestic and family violence and as a professional who works alongside victim-survivors in recovery.

My lived experience includes coercive control, post-separation abuse and ongoing interaction with multiple systems intended to support and protect victim-survivors and children. Professionally, I work with victim-survivors navigating the impacts of domestic and family violence, including coercive control, systems abuse and post-separation abuse.

While significant progress has been made in recognising coercive control and improving responses to domestic and family violence, a consistent theme emerging from both my personal and professional experience is that many victim-survivors are being asked to heal while simultaneously managing ongoing abuse.

For many women and children, violence does not end when the relationship ends. Instead, it evolves. The Second Action Plan presents an important opportunity to strengthen Australia's understanding of post-separation abuse, systems abuse and the role institutions play in either reducing or increasing risk.

Post-Separation Abuse Must Be Recognised as a Core Domestic and Family Violence Issue

One of the most significant gaps in current responses is the assumption that safety begins when a victim-survivor leaves the relationship.

While separation may end cohabitation, it frequently does not end coercive control.

Victim-survivors commonly report ongoing abuse through parenting arrangements, family law proceedings, financial abuse, misuse of children as messengers, harassment, technology-facilitated abuse, vexatious complaints and the strategic use of systems and institutions to maintain control.

Many perpetrators adapt their methods rather than cease their behaviour.

Despite growing recognition of coercive control, post-separation abuse remains insufficiently recognised across many systems. This creates a disconnect between the realities experienced by victim-survivors and the responses they receive from services and institutions.

The Second Action Plan should explicitly recognise post-separation abuse as a significant form of domestic and family violence and support consistent responses across all sectors.

Children Must Be Recognised as Victim-Survivors in Their Own Right

Children are often described as witnesses to domestic and family violence. However, many children experience direct and lasting impacts from coercive control, intimidation, fear, emotional abuse and ongoing post-separation conflict.

Children frequently continue to experience harm after separation, particularly where they remain exposed to the parent responsible for the abuse.

Too often, systems focus on parental relationships without adequately considering children's lived experiences, expressed fears and ongoing safety needs.

Children should be recognised as victim-survivors in their own right and provided with access to specialist, trauma-informed support services that address their individual recovery and wellbeing.

Children and young people should also be meaningfully involved in the design and evaluation of policies, programs and services that affect them.

Systems Abuse Requires Greater Recognition

An issue that warrants greater attention within the Second Action Plan is systems abuse.

Systems abuse occurs when perpetrators use legal, administrative, educational, financial or other institutional processes as a means of continuing coercive control.

Victim-survivors regularly describe experiences where systems become another avenue through which abuse is perpetuated. This may include repeated legal proceedings, misuse of complaint processes, strategic allegations, manipulation of parenting arrangements or attempts to access sensitive information.

The impact of systems abuse is often compounded when institutions fail to recognise the broader pattern of coercive control and instead respond only to isolated incidents.

Greater awareness, training and policy guidance are needed to help institutions identify and respond to systems abuse while maintaining a focus on victim-survivor safety.

The Gap Between Policy and Practice

Australia has invested significantly in domestic and family violence reform. Governments have developed frameworks, policies, strategies and guidelines intended to improve responses and strengthen safety.

However, victim-survivors frequently report a disconnect between policy intent and frontline practice.

A recurring concern is not necessarily the absence of policy, but inconsistent implementation.

The existence of a framework does not automatically translate into improved safety outcomes. Effective reform requires ongoing implementation, monitoring, evaluation and accountability mechanisms to ensure that recognised best-practice approaches are consistently applied across all systems.

The Second Action Plan should prioritise implementation as strongly as policy development.

Success should be measured not only by the creation of new initiatives, but by demonstrable improvements in victim-survivor safety, wellbeing and recovery.

Workforce Capability Must Extend Beyond Awareness

Recognition of coercive control has increased substantially in recent years. However, many victim-survivors continue to encounter professionals who lack the confidence, training or tools required to identify patterns of abuse and assess risk effectively.

A common concern raised by victim-survivors is that trauma responses are misinterpreted as evidence of unreliability, hostility, instability or conflict.

At the same time, people using violence may present as calm, cooperative and credible within professional settings.

This creates a significant risk that systems focus on presentation rather than behaviour patterns.

The workforce requires ongoing training in coercive control, post-separation abuse, trauma, systems abuse, risk assessment and victim-survivor-centred practice.

Training should be embedded across all sectors that interact with victim-survivors, children and people using violence, including policing, education, health, family law, child protection, housing, complaints bodies and government agencies.

Recovery Is Essential to Ending Violence

A further gap exists between crisis responses and long-term recovery.

Emergency responses are critical, but many victim-survivors require support long after the immediate crisis has passed.

Recovery may involve addressing trauma, rebuilding social connections, restoring financial security, accessing education or employment opportunities, improving health and wellbeing and rebuilding a sense of identity beyond the abuse.

Investment in recovery-focused programs should be recognised as a core component of ending violence, not an optional addition once immediate safety concerns have been addressed.

Long-term recovery outcomes should be considered alongside crisis intervention and risk management outcomes when evaluating the effectiveness of domestic and family violence initiatives.

The Importance of Lived Experience

Victim-survivors possess valuable expertise regarding how systems function in practice.

Meaningful engagement with lived experience should extend beyond consultation and be embedded throughout policy development, service design, workforce training, implementation and evaluation.

Lived experience perspectives can provide critical insight into emerging issues, unintended consequences of policy decisions and opportunities for system improvement.

Conclusion

The Second Action Plan presents an opportunity to strengthen Australia's response to domestic and family violence by recognising that violence is often a pattern rather than an incident.

To improve outcomes for women and children, greater attention must be given to coercive control, post-separation abuse, systems abuse, workforce capability, implementation of existing reforms and long-term recovery.

Ultimately, success should be measured by whether victim-survivors and children experience increased safety, freedom, dignity, healing and wellbeing.

Ending violence against women and children requires not only effective policies, but systems capable of recognising risk, responding consistently, listening to victim-survivors and translating reform into meaningful change in people's lives.

Feedback for Priority Area 1: Victim-survivors

As both a victim-survivor of domestic and family violence and someone who works alongside victim-survivors in recovery, I believe one of the most significant gaps in the current system is the assumption that safety begins when a woman leaves the relationship.

For many victim-survivors, particularly those who share children with a perpetrator, abuse does not end at separation. Instead, it often evolves into post-separation abuse, coercive control through systems, financial abuse, litigation abuse, misuse of children as messengers, technology-facilitated abuse and ongoing intimidation through institutions that fail to recognise risk.

The service and system response that would make the greatest difference to victim-survivors' safety, wellbeing, healing and recovery is a nationally consistent approach that recognises coercive control and post-separation abuse as ongoing forms of violence requiring active risk assessment and coordinated responses across all systems.

Too often, victim-survivors are expected to repeatedly explain their circumstances to multiple agencies while navigating fragmented systems that operate in silos. Family law, education, health, child protection, privacy, policing and victim support services frequently assess risk differently or fail to share relevant information appropriately. This can leave victim-survivors carrying the burden of managing their own safety while simultaneously trying to recover from trauma.

Early intervention is strengthened when victim-survivors encounter professionals who understand coercive control, believe disclosures, assess risk accurately and respond in a trauma-informed manner. Conversely, barriers arise when victim-survivors are minimised, pathologised, labelled as ""high conflict"", ""unreasonable"" or ""difficult"", or when systems focus on isolated incidents rather than patterns of behaviour. Many victim-survivors describe disengaging from services altogether after experiencing disbelief, victim-blaming or institutional betrayal.

The Second Action Plan should place greater emphasis on post-separation abuse as a distinct and serious form of domestic and family violence. While coercive control is

increasingly recognised, many systems still view separation as the end of the violence despite evidence that risk often escalates during and after separation.

Technology-facilitated abuse is another growing concern. Victim-survivors report perpetrators using email, messaging applications, parenting communication platforms, social media, location tracking, online harassment, image-based abuse and the misuse of personal information to continue patterns of control. Increasingly, concerns are also emerging regarding privacy breaches and inappropriate information sharing by institutions, particularly where perpetrators may gain access to sensitive personal information through system failures.

The Second Action Plan should also address the growing issue of systems abuse, where perpetrators weaponise legal, administrative and institutional processes to continue exerting control. This can include vexatious complaints, repeated court applications, misuse of child-related systems, strategic allegations against protective parents and attempts to undermine a victim-survivor's credibility. Victim-survivors frequently report that the abuse itself is compounded by the responses they receive from systems that fail to recognise these patterns.

In relation to healing and recovery, there remains a significant gap between crisis response services and longer-term recovery supports. While emergency and crisis services are critical, many victim-survivors require sustained support long after leaving the relationship. This includes trauma-informed counselling, peer support, recovery-focused programs, financial empowerment, employment pathways, housing stability and opportunities to rebuild social connection and identity. Recovery should be recognised as a core component of ending violence, not an optional add-on once immediate safety concerns have been addressed.

I do not feel it is appropriate for me to comment on the specific needs of Aboriginal and Torres Strait Islander communities. Those communities are best placed to identify their own priorities, challenges and solutions, and should be directly consulted throughout the development and implementation of the Second Action Plan. Across all communities, victim-survivors must be recognised as experts in their own experiences and meaningfully included in policy development, service design and system reform.

A consistent theme emerging from victim-survivors is the gap between policy and practice. While many jurisdictions have developed risk assessment and safety frameworks intended to improve responses to domestic and family violence, the existence of a framework alone does not guarantee safety. The Second Action Plan should prioritise mechanisms that ensure risk and safety frameworks are consistently understood, implemented, monitored and embedded across all systems interacting with victim-survivors and children. Greater accountability is needed to ensure that recognised best-practice approaches are reflected in frontline decision-making.

To achieve the goals of the National Plan, Australia must move beyond responding to incidents of violence and instead develop systems capable of recognising, responding to and preventing patterns of coercive control, post-separation abuse and systems abuse. Victim-survivors need more than crisis intervention—they need pathways to safety, healing, recovery and long-term freedom from violence.

Feedback for Priority Area 2: Prevention and early intervention

Prevention and early intervention efforts must move beyond a narrow focus on physical violence and better recognise the early warning signs of coercive control, entitlement, domination, systems abuse and post-separation risk.

In my view, one of the biggest opportunities for prevention is improving community and institutional understanding of the patterns that often precede serious harm. Many victim-survivors do not initially identify their experiences as domestic and family violence because the abuse may present as jealousy, monitoring, emotional manipulation, financial control, isolation, intimidation, degradation, threats, misuse of children, or interference with employment, study and relationships. By the time systems recognise the risk, significant harm has often already occurred.

Prevention messaging should therefore help people identify coercive control much earlier. This includes educating communities about red flags such as possessiveness, surveillance, controlling finances, constant criticism, isolation from supports, threats of self-harm, threats to take children, weaponising mental health, and using institutions or legal systems to maintain control.

Schools also have a critical role in prevention. Respectful relationships education should include age-appropriate learning about consent, emotional regulation, empathy,

digital safety, coercive control, gender stereotypes, healthy conflict, boundaries and help-seeking. Young people need language for recognising harmful behaviour before it becomes normalised in adult relationships.

Workplaces are another important setting for early intervention. Many victim-survivors remain employed while experiencing domestic and family violence, and workplaces may be one of the few places where signs are visible. Employers should be supported to recognise warning signs, respond safely to disclosures, protect privacy, provide flexible work arrangements, and avoid inadvertently increasing risk.

At an institutional level, prevention requires all frontline systems to understand that domestic and family violence is often a pattern of behaviour, not a single incident. Police, schools, health services, child protection, family law, housing, Centrelink, courts and complaint-handling bodies all need consistent training in coercive control, trauma-informed practice, risk assessment, information sharing and post-separation abuse.

A significant early intervention gap exists when victim-survivors are labelled as difficult, unreasonable, anxious, high conflict or overreactive, rather than understood as people responding to ongoing risk. These labels can prevent help-seeking, reduce trust in systems and create further harm. Systems must become better at distinguishing between a victim-survivor's trauma response and a perpetrator's pattern of coercive control.

The Second Action Plan should also address the role of technology in both prevention and early intervention. Young people and adults need greater awareness of technology-facilitated abuse, including location tracking, monitoring devices, spyware, online harassment, image-based abuse, impersonation, misuse of shared accounts, and the use of parenting or communication platforms to continue control.

