Feedback for Priority Area 1: Victim-survivors

As both a GP and a victim-survivor of domestic and family violence, I have experienced the system from both sides. While many individual professionals are deeply committed to helping, the overall system remains fragmented, difficult to navigate and, at times, retraumatising.

One of the biggest assumptions underpinning the current system is that people experiencing domestic and family violence are able to coordinate complex services while they are in crisis. That was not my experience.

During the acute stages of my situation, I was experiencing autistic meltdowns and was often unable to make phone calls. Despite this, I was repeatedly directed to telephone-based services such as 1800RESPECT. I did not have a support worker, advocate or case manager to help coordinate my care or navigate the numerous services involved.

I contacted multiple hospitals seeking help, multiple domestic and family violence services, and two lawyers because I did not feel adequately protected or supported. I found the police response did not provide the safety I needed, leaving me to seek assistance through multiple avenues while already traumatised. Many services had lengthy waitlists or limited capacity. Even as a doctor with a detailed understanding of the healthcare system, I found it incredibly difficult to work out where to go, who was responsible for what, and how to access timely support. I cannot imagine how overwhelming this would be for someone without a healthcare background.

Many domestic and family violence supports are delivered through separate NGOs with different eligibility criteria, referral pathways and processes. While these organisations do valuable work, the system lacks coordination. Victim-survivors are expected to repeatedly tell their story, complete multiple assessments and navigate disconnected services at a time when trauma significantly affects decision-making, executive functioning and the ability to advocate for oneself.

Recovery does not begin when the violence stops. Many victim-survivors continue to experience significant psychological harm through housing instability, financial stress, legal processes, fragmented healthcare and poor continuity of care. In my experience, interactions with institutions after leaving the abusive relationship were, at times,

almost as distressing as the abuse itself because of the repeated barriers, delays and lack of coordinated support.

Access to financial assistance is also far too slow. My Victims Assist application has already taken more than six months and is likely to exceed twelve months before being finalised. Delays to financial assistance and therapeutic supports prolong recovery and create unnecessary financial hardship for people who are already rebuilding their lives.

The Second Action Plan should prioritise practical system navigation through funded case managers or advocates who remain with victim-survivors across healthcare, legal, housing and social services. Support must also be genuinely accessible for people who cannot reliably use the telephone because of disability, trauma, coercive control or communication differences. Online, text-based and outreach options should be available alongside phone services rather than treated as secondary alternatives.

The Action Plan should also strengthen recognition of coercive control, including emotional abuse, financial abuse, intimidation, technology-facilitated abuse and post-separation abuse. Too often, these forms of violence are minimised despite having profound and lasting impacts on safety, wellbeing and recovery.

Finally, responses must recognise that victim-survivors are not a homogenous group. Aboriginal and Torres Strait Islander peoples, people with disability, neurodivergent people, LGBTQIA+ communities, culturally and linguistically diverse communities, and people living in rural and remote areas all experience additional barriers to accessing support. A truly trauma-informed system must also be culturally safe, accessible and flexible enough to meet diverse needs.

Victim-survivors should not have to become experts in navigating multiple disconnected systems simply to stay safe. The greatest difference the Second Action Plan could make would be creating an integrated, trauma-informed response where people are supported by the system, rather than expected to coordinate it themselves while experiencing the effects of trauma.

Feedback for Priority Area 2: Prevention and early intervention

Preventing domestic and family violence requires more than education campaigns. It requires a society where abusive behaviour has meaningful consequences.

Many victim-survivors lose confidence in the system because they see perpetrators avoid accountability. This is particularly damaging when individuals who hold positions of trust, authority or social status appear to receive more lenient treatment than others. When people believe that wealth, professional standing or influence can reduce the consequences of abuse or sexual violence, it undermines public confidence in the justice system and weakens prevention efforts.

Gender inequality also remains a significant driver of violence against women. Persistent issues such as the gender pay gap, unequal distribution of unpaid care, workplace discrimination and underrepresentation of women in leadership reinforce broader power imbalances that contribute to violence. While progress has been made, these structural inequalities continue to affect women's economic independence and ability to leave abusive relationships safely.

Schools should provide comprehensive education on respectful relationships, consent, emotional regulation, coercive control, digital safety and gender equality from an early age. However, education must be accompanied by consistent consequences for misogyny, sexual harassment and abusive behaviour. Harmful attitudes should not be dismissed as immaturity or ""just jokes"", as this normalises behaviour that can escalate into abuse later in life.

Police responses must also improve. Every officer who responds to domestic and family violence should receive comprehensive training in coercive control, trauma-informed practice and post-separation abuse. Specialist domestic and family violence expertise should be available in every community so that victim-survivors receive a consistent standard of care regardless of where they live.

Governments, workplaces, healthcare organisations, sporting clubs, universities and online platforms all have a role in challenging misogyny and responding appropriately when concerns are raised. The growing influence of online content that promotes hostility towards women demonstrates the need for stronger digital literacy education and earlier intervention before harmful attitudes become entrenched.

Ultimately, prevention depends on creating a society where equality is actively promoted, abusive behaviour is challenged early, and accountability is applied consistently regardless of a person's profession, status or influence. When consequences are predictable and fair, prevention efforts become far more credible.

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

As a GP, one of the greatest gaps I see is the lack of accessible mental health services for children and young people affected by domestic and family violence. We know that childhood trauma has lifelong impacts on mental health, physical health, educational attainment and future relationships, yet timely support remains incredibly difficult to access.

Children who have experienced domestic and family violence are victim-survivors in their own right. Their needs should not be viewed solely through the experiences of the non-offending parent. Many children experience anxiety, depression, behavioural difficulties, school refusal, emotional dysregulation and trauma-related symptoms long after the violence has ended. Without early intervention, these difficulties can affect every aspect of their development.

In practice, I frequently see mothers trying to support children with significant trauma while managing their own recovery from domestic and family violence. Families are often referred to private psychology because there are few publicly funded alternatives, yet many simply cannot afford ongoing therapy. Public child and youth mental health services are difficult to access and eligibility thresholds are often so high that children with significant trauma do not receive specialist care until they are in crisis. Long waiting lists mean that opportunities for early intervention are missed.

Schools are well placed to identify children who are struggling, but they cannot replace a properly funded child mental health system. Access to school psychologists, counsellors and wellbeing staff varies considerably between schools, creating inequitable access depending on where a child lives or which school they attend. Teachers are increasingly supporting children with complex trauma but often without the specialist resources they need.

The Second Action Plan should prioritise significantly greater investment in publicly funded child and adolescent mental health services, trauma-informed care and early

intervention programs. Every child affected by domestic and family violence should have timely access to evidence-based psychological support regardless of their family's financial circumstances.

Young people also require support to navigate technology-facilitated abuse, coercive control, healthy relationships, consent and harmful online content. These conversations should begin before harmful behaviours become established and continue throughout schooling in age-appropriate ways.

Finally, children and young people should be meaningfully involved in designing services intended for them. Their experiences and perspectives are essential to building systems that are accessible, effective and responsive to their needs.

If we are serious about breaking the cycle of domestic and family violence, we must invest in the recovery of children. Every child who receives timely support has a greater opportunity to heal, remain engaged in education and build healthy relationships into adulthood. Early intervention is not only the right thing to do—it is one of the most effective long-term violence prevention strategies available.

Feedback for Priority Area 4: People who use violence

As a GP, I see firsthand that there are very few accessible services for people who are using violence or who recognise they are at risk of becoming abusive and genuinely want help. If we are serious about preventing domestic and family violence, we must invest not only in supporting victim-survivors but also in evidence-based interventions that reduce the likelihood of future violence while maintaining victim-survivor safety and perpetrator accountability.

When I was personally affected by domestic and family violence, I actively searched for services that could support my partner to recognise and change his behaviour. I found very few options. While some behaviour change programs exist, they are often difficult to access, geographically limited or poorly known by both the public and healthcare professionals. People motivated to change should not have to rely on internet searches and podcasts to find support.