Promising approaches include survivor-led education, specialist DFV training for institutions, peer support, community-based recovery programs, respectful relationships education, perpetrator accountability programs, and multi-agency risk responses. However, these approaches need to be adequately funded, consistently implemented and evaluated by people with lived and professional expertise.

Prevention cannot sit only with specialist domestic and family violence services. Ending violence requires cultural change across families, schools, workplaces, communities, institutions and online spaces. The Second Action Plan should prioritise early recognition of coercive control, stronger institutional accountability, improved community education and responses that intervene before violence escalates.

Ultimately, prevention must focus not only on stopping individual incidents of violence, but on challenging the beliefs, behaviours and systems that allow coercive control, entitlement and abuse to continue.

Feedback for Priority Area 3: Children and young people in their own right

Children and young people must be recognised as victim-survivors in their own right, not simply as witnesses to violence occurring between adults.

One of the most significant gaps in current responses is the assumption that children are unaffected if they are not the direct target of physical violence. In reality, children often experience profound and lasting impacts from living with coercive control, fear, intimidation, emotional abuse, post-separation abuse and ongoing family conflict. They frequently understand far more about what is happening than adults realise.

Improving outcomes for children and young people requires systems to recognise that safety and recovery are not achieved simply because an adult relationship has ended. Many children continue to experience the impacts of domestic and family violence long after separation through ongoing coercive control, exposure to ongoing psychological and emotional abuse, being used as messengers between parents, loyalty conflicts, emotional manipulation, litigation abuse and repeated involvement in systems that fail to recognise the broader context of abuse.

A further challenge for many children affected by domestic and family violence is that separation does not necessarily remove their exposure to the perpetrator. While the non-offending parent may have escaped the relationship, children are often required to maintain ongoing contact with the parent responsible for the abuse.

Many victim-survivors report that threats relating to child custody, parenting arrangements and the potential loss of children were used as a form of coercive control

during the relationship and continue after separation. Children can become caught between competing narratives, with their experiences, fears and wishes sometimes minimised or dismissed.

The Second Action Plan should recognise the intersection between domestic and family violence and family law systems. Greater attention is needed to ensure that coercive control, post-separation abuse and patterns of ongoing risk are properly understood and assessed when decisions affecting children are made.

Children should be provided with meaningful opportunities to have their voices heard in matters that affect their safety and wellbeing. Their expressed fears, concerns and experiences should be carefully considered alongside other evidence, rather than being automatically attributed to parental conflict or allegations of influence by the protective parent.

Mandatory training in coercive control, post-separation abuse, trauma and the impacts of domestic and family violence on children should be embedded across all professions involved in family law decision-making. This includes judicial officers, legal practitioners, family report writers, independent children's lawyers and other professionals who play a role in determining outcomes for children.

A child-centred approach requires recognising that the safest outcome is not always achieved by maximising parental contact. Rather, decisions should prioritise children's safety, wellbeing, recovery and long-term developmental outcomes, particularly where there are allegations or findings of domestic and family violence.

Governments, schools, health services, child protection agencies, police and family law systems need stronger training and guidance on recognising the impacts of coercive control and post-separation abuse on children. Too often, children's distress, behavioural changes, anxiety, school difficulties or emotional responses are viewed in isolation without considering the broader context of family violence and ongoing risk.

Education settings are particularly important. Schools are often one of the few environments where changes in a child's wellbeing become visible. School staff should be equipped to recognise trauma responses, understand coercive control and respond

appropriately when safety concerns are identified. Information sharing practices must also prioritise children's safety and privacy, particularly in circumstances involving domestic and family violence.

Children and young people should be provided with access to specialist, trauma-informed support services that recognise their experiences as victim-survivors. Too often, support is focused solely on the non-offending parent, with an assumption that supporting the parent will automatically meet the child's needs. While supporting protective parents is critical, children also require their own opportunities for healing, recovery, emotional expression and therapeutic support.

The Second Action Plan should also recognise the growing impact of technology-facilitated harm on children and young people. This includes online coercion, image-based abuse, cyberbullying, stalking, harassment, exposure to violent or misogynistic content, and the increasing influence of online personalities and communities that normalise gender inequality, entitlement and abuse. Prevention efforts should equip young people with the skills to critically evaluate online content, recognise unhealthy relationship behaviours and seek help when needed.

For children and young people displaying harmful behaviours, responses should balance accountability with understanding. Many children who use violence have themselves experienced trauma, violence or exposure to harmful relationship models. Early intervention, therapeutic supports, family-based approaches and education are more likely to achieve lasting change than punitive responses alone. Accountability is important, but children should be supported to understand the impact of their behaviour, develop empathy and learn healthier ways of relating to others.

Most importantly, children and young people should be recognised as experts in their own experiences. Policies, programs and services designed to support them should be informed by their voices and perspectives. Children consistently demonstrate insight into what makes them feel safe, heard and supported when adults take the time to listen.

To improve safety, recovery and wellbeing outcomes, Australia must move beyond seeing children as passive witnesses to violence and instead recognise them as victim-survivors whose experiences, rights and needs deserve direct attention. Their safety,

recovery and long-term wellbeing should be a central focus of the Second Action Plan, not an extension of responses directed solely at adults.

Feedback for Priority Area 4: People who use violence

Preventing violence requires a greater focus on accountability, early identification of concerning behaviours and a deeper understanding of coercive control as a pattern of behaviour rather than a series of isolated incidents.

One of the biggest challenges in responding to people who use violence is that many do not fit community stereotypes of what an abusive person looks like. Perpetrators may be respected professionals, community leaders, involved parents or highly regarded members of their communities. They may present as calm, reasonable and cooperative in public settings while simultaneously engaging in coercive, controlling or abusive behaviour in private.

For this reason, systems and services need to become better at recognising patterns of behaviour rather than relying solely on incident-based responses. Domestic and family violence is often characterised by repeated acts of intimidation, manipulation, control and entitlement that may not be visible when viewed as isolated events.

Earlier intervention requires greater community understanding of the warning signs associated with coercive control and abusive behaviour. Families, friends, workplaces, schools, health professionals and community organisations are often well placed to observe concerning behaviours before violence escalates. These may include extreme jealousy, monitoring, controlling behaviours, isolation, financial control, intimidation, threats, misuse of children, stalking, harassment and attempts to dominate decision-making within relationships.

A significant barrier to accountability is that many systems continue to focus primarily on conflict between parties rather than identifying the primary aggressor and understanding the broader pattern of behaviour. When coercive control is misidentified as mutual conflict, victim-survivors can be incorrectly viewed as contributing equally to the situation, reducing accountability for the person using violence.

Responses to people who use violence must remain firmly centred on victim-survivor safety. Success should not be measured solely by attendance at behaviour change programs or completion of interventions. Greater emphasis should be placed on demonstrable behavioural change, reduced risk, increased accountability and improved safety outcomes for victim-survivors and children.

Interventions for people who use violence should challenge beliefs of entitlement, control and gender inequality while promoting empathy, accountability and responsibility for harm caused. Importantly, responsibility for violence should remain with the person choosing to use it. Victim-survivors should never be expected to manage, accommodate or mitigate abusive behaviour.

The Second Action Plan should also recognise post-separation abuse as a significant area requiring greater attention. Many perpetrators continue patterns of coercive control after a relationship ends through legal systems abuse, misuse of parenting arrangements, financial abuse, technology-facilitated abuse, harassment and the use of children as a means of maintaining control. Responses to people who use violence must extend beyond the point of separation and address these ongoing patterns of behaviour.

Effective responses to people who use violence also require consistent risk assessment and information-sharing practices across systems. A nationally coordinated approach to identifying and responding to coercive control, post-separation abuse and escalating risk would strengthen accountability and reduce the likelihood that harmful patterns of behaviour are missed because information is fragmented across agencies. The Second Action Plan should support consistent implementation of evidence-based risk and safety frameworks across all sectors involved in responding to domestic and family violence.

Workplaces, community organisations, sporting clubs, educational institutions and government agencies all have a role to play in recognising and responding to the use of violence. Staff and leaders should be equipped to identify concerning behaviours, respond appropriately and understand pathways for referral and intervention.

While intervention and behaviour change programs remain important, accountability must remain at the centre of all responses. The ultimate measure of success should be

whether victim-survivors and children experience increased safety, freedom and wellbeing.

To prevent violence and respond earlier, Australia must move beyond responding to individual incidents and instead strengthen its ability to identify patterns of coercive control, challenge attitudes that support abuse and hold people who use violence accountable for the harm they cause.

Feedback for Priority Area 5: System Integration and Workforce

One of the biggest barriers to safety, recovery and justice for victim-survivors is the fragmented nature of the systems designed to support them. While many individual services and professionals provide excellent support, victim-survivors often find themselves navigating multiple agencies that operate independently, assess risk differently and hold only part of the overall picture.

A more coordinated and connected response requires systems to move beyond responding to individual incidents and instead develop a shared understanding of patterns of coercive control, risk and ongoing harm. Victim-survivors should not be required to repeatedly disclose traumatic experiences to multiple agencies in order to access support, establish credibility or demonstrate risk.

The greatest improvement would come from strengthening collaboration between domestic and family violence services, policing, education, health, child protection, family law, housing, privacy and complaint-handling bodies, victim support services and other agencies that interact with victim-survivors and children. Information sharing should be safe, appropriate and guided by a clear understanding of domestic and family violence risk.

A key challenge across systems is the gap between policy and practice. Many jurisdictions have developed risk assessment frameworks, information-sharing guidelines and best-practice principles intended to improve responses to domestic and family violence. However, victim-survivors continue to report significant inconsistencies in how these are applied. The Second Action Plan should focus not only on developing policy and frameworks, but also on ensuring they are consistently implemented, monitored and embedded into everyday practice.

Workforce capability is another critical area for improvement. Domestic and family violence is increasingly recognised as a pattern of coercive control rather than a series of isolated incidents, yet many professionals continue to receive limited training in recognising coercive control, post-separation abuse, systems abuse, trauma responses and risk escalation.

Mandatory and ongoing training should be provided across all sectors that regularly interact with victim-survivors, children and people using violence. This includes police, educators, health professionals, lawyers, judicial officers, child protection practitioners, complaint-handling bodies, housing providers and government agencies. Training should move beyond awareness and focus on practical application, risk identification and trauma-informed decision-making.

Particular attention should be given to helping professionals distinguish between a victim-survivor's response to trauma and a perpetrator's pattern of coercive control. Too many victim-survivors report being labelled as difficult, unreasonable, emotional or high conflict, while the broader context of abuse remains unrecognised. These misunderstandings can result in inappropriate decisions, reduced access to support and further harm.

The workforce also requires adequate supervision, support and resources. Responding to domestic and family violence is complex and emotionally demanding work. Workforce development should include access to specialist consultation, reflective practice, supervision and ongoing professional development to ensure practitioners can respond effectively while maintaining their own wellbeing.

The Second Action Plan should also place greater value on lived experience expertise. Victim-survivors bring unique insights into how systems operate in practice, where barriers exist and what reforms are most likely to improve outcomes. Lived experience should be meaningfully embedded in policy development, service design, workforce training, evaluation and system reform rather than being treated as a one-off consultation activity.

There is also a need for stronger evaluation and accountability mechanisms. Governments have invested significantly in domestic and family violence reform, yet

victim-survivors often struggle to see how improvements are measured or whether intended reforms are translating into safer experiences on the ground. Greater transparency, monitoring and evaluation are needed to understand what is working, where gaps remain and how systems can continue to improve.

Ultimately, a coordinated system is one in which victim-survivors do not have to navigate services alone, explain their experiences repeatedly or carry responsibility for connecting fragmented systems. The goal should be a workforce and service system capable of recognising risk early, responding consistently, sharing responsibility for safety and working collaboratively to improve outcomes for victim-survivors and children.

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

In addition to the priority areas outlined above, I believe greater attention should be given to the intersection between domestic and family violence, systems abuse and institutional accountability.

Many victim-survivors report that some of the most significant harms they experience occur not only through the actions of the perpetrator, but through interactions with systems that fail to recognise risk, respond inconsistently or unintentionally create opportunities for further abuse. Family law, education, health, privacy, child protection, complaints and administrative systems can all become avenues through which coercive control is continued when domestic and family violence is not properly understood.

The Second Action Plan should place greater emphasis on recognising and responding to systems abuse as a form of ongoing harm. This includes the misuse of legal processes, complaints mechanisms, parenting arrangements, information-sharing practices and other institutional processes to continue patterns of coercive control after separation.

There should also be a stronger focus on implementation and accountability. Across Australia, significant work has been undertaken to develop policies, frameworks, strategies and reforms aimed at improving responses to domestic and family violence. However, victim-survivors frequently report a disconnect between policy intent and

frontline practice. Future reform efforts should include mechanisms to evaluate not only whether policies exist, but whether they are being consistently applied and achieving their intended outcomes.

Privacy and information-sharing practices require particular attention. While information sharing can be critical for safety, inappropriate disclosure of sensitive information can place victim-survivors and children at increased risk. Systems must balance collaboration with robust safeguards that recognise the realities of coercive control, post-separation abuse and ongoing safety concerns.

Finally, I encourage the Australian Government to continue investing in recovery-focused responses. For many victim-survivors, leaving the relationship is only the beginning of a much longer journey. Long-term recovery, healing, social connection, financial security and rebuilding a sense of identity are critical outcomes that deserve equal attention alongside crisis response and risk management.

Ending violence against women and children requires more than responding to incidents of abuse. It requires systems that recognise patterns of coercive control, hold people who use violence accountable, listen to victim-survivors, protect children and ensure that reforms are translated into meaningful improvements in safety, recovery and wellbeing.

Feedback for Priority Area 1: Victim-survivors

Abuse after leaving. Facing homelessness

Paid out my LSL to fund lawyer now family and civil and in district court. Surviving when financially distressed with a huge mortgage. Cannot access my superfund as a gov employee. See ABS stats affects over 450,000 women. So i emailed to senator chalmer! With a senate brief. I have an IVO dv interim. Perpetrator awaiting 5 Agg assaults. And i need 100% care, work fulltime and pay all bills. Super funds would relueve this pressure. Super even half would reduce my mortgage oayments by $15000 a year. But ibstead i have to soon make an independent loan through my brother to keep a home i owned outright before marriage!!! Insanity. Super requires a compassion clause for DV survivors. And remove remove 32% tax - joke!!! Only allowable after after you loose your hime at foreclosure!!!! Keeep women and children safe. Allowing them access to superfunds so its less burden on services and guess what 'we' can earn way back, as im trying to do!!! No brainer. abuse of 20 years escaped, then family court abuse, now civil court... but the struggles on finance is impacting my health and wellbeing. My kids denied little things as i cannot afford.

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

educate family lawyers. Educate CIA reporters... Trauma cognitive dissonance its affects on children. Ask the right questions. Be aware of a mum unable to voice due to trauma and bring in a half hour mtg to explain 20 yrs abuse injuries to self and children. Family couet ignored my 7 yr old injuries. Judge signed mediated parenting i was forces to sign. No safety or wellbeing 'best interest of children' ignored

Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032)

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Formal Submission Workforce:

What are the key workforce issues for the FDSV specialist and adjacent workforce sectors?

- Sustainable education and training
- Recruitment and retention
- Industrial conditions

What practical actions could we take to strengthen workforce capability, capacity and wellbeing across specialist and adjacent workforces?

- Professionalise through regulation
- Registration is a lever to mandate education and training, build professional identity, and influence industrial conditions.

Abstract:

This submission argues social work registration provides the potential to enhance workforce capability in responding to domestic, family & sexual violence (DFSV). A case is made for the nurturing of stronger professional alliances across social work and DFSV sectors because of shared common ground in their focus on social justice, human rights and relational approaches to practice. Registration of social workers provides the levers to influence education and training and highlight organisational and resourcing issues while valuing the pressured and highly skilled nature of DFSV work through attention to recruitment and retention. This submission proposes social work and DFSV work are mutual friends, with similar histories and values, and hence it is timely to unite to celebrate the expertise of such workforces.

Introduction

This submission presents a case for the nurturing of stronger professional alliances across the social work and domestic, family & sexual violence (DFSV) sectors. While not all DFSV workers are social workers (see Cortis et al, 2018), we argue that social work and DFSV work share common ground in their focus on social justice, human rights, and relational approaches to care (Wendt & Moulding, 2016), as well as the challenges associated with the neoliberalised service sector context including the undervaluing of the work and its, mainly female, workforce. Here we focus on the potential for social work registration in Australia to contribute to the strengthening of both workforces, both in terms of capacity building (quality of work), and professional status (recognition and quality of work conditions).

The undervaluing of care work across the wider social services sector is evident in employment precarity, low pay and status and the normalisation of unpaid labour (Seymour et al, 2025, p. 14). Baines and Cunningham (2020a, 2020b), among others, have theorised care

work as work that is feminised, highlighting both the overrepresentation of women as workers, and its gendered association with the domestic sphere. Recent survey research, for example, indicates that of the more than 300,000 people employed in the Australian social and community services sector, approximately three quarters are women and most (95%) work in non-government settings (Cortis & Blaxland, 2024, p. 11). This mirrors the findings of other small- and large-scale workforce surveys (see, for example, Cortis et al, 2018, PM&C, 2023, Our Watch, 2023, Safe & Equal, 2023) and national statistics.

Notwithstanding evidence that workers in the social and community services sector are highly qualified, with the majority holding tertiary qualifications (CECFW, 2025, Cortis et al, 2018), concerns regarding the quality of workers and their preparedness for the work persist. For example, employers have noted that workers, including new graduates, struggle with critical thinking, observation and assessment skills (CECFW, 2025, p. 5); graduates also report feeling underprepared by their degree, identifying knowledge and skills gaps particularly in relation to managing aggression and family violence (see CECFW, 2025). This is a critical gap given the embeddedness of DFSV across multiple settings and fields of practice. In this context, social work registration provides the potential to enhance workforce capability in responding to DFSV, both in emphasising the responsibility of education providers to promote work readiness and maintaining a focus on quality practice and public interest.

Focus on the DFSV workforce

The importance of a highly skilled specialist DFSV workforce is widely acknowledged. The Victorian Royal Commission into Family Violence (Victorian Government, 2016), for example, emphasised the complex and high-level communication, organisation and management skills, and comprehensive understanding of DFSV, risk and trauma, required by

DFSV workers. The subsequent introduction of the Mandatory Minimum Qualifications (MMQ) Policy (to take effect 31 March 2026) reflected these requirements, establishing an Australian Qualification Framework (AQF) Level 7 degree[1] as a prerequisite for employment as a DFSV worker in Victoria. Workforce capability was also named as a core priority in The National Plan to End Violence Against Women and Children (2022-2032), with a particular focus on strategies for recruitment, retention, and ensuring quality of services.

The recently concluded Royal Commission into Domestic, Family and Sexual Violence in South Australia acknowledged the need for structural and cultural reform of the DFSV sector. Recruitment, retention and burnout were identified as concerns, indicative of the need for investment in workforce planning, sustainability and career pathways. In addition to a 10-year workforce strategy for the DFSV sector, the Royal Commission also recommended work with the university and vocational education and training sectors to embed DFSV content in relevant training and qualifications. This would ensure that students in relevant fields (e.g. human services, community services, counselling, health, policing, etc.) undertake foundational learning in DFSV as part of their formal qualifications.

The establishment of a university qualification as the baseline entry requirement for DFSV work in Victoria, arguably, reflects a drive to professionalise the DFSV workforce. While South Australia has taken a different approach, focusing on pathways, core DFSV learning, and education partnerships rather than mandatory qualifications, both prioritise the need for more DFSV-informed workforces across multiple settings in which DFSV may present. This also recognises the importance of interdisciplinary and collaborative work across the human services in responding to complex social issues such as DFSV. However, we argue that establishing a ‘professional home’ for DFSV expertise is a necessary step towards achieving a

[1] Bachelors Degree, Graduate Certificates and Master’s Degrees

stronger and more sustainable DFSV workforce. Further, we propose that social work is ideally positioned to provide such a 'home', as discussed next.

Social Work: The baseline for DFSV Work?

While questions have been raised about the adequacy of social work education in Australia in preparing graduates for DFSV practice (see, for example, Schaffer et al., 2024; Cowan et al., 2020; Turner & Walsh, 2020), social work, as a profession, is well placed to respond to DFSV across a range of settings. With its grounding in social justice, social work is centrally oriented towards social change based on the analysis and challenging of societal structures, including gender, and intersectional power relations. This recognises the embeddedness of DFSV in "collective structural inequality"; that women's structural vulnerability is inherently related to the "complex and inter-connected political, social, cultural, and institutional histories, systems, and structures that constitute our local and global societies" (Rose, Mertens & Balint, 2023, p. 3648). Social work thus offers both a theoretical and ethical basis for, and practice skills and capacity in, DFSV practice, ideally positioning it to lead in this space.

DFSV as gendered work

Social work and DFSV work are widely recognised as undervalued occupations and, within the historical context of care and support as women's work, have both grappled with issues of professional recognition and legitimacy. Entrenched in gender, raced and classed inequalities, such work "reflects, reproduces, and reinforces" normative (gendered) expectations (Lavee & Kaplan, 2022, p. 1476) and plays a critical role in maintaining the status quo of underfunded and struggling human service organisations (Seymour et al, 2025). The multiple – and intensifying - expectations placed on social work and DFSV workforces also reflect the complexities of intersecting inequalities in the lives of service-users. Demand for social work

and related services continue to outstrip available funding and resources, with issues related to insecure funding, low remuneration, burnout, lack of role clarity and limited access to professional development compounding difficulties in attracting and retaining workers.

Reflecting critically on workforce issues requires an explicit focus on the broader structural, political and societal arrangements that constitute inequality/ies, including institutional cultures and the distribution and differential valuation of work (such as caring work) (Seymour et al, 2025, Seymour, 2018). Strengthening the FDV workforce, thus, goes hand-in-hand with strengthening the social work profession. This must go beyond a deficit focus, solvable through worker training and standards, to recognise the sociocultural and institutional contexts; for example, by countering perceptions of social and support work as low skilled and non-specialised, highlighting instead its highly skilled, complex and demanding nature (Seymour et al, 2025).

Social worker registration to strengthen the DFSV workforce

Social work registration, imminent in South Australia, offers the potential for knowledge and skills associated with FDV, through their identification with social work, to be formally recognised and protected. Registration strategically positions social work, incorporating DFSV work, as a profession bound by ethical standards and in possession of specific evidence-based knowledge and skills. Professional regulation interacts, in turn, with workforce status, supply and role, thereby influencing remuneration and work conditions over time (Dawson, 2025). The significance of regulation was recognised by South Australia's Royal Commission, highlighting its capacity to shape education and training while embedding rights to continuing professional development and clinical supervision. Mandating regular supervision, for example, represents a commitment to the ethical and professional integrity of work with the most vulnerable in society (Beddoe & Duke, 2009).

In South Australia, the requirement in the Social Workers Registration Act (2021) to describe a scope of practice for social work has made it possible to articulate social work's distinct orientation towards social change through its focus on the structural contexts and conditions for individual suffering. On this basis, regulatory attention to professional accountability and safeguarding of the public interest relies on the delineation of core social work competencies and conduct. In bringing together knowledge, skills, and values, competencies enable specific DFSV expertise to be embedded as fundamental to the social work profession. Importantly, this does not require introducing new content but, rather, recognises the existing, DFSV-related, capabilities that are integral to social work. This enables both the identification of specialised DFSV knowledge and skill as foundational to social work practice, and recognition of the specialised work undertaken by other professionals and related accountabilities. Thus, registration of social workers provides the levers to influence education and training and highlight organisational and resourcing issues while valuing the pressured and highly skilled nature of the work through attention to recruitment and retention (Wendt et al, 2020).

Conclusion

It can be argued that social work and DFSV work are mutual friends, with similar histories and values. The critical role of the DFSV workforce has been recognised in the National Plan and the Royal Commissions into DFSV in Victoria and South Australia, highlighting the need for comprehensive and strategic workforce planning. We have argued that social work registration is centrally positioned to contribute to this broader goal by enhancing the clarity, consistency and credibility of DFSV knowledge and skills as core social work competencies, thereby uniting DFSV expertise and the social work role.