General practice is increasingly expected to fill this gap. GPs are often the first professional that both victim-survivors and people using violence disclose to, yet we have limited referral pathways and insufficient time to provide the intensive behavioural interventions that are needed. Current Medicare funding does not adequately support this work. Mental health consultations are complex, time-intensive and poorly rebated relative to the care required. The Better Access initiative provides only a limited number of subsidised psychology sessions each year, and many patients cannot afford the out-of-pocket costs associated with ongoing therapy.

Earlier intervention requires substantially greater investment in community-based behaviour change programs, psychology, social work and specialist domestic and family violence services. These services should be available before behaviour escalates to criminal offending, while maintaining clear accountability and ensuring the safety of victim-survivors remains the highest priority.

Governments should also invest in the workforce needed to deliver these services. Australia faces ongoing shortages of psychologists, social workers, occupational therapists and other allied health professionals. Expanding training places, student support and public sector employment opportunities would improve access to care and strengthen the domestic and family violence response across health and community services.

State-funded domestic and family violence services, Victims Assist programs and police responses also require greater investment. Delays in accessing support, lengthy waiting times and inconsistent responses undermine both victim safety and opportunities for early intervention. Comprehensive domestic and family violence training should be provided to all police officers, with specialist expertise available across all regions to improve responses for both victim-survivors and people referred into behaviour change pathways.

Preventing violence requires more than responding after harm has occurred. It requires a system that identifies risk early, provides meaningful opportunities for behaviour change, adequately funds the health and community workforce, and ensures that accountability and support exist alongside one another. Investing in these services will reduce future violence, improve community safety and lessen the long-term burden on healthcare, policing and the justice system.

Feedback for Priority Area 5: System Integration and Workforce

A coordinated response requires more than better communication between services. It requires sufficient workforce capacity, sustainable funding and a system that is designed around the realities of domestic and family violence rather than expecting victim-survivors to navigate fragmented services themselves.

The period when a woman is preparing to leave an abusive relationship, and the period during pregnancy, are recognised as times of particularly high risk. These are the points where rapid access to coordinated healthcare, legal assistance, housing, financial support and specialist domestic and family violence services is essential. Unfortunately, these are also the points where delays, workforce shortages and service fragmentation are most apparent.

Programs such as the Leaving Violence Program provide valuable support, but they cannot meet the scale of need on their own. Emergency accommodation remains limited, and many victim-survivors are understandably reluctant to enter crisis accommodation because of concerns about safety, overcrowding or disruption to their children. Too often, women remain in unsafe situations because the practical alternatives are insufficient.

Trust in the system is also critical. When victim-survivors feel disbelieved or their experiences are minimised, the system can unintentionally reinforce the coercive control they have already experienced. Consistent, trauma-informed responses across policing, healthcare and community services are essential to rebuilding confidence and improving safety.

From a primary care perspective, general practice is increasingly expected to provide complex trauma-informed care without funding that reflects the time required. A consultation supporting a victim-survivor of domestic and family violence may involve risk assessment, safety planning, mental healthcare, documentation, mandatory reporting considerations, referrals and coordination with multiple services. These consultations often take significantly longer than standard appointments, yet current Medicare funding does not adequately recognise this complexity. The result is that providing high-quality domestic and family violence care frequently relies on the goodwill of individual clinicians rather than being sustainably supported by the health system.

The workforce shortages extend well beyond medicine. Australia needs substantially more psychologists, social workers, counsellors, occupational therapists, specialist domestic and family violence practitioners and police with advanced domestic and family violence training. Expanding university places, placement funding, supervision opportunities and public sector employment would strengthen the workforce available to respond to violence across every stage of prevention, intervention and recovery.

Governments should also increase investment in public domestic and family violence services rather than relying predominantly on non-government organisations to deliver essential supports. Community organisations provide outstanding care, but access to safety should not depend on charitable funding, postcode or service availability. Domestic and family violence responses should be considered core public infrastructure in the same way that hospitals, policing and emergency services are.

Ultimately, system integration is not simply about linking existing services together. It requires governments to invest in enough people, enough services and enough funding so that every victim-survivor can access timely, coordinated support without encountering repeated delays, long waiting lists or fragmented care.

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

Family, domestic and sexual violence is not solely a policing issue or a health issue—it is a whole-of-government responsibility. Victim-survivors should not be expected to navigate fragmented systems while experiencing trauma, nor should individual clinicians, community organisations or charities be expected to compensate for chronic underinvestment.

The greatest priorities should be investing in an adequately funded workforce, improving access to trauma-informed healthcare and mental health services, strengthening police training and accountability, expanding behaviour change programs for people using violence, and ensuring coordinated, accessible support across healthcare, housing, legal and community services.

As both a GP and a victim-survivor, I have seen how difficult it is to access support even with professional knowledge of the healthcare system. No one should have to become an expert in navigating government systems simply to stay safe or begin to recover. Prevention, accountability and recovery all depend on sustained investment in services that are accessible when people need them—not months later.

Feedback for Priority Area 1: Victim-survivors

Australia has made significant legislative progress in recognising domestic, family and sexual violence as a pattern of coercive and controlling behaviour rather than a series of isolated incidents. The criminalisation of coercive control in several jurisdictions and the 2024 amendments to the Family Law Act 1975 reflect a growing understanding that domestic and family violence extends well beyond physical assault. However, the experience of many victim-survivors demonstrates that legislative reform alone is insufficient. The greatest challenge now facing Australia is the consistent implementation of those reforms across the police, justice, health, education, child protection and family law systems.

One of the most significant gaps in Australia's current response is the failure to adequately recognise post-separation coercive control. There remains a widespread assumption that separation marks the end of domestic and family violence. Contemporary research demonstrates the opposite. For many perpetrators, separation represents a loss of control and therefore an escalation in coercive behaviours. The methods change, but the objective remains the same: to maintain dominance, punish the victim-survivor, and continue exercising control through any available means.

Post-separation coercive control frequently manifests through repeated litigation, misuse of parenting arrangements, financial abuse, surveillance, technology-facilitated abuse, reputational attacks, vexatious complaints to government agencies, manipulation of professionals and the strategic use of children as instruments of ongoing abuse. Unlike physical violence, these behaviours often appear lawful when viewed individually. It is only when assessed cumulatively that the ongoing pattern of coercive control becomes apparent.

This presents a fundamental challenge for frontline systems that continue to assess incidents in isolation. Police frequently respond to individual reports rather than considering the broader behavioural pattern. Child protection agencies assess immediate child safety concerns within their statutory framework. Schools focus appropriately on educational outcomes. Health professionals address presenting symptoms. The family law system determines parenting disputes according to its legislative framework. Each agency may perform its role competently, yet no single agency is responsible for identifying the cumulative pattern of coercive control occurring across multiple systems.

As a result, victim-survivors are often required to repeatedly disclose traumatic experiences to numerous agencies without any integrated assessment of risk. This fragmented approach not only retraumatises victim-survivors but allows perpetrators to exploit inconsistencies between systems. Behaviours recognised as concerning by one agency may be dismissed by another because each organisation operates within different legislative obligations, evidentiary thresholds and organisational cultures.

This fragmentation is particularly evident where family law proceedings are on foot. Victim-survivors frequently report becoming reluctant to disclose ongoing abuse after parenting proceedings commence. Many fear that raising concerns about coercive control will result in allegations that they are unable to facilitate the child's relationship with the other parent, are contributing to parental conflict or are attempting to frustrate parenting arrangements. Consequently, many forms of psychological abuse remain unreported despite continuing to affect both the adult victim-survivor and the child.

The distinction between high parental conflict and coercive control remains poorly understood across many systems. High conflict generally involves reciprocal disagreement between parties. Coercive control, by contrast, involves a pattern of domination in which one person seeks to control another through intimidation, manipulation, isolation, surveillance or psychological abuse. Misidentifying coercive control as mutual conflict risks creating false equivalence between victim and perpetrator and may inadvertently expose victim-survivors and children to ongoing harm.