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Submission to: DSS Engage — Second Action Plans Consultation

Submitted by: [redacted], Queensland

Date: 29 June 2026

Reference: [redacted] (DSS response to ministerial correspondence, 28 June 2026)

Consultation: Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031 — Second Action Plans

Community Family Recovery Hub

A Proposal for Community-Integrated Family Recovery Within Australia's Child Protection Architecture

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1. Why This Submission Exists

This submission is informed by direct, lived experience navigating Queensland's child protection system on behalf of family members. It is not a theoretical exercise. The gaps it identifies are real. The frustrations that motivated it are real. And the proposal it puts forward is grounded in what is actually missing — not what looks good on paper.

The motivation here is not to criticise the people who work in child protection. Many of them work under extraordinary pressure, are constrained by inadequate systems, and are trying to do right by children with the tools available to them. The motivation is to name a structural problem honestly, and to offer a practical model that could help fix it.

This submission responds to the DSS invitation of 28 June 2026 (reference [redacted]), following correspondence to Minister Plibersek on the Community Family Recovery Hub concept. DSS identified the proposal as aligning with the system integration and workforce priority areas being developed for the Second Action Plans. This document builds on that exchange and provides a more detailed argument for the model.

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2. The Problem: A System Built to Remove, Not to Recover

2.1 What the system does well

Australia's child protection system has a clear statutory function: identify children at risk and intervene to protect them. In many cases it does this function. It has mandatory reporting frameworks, risk assessment tools, a legal architecture that enables removal when necessary, and a workforce trained in safety assessment.

This is important work. No submission that proposes reform should pretend otherwise.

2.2 What the system does poorly

The system is far less effective at what happens after removal — and the evidence for this is substantial.

The June 2026 Queensland Commission of Inquiry report *From Pressure to Purpose: Reforming Child Protection in Queensland* documented a system under serious and sustained strain. Among its most troubling findings: the number of children in residential care increased by 229 per cent between 2015 and 2025. The cost of residential care rose from approximately $300,000 per child in 2019–20 to around $500,000 in 2024–25. Response times for investigating reports dropped catastrophically, from 91 per cent of 24-hour responses meeting timeframes to just 44 per cent. And 67 per cent of reported incidents of sexual abuse made to the Department of Child Safety involved children already placed in residential care.

That last figure is the most important one in this submission. Children placed into care by a system designed to protect them are, in significant numbers, being abused within that system. This is not an accusation against individual workers. It is an indictment of a model that warehouses children without adequate recovery infrastructure around them or their families.

The Royal Commission into Institutional Responses to Child Sexual Abuse — a five-year national inquiry completed in 2017 — documented systematic failures by institutions responsible for children in care, finding that abuse was not limited to isolated incidents but represented failures in institutional culture and governance. The evidence of systemic institutional failure is not new. It predates the current system. It has been documented in Queensland alone by at least three major inquiries since 2004.

The question this submission asks is not ‘how do we improve the removal system’. It is: ‘how do we build the recovery architecture that currently barely exists’?

2.3 The passive service problem

One of the least visible but most damaging features of the current system is that support services for families working toward reunification are largely passive. They exist, in theory. In practice, families must find them, apply for them, navigate multiple disconnected agencies, and sustain engagement with them — all while managing the trauma of having a child removed, often while dealing with housing instability, financial stress, and limited access to legal advice.

From the perspective of someone who has supported family members through this process: you have to actively search for help. For families who are already overwhelmed, that search is itself a barrier. The assumption embedded in a passive service model — that wanting your child back is sufficient motivation to navigate a fragmented system — misunderstands what crisis actually looks like.

Queensland’s own inquiry noted that average investment per child in intensive family support services was $9,667, well below the national average of $11,403. The system underspends on the part that keeps families together and overspends on the part that separates them. That is not a sustainable model, morally or fiscally.

3. The Fiscal Case for Investment in Recovery

The economic argument for investing in family recovery infrastructure is straightforward. Out-of-home care is expensive. Nationally, the total cost of out-of-home care services in Australia for 2022–23 was $5.9 billion. The annual cost of supporting each child in out-of-home care varied from $79,000 to $161,000 across the eight jurisdictions.

In Queensland specifically, as noted above, residential care now costs approximately $500,000 per child per year. A child who remains in residential care for three years represents a $1.5 million expenditure. A family recovery model that successfully reunifies one child in twelve months instead of three years does not merely produce a better human outcome — it produces a significant fiscal saving.

Victoria's Family Preservation and Reunification Response, an evidence-backed program delivered by community service organisations in partnership with Aboriginal Community Controlled Organisations, was evaluated and found to have produced an 18 per cent reduction in children entering care. An 18 per cent reduction applied to Queensland's residential care population of 2,258 children would represent hundreds of fewer children in the system, and hundreds of millions of dollars in avoided costs.

The argument is not that recovery is cheap. It is that removal is expensive, and the current system pays for the expensive option while underfunding the cheaper and better one.

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4. The Community Family Recovery Hub: The Proposed Model

4.1 Core principle

The Community Family Recovery Hub is built on a single principle: child safety and family recovery are related but distinct functions. They should not be performed by the same people, using the same systems, governed by the same logic.

Child Safety's job is statutory. It assesses risk, makes decisions about intervention, and enforces the legal framework that protects children. That function must remain intact, funded, and professionally led.

Family recovery is a different job. It is relational, long-term, community-embedded, and oriented toward reunification where safe. It is also the job that currently has the least infrastructure, the least funding, and the least policy attention.

4.2 The three structural pillars

Pillar One: The Family Recovery Coordinator.

A dedicated, named coordinator assigned to each family on a reunification pathway. This person does not make statutory decisions — that remains with Child Safety. The coordinator's function is to hold the threads together: to maintain contact with the family, track what services they need and whether they are accessing them, navigate barriers on their behalf, and reduce the administrative and emotional burden of self-navigation.

This is a new role, not a rebadging of an existing one. The coordinator sits alongside the Child Safety system, not within it. This distinction is critical: families are more likely to engage openly with someone who is not also the person who can remove their child.

Pillar Two: Community Integration.

The Hub model does not require new buildings or new services in most cases. It requires a coordination layer that connects existing services — housing support, legal aid, mental health, family counselling, employment, cultural support — in a way that is navigable by families in crisis.

In South East Queensland, the FamilyLinQ network operating near Eagleby already provides a service platform that could absorb this coordination function. The infrastructure exists. The connective tissue does not.

Critically, community members — including community elders, peer support workers with lived experience, and local organisations already trusted by families — should be integral to the Hub model. Not as add-ons, but as structural participants. The evidence from First Nations-led models is instructive: community-controlled approaches achieve better reunification outcomes, stronger cultural connections, and reduced re-entry into child protection. That principle extends beyond First Nations families. Community involvement produces better outcomes because community trust exists where institutional trust often does not.

Pillar Three: Proactive Outreach.

The passive model — in which services exist but must be found — must be replaced with a proactive outreach model in which the Hub makes contact with families, identifies their needs, and brings support to them rather than waiting to be sought out.

This is the most significant cultural shift the model requires. It asks the system to accept that families in crisis are not failing when they cannot find help. They are failing when the system does not bring it to them.

4.3 What the Hub is not

The Hub is not a surveillance mechanism. It does not report to Child Safety on the content of family conversations or use recovery support as a monitoring tool. Families must be able to engage with the Hub without fear that honesty about their struggles will be used against them in statutory proceedings.

The Hub is not a replacement for existing services. It does not duplicate legal aid, mental health support, or housing assistance. It connects families to those services and reduces the barriers to access.

The Hub is not a substitute for Child Safety. It operates in parallel, with clearly defined boundaries between the recovery function and the statutory function.

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5. Evidence Base

The proposal is not without precedent. Several models in Australia and internationally provide a basis for confidence that community-integrated recovery works.

- **Victoria's Family Preservation and Reunification Response** delivered by community service organisations in partnership with Aboriginal Community Controlled Organisations, produced an evaluated 18 per cent reduction in children entering care.
- **New South Wales** is redesigning its entire Family Preservation service system with new contracts from July 2026, explicitly centred on community-led decision making and family-led service design for Aboriginal children and families.
- **The AIHW Indigenous Health Performance Framework** documents that First Nations-led models, including VACCA's Nugel program, show community-controlled approaches achieve better reunification, stronger cultural connections, and reduced re-entry into child protection.
- **Queensland's own Keeping Families Together pilot** providing stable housing and intensive holistic family support, found that housing stability positively impacted overall family wellbeing and reduced child protection involvement.
- **International evidence** from MacKillop Family Services' evaluation of the FPR program confirms that intensive, coordinated family preservation and reunification services prevent children's placement in out-of-home care, with Australian evidence continuing to build.

The common thread across all of these models is coordination, community trust, and proactive engagement. The Hub proposal operationalises those principles in a form suitable for federal framework investment.

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6. Alignment with the Second Action Plans

DSS identified two priority areas in the Second Action Plans that this submission directly addresses: system integration and workforce.

6.1 System integration

The Hub creates a coordination layer that connects statutory child protection, community services, and family support into a coherent pathway for reunification. It does not ask any existing system to expand beyond its core function. It fills the gap between those functions that currently has no owner.

6.2 Workforce

One of the most persistent problems in child protection is that statutory caseworkers carry functions that are not their core job. Coordination, navigation, and relationship maintenance with families fall to workers who are also managing risk assessment, legal obligations, and caseloads far beyond sustainable levels. The Queensland inquiry directly noted the pressure this places on frontline staff.

The Family Recovery Coordinator role relieves that pressure by taking the recovery function out of the statutory caseload and assigning it to a purpose-designed role. This is a workforce design solution as much as a service design solution.

6.3 Cultural safety and First Nations considerations

The Hub model must be designed to incorporate Aboriginal and Torres Strait Islander community-controlled organisations as structural partners, not subcontractors. Given that First Nations children represent 43 per cent of Australia's out-of-home care population, no recovery architecture that is not deeply connected to community and culture will serve that population adequately. The Second Action Plans' alignment with Closing the Gap requires this to be a non-negotiable design principle.

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7. What This Submission Is Asking For

This submission makes a single, clear ask.

That the Second Action Plans explicitly include funded community recovery infrastructure — specifically a Family Recovery Coordinator model with proactive outreach obligations — as a distinct, protected component of the system integration priority.

The federal government's role in this is framework and funding. States deliver. But without federal framework investment that makes community recovery coordination a funded expectation rather than a discretionary add-on, it will continue to be deprioritised in state budget processes under exactly the kind of fiscal pressure the Queensland inquiry documented.

The specific implementation ask is a funded pilot in a high-need region. South East Queensland is the appropriate candidate: it has existing community infrastructure in FamilyLinQ, a documented and urgent system crisis per the June 2026 inquiry, a large at-risk population, and proximity to the Gold Coast–Logan corridor where child protection pressures are most acute.

A three-year pilot with an independent evaluation framework would generate the Australian evidence base that currently does not exist at scale, and would position the model for national rollout under the Second Action Plans.

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8. Closing Observation

Australia's child protection system does not fail because the people in it do not care. It fails, as the Queensland inquiry found, because it operates under conditions that make sustained reform difficult to achieve. The system spends its money at the wrong end of the pipeline — on the expensive, damaging, and increasingly dangerous residential care system — while underfunding the prevention and recovery infrastructure that would reduce demand on that system.

The Community Family Recovery Hub does not ask the system to be rebuilt. It asks for the connective tissue that the current architecture is missing. It asks for community to be involved in family recovery in a structured, safe, and properly resourced way. And it asks that the federal framework give that function the status and funding it has never had.

If the Second Action Plans are to mean something over the next five years, they need to fund things that actually change the pathway for families. This is one of them.

[redacted]
Queensland
29 June 2026

Supplementary Submission — Community Family Recovery Hub

Submitted by: [redacted], Queensland

Date: 29 June 2026

Reference: [redacted] / DSS Engage — Second Action Plans Consultation

Who Governs the Hub?

A Supplementary Note on Governance Architecture for the Community Family Recovery Hub

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1. The Question This Submission Answers

The full Community Family Recovery Hub submission, lodged concurrently with this note, describes what the Hub does and why it is needed. It does not fully answer the question that any policy reader will reasonably ask: who governs it?

That question matters more than it might seem. The Hub's credibility with families depends on it being genuinely independent of the statutory child protection system. Its accountability depends on it being genuinely connected to government funding and outcome frameworks. Those two requirements are in tension, and the governance model has to resolve that tension explicitly.

This note proposes a governance architecture that does.

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2. The Core Problem with Existing Options

There are two obvious but inadequate governance options.

Option one: government-run. If the Hub is administered directly by the Department of Child Safety or a state agency, families will not trust it. The evidence from community engagement work in child protection is consistent: families in the system do not speak openly to workers they associate with the power to remove their children. A Hub that sits inside the statutory system inherits that trust deficit regardless of how it is designed.

Option two: fully independent community organisation. If the Hub is a standalone community-run body with no structural connection to government, it lacks the mandate, the funding stability, and the formal standing needed to coordinate across Child Safety, housing, legal aid, and other services that operate within government frameworks. Community goodwill does not move bureaucracies.

What is needed is a third option: an independent body with formal government connection, structured accountability, and genuine community governance. That model already exists in Australia. It is called a Primary Health Network.

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3. The Primary Health Network Model as a Template

3.1 What PHNs are

Primary Health Networks are independent, not-for-profit organisations funded by the Australian federal government to coordinate primary health care in their region. As the Department of Health describes them: PHNs "assess the needs of their community and commission health services so that people in their region can get coordinated health care where and when they need it."

PHNs do not deliver most services themselves. They commission and connect existing services, hold them to outcome frameworks, and ensure coordination across a region. They are federally funded, performance-assessed against national indicators, and governed by skills-based boards with community advisory committees. There are 31 PHN regions across Australia.

3.2 Why this model is directly analogous

The structural problem the PHN model was designed to solve is the same structural problem facing family recovery: a fragmented service landscape, a federal-state divide in funding responsibility, a need for regional coordination that neither government level manages well on its own, and a community that needs to be involved in governance without government co-opting it.

PHNs resolved this by creating an independent meso-level organisation — sitting between the federal funder and the local service providers — that coordinates without controlling, funds without delivering, and is accountable without being a government department.

That is exactly the governance form the Hub needs.

3.3 What the PHN model shows about limitations

It is worth being honest about where the PHN analogy has limits. Research on PHNs has found that tight federal constraints on what PHNs can fund sometimes prevent them from addressing equity gaps they can clearly see. One study found PHN board members noting they had "the ability to identify gaps in equity, but a very limited ability to address them" due to activity restrictions.

A family recovery network modelled on the PHN structure should be designed with more flexibility at the regional level than PHNs currently have in health — particularly around non-clinical and community support roles. This is a design refinement, not a reason to abandon the model.

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4. The Proposed Governance Model: A Family Recovery Network

This submission proposes that the Hub governance structure be called a Family Recovery Network (FRN), modelled explicitly on the PHN architecture but designed for the child and family recovery context.

4.1 Legal form

Each FRN would be an incorporated not-for-profit organisation, independent of government, funded through a federal grant agreement with DSS under the Commonwealth Grants Rules and Guidelines. This is the same legal and funding form as PHNs.

4.2 Board composition

The FRN board would be skills-based, not representative, but with mandatory inclusion requirements:

- At least two board members with direct lived experience of the child protection system — either as parents who have navigated it or as care leavers
- At least one representative from an Aboriginal or Torres Strait Islander Community Controlled Organisation, in regions where First Nations families are a significant proportion of the caseload
- At least one representative from the community services sector (not government)
- At least one member with legal or governance expertise
- A government observer role — from DSS or the relevant state child safety department — without voting rights

The observer role without voting rights is critical. It maintains government connection and transparency without government control. The board governs the FRN. Government monitors it.

4.3 Community Advisory Committee

Below the board, each FRN would have a Community Advisory Committee (CAC) drawn from local community members, service providers, cultural leaders, and people with lived experience. The CAC advises on local needs, reviews service performance from a community perspective, and ensures the FRN remains connected to the people it serves rather than drifting toward bureaucratic capture.

This mirrors the PHN community advisory committee model, which has been identified as one of the most effective mechanisms PHNs have for remaining locally relevant.

4.4 What the FRN does

The FRN does not deliver family recovery services directly. It:

- Employs or commissions the Family Recovery Coordinator role
- Holds service coordination agreements with existing providers — FamilyLinQ, ACCOs, legal aid, housing services, mental health providers
- Sets the proactive outreach protocols and ensures they are followed
- Reports to DSS on outcomes against nationally agreed indicators
- Receives complaints from families about service coordination failures
- Advocates to government — both federal and state — on gaps it identifies in the recovery system

The last point matters. Because the FRN sits outside government, it can speak on behalf of families without the constraints that bind government workers. It can name what is not working. That advocacy function is not a side effect of the model — it is part of why the model needs to be independent.

4.5 Federal-state relationship

One of the persistent problems in child protection is that it falls across a federal-state divide. Child Safety is a state function. Many of the services families need — income support, legal aid, some housing programs — are federal. Neither level of government coordinates across that divide well.

The FRN model resolves this by being funded federally but operating at the state service level, with formal coordination agreements with both. This mirrors how PHNs navigate the federal-state health divide: they are federal creatures that operate in state service landscapes, and they have developed the relationship infrastructure to make that work.

A federal funding agreement through DSS, with a state coordination MOU with the relevant child safety department, gives the FRN the standing to operate across both levels without belonging to either.

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5. Why This Is Not Just Adding Another Layer

A reasonable objection to this proposal is that it adds a governance layer on top of an already complex system. That objection deserves a direct answer.

The Hub is not adding a service layer. It is adding a coordination layer. The services already exist. FamilyLinQ exists. ACCOs exist. Legal aid exists. Housing support exists. What does not exist is the connective tissue that makes those services navigable for families in crisis, and the governance body that holds that connective tissue accountable.

The PHN analogy is instructive here too. Before PHNs, the services existed. GPs existed. Allied health existed. Community health existed. What was missing was the regional coordination function. PHNs did not duplicate services. They connected them. A 2018 evaluation found PHNs “critical in delivering sustainable, integrated and safe primary health care.”

A Family Recovery Network would do for the family recovery system what PHNs did for primary health: provide the coordination infrastructure that makes the existing parts work together.

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6. The Single Ask

This supplementary submission asks that the Second Action Plans include, as part of the system integration priority, a commitment to pilot a Family Recovery Network governance model in at least one high-need region.

South East Queensland remains the appropriate pilot location: existing infrastructure through FamilyLinQ, a documented system crisis per the June 2026 Commission of Inquiry, a large First Nations population requiring culturally appropriate governance, and proximity to the Logan–Gold Coast corridor where pressures are most acute.

The pilot should run for three years with an independent evaluation, and should generate the governance evidence base needed for national rollout under the Second Action Plans framework.

The cost of piloting this model is marginal relative to the cost of continuing to expand residential care at $500,000 per child per year. The governance question — who runs this, and how — has an answer. This submission provides it.

[redacted]
Queensland
29 June 2026

Second Supplementary Submission — Community Family Recovery Hub

Submitted by: [redacted], Queensland

Date: 29 June 2026

Reference: [redacted] / DSS Engage — Second Action Plans Consultation

Costs, Outcomes, and the Case for Investment

A Supplementary Note on the Fiscal and Human Outcomes Case for the Community Family Recovery Hub

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1. What This Note Adds

The full Hub submission and governance supplement addressed the structural problem and the governance architecture. This note addresses two remaining questions: what would it cost, and what would it produce?

These are not afterthoughts. They are the questions that determine whether a proposal survives the budget process. A model that cannot articulate its cost envelope or its expected outcomes will not be funded, regardless of how sound its design is.

This note provides both.

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2. The Cost of Doing Nothing

Before estimating the cost of the Hub, it is worth being explicit about the cost it is competing against. The Queensland Commission of Inquiry found that residential care now costs approximately $500,000 per child per year in that state. Nationally, total out-of-home care expenditure in 2022–23 was $5.9 billion, with per-child costs ranging from $79,000 to $161,000 annually across jurisdictions.

Queensland's residential care population stood at 2,258 children at the time of the inquiry. At $500,000 per child per year, that cohort alone represents over $1.1 billion in annual expenditure — in a single state. The number of children in residential care grew by 229 per cent between 2015 and 2025. If that trajectory continues without structural intervention, the system becomes fiscally unsustainable before it becomes politically untenable.

Queensland itself underspent on intensive family support at $9,667 per child against a national average of $11,403. The system is paying far more to maintain separation than it would cost to invest in recovery. That is the baseline the Hub is measured against.

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3. Estimated Cost of the Pilot

The following is a conservative cost estimate for a three-year South East Queensland pilot of the Family Recovery Network (FRN) model. These figures are informed by comparable programs in Victoria and NSW, PHN operational costs, and Queensland's own service expenditure data.

Cost Component	Estimated Annual Cost
FRN governance body (incorporation, board support, administration)	$300,000 – $400,000
Family Recovery Coordinators (6 FTE for pilot region)	$600,000 – $750,000
Community Advisory Committee and lived experience participation	$80,000 – $120,000
Service coordination agreements and outreach operations	$300,000 – $400,000
Independent evaluation (annualised over 3 years)	$150,000 – $200,000
Total estimated annual cost (pilot)	$1.43M – $1.87M per year
Three-year pilot total	$4.3M – $5.6M

For context: the three-year pilot cost range is approximately equivalent to the annual residential care cost for 9 to 11 children in Queensland. If the pilot achieves even a 10 per cent improvement in reunification timelines for families in its catchment — a conservative target given Victorian evidence showing 18 per cent reductions in children entering care from comparable programs — the avoided residential care costs over three years would exceed the pilot's total cost.

This is not a speculative return on investment. It is grounded arithmetic.

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4. What the Evidence Says About Outcomes

4.1 For children

The evidence on what happens to children who are successfully reunified with their families, compared to those who remain in long-term care, is clear and consistent across Australian and international research.

- Children who are reunified with their families show improved socio-emotional wellbeing, stronger attachment, and better developmental outcomes than children who remain in care long-term, provided the reunification is adequately supported.

- Victoria's Pathways of Care Longitudinal Study, the most comprehensive Australian longitudinal study of children in out-of-home care, tracked children's physical health, socio-emotional wellbeing and cognitive development, finding that placement stability and family connection were among the strongest predictors of positive outcomes.
- Unsuccessful or poorly supported late-stage reunification, by contrast, is associated with homelessness, offending behaviour, mental health difficulties, and poor educational and employment outcomes for young people. The risk is not reunification — it is unsupported reunification.
- Victorian clinical evidence confirms that most children who enter care are reunified with their parents within a year where adequate support is in place. The support infrastructure is what determines the outcome, not the intent.

4.2 For families

The Hub model is built on the understanding that family recovery is not just about child outcomes — it is about what happens to the family unit as a whole, and whether parents are genuinely supported to rebuild.

Australian research on reunification outcomes identifies the following as the key determinants of whether families successfully recover:

- Parenting capability and confidence — the ability to manage risk and provide a safe environment, which improves substantially with structured, consistent support
- Housing stability — Queensland's own Keeping Families Together pilot demonstrated that stable housing directly reduces child protection involvement
- Connection to services — families who are actively connected to the services they need, rather than required to self-navigate, show significantly better outcomes
- Reduction in parental stress and isolation — the experience of having a named, consistent support person is itself an outcome factor; it changes how families engage with the process

That last point is the one most often missing from policy analysis. The Hub is not just a coordination mechanism. For families who have experienced the child protection system as adversarial, frightening, and impossible to navigate, having a person on their side who is not also the person who can take their child is a fundamentally different experience. The psychological effect of that — the reduction in isolation, the increase in trust, the feeling that recovery is actually possible — is itself a precondition for all the other outcomes.

4.3 For the system

The system-level outcomes the Hub model is designed to produce are:

- Reduced residential care caseload over time, as better-supported reunification pathways keep families out of long-term placement

- Reduced re-entry rates — families that receive proper recovery support are less likely to re-enter the system, which is the most costly outcome in child protection
- Reduced pressure on statutory caseworkers, as the coordination and outreach functions are handled by the FRN rather than child safety officers
- A stronger evidence base for national rollout, generated by the pilot evaluation, that currently does not exist at scale in Australia

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5. The Proposed Outcome Framework

The following outcome indicators are proposed for the pilot evaluation. They are drawn from established Australian and international measurement frameworks including the NCFAS-R (North Carolina Family Assessment Scale — Reunification), the AIHW permanency indicators, and Victoria's FPRR evaluation framework.