This issue is particularly acute where abuse does not involve physical violence. Victim-survivors subjected to emotional abuse, financial abuse, psychological manipulation or litigation abuse often struggle to satisfy traditional evidentiary expectations based upon discrete incidents. Many patterns of coercive control develop gradually over years and leave no visible injuries despite causing profound psychological harm.

Financial abuse also continues well beyond separation. Economic control may include deliberate non-payment of financial obligations, manipulation of property settlements, strategic withholding of financial information, unnecessary litigation designed to exhaust financial resources and creating circumstances that reduce the victim-survivor's capacity to obtain or maintain employment. Financial insecurity significantly affects a victim-survivor's ability to secure housing, obtain legal representation, access therapeutic support and rebuild independence following separation.

Technology has further expanded opportunities for coercive control. Perpetrators increasingly utilise digital communication platforms, location tracking, social media, electronic financial systems and online services to monitor, intimidate and harass victim-survivors. Existing responses have not always kept pace with the evolving nature of technology-facilitated abuse, particularly where individual acts appear minor but collectively form a sustained pattern of intimidation.

Victim-survivors from culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander communities, people with disability, older Australians, LGBTQIA+ communities and rural or remote communities often experience additional barriers to reporting. These include language barriers, distrust of authorities, geographic isolation, cultural pressures, limited access to specialist services and fear of discrimination. Effective responses must therefore be culturally safe, trauma-informed and tailored to diverse community needs rather than adopting a one-size-fits-all approach.

Workforce capability remains a significant implementation challenge. Although awareness of coercive control has increased substantially, understanding remains inconsistent across professions. Victim-survivors frequently encounter professionals who recognise physical violence but lack confidence in identifying patterns of coercive control, particularly where behaviours occur after separation or through institutional processes. Ongoing multidisciplinary education is essential to ensure consistent recognition of coercive control across policing, health, education, child protection, legal services and the judiciary.

Importantly, Australia's response should move beyond incident-based models of domestic and family violence towards behavioural pattern analysis. Risk assessment tools, information-sharing frameworks and professional training should focus upon identifying cumulative patterns of coercive and controlling behaviour rather than isolated events. This approach more accurately reflects the lived experience of victim-survivors and aligns with contemporary evidence regarding the nature of coercive control.

The Second Action Plan presents an opportunity to strengthen implementation rather than simply introduce further legislative reform. National leadership is required to ensure that existing reforms translate into consistent frontline practice.

Priority actions should include:

• Development of a nationally consistent coercive control risk assessment framework across policing, family law, child protection, health and education sectors.

• Mandatory, evidence-based training on coercive control, post-separation abuse and trauma-informed practice for police, judicial officers, legal practitioners, family dispute resolution practitioners, Independent Children's Lawyers, family consultants, health professionals, educators and child protection workers.

• Improved information-sharing arrangements between agencies to enable cumulative behavioural patterns to be identified while maintaining appropriate privacy safeguards.

• Recognition of post-separation coercive control as a distinct risk factor within national domestic and family violence policy, practice guidelines and risk assessment frameworks.

• Greater investment in specialist legal, financial, housing and therapeutic services recognising that victim-survivors often require coordinated multidisciplinary support rather than isolated interventions.

• National evaluation of how recent legislative reforms are being implemented in practice, with particular attention to whether victim-survivors experience improved safety across intersecting systems.

Australia has established a strong legislative foundation for recognising coercive control. The next stage of reform must focus on implementation. Victim-survivors should experience a coordinated, trauma-informed response regardless of whether they seek assistance from police, schools, hospitals, child protection, legal services or the family law system. Until those systems consistently recognise coercive control as an ongoing pattern of behaviour rather than isolated incidents, many victim-survivors will continue to fall between institutional boundaries despite significant legislative progress.

Feedback for Priority Area 2: Prevention and early intervention

Preventing domestic, family and sexual violence requires a fundamental shift from responding after harm has occurred to identifying coercive and controlling behaviour at the earliest opportunity. While Australia has invested significantly in primary prevention through public awareness campaigns and respectful relationships education, there remains a substantial gap in recognising the early indicators of coercive control across the systems that interact with families every day.

Coercive control rarely begins with physical violence. It typically develops gradually through patterns of intimidation, isolation, emotional manipulation, financial control, surveillance and psychological abuse. These behaviours often appear minor when viewed individually but become highly concerning when assessed cumulatively. Early intervention therefore depends upon professionals recognising behavioural patterns rather than isolated incidents.

Australia's prevention strategy should acknowledge that coercive control frequently continues after separation and that separation itself is often a period of heightened risk. Current prevention initiatives predominantly focus on violence occurring within intimate relationships. Less attention has been given to preventing coercive control that continues through parenting arrangements, legal processes, financial systems and community institutions after a relationship has ended.

Teachers, school leaders, early childhood educators, school counsellors, psychologists, paediatricians, general practitioners, emergency department clinicians, maternal and child health nurses and community health professionals are often the first people outside the family to observe behavioural changes associated with domestic and family violence. They are uniquely positioned to identify concerns long before police or child protection become involved.

Children affected by coercive control frequently present with anxiety, perfectionism, emotional dysregulation, regression, school refusal, declining academic performance, social withdrawal, chronic physical complaints without identifiable medical causes, excessive responsibility for adult problems or difficulty expressing independent views. These behaviours are often attributed to developmental stages, family separation or

mental health concerns without consideration of whether they may reflect ongoing coercive control within the child's environment.

Similarly, adult victim-survivors commonly present to health services with chronic stress, anxiety, depression, sleep disturbance, gastrointestinal symptoms, chronic pain or other stress-related conditions. Unless health professionals are appropriately trained to identify coercive control, opportunities for early intervention may be missed.

Schools occupy a particularly important position within Australia's prevention framework. Children spend a significant proportion of their lives within educational settings, yet schools often receive limited guidance regarding coercive control beyond mandatory reporting obligations relating to physical abuse or neglect. Educators frequently observe behavioural changes, peer relationship difficulties, attendance issues and emotional distress without having sufficient training to recognise patterns consistent with coercive control.

Schools should not be expected to investigate allegations of family violence. However, they should be equipped to identify potential indicators, maintain appropriate records, respond in a trauma-informed manner and refer concerns to appropriate services where necessary. National guidance should support consistent practice across government, independent and faith-based education sectors.

The early childhood sector represents another critical opportunity for prevention. Childcare educators often develop close relationships with both children and parents during the years when domestic and family violence may first emerge or escalate. Early childhood professionals should receive practical training enabling them to identify behavioural patterns associated with coercive control while understanding appropriate referral pathways.

Health settings also require greater integration into Australia's prevention strategy. Routine screening for domestic and family violence should extend beyond questions regarding physical assault to include evidence-based screening for coercive and controlling behaviours. Screening should be culturally safe, trauma-informed and supported by appropriate referral pathways rather than existing as a stand-alone exercise.

General practitioners remain among the most trusted professionals within the community. They frequently develop long-term therapeutic relationships with families and are well positioned to identify gradual behavioural changes over time. Investment in specialist education regarding coercive control would strengthen the capacity of primary healthcare to contribute to early intervention.

Community awareness campaigns have significantly improved public understanding that domestic violence extends beyond physical assault. Future campaigns should continue this work by increasing community understanding of coercive control, including post-separation coercive control. Many members of the public continue to associate domestic violence primarily with physical injury despite increasing recognition that psychological abuse often causes equally profound and enduring harm.

Public education should also address common misconceptions that continue to undermine effective responses. These include assumptions that domestic violence necessarily ends following separation, that psychological abuse is less harmful than physical violence, or that coercive control always involves obvious intimidation. Improved public understanding would encourage earlier help-seeking by victim-survivors and improve recognition by friends, family members and community organisations.

Prevention must also focus on those using violence. Early behavioural interventions should be available before patterns of coercive control escalate into serious criminal offending. Current responses frequently occur only after significant harm has already been experienced. Earlier identification, voluntary engagement with behavioural change programs and targeted interventions may reduce future violence while improving safety for victim-survivors.

Importantly, prevention strategies should avoid placing responsibility upon victim-survivors to identify or manage coercive control. Responsibility for preventing violence must remain with those using violence and with the institutions responsible for recognising and responding to risk.

The Second Action Plan should also recognise the increasing role of technology within coercive control. Young people now experience significant portions of their social

interactions online. Prevention initiatives should therefore include education regarding technology-facilitated coercive control, digital surveillance, online harassment, image-based abuse and emerging technologies that may be used to monitor or intimidate victim-survivors.

Professional education remains one of Australia's greatest opportunities for improvement. Mandatory domestic and family violence training exists within some professions but remains inconsistent nationally and often focuses primarily upon physical violence. Training should include the dynamics of coercive control, trauma-informed practice, post-separation abuse, culturally safe practice, children's experiences of coercive control and effective interagency collaboration.

Training should not be limited to frontline practitioners. Managers, organisational leaders, policymakers and regulatory bodies also influence institutional responses and should understand the dynamics of coercive control when developing policies and allocating resources.

Evaluation should become a central feature of prevention. Government investment in prevention initiatives should include robust independent evaluation to determine whether programs improve recognition of coercive control, increase earlier reporting, strengthen interagency responses and improve outcomes for victim-survivors and children. Continuous evaluation will ensure that prevention strategies evolve alongside emerging evidence.

The Second Action Plan should prioritise the following actions:

• Develop a national prevention framework recognising coercive control as a pattern of behaviour requiring early identification across health, education and community settings.

• Introduce nationally consistent training on coercive control for teachers, principals, early childhood educators, school counsellors, general practitioners, psychologists, paediatricians, emergency department clinicians and community health professionals.

• Expand public education campaigns to increase understanding of coercive control, including post-separation abuse, technology-facilitated abuse and child-specific indicators of coercive control.

• Strengthen routine domestic and family violence screening within health settings by incorporating evidence-based questions relating to coercive and controlling behaviour rather than physical violence alone.

• Develop national guidance for schools and early childhood services regarding recognition, documentation and referral of concerns associated with coercive control.

• Increase investment in evidence-based early intervention and behavioural change programs for people using violence before abuse escalates.

• Support ongoing independent evaluation of prevention initiatives to ensure policy development remains informed by contemporary evidence.

Australia has the opportunity to become an international leader in preventing coercive control. Achieving this objective requires moving beyond reactive responses towards systems capable of recognising behavioural patterns at the earliest possible stage. Prevention should begin

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

Children affected by domestic, family and sexual violence should not be viewed solely as witnesses to violence between adults. They are victim-survivors in their own right, with independent rights under the United Nations Convention on the Rights of the Child to protection from all forms of violence, to have their best interests treated as a primary consideration, and to have their views heard in accordance with their age and maturity.

Australia has made important progress in recognising children as victim-survivors. However, one of the most significant gaps remaining within Australia's domestic and family violence framework is the limited recognition of coercive control perpetrated directly against children by a parent following separation.

Current coercive control legislation has largely developed around intimate partner relationships. While this appropriately recognises patterns of abuse directed towards current or former partners, it does not adequately address situations in which the child becomes the primary target of coercive and controlling behaviour after separation.

This distinction is critical.

Following separation, many perpetrators lose the ability to directly control the former partner. The child may then become the primary mechanism through which power and control is maintained. The objective is no longer simply to control the former partner, but to control the child's relationships, emotions, identity, beliefs, communications and developing autonomy.

Unlike traditional concepts of child abuse, coercive control directed towards children is often subtle, cumulative and psychologically complex. It may occur without physical violence and without conduct that would ordinarily trigger mandatory reporting obligations. Yet the developmental consequences may be profound and lifelong.

Child-directed coercive control may include persistent emotional manipulation; compelling a child to assume responsibility for the emotional wellbeing of a parent; creating chronic loyalty conflicts; isolating the child from safe family members; monitoring or restricting communications; repeatedly questioning the child about the other parent; exposing the child to adult legal disputes; encouraging secrecy; undermining the child's confidence in the protective parent; rewarding rejection of one parent; discouraging independent thought; and creating an environment in which the child feels responsible for maintaining the emotional stability of the abusive parent.

These behaviours are not isolated parenting decisions. They represent a sustained pattern of domination over the child's emotional world.

The impact upon children differs significantly from coercive control experienced by adults because children are still developing cognitively, emotionally and neurologically. Their understanding of relationships, safety, identity and trust is formed within the family environment. When coercive control becomes normalised, children may come to

believe that fear, compliance, hypervigilance and emotional suppression are ordinary features of family life.

Research increasingly demonstrates that prolonged exposure to coercive control during childhood is associated with anxiety disorders, depression, impaired emotional regulation, difficulties forming secure attachments, diminished self-esteem, educational disengagement, social isolation, complex trauma and increased risk of future victimisation or perpetration of family violence.

The psychological impact often continues well into adulthood despite the absence of physical injuries.

Young children face particular barriers to disclosure.

Unlike adults, children rarely identify their experiences using terms such as coercive control or psychological abuse. They frequently describe isolated incidents without understanding the broader behavioural pattern. Many believe the behaviour is normal because it has always existed within their family.

Children also remain heavily dependent upon the parent engaging in the coercive behaviour. They may fear punishment, rejection, emotional withdrawal or causing distress if they disclose their experiences. Many become highly skilled at protecting the abusive parent, minimising their own distress or telling adults what they believe adults wish to hear.

Where parents are separated, additional barriers emerge.

Children may fear that speaking openly will result in further parental conflict, court proceedings or changes to their living arrangements. They often experience profound loyalty conflicts and may genuinely love both parents while simultaneously experiencing psychological harm from one of them.

This creates an exceptionally difficult environment for disclosure.

Current systems frequently misunderstand these dynamics.

Professionals may incorrectly interpret reluctance to speak as evidence that concerns are unfounded. Alternatively, when children do disclose emotional abuse, their disclosures may be dismissed as coaching, parental influence or manifestations of family conflict rather than recognised as potential indicators of coercive control.

Children should not bear the burden of proving psychological abuse that many adults struggle to articulate.

The family law system occupies a unique position within this discussion because it frequently becomes the principal institution governing children's lives following separation.

The 2024 amendments to the Family Law Act 1975 appropriately strengthened the legislative emphasis upon children's safety and clarified that the child's best interests are the paramount consideration. These reforms represent important progress.

However, legislation alone cannot achieve child safety without consistent implementation across the broader family law system.

Children's experiences continue to be filtered through multiple professionals including judicial officers, Independent Children's Lawyers, family dispute resolution practitioners, family report writers, psychologists, social workers, schools, health professionals and child protection agencies.

Each professional may observe only one aspect of the child's circumstances.

Without a shared understanding of coercive control directed towards children, cumulative patterns of psychological abuse may remain invisible.

Schools frequently observe declining academic engagement, anxiety, friendship difficulties, perfectionism, emotional dysregulation or behavioural changes.

Psychologists may observe trauma responses.

General practitioners may treat recurrent physical symptoms associated with chronic stress.

Police may respond only to individual incidents.

Child protection agencies may conclude statutory thresholds are not met.

The family law system may receive fragmented evidence from each of these professionals without any agency recognising the cumulative behavioural pattern.

Consequently, the child remains exposed to ongoing coercive control despite repeated interactions with multiple systems.

This represents one of Australia's most significant child protection challenges.

Children require genuinely child-centred responses that recognise coercive control as a form of emotional and psychological abuse in its own right.

Australia should also consider whether existing legislative definitions of coercive control adequately capture sustained patterns of coercive and controlling behaviour directed towards children by a parent after separation. While legislative reform requires careful consideration to avoid unintended consequences, the current policy framework leaves many children without clear recognition as direct victim-survivors.