Outcome Domain	Indicator
Reunification rate	Percentage of families on Hub caseload achieving safe reunification within 12 months
Re-entry rate	Percentage of reunified families re-entering child protection within 24 months
Parenting capability	Improvement in NCFAS-R scores at closure vs intake across Hub caseload
Housing stability	Percentage of Hub families in stable housing at 6 and 12 months
Service connection	Percentage of Hub families engaged with at least 3 support services within 90 days of referral
Family experience	Qualitative measure: family-reported sense of support, trust, and agency in the recovery process
Caseworker load	Change in statutory caseworker time spent on coordination vs risk assessment tasks
Cost per family	Total FRN cost divided by families served, compared against avoided residential care costs

The family experience indicator deserves specific mention. Quantitative outcome measures will capture what happened. The qualitative measure will capture how it felt to go through it. Both matter. A system that produces acceptable statistics but leaves families feeling surveilled, judged, and powerless has not achieved recovery. It has achieved compliance.

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6. Summary

This note completes the evidence picture for the Community Family Recovery Hub proposal.

Question	Answer
What does it cost?	$4.3M–$5.6M for a three-year pilot in SEQ
What is it competing against?	$500,000 per child per year in Queensland residential care
What does it produce for children?	Better developmental outcomes, stronger attachment, reduced long-term system involvement
What does it produce for families?	Improved parenting capability, housing stability, service connection, and reduced isolation
What does it produce for the system?	Reduced caseload pressure, lower re-entry rates, evidence base for national rollout
Is there precedent?	Yes. Victoria's FPR program achieved an 18% reduction in children entering care

The investment case is straightforward. The human case is more important. Families that feel supported — genuinely supported, not managed — rebuild. Children who go home to families that have been helped to recover do better than children who stay in a system that, by its own inquiry findings, fails to protect too many of them.

The Hub does not fix everything. It fills the gap between the statutory system that removes children and the recovery infrastructure that barely exists. That gap is where families fall through. This is what closing it looks like.

[redacted]
Queensland
29 June 2026

Feedback for Priority Area 1: Victim-survivors

As both a victim-survivor of long-term domestic violence and a domestic and family violence strategic intelligence practitioner, I believe the biggest opportunity for improvement is creating systems that are easier to navigate, more coordinated and less traumatic for victim-survivors.

What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?

Victim-survivors often engage with multiple systems simultaneously, including police, courts, family law, housing, Centrelink, child support, health services and specialist DFV services. These systems frequently operate independently, requiring victim-survivors to repeatedly tell their story while managing trauma, parenting responsibilities and financial pressures.

I recommend exploring a nationally coordinated, consent-based ""Tell Your Story Once"" model. A single trauma-informed intake could gather information about safety, housing, financial needs, children, health and legal issues. With informed consent, relevant information could then be shared between participating services, reducing re-traumatisation and improving coordination.

Victim-survivors should not be expected to become the case managers of their own recovery.

Additional priorities include:

- Earlier identification of coercive control.
- Greater recognition of financial abuse.
- Improved access to long-term housing.
- Trauma-informed counselling and recovery services.
- Better support for children as victim-survivors in their own right.
- Improved coordination between justice, housing, health and support systems.

What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?

People are more likely to seek help when services are accessible, trusted, easy to navigate and responsive to individual circumstances.

Barriers include:

- Fear of retaliation by the perpetrator.
- Financial dependence.

- Shame and stigma.
- Social isolation.
- Long wait times.
- Complex systems and processes.
- Concerns about children and family law proceedings.
- Limited understanding of coercive control.

In my own experience, navigating services while dealing with trauma, parenting responsibilities and financial hardship was overwhelming. At the same time, I was trying to work, support my children and create a sense of stability within our home.

Long wait times and complex processes can be difficult for anyone, but become significantly harder when people are experiencing trauma, mental health challenges or neurodivergence. In my circumstances, undiagnosed ADHD and alcohol misuse compounded the impacts of domestic violence and affected my ability to navigate systems effectively.

Financial abuse can continue long after separation. I was unable to pursue child support because financial matters were a significant trigger for further abuse and offending behaviour. As a result, I carried the financial burden alone and ultimately experienced bankruptcy. This highlights the need for better recognition of the long-term impacts of financial abuse and coercive control.

Rural and Regional Communities

Victim-survivors in rural and regional communities face additional barriers, including:

- Long travel distances.
- Limited specialist services.
- Workforce shortages.
- Lack of transport.
- Housing shortages.
- Reduced privacy and anonymity.

In my experience being in a small community at the time of my time in the relationship, victim-survivors may personally know service providers or have social connections to the perpetrator. Fear of community judgement, gossip and retaliation can discourage help-seeking.

Housing is a particular challenge. Many victim-survivors remain in unsafe situations because there are few affordable alternatives. Access to safety should not depend on postcode.

Greater use of telehealth and virtual service delivery should be explored to improve access to specialist support in regional, rural and remote areas.

What current or emerging issues should the Second Action Plan address, including coercive control and technology-facilitated abuse?

Coercive control should remain a significant focus of the Second Action Plan. It often underpins other forms of abuse and may include financial abuse, social isolation, surveillance, intimidation, manipulation and post-separation abuse.

Technology-facilitated abuse continues to evolve and includes digital stalking, monitoring devices, online harassment and image-based abuse.

In addition, greater attention should be given to the influence of online environments on harmful attitudes towards women. Social media, algorithm-driven content, online communities and influencer culture may contribute to misogynistic beliefs and unhealthy attitudes about relationships, power and control.

At the same time, technology should be viewed as part of the solution. Digital platforms provide opportunities to promote respectful relationships, healthy masculinity, violence prevention messaging and access to support services.

What gaps remain in addressing the needs of diverse communities, including Aboriginal and Torres Strait Islander people?

Domestic and family violence affects people across all communities, but barriers to support differ significantly.

Responses must be culturally safe, accessible and tailored to the needs of:

- Aboriginal and Torres Strait Islander people.
- Rural and remote communities.
- Culturally and linguistically diverse communities.
- People with disability.
- Older women.
- LGBTIQA+ communities.

Particular attention should be given to supporting Aboriginal and Torres Strait Islander community-led responses that recognise the impact of historical and intergenerational trauma.

Socioeconomic differences should also be recognised. For some victim-survivors, the primary concern is immediate survival, housing and financial security. For others, barriers include shame, reputation, social expectations and fear of community judgement. A one-size-fits-all approach will not effectively meet the diverse needs of victim-survivors.

Additional recommendation:

The Second Action Plan should support the development of a National Violence Escalation Prevention Framework that improves identification of escalating risk and opportunities for intervention before serious harm occurs.

Domestic and family violence is rarely a single incident. It often develops through identifiable patterns involving coercive control, financial abuse, isolation and escalating behaviours. Improving our ability to recognise and respond to these pathways earlier may reduce repeat victimisation and prevent serious harm.

My lived and professional experiences have reinforced that victim-survivors need systems that are coordinated, trauma-informed and designed around the realities of recovery. The Second Action Plan provides an opportunity to reduce fragmentation, improve early intervention and create a system where the responsibility for coordination sits with services rather than with victim-survivors.

Feedback for Priority Area 2: Prevention and early intervention

My perspective is informed by both lived experience and professional experience in the domestic and family violence sector.

As a victim-survivor of long-term domestic violence, I have experienced the impacts of coercive control, financial abuse, post-separation abuse, parenting through trauma and navigating multiple systems while attempting to maintain safety and stability for my children. Professionally, I work in domestic and family violence strategic intelligence, analysing patterns of offending, escalation, emerging risks and opportunities for intervention.

These dual perspectives have reinforced my belief that prevention must move beyond responding to violence after it occurs and place greater emphasis on understanding how violence develops, escalates and can be disrupted before serious harm occurs.

What would make the biggest difference in preventing and ultimately ending violence?

The greatest opportunity to reduce domestic, family and sexual violence is to identify and intervene earlier in the pathways that lead to violence.

Violence rarely begins with serious physical assault. In many cases it develops gradually through exposure to violence, harmful attitudes, controlling behaviours, coercive control and escalating patterns of abuse. By the time services become involved, significant harm has often already occurred.

Through both lived experience and professional experience analysing domestic and family violence patterns, I have observed that serious violence rarely occurs without warning. Escalation is often preceded by identifiable indicators including coercive control, isolation, financial abuse, increasing hostility, technology-facilitated abuse and repeated low-level offending. Prevention strategies should focus on recognising and responding to these indicators before serious harm occurs.

While Australia has strengthened responses for victim-survivors, the next phase of reform should focus on understanding how violence develops and identifying opportunities for intervention before behaviours become entrenched.

I recommend the development of a National Violence Escalation Prevention Framework that brings together evidence from education, health, family support, justice and community sectors to better identify risk factors, escalation indicators and intervention opportunities.

Prevention should focus not only on supporting those affected by violence, but also on understanding the pathways that lead some individuals towards violent and abusive behaviours.

How can existing efforts to prevent violence be strengthened or built upon at the individual, community, organisational, institutional and societal levels?

Individual Level

Support should focus on:

- Building emotional regulation and resilience.
- Healthy relationship skills.
- Respectful communication.
- Early support for children exposed to violence and trauma.
- Early identification of harmful attitudes and behaviours.

Community Level

- Communities play an important role in recognising concerning behaviours, challenging harmful attitudes and supporting healthy social norms.

- Community education should move beyond awareness campaigns and provide practical guidance on recognising coercive control, unhealthy relationships and escalating risk.

Organisational Level

- Schools, workplaces, sporting organisations and community groups should be equipped to identify concerning behaviours and support early intervention.
- Workers often observe warning signs before police or support services become involved.

Institutional Level

- Improved collaboration between health, education, child protection, police and community services would support earlier identification of people at risk of experiencing or using violence.

- Shared risk indicators and improved information sharing may create opportunities for earlier intervention.

Societal Level

- Violence prevention requires sustained efforts to address harmful attitudes regarding gender, relationships, power and control.
- This includes recognising the growing influence of online communities, social media and digital content on the attitudes and beliefs of young people.

How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?

There is an opportunity to strengthen the community's ability to recognise indicators of unhealthy, controlling or abusive behaviour before serious violence occurs.

Education should include:

- Healthy relationships.
- Consent.
- Respectful communication.
- Emotional regulation.
- Digital citizenship.

- Healthy masculinity.
- Recognising coercive control.

This education should begin at an age-appropriate level and continue throughout adolescence.

Schools should be supported to discuss not only respectful relationships but also the influence of social media, online communities and digital content on attitudes towards women and relationships.

Workplaces should be equipped to recognise signs that an employee may be experiencing or using violence and understand pathways to support.

Governments should work with technology companies and researchers to better understand how algorithms, online content and influencer culture may contribute to harmful beliefs about gender, dominance, entitlement and violence.

At the same time, online platforms present an opportunity to promote prevention messaging and positive role modelling to young people.

What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?

The most promising approaches are those that intervene before violence becomes entrenched.

Early Childhood Intervention

Children exposed to domestic and family violence may experience long-term impacts. Early support for children and families can reduce the effects of trauma and improve outcomes across the lifespan.

Working with Boys and Young Men

Greater focus is needed on understanding how boys develop attitudes about relationships, gender, power and violence.

- Prevention efforts should examine:
- Exposure to violence.
- Trauma.
- Identity formation.
- Peer influence.
- Online influences.

- Sense of belonging.

Supporting boys and young men to develop healthy relationship skills and positive identities should be considered a national prevention priority.

- Evidence-Based Early Intervention
- Services should be supported to recognise escalation indicators such as:
- Controlling behaviour.
- Isolation.
- Increasing jealousy.
- Abuse directed towards partners.
- Repeat low-level offending.
- Technology-facilitated abuse.
- Intervening at these stages may prevent progression to more serious violence.
- Technology as a Prevention Tool

Technology is often discussed as a tool for abuse; however, it can also be a powerful prevention mechanism.

Digital platforms could be used to:

- Promote healthy relationships.
- Deliver targeted prevention messaging.
- Connect young people with support.
- Counter harmful narratives online.
- Increase access to support in regional and rural communities.

What emerging issues should the Second Action Plan address in relation to primary prevention and early intervention?

Online Misogyny and Digital Influences

- Online communities, algorithms and influencer culture have changed how attitudes and beliefs are formed.
- There is increasing concern regarding digital environments that reinforce misogyny, entitlement and harmful attitudes towards women.