The Second Action Plan should therefore prioritise the following reforms:

• Formally recognise coercive control perpetrated directly against children as a distinct form of domestic and family violence.

• Develop a National Framework for recognising, assessing and responding to child-directed coercive control across police, education, health, child protection and family law systems.

• Develop nationally consistent indicators of coercive control affecting children to support earlier identification across agencies.

• Introduce specialist training for judicial officers, Independent Children's Lawyers, family report writers, family consultants, mediators, psychologists, teachers, school counsellors, health professionals and child protection practitioners regarding child-specific manifestations of coercive control.

• Expand child-inclusive practice to ensure children's experiences are safely heard using developmentally appropriate, trauma-informed approaches that minimise repeated interviews and reduce the burden placed upon children.

• Commission longitudinal Australian research examining the prevalence, presentation and long-term impacts of coercive control directed towards children following parental separation.

• Improve national data collection regarding children's direct experiences of coercive control to better inform future policy and legislative reform.

Australia has rightly recognised that domestic and family violence is fundamentally about patterns of power and control rather than isolated incidents of physical assault. That same understanding must now extend to children.

A child does not cease to be a victim simply because the abuse is psychological rather than physical. Nor should a child lose the protection of domestic and family violence

policy because the coercive behaviour is perpetrated by a parent under the guise of parenting.

If Australia is committed to becoming a wo

Feedback for Priority Area 4: People who use violence

Australia's criminal response to coercive control must continue to evolve to ensure it reflects the lived experience of victim-survivors and children. While the criminalisation of coercive control represents a significant legislative reform, early implementation indicates that proving these offences presents considerable evidentiary challenges. Coercive control is, by its nature, a cumulative pattern of behaviour occurring over months or years. Individual incidents that appear insignificant in isolation may only demonstrate criminality when viewed collectively. This creates practical difficulties for police investigating offences and for prosecutors required to establish a sustained course of conduct beyond reasonable doubt.

The criminal justice system remains largely designed to investigate discrete incidents rather than patterns of psychological domination. As a consequence, many victim-survivors continue to report that they are unable to obtain meaningful intervention unless physical violence, stalking or another readily identifiable criminal offence has occurred. The absence of physical injury should not diminish the seriousness of coercive control nor prevent effective intervention where a clear behavioural pattern exists.

Particular attention should now be directed towards coercive control perpetrated against children following parental separation. Current legislative frameworks primarily recognise coercive control occurring between intimate partners. Far less consideration has been given to circumstances where a parent engages in sustained psychological manipulation, emotional domination or coercive and controlling behaviour directed towards their own child.

This represents one of the most significant gaps in Australia's domestic and family violence framework.

Following separation, children may become the primary target of coercive control. A parent may seek to control the child's emotions, relationships, communications, beliefs and autonomy in order to maintain power within the family system. These behaviours often occur in the absence of physical violence and may be characterised as parenting decisions rather than recognised as patterns of psychological abuse.

The non-offending parent faces exceptional barriers when attempting to report this behaviour. They frequently encounter concerns that raising allegations of coercive control may be interpreted as hostility towards the other parent, an inability to support the child's relationship with that parent, or evidence of parental conflict rather than genuine child protection concerns. This creates a powerful disincentive to report abuse.

Many protective parents describe feeling trapped between two unacceptable outcomes: remaining silent while their child experiences ongoing psychological harm, or reporting concerns and risking allegations that they are attempting to undermine the child's relationship with the other parent. This dilemma is particularly acute where parenting orders are in place, as protective actions may be scrutinised through the lens of compliance with those orders rather than child safety.

Children themselves face equally significant barriers. They often lack the developmental capacity to identify coercive control, fear the consequences of disclosure, wish to protect both parents, or believe the behaviour is normal because it has formed part of their everyday life. Their reluctance to disclose should not be interpreted as evidence that abuse is absent.

The Second Action Plan should therefore recognise that identifying coercive control directed towards children requires different investigative approaches to those traditionally used for intimate partner violence. Police, child protection agencies and family law professionals require specialist guidance on identifying cumulative behavioural patterns affecting children, rather than assessing isolated incidents in isolation.

Australia should also consider whether existing coercive control legislation adequately protects children who are the direct targets of coercive and controlling behaviour by a parent. At a minimum, national policy should expressly recognise child-directed coercive control as a distinct form of domestic and family violence, develop specialist

investigative guidance for police, and establish safe reporting pathways that enable protective parents to raise legitimate child safety concerns without fear that doing so will itself be characterised as parental conflict or a failure to facilitate the child's relationship with the other parent.

Without these reforms, there is a significant risk that some of the most serious forms of psychological abuse experienced by children will continue to fall outside effective criminal, child protection and family law responses—not because the harm is insignificant, but because existing systems remain better equipped to respond to single incidents than to sustained patterns of coercive control.

Feedback for Priority Area 5: System Integration and Workforce

The effectiveness of Australia's response to domestic, family and sexual violence is ultimately determined not by the quality of individual agencies, but by how effectively those agencies work together. Victim-survivors and children do not experience domestic and family violence through separate systems. They experience it as a single, continuous pattern of abuse. Yet Australia's response remains fragmented across police, health, education, child protection, legal services, family dispute resolution, specialist domestic and family violence services and the family law system. Each agency may hold critical information about risk, but no single agency is responsible for identifying the cumulative pattern of coercive control.

This fragmentation creates significant opportunities for coercive controllers to manipulate systems. Perpetrators often understand that agencies operate independently and may present different versions of events to different professionals. Where each organisation assesses only the information before it, the cumulative pattern of coercive control may never be recognised. The consequence is that victim-survivors are required to repeatedly recount traumatic experiences while perpetrators exploit inconsistencies between systems.

A recurring concern is the absence of a nationally consistent understanding of coercive control across professions. Police, teachers, principals, child protection practitioners, psychologists, general practitioners, paediatricians, family dispute resolution practitioners, Independent Children's Lawyers, family report writers and judicial officers all receive different levels of education regarding domestic and family violence. The result is inconsistent decision-making, inconsistent risk assessment and inconsistent outcomes for children and victim-survivors.

One professional may recognise coercive control while another characterises the same behaviour as a communication issue, a parenting disagreement or high parental conflict. This inconsistency undermines confidence in the system and creates avoidable risks for families.

The education sector requires particular attention. Schools are often among the first institutions to observe behavioural changes in children experiencing domestic and family violence. Teachers may identify anxiety, emotional dysregulation, school refusal, social isolation, declining academic performance, excessive compliance or behavioural regression. Administrative staff frequently manage interactions between separated parents and may become aware of patterns of intimidation, harassment or attempts to manipulate school processes.

Despite occupying such a critical position, many schools report limited guidance regarding coercive control and post-separation abuse. Responses vary significantly between schools and are often dependent upon the knowledge and experience of individual principals or staff members rather than nationally consistent practice. Education departments should develop clear national guidance to assist schools in identifying coercive control, maintaining appropriate records, managing communication with separated parents and responding in a manner that prioritises child safety while remaining consistent with legal obligations.

The health system presents similar opportunities for earlier intervention. General practitioners, psychologists, paediatricians, emergency departments and allied health professionals frequently observe the cumulative effects of coercive control but may have limited opportunities to share relevant information with other agencies. Improved multidisciplinary collaboration, with appropriate legislative safeguards, would support earlier identification of families experiencing ongoing coercive control.

Police also require continued investment in specialist training and operational guidance. While awareness of coercive control has increased significantly, police responses continue to be influenced by investigative models developed for discrete criminal incidents. Identifying coercive control requires recognising behavioural patterns over time rather than responding solely to individual events. Nationally consistent investigative guidance, specialist domestic and family violence units and

improved access to multidisciplinary expertise would strengthen operational responses.

The family law system remains one of the most significant intersections with domestic and family violence. Parenting matters frequently involve allegations of coercive control, child psychological abuse and complex post-separation family violence. These cases require professionals with advanced expertise in forensic interviewing, trauma, coercive control, child development and personality pathology. However, the complexity of cases coming before the Court has evolved considerably over the past decade, while the specialist resources available to the Court have not kept pace.

Court-appointed Child Impact Report writers and family report writers perform an essential role in assisting judicial decision-making. However, they are often expected to assess highly complex allegations involving coercive control, trauma, psychological abuse, family violence and child development within limited timeframes and resources. These assessments can significantly influence parenting outcomes, yet the available expertise may not always align with the complexity of the issues requiring determination.

Coercive control presents particular challenges because it is intentionally concealed, cumulative and psychologically sophisticated. Distinguishing coercive control from high parental conflict, understanding trauma responses, identifying personality pathology where relevant and recognising child-specific manifestations of coercive control require advanced forensic assessment skills. These matters frequently extend beyond traditional psychosocial assessment.

The Commonwealth should consider expanding access to court-funded multidisciplinary forensic assessments in matters involving serious allegations of coercive control, child psychological abuse or complex family violence. In appropriate cases, this should include forensic psychiatrists working alongside clinical psychologists and experienced social workers, recognising that each discipline contributes different expertise. Reliance upon a single professional discipline may not always provide the breadth of forensic analysis required in the most complex matters.

Access to forensic psychiatric expertise should not depend upon a family's financial capacity. Many parties cannot afford privately retained experts, resulting in significant

inequality where complex psychological issues are central to determining a child's long-term safety and wellbeing. Investment in specialist forensic expertise would improve the quality of evidence before the Court, strengthen judicial decision-making and increase confidence that parenting outcomes are informed by the most appropriate clinical expertise available.

Independent Children's Lawyers, family consultants and expert witnesses also occupy particularly influential positions. Their assessments and recommendations can significantly affect children's lives. Continued investment in specialist education regarding child-directed coercive control, trauma, attachment, post-separation abuse and contemporary domestic and family violence research would strengthen consistency across the family law system.

Greater collaboration between specialist domestic and family violence services and mainstream agencies is also essential. Specialist services possess significant expertise regarding coercive control, risk assessment and safety planning. Their knowledge should inform practice across police, education, health, child protection and family law rather than remaining isolated within specialist service systems.

Australia should also improve national data collection. Current data frequently records individual incidents of domestic and family violence but provides limited information regarding patterns of coercive control, post-separation abuse or coercive control directed towards children. Consistent national data collection would improve policy development, resource allocation and evaluation of future reforms.

Importantly, system integration should not come at the expense of privacy or victim autonomy. Information-sharing arrangements must be carefully designed to protect confidentiality, minimise unnecessary disclosure and ensure victim-survivors retain confidence in seeking assistance. Appropriate legislative safeguards, informed consent wherever possible and robust governance arrangements are essential.

The workforce itself requires ongoing investment. Domestic and family violence is a rapidly evolving field informed by emerging research regarding coercive control, trauma, child development and perpetrator behaviour. Initial professional education is insufficient. Continuing professional development should become an expectation

across all professions regularly interacting with families experiencing domestic and family violence.

The Second Action Plan should prioritise:

• Development of a nationally consistent coercive control framework applicable across policing, education, health, child protection and family law.

• Mandatory multidisciplinary education on coercive control, post-separation abuse and child-directed coercive control for professionals working across intersecting systems.

• National practice guidelines for schools managing domestic and family violence, including communication with separated parents, record keeping and referral pathways.

• Expansion of court-funded multidisciplinary forensic assessments, including access to forensic psychiatrists in appropriate complex parenting matters involving coercive control, child psychological abuse and family violence.

• Strengthened collaboration between specialist domestic and family violence services and mainstream government ag

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

I think this final section should not repeat the earlier responses. Instead, it should propose reforms that are ambitious but legally and practically achievable. Rather than saying ""abolish the Family Court,"" I would address the underlying structural issue: Australia's domestic and family violence response remains reactive, fragmented and largely incapable of responding to coercive control as a pattern of abuse.

Here's the response I'd submit:

Australia has reached an important turning point in its response to domestic, family and sexual violence. Significant legislative reform has occurred across multiple jurisdictions, coercive control is increasingly recognised as a serious form of abuse, and the Family Law Act 1975 now places greater emphasis on children's safety. The challenge is no longer identifying the problem; it is building systems capable of responding to it.

The next National Plan should move beyond incremental reform and establish a long-term national strategy specifically addressing coercive control. Australia has developed policies for domestic and family violence generally, yet coercive control requires a fundamentally different response because it is cumulative, psychologically sophisticated and frequently spans multiple systems over many years.

One of the most significant gaps is the absence of a nationally consistent framework recognising post-separation coercive control. Separation should no longer be viewed as the conclusion of domestic and family violence. Research increasingly demonstrates that separation frequently represents the beginning of a new phase of abuse in which perpetrators adapt their methods by using children, legal processes, financial systems and public institutions to maintain power and control. National policy should expressly recognise post-separation coercive control as a continuing form of domestic and family violence requiring coordinated responses across policing, child protection, education, health and family law.

Australia should also become the first jurisdiction to develop a National Child Coercive Control Framework. Current domestic and family violence policy predominantly focuses on abuse occurring between intimate partners. Far less attention has been given to children who become the direct targets of coercive and controlling behaviour by a parent. This framework should establish nationally consistent definitions, risk indicators, assessment tools, referral pathways and professional training addressing coercive control directed towards children. Recognising children as direct victim-survivors rather than secondary victims would represent a significant advancement in child protection policy.

Consideration should also be given to establishing a National Centre of Excellence for Coercive Control. Similar to national centres established in other areas of public health and criminal justice, the Centre could coordinate research, develop evidence-based practice standards, provide specialist professional education, evaluate emerging interventions and advise governments on future legislative reform. This would ensure Australia maintains a nationally consistent, evidence-informed response rather than relying upon fragmented jurisdictional approaches.

The Commonwealth should commission an independent review of the implementation of the 2024 amendments to the Family Law Act 1975 within three to five years of commencement. The review should examine whether the reforms have improved safety for victim-survivors and children, whether coercive control is being consistently identified across the family law system, and whether further legislative or procedural reform is required. Legislative reform should remain responsive to evidence rather than assuming implementation alone will achieve intended outcomes.

Consideration should also be given to establishing specialist Family Violence Divisions within the Federal Circuit and Family Court of Australia for matters involving serious allegations of coercive control, child psychological abuse or complex family violence. These divisions should be supported by judicial officers with specialist expertise, multidisciplinary forensic teams and consistent access to specialist domestic and family violence practitioners. Complex coercive control matters require specialised knowledge that differs from conventional parenting disputes.

Australia should further invest in the development of a nationally integrated domestic and family violence risk assessment platform that enables authorised agencies to identify cumulative behavioural patterns while maintaining appropriate privacy protections. Current systems often record isolated incidents without recognising the broader course of conduct that characterises coercive control. Better integration of information, supported by robust governance and legislative safeguards, would significantly improve early identification of high-risk cases.

National accreditation standards should also be introduced for professionals undertaking family violence risk assessments in family law matters. Given the increasing complexity of coercive control cases, accreditation should include demonstrated competency in trauma, child development, post-separation abuse,

coercive control, cultural safety and evidence-based risk assessment. Ongoing professional development should be mandatory to ensure practice reflects emerging research.

The National Plan should also include a dedicated research agenda addressing areas where evidence remains limited. Priorities should include child-directed coercive control, post-separation abuse, institutional manipulation by perpetrators, technology-facilitated coercive control, long-term developmental outcomes for children and the effectiveness of current criminal and family law responses. Policy development should continue to be informed by high-quality Australian research rather than relying solely upon overseas evidence.