- More research is needed to better understand how these influences contribute to violence-supportive attitudes and how preventative interventions can be delivered within digital environments.

Technology-Facilitated Abuse

- Technology-facilitated abuse continues to evolve and requires ongoing monitoring, education and legislative responses.
- Social Isolation and Belonging
- Many young people seek identity, community and belonging online.
- Prevention strategies should better understand how isolation, loneliness and social disconnection may increase vulnerability to harmful online influences.
- Violence Escalation Pathways
- The Second Action Plan should invest in understanding how violence develops over time.
- Australia has strong systems for responding to violence once it occurs. Greater focus is needed on identifying escalation pathways and intervention opportunities before behaviours progress to serious harm.

Preventing violence requires more than awareness. It requires a deeper understanding of how violence develops, how harmful attitudes are shaped and how intervention can occur before serious harm is inflicted.

The Second Action Plan presents an opportunity to shift from an incident-focused approach to a pathway-focused approach. By investing in early intervention, supporting children and young people, understanding online influences and identifying escalation indicators earlier, Australia can strengthen its efforts to prevent violence before it occurs and improve safety for future generations.

Feedback for Priority Area 3: Children and young people in their own right

My perspective is informed by both lived experience as a victim-survivor of long-term domestic violence and professional experience in domestic and family violence strategic intelligence.

One of the most important shifts required under the Second Action Plan is recognising children as victim-survivors, rather than viewing them solely as witnesses to violence experienced by adults. Children living with domestic and family violence experience their own fear, trauma, loss of safety and disruption to their development. They are

often exposed to coercive control, emotional abuse, intimidation, financial stress, substance misuse, conflict and escalating violence over many years.

For children born into violent households, domestic violence is often normalised because it is all they have ever known. Their understanding of relationships, communication, conflict resolution, trust and safety is shaped by what they experience daily. Many do not recognise their circumstances as unusual or harmful because violence has become their normal.

What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by violence?

The greatest improvement would come from recognising cumulative harm and intervening earlier.

Too often children come to the attention of agencies multiple times through domestic violence incidents, school concerns, health presentations, police interactions and child protection reports. While individual incidents may not meet thresholds for immediate intervention, the accumulation of concerns over time often demonstrates escalating risk.

In my observation, meaningful intervention frequently occurs only when children are already experiencing significant harm. This means many children remain exposed to years of violence, trauma and instability before receiving adequate support.

The Second Action Plan should prioritise:

- Earlier identification of children experiencing domestic and family violence.
- Recognition of cumulative harm and escalating risk.
- Child-centred recovery and trauma services.
- Long-term supports rather than short-term crisis responses.
- Earlier intervention when patterns of concern emerge.
- Greater investment in prevention and healing for children exposed to violence.
- Children should be recognised as direct victims of domestic and family violence, not simply witnesses.

How can governments, services, education settings, families, communities and others better recognise and respond to children and young people experiencing violence or harm?

Systems need to move beyond incident-based responses and better recognise patterns of harm.

Many children have repeated contacts with multiple agencies before intervention occurs. Schools, health services, police, child protection and community organisations may each hold pieces of information that indicate escalating risk, yet these concerns are often assessed separately rather than collectively.

A stronger focus is needed on information sharing, cumulative harm assessments and coordinated intervention before children reach crisis point.

Children should also be spoken to directly wherever appropriate and safe to do so.

Too often decisions are made about children without understanding their lived experiences, fears or perspectives. While age and developmental considerations are important, children have a right to be heard and should be provided opportunities to express their views regarding their safety, wellbeing and support needs.

Their autonomy matters.

Children should not simply form part of a parent's case plan. They are individual victim-survivors with their own experiences, rights, needs and recovery journeys.

Responses should include:

- Child-centred risk assessments.
- Direct engagement with children by trained professionals.
- Age-appropriate participation in decisions affecting them.
- Greater recognition of children's voices in service delivery and policy development.
- Long-term therapeutic support tailored to children's developmental needs.
- Understanding the impact of trauma, substance use and parenting

Responses must also recognise the complex relationship between domestic violence, trauma, mental health, alcohol and drug use.

Parents experiencing domestic and family violence may use alcohol or other substances as a way of coping with fear, shame, trauma and emotional distress. While children's safety must remain paramount, it is important that services understand the context in which these behaviours occur.

Too often attention is directed towards a parent's substance use without adequately addressing the violence, coercive control and trauma driving that behaviour.

Victim-survivors may be trying to survive abuse while simultaneously caring for children, maintaining employment, managing housing insecurity and navigating complex service systems.

Trauma-informed responses should address both the needs of children and the underlying circumstances affecting the non-offending parent.

What approaches are most effective in supporting children and young people who are using violence or displaying harmful sexual behaviours?

Early intervention is critical.

Many young people displaying harmful behaviours have themselves experienced violence, trauma, abuse, neglect, exposure to harmful attitudes or chronic instability.

Accountability is important, but responses should also recognise developmental factors and opportunities for behavioural change before patterns become entrenched.

Effective approaches include:

- Early identification of concerning behaviours.
- Trauma-informed interventions.
- Healthy relationship education.
- Emotional regulation programs.
- Positive role modelling.
- Family-based interventions.
- Programs that address harmful beliefs about gender, power and control.

The objective should be to interrupt pathways into future perpetration before serious harm occurs.

How should the Second Action Plan respond to current or emerging forms of harm affecting children and young people?

The Second Action Plan should give greater attention to the influence of online environments on attitudes, beliefs and behaviours.

Young people are increasingly exposed to:

- Online misogyny.
- Harmful relationship content.
- Violent sexual content.
- Influencer culture.

Algorithm-driven content reinforcing harmful stereotypes and attitudes towards women.

Many young people seek belonging, identity and community online. Unfortunately, some digital spaces normalise controlling behaviours, entitlement, aggression and disrespect towards women and girls.

Research, education and prevention initiatives should focus on understanding these influences and developing evidence-based responses.

Technology-facilitated abuse among young people should also remain a priority, including:

- Digital monitoring.
- Online coercion.
- Image-based abuse.
- Harassment through social media.
- Abuse within adolescent dating relationships.

Prevention efforts should be delivered through the same digital platforms where young people already engage.

How can children and young people be meaningfully involved in shaping policies, programs and services that affect them?

Children and young people should be active participants in the development of policies, programs and services that affect their lives.

This could include:

- Youth advisory groups.
- Lived experience panels.
- Child-centred consultations.
- Co-design processes.
- Service evaluations led by children and young people.
- Children often identify barriers and needs that adults overlook.

If governments genuinely want child-centred systems, children's voices must be considered a valid source of expertise.

The Second Action Plan should recognise children as victim-survivors in their own right and invest in a national approach that identifies cumulative harm and escalation earlier.

Through both lived experience and professional experience analysing domestic and family violence patterns, I have observed that serious harm rarely occurs without

warning. Escalation is often preceded by identifiable indicators, multiple agency contacts and repeated concerns that, when viewed collectively, point to increasing risk.

Strengthening the ability of services to recognise these patterns and intervene earlier may significantly improve outcomes for children and young people.

Children are often the longest-serving victim-survivors of domestic and family violence. Many live with violence for years before meaningful intervention occurs, and the impacts can continue into adulthood.

The Second Action Plan presents an opportunity to recognise children as victim-survivors in their own right, respect their autonomy, hear their voices, respond earlier to cumulative harm and invest in recovery, healing and prevention before violence becomes entrenched across generations.

Feedback for Priority Area 4: People who use violence

While victim-survivor safety must remain the primary focus of all responses, ending domestic and family violence also requires a stronger focus on understanding, identifying and responding to people who use violence before their behaviours escalate to serious harm.

Too often intervention occurs after patterns of violence have become entrenched. The Second Action Plan presents an opportunity to strengthen early identification, accountability, behaviour change and health-based interventions that address the underlying drivers of violence while maintaining victim-survivor safety.

What would make the biggest difference in preventing and responding earlier to the use of violence?

The greatest opportunity lies in recognising violence as a pathway rather than a single event.

Serious violence rarely occurs without warning. In many cases it is preceded by identifiable behaviours such as:

- Coercive control.
- Financial abuse.
- Social isolation of partners.
- Increasing jealousy and possessiveness.
- Emotional abuse.
- Threats and intimidation.

- Technology-facilitated abuse.
- Stalking behaviours.
- Repeat low-level offending.
- Escalating aggression.

These behaviours should be treated as opportunities for intervention rather than waiting for serious assaults or criminal offending to occur.

I recommend the development of a National Violence Escalation Prevention Framework that helps agencies recognise pathways into violence and identify opportunities for earlier intervention.

The framework should support schools, health services, police, workplaces, community organisations and family services to identify concerning patterns of behaviour before significant harm occurs.

How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?

Education and awareness need to extend beyond recognising physical violence.

Many people can identify physical assault but struggle to recognise early indicators of coercive control, entitlement, manipulation and emotional abuse.

Public education should focus on:

- Healthy relationships.
- Respectful communication.
- Emotional regulation.
- Coercive control.
- Financial abuse.
- Early warning signs of escalation.
- Healthy masculinity.
- Help-seeking pathways for people concerned about their own behaviour.

Schools, workplaces and community organisations should be equipped to recognise behavioural indicators and know how to safely refer people for support before violence escalates.

Families and communities are often aware of concerns long before formal systems become involved. Strengthening community confidence to recognise and respond to harmful behaviours may create additional opportunities for early intervention.

Understanding Individual Drivers and Risk Factors

Not all people who use violence have the same pathway into offending.

Responses should acknowledge the complexity of factors that may contribute to violent behaviour, including:

- Childhood exposure to domestic and family violence.
- Trauma.
- Mental health issues.
- Alcohol and drug misuse.
- Poor emotional regulation.
- Social isolation.
- Harmful attitudes regarding gender and relationships.
- Neurodevelopmental conditions.
- Unresolved personal trauma.

This does not excuse violence or reduce accountability. However, understanding these underlying factors creates opportunities for more effective intervention and behaviour change.

For some individuals, conditions such as ADHD, acquired brain injury, mental illness, substance dependence or other health issues may contribute to impulsivity, emotional dysregulation or difficulties managing conflict.

Where these factors are present, responses should incorporate appropriate assessment, treatment and support alongside accountability measures.

People should be held responsible for their behaviour while also receiving evidence-based interventions that address the underlying drivers of risk.

What approaches are most effective in supporting people who use violence to take accountability, change behaviours and reduce the use of violence while focusing on victim-survivor safety?

Accountability and intervention should occur together.

Too often responses focus on either punishment or education. Effective approaches require a combination of accountability, behaviour change and therapeutic intervention.

Programs should move beyond attendance-based models and focus on understanding why the violence is occurring.

This may include:

- Psychological assessment.
- Psychiatric assessment where appropriate.
- Trauma-informed therapy.
- Substance misuse treatment.
- Mental health support.
- Emotional regulation programs.
- Relationship education.
- Behaviour change interventions.
- Ongoing monitoring and support.

Many people who use violence have experienced violence themselves during childhood or adolescence. Understanding these experiences can assist in breaking intergenerational cycles of abuse.

The objective should not simply be to complete a program but to achieve genuine behavioural change and reduce future harm.

Victim-survivor safety should remain central throughout all interventions.

Strengthening Responses Within the Justice System

The justice system presents a significant opportunity to intervene with people who use violence.

For many offenders, imprisonment or community supervision may be one of the few times they consistently engage with services.

This should be viewed as an opportunity for meaningful intervention rather than punishment alone.

I recommend greater investment in:

- Comprehensive psychological assessments.
- Psychiatric support.

- Substance misuse treatment.
- Trauma-informed therapeutic programs.
- Mental health services.
- Individualised intervention plans.
- Transition and reintegration support.

Many correctional programs focus on completing courses or meeting procedural requirements. While these programs are valuable, greater attention should be given to addressing the underlying issues contributing to violent behaviour.

The goal should be to return individuals to the community with improved emotional regulation, reduced substance abuse, better mental health and a greater capacity to maintain healthy relationships.

Reducing reoffending should be considered a core violence prevention strategy.

How can governments and services strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?

A one-size-fits-all approach is unlikely to meet the needs of diverse communities.

Responses should be culturally safe, accessible and informed by evidence and lived experience.