Importantly, governments should recognise that domestic and family violence is not solely a justice issue. It is simultaneously a child protection issue, a public health issue, a mental health issue, an education issue, a housing issue and an economic issue. Responses should therefore be developed collaboratively across portfolios rather than through isolated policy initiatives.

Finally, Australia's success should no longer be measured only by the number of offences recorded, protection orders issued or prosecutions commenced. These remain important indicators, but they do not necessarily reflect whether victim-survivors and children are safer. Future evaluation should instead include measures of long-term safety, reductions in repeat victimisation, children's psychological wellbeing, successful early intervention, workforce capability, interagency collaboration and victim confidence in reporting abuse.

Australia has the opportunity to become a global leader in responding to coercive control. Achieving this will require recognising that coercive control is not simply another category of domestic violence. It is a distinct pattern of behaviour that challenges the way institutions investigate, assess and respond to harm. The next National Plan should therefore shift the focus from responding to isolated incidents towards recognising patterns, from fragmented systems towards integrated responses, and from crisis intervention towards prevention, early identification and sustained protection. By placing children, victim-survivors and long-term safety at the centre of reform, Australia can build a domestic and family violence system that not only responds to abuse, but prevents it from continuing across generations."

Introduction

Over many years I have been involved in violence against women primary prevention advocacy in my previous roles as a registered nurse, [redacted for privacy]

In various ways I am currently active in my local community on this issue. While I am a current member of the Australian Government Council of Elders, I am not making this submission on behalf of this Council.

I welcome the opportunity to contribute to the National Plan to End Violence Against Women. This submission draws on the evidence and recommendations from the National Plan to End Abuse and Mistreatment of Older People 2026–2036, with a particular focus on the gendered nature of violence against older women. Older women face unique risks and barriers that must be addressed through targeted, intersectional, and trauma-informed strategies.

The Gendered Nature of Violence Against Older Women

1. **Prevalence:** Older women are more likely than older men to experience abuse (15.9% vs 13.6%). They are particularly at risk of psychological abuse, neglect, and intimate partner violence. 100% of reports of sexual abuse by a spouse were made by women.
2. **Perpetrators:** Abuse is most often perpetrated by someone known to the victim, including family members and intimate partners. Men are more likely to be perpetrators, especially in cases of financial, physical, and sexual abuse.
3. **Compounding Inequality:** Lifetime gender inequality, including lower superannuation, higher rates of poverty, and unpaid care work, increases older women's vulnerability to abuse and financial exploitation.
4. **Barriers to Help:** Older women face barriers such as shame, fear of not being believed, and fear of losing relationships. These are compounded for women from First Nations, culturally and linguistically diverse backgrounds, those with disabilities, and LGBTIQA+ communities.

Key Recommendations

1. Embed Gender-Responsive and Intersectional Approaches

1. Ensure all strategies explicitly address the compounding effects of ageism and sexism.
2. Prioritise research and data collection on the experiences of older women, including those who are gender diverse or from minority backgrounds.

2. Strengthen Prevention and Early Intervention

1. Invest in community education to challenge ageist and sexist stereotypes.
2. Develop targeted campaigns and resources for older women and their families, including in languages other than English.
3. Support intergenerational and community-based initiatives to reduce isolation and increase protective social connections.

3. Improve Access to Safe Housing and Financial Security

1. Address the economic drivers of vulnerability by improving access to safe, affordable housing for older women.

2. Promote financial literacy and planning, and strengthen safeguards against financial abuse, including reforms to Enduring Power of Attorney laws.

4. Enhance Service Capacity and Cultural Safety

1. Ensure services are trauma-informed, culturally safe, and accessible to older women from diverse backgrounds.
2. Strengthen the capacity of specialist elder abuse services and mainstream family violence services to respond to the needs of older women.
3. Support First Nations-led and community-controlled organisations to deliver culturally appropriate responses.

5. Improve Legal and Systemic Protections

1. Achieve greater national consistency in laws relating to decision-making, safeguarding, and reporting abuse.
2. Enhance the role of police, financial institutions, and aged care providers in identifying and responding to abuse.

6. Prioritise Lived Experience and Co-Design

1. Involve older women with lived experience in the design, delivery, and evaluation of policies and services.
2. Support peer-led advocacy and advisory panels to ensure the voices of older women are central to reform efforts.

Conclusion

Ending violence against women requires a whole-of-community response that recognises the unique risks faced by older women. The National Plan to End Abuse and Mistreatment of Older People 2026–2036 provides a strong evidence base and actionable framework for addressing these issues. I urge the DSS to ensure that the needs and experiences of older women are fully integrated into the National Plan to End Violence Against Women, through gender-responsive, intersectional, and trauma-informed strategies.

Thank you for considering this submission.
[redacted]

References:
National Plan to End Abuse and Mistreatment of Older People 2026–2036
National Elder Abuse Prevalence Study (2021)
Working for Women: A Strategy for Gender Equality (2024–2034)
This submission is based on the evidence and recommendations contained in the National Plan to End Abuse and Mistreatment of Older People 2026–2036.

Feedback for Priority Area 1: Victim-survivors

If a child under 5 years declares abuse a full and thorough investigation should be conducted (mandatory), stats state that children under 5 years rarely lie about sexual abuse.

Re: online bullying & abuse, the provider platforms should be made to provide evidence to the police

Feedback for Priority Area 2: Prevention and early intervention

Early education about being a decent human being in primary & continued into secondary schools.

Independent bodies to investigate reports of inadequate investigations or abuse in the school systems, JIRT, and police force

If a child under 5 years declares abuse a full and thorough investigation should be conducted (mandatory), stats state that children under 5 years rarely lie about sexual abuse.

Re: online bullying & abuse, the provider platforms should be made to provide evidence to the police

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

If a child reports abuse, those they accuse should not be given access just because the dedicated body can't be bothered investigating

If a child under 5 years declares abuse a full and thorough investigation should be conducted (mandatory), stats state that children under 5 years rarely lie about sexual abuse.

When a child is not believed they act out, those in institutions she be educated to recognise the behaviours

Severe CONSEQUECES for ABUSERS. If the ABUSERS face any CONSEQUENCES they are usually totally INADEQUATE

Consequences would help those ABUSED towards some form of recovery.

Re: online bullying & abuse, the provider platforms should be made to provide evidence to the police

Feedback for Priority Area 4: People who use violence

It is a social issue, currently it is trendy to be a bad person

The media need to change that perception.

Education in school that it's not cool to be a self obsessed abuser

Real CONSEQUENSES for ABUSERS. Abusive children more than likely aren't being raised right so take them away from their ""parents?"" and place them in boot camps to learn a productive and decent lifestyle.

Education in primary schools so that all kids learn decent acceptable behaviours

Feedback for Priority Area 5: System Integration and Workforce

Number one, those ABUSED need to be believed and supported! People generally don't report for fun!!!!!!!!!!

If the abuser is living at the house, support is required to move them or safe accommodation is required

Advertising support numbers behind female toilets is useful

More ABUSERS should be locked up! Build more CHEAP JAILS and keep them locked up with training on how to be a decent non abusive human being

Build CHEAP tent jails

in the desert

& KEEP MURDERERS/ABU$ERS &

CHILD RAPISTS

LOCKED UP!!!!

ABUSERS are kept away from decent society

+ jobs for people in the desert

+ more resources to build more of these CHEAP JAILS

+ less waste of police resources chasing these ABUSERS when they are let out

& children/humans can be kept safer

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

* MANDATORY INVESTIGATION when CHILDREN under 5 years report sexual abuse & severe violence

*Build CHEAP tent jails

in the desert

& KEEP MURDERERS/ABU$ERS &

CHILD RAPISTS

LOCKED UP!!!!

ABUSERS are kept away from decent society

+ jobs for people in the desert

+ more resources to build more of these CHEAP JAILS

+ less waste of police resources chasing these ABUSERS when they are let out

& children/humans can be kept safer

Feedback for Priority Area 1: Victim-survivors

The strengthening of service types and providers and measures to increase access particularly via phone have made a big difference to access.