This includes:

- Aboriginal and Torres Strait Islander communities.
- Culturally and linguistically diverse communities.
- Rural and remote communities.
- People with disability.
- LGBTIQA+ communities.
- Young people.
- Older adults.

Local communities should be involved in designing responses that reflect their specific needs and circumstances.

Cultural identity, community connections, trauma history and social context should be considered when developing intervention pathways.

Improving System Coordination

One of the greatest barriers to early intervention is that information often sits within separate systems.

Health services, police, schools, child protection, courts, community services and correctional systems may each hold information that points to escalating risk, but no single agency sees the complete picture.

The Second Action Plan should explore mechanisms for improved information sharing, coordinated risk assessment and integrated intervention planning.

A more connected system would improve the ability to identify escalation earlier and tailor interventions to the individual's risks, needs and circumstances.

If Australia is serious about ending domestic and family violence, we must invest not only in responding to harm but also in understanding and disrupting pathways into violence.

Serious violence is often preceded by years of escalating behaviours, warning signs and missed opportunities for intervention. Earlier identification, stronger coordination, improved mental health and substance misuse responses, trauma-informed interventions and individualised support offer an opportunity to reduce offending, improve accountability and prevent future victimisation.

The Second Action Plan should strengthen Australia's focus on violence escalation prevention, ensuring people who use violence are held accountable while also receiving the support necessary to address the underlying factors driving their behaviour and reduce the likelihood of future harm.

Feedback for Priority Area 5: System Integration and Workforce

Integrated Domestic and Family Violence Navigation and Coordination Hub

One innovative approach that should be explored under the Second Action Plan is the development of a national integrated domestic and family violence coordination model based on the principle of ""Tell Your Story Once.""

Victim-survivors, children and people using violence often interact with multiple systems simultaneously. These may include:

- Police.
- Child Protection.
- Family law.
- Housing services.

- Mental health services.
- Alcohol and drug services.
- Schools.
- Health services.
- Financial counselling.
- Domestic and family violence services.
- Corrective Services.

Currently, information is often held separately by each agency. As a result, no single service has a complete understanding of the individual, family circumstances, escalation patterns, risk factors, protective factors and intervention opportunities.

This can lead to fragmented responses, duplicated assessments, re-traumatisation and missed opportunities for prevention.

Proposed Model

The Second Action Plan should explore a secure, consent-based Integrated Domestic and Family Violence Navigation Hub, operating similarly to a multidisciplinary telehealth model.

Under this approach:

- A victim-survivor, child or person using violence would complete one comprehensive assessment.
- A trained specialist navigator would coordinate access to services.
- Information would be securely stored in a shared platform.
- Access would be role-based and controlled through informed consent and strict privacy protections.
- Relevant services could contribute assessments, interventions, progress updates and support plans.
- This would create a single coordinated view of need, risk and support.
- Support for Victim-Survivors

For victim-survivors, the system could coordinate:

- Safety planning.
- Housing support.

- Financial counselling.
- Child support assistance.
- Mental health services.
- Trauma recovery services.
- Legal support.
- Family support services.
- Rather than repeatedly recounting traumatic experiences, victim-survivors could focus on recovery while services coordinate around them.

Support for Children

Children should be recognised as victim-survivors in their own right.

The platform could include:

- Child-centred risk assessments.
- Educational concerns.
- Therapeutic supports.
- Developmental needs.
- Exposure to cumulative harm.
- Recovery plans.

This would allow services to better identify escalating risk and ensure children are not overlooked within adult-focused systems.

Support for People Using Violence

The same model could support intervention with people using violence.

Information from health, mental health, alcohol and drug, justice and behavioural intervention services could contribute to a more complete understanding of:

- Escalation patterns.
- Trauma history.
- Mental health needs.
- Substance misuse issues.
- Behavioural risks.
- Protective factors.

This would support development of individualised intervention plans rather than relying solely on program completion or generic responses.

Regional and Remote Access

A telehealth-based model would be particularly valuable in rural and regional communities.

Many people experience delays accessing:

- Psychologists.
- Psychiatrists.
- Domestic violence specialists.
- Financial counsellors.
- Legal services.

A virtual multidisciplinary model could increase access to specialist support regardless of location and reduce inequalities experienced by regional communities.

Privacy and Governance

Privacy and victim safety must remain central.

Any system should:

- Operate through informed consent.
- Use role-based access controls.
- Restrict access to relevant information only.
- Include audit logs showing who accessed information.
- Allow participants to control sharing permissions.
- Maintain strong cybersecurity and governance arrangements.

The objective is not unrestricted information sharing but coordinated, trauma-informed support.

The Second Action Plan should investigate the feasibility of a national consent-based Integrated Domestic and Family Violence Navigation Hub, supported by a secure shared service platform.

Such a model would enable earlier identification of escalation, improve service coordination, reduce re-traumatisation, support evidence-informed intervention planning and ensure victim-survivors, children and people using violence receive holistic support tailored to their individual circumstances.

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

As both a victim-survivor and a domestic and family violence strategic intelligence practitioner, I believe there are several additional priorities that warrant consideration within the Second Action Plan.

1. Develop a National Violence Escalation Prevention Framework

Australia has invested significantly in responding to domestic, family and sexual violence after harm has occurred. Further attention is needed on understanding how violence develops and escalates over time.

Serious violence is rarely a single event. Escalation is often preceded by patterns of coercive control, financial abuse, isolation, threatening behaviour, technology-facilitated abuse and repeat low-level offending.

A national framework that identifies escalation pathways and intervention opportunities would support prevention, early intervention and improved safety outcomes.

2. Establish a National Integrated Domestic and Family Violence Navigation Hub

Victim-survivors, children and people using violence often engage with multiple services simultaneously. Information is frequently held across separate systems and no single agency has a complete understanding of the circumstances, risks and support needs.

The Second Action Plan should explore a consent-based, integrated service navigation model that allows individuals to tell their story once and access coordinated support.

This model could incorporate:

- A specialist navigation service.
- Telehealth and virtual access.
- Shared support planning.
- Secure information sharing.
- Coordinated responses for victim-survivors, children and people using violence.

Such a model has the potential to reduce re-traumatisation, improve service coordination and support more effective interventions.

3. Increase Focus on Boys and Young Men

Greater investment is needed in understanding pathways that lead some boys and young men towards harmful attitudes, abusive behaviours and violence.

This includes understanding the role of:

- Childhood exposure to violence.
- Trauma.
- Social isolation.
- Identity formation.
- Peer influences.
- Online environments.
- The need for belonging.

Prevention efforts should focus on building healthy identities, healthy relationships and positive masculinity before harmful beliefs and behaviours become established.

4. Address Online Influences and Social Media Algorithms

The influence of online environments on attitudes, relationships and behaviour should be recognised as an emerging national issue.

Many young people are exposed to content that reinforces misogyny, entitlement, aggression and unhealthy attitudes towards women.

More research is needed to understand:

- Algorithm-driven content.
- Online radicalisation pathways.
- Influencer culture.
- Digital communities that normalise violence-supportive attitudes.

Technology should also be used positively to deliver prevention messaging and promote healthy relationships.

5. Strengthen Responses to Financial Abuse

Financial abuse remains one of the least understood and most damaging forms of domestic violence.

Victim-survivors can experience long-term financial hardship, debt, housing insecurity and economic dependence long after relationships end.

Greater attention should be given to:

- Financial recovery.
- Debt assistance.
- Economic empowerment.
- Safe child support processes.
- Recognition of post-separation financial abuse.

Financial security is a critical component of safety and recovery.

6. Recognise Children as Victim-Survivors in Their Own Right

Children should be recognised as victim-survivors with their own experiences, rights, perspectives and recovery needs.

Greater focus is needed on:

- Early identification of cumulative harm.
- Child-centred trauma recovery.
- Listening to children's voices.
- Long-term support for children exposed to violence.
- Preventing intergenerational cycles of abuse.

Children should not be viewed solely through the experiences of their parents.

7. Improve National Understanding of Repeat and High-Harm Offending

Further work is needed to understand offenders who repeatedly engage in serious domestic and family violence.

National approaches should focus on:

- Escalation patterns.
- Repeat offending.
- High-harm behaviours.
- Strangulation.

- Sexual violence.
- Chronic coercive control.

Understanding these pathways may provide opportunities to intervene before violence escalates to serious injury or homicide.

Domestic, family and sexual violence is rarely a single incident. It is often the result of multiple influences, experiences and behaviours that develop and escalate over time.

Australia has made significant progress in recognising and responding to violence. The next stage of reform should focus on understanding pathways into violence, identifying opportunities for earlier intervention and creating systems that see the whole picture rather than isolated incidents.

By investing in prevention, early intervention, integrated service responses and evidence-informed approaches, Australia can move closer to the long-term goal of ending violence against women and children.

Feedback for Priority Area 1: Victim-survivors

A big thing that would make a difference is resourcing that matches the rhetoric. We say we care but we are telling people to go home to their abuser because there is nowhere else for them to go.

To support earlier access we need services to be accessible and cultural safety can't be a one way street or a special option reserved for the selected few.

Education campaigns around coercive control and tech abuse would be appropriate first steps. Many of the elements of coercive control are seen to be normal by many.

The biggest gap in addressing the needs of diverse communities and First Nations people is refusing to be honest about the challenges. Having different standards, expectations and applications of the law will only continue to lead to poorer outcomes. While FN people are over-represented, Muslims are probably under-represented as women won't come forward, the communities will close ranks and services will be more scared of being called racist than of women and children being abused.

Feedback for Priority Area 2: Prevention and early intervention

A big thing that would go towards preventing violence is looking at parenting practices and popular understandings in early childhood - including that children diagnosed with ADHD or Autism ""can't help"" but be violent when they don't get what they want. Too many parents are making their children the centre of their own universe and expecting that the whole world will make that one child the centre of the universe.

Govts, communities, workplaces and the media need to stop having such a biased and unfair approach that places the majority of blame on only white men. We need to have the courage to be honest and recognise that. We also need to stop excusing violent and abusive behaviour when it comes from certain populations.

I think online services will continue to be very important, particularly as a first step for people seeking help.

Early intervention and primary prevention needs to be starting really young. But not in a ""boys are bad"" way.

Feedback for Priority Area 3: Children and young people in their own right

The safety of children needs to be prioritised over the feelings of adults, including men who claim to be women. When we tell young people they are bad or wrong for feeling uncomfortable with a man in their private spaces we are telling them that the feelings of these men are more important.

Non-judgemental support for young people engaging in violence or harmful sexual behaviours is important but so it setting expectations clearly and early.

The best way to address emerging forms of harm against children is to make it seen as unacceptable to have kids on tech until appropriate ages and with boundaries and restrictions. Giving a baby a phone should be viewed similarly to giving a child a bottle of coke, a primary schooler on snap-chat should be viewed the same as a child on a dating site.

Children and young people can be involved in shaping policy to the extent that that is appropriate. Doing it purely as an ideological exercise is pointless. Kids may be well placed to generate ideas about how they would like to recieve support (when, where, how).

Feedback for Priority Area 4: People who use violence

Setting clear expectations of behaviour and being consistent in responses is important. Schools should not be excusing violent or abusive behaviour because a child has a diagnosis of ADHD or Autism. Similarly excuses such as poor mental health, cultural differences or membership of a special group should not be accepted from adults.

Services and institutions need to have the courage to be honest that abusive and violent behaviour is not only perpetrated by straight, white men. Male patterns of violence don't diminish when a man puts on a wig and makeup. Men from First Nations and CALD backgrounds should not be excused. Nor should women be exempted from consequences.

Feedback for Priority Area 5: System Integration and Workforce

One stop shops that can direct people to an appropriate service quickly are helpful. We need more front line services and more workers to staff them so that services can also be proactive and preventative, not just reactive.

If we understand that services need to feel safe for First Nations and LGBT people then why can we not understand that some women will want a female only service and male victims may require special consideration.

Are there any other actions you think should be a priority to stop family, domestic and sexual violence?

Further research, dissemination of known research outcomes and education around the impacts of pornography on DFV, sexual violence, sexual coercion and harmful

sexualised behaviours in children is vital. This is another area that will require bravery and honesty to address.

The impact of pornography on male propensity towards paraphilias must be considered, particularly pedophilia but also cross dressing/transvetism and the known crossovers between men who engage in paraphilias and propensity for violence.