The barriers that remain are persistent:

1. Men's violence against women is persistent. Cultural change to the culture of misogyny is very slow. We still don't have good evidence about the numbers of men who perpetrate. I am aware that ANROWS is beginning to invest in research about perps, but funding for solid research by more than one organisation perhaps via a Consortium, needs to be found.

2. The literacy that women have about the early signs of IPV/GBV, and the shame associated with the experiences of a violent partner remain the biggest barriers to help-seeking.

3. In research I conducted in 2025, I found that no jurisdiction methodically or rigorously measures change to the drivers of violence as they are set out in Change the Story, and no jurisdiction provides outcomes, indicators or measures for the reinforcing factors. Unless we have baseline data for the prevalence all of these indicators, we have no way to measure change.

4. The Performance

Feedback for Priority Area 2: Prevention and early intervention

Neither the PMP nor any jurisdiction is strong on the monitoring of the gendered drivers or reinforcing factors for primary prevention from CTS.

There is an over-reliance on the four-yearly NCAS measures of community attitudes as the primary marker of change. Such reliance risks narrowing the evidence base, reinforcing an emphasis on individual attitudes rather than capturing the broader social, cultural, and institutional transformations required for transformative change. Overall, the PMP does not set a gold standard for other jurisdictions, which all have significant gaps in their outcomes and/or monitoring and evaluation frameworks to monitor progress in relation to the gendered drivers of violence against women.

There is significant variation across jurisdictional outcome and/monitoring and evaluation frameworks. These variations are not only in their scope and approaches to monitoring primary prevention outcomes, but also in their consistency with the PMP and Change the story (CTS).

In their strategies/Plans, all jurisdictions introduce the gendered drivers and reinforcing factors as they are written in CTS. However, no jurisdiction methodically or rigorously measures change to the drivers of violence, and no jurisdiction provides outcomes, indicators or measures for the reinforcing factors.

Drivers 2, 3, and 4 are only partially measured because the PMP reframes (or rewrites) these drivers from the way are written in CTS. There is no justification provided in the PMP for its reframing of the gendered drivers.

a. While measuring 'promoting positive masculinities' has value, it should not replace measuring 'dominant forms of masculinity' (Driver 3) which is a core driver of men's violence against women.

b. Similarly, 'cultures of aggression, dominance and control' are a primary cause of men's violence against women (Driver 4). Reframing 'positive respectful masculinities' into cultures of aggression, dominance and control misrepresents the evidence about the causes of men's violence. While there is value in supporting men and boys to develop healthy masculinities and supportive male peer relationships, measures about the breadth and depth of dominant forms of masculinity are critical because those forms of masculinity drive the threats and danger to women's and children's safety.

c. Measuring positive masculinities does not measure the growing movement of men's rights activism, with the push to entrench rigid gender norms and promote ideological narratives of resistance and backlash to gender equity. Anti-feminist and male entitlement agendas that underpin men's violence towards women not just exist but are strengthening alongside the shifts towards respect for women among men and boys.

Neither the PMP nor any jurisdiction is strong on the monitoring of the gendered drivers or reinforcing factors for primary prevention from CTS. There is an over-reliance on the four-yearly NCAS measures of community attitudes as the primary marker of change. Such reliance risks narrowing the evidence base, reinforcing an emphasis on individual

attitudes rather than capturing the broader social, cultural, and institutional transformations required for transformative change.

Overall, the PMP does not set a gold standard for other jurisdictions, which all have significant gaps in their outcomes and/or monitoring and evaluation frameworks to monitor progress in relation to the gendered drivers of violence against women.

Measurement of progress with primary prevention is compounded by data gaps including:

- Men's control of decision-making beyond measures of community attitudes once every four years.
- Coercive control – while it is measured at the individual level, the absence of measures for the broader gendered and unequal social and structural norms is a major gap. Without capturing these underlying drivers, the systemic conditions that sustain coercive control and reproduce gendered inequities remain invisible in monitoring frameworks.
- The extent to which women's independence in both public and private life is changing
- Male peer relations and cultures of masculinity that emphasise aggression, dominance and control.
- Intersectionality, particularly the measuring of both prevalence and profess with prevention in relation to primary priority cohorts
- Closing the Gap Target 13.

These data gaps can be filled with the right policy and funding settings which the Second National Action Plan can address.

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

Not my area of expertise.

Feedback for Priority Area 4: People who use violence

Much stronger support and funding for Respectful Relationships in both public and private primary and secondary schools would make a big difference over time. It is a window of opportunity to shape young people's thinking but it needs to be followed through with similar, suitable programs for young adults while they are in either TAFE or higher education, to reinforce the learning of earlier years.

There is a huge gap with the private school sector who do not engage and are not required to engage with RR. Given the funding they receive, and the well-documented cultures of toxic masculinity that arise in some schools, it is vital that Respectful Relationships is universally taught. The Federal Government has the power to make this mandatory. We will never be able to counter the cultures of bad masculinity that pre-empt IPV/GBV unless ALL children and young people are given the opportunity to learn about why respect, consent, kindness and understanding are crucial foundations for a society where everyone has equal rights to be safe and free from violence.

Governments and services, among others, can strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts with appropriate policies and by pulling funding levers.

I don't have direct expertise in men's behavior change but it is the case that the evidence-base is weak about what works in supporting people who use violence to take accountability, change behaviours, and reduce the use of violence.

The men who turn up as 'allies' to events, or to support women's advocacy efforts, are primarily not the men who we need to reach. Reaching people who use violence is perhaps, the most challenging and difficult aspect of all prevention and early intervention work. There is a body of literature about what works in other countries but I am not aware that learnings from elsewhere are systematically being assessed and then incorporated into funded trials that build evidence over time. And yet we need that evidence as a priority action for the Second National Plan.

Feedback for Priority Area 5: System Integration and Workforce

Not my area of expertise. However, I so wish to comment on the Rapid Review of Prevention Approaches to End Gender-Based Violence commissioned by the Federal Government.

The report was a shambles and should not be considered as a landmark piece of evidence.

Methodologically, it did not meet the standards for a rigorous Rapid Review - there is no shortage of reviewed publications about the methods required to conduct a properly structured Rapid Review. There was no published Protocol and therefore no opportunity for experts to provide feedback and suggestions which other funded studies are required to do.

The Rapid Review should have built on the evidence since 2022 which was rigorously reviewed for Change the Story 2nd edition.

There was not sign of any quality appraisal of evidence. The authors did not even attempt to do that and slid rapidly into an ideologically driven paper written as a piece of loose journalism. It lacked rigor and evidence to the level that every other nationally funded organisation or research group is expected to meet. It was and is an embarrassing piece of work which the DSS continues to have published on its website and should be taken down.

Feedback for Priority Area 1: Victim-survivors

My ex wife is still continuing domestic violence after the relationship as they have stopped me from seeing my child used go fund me to desparrage my reputation.

Dv is not a gender specific issue please consider it happens to all genders that's the reality

Domestic violence is not a gender-specific issue. It can be experienced by anyone, regardless of their gender, and this reality is too often ignored. In my case, the abuse did not end when the relationship ended. The ongoing prevention of meaningful contact with my child, combined with public attacks on my character through fundraising campaigns and damaging allegations, has continued the pattern of coercive and controlling behaviour long after separation.

Domestic violence is not limited to physical acts. It can include emotional abuse, parental alienation, reputational harm, coercive control, and the deliberate use of children as a means of punishment or manipulation. When a parent is unjustly prevented from maintaining a relationship with their child, the impact is devastating for both the parent and the child.

Society must recognise that men, women, and people of all backgrounds can be victims of domestic violence. Support, understanding, and protection should be available to all victims without prejudice or assumptions based on gender. Ignoring male victims or dismissing their experiences only allows abuse to continue unchecked.

Every victim deserves to be heard, believed, and treated with dignity. Domestic violence is about power and control—not gender—and it is time that this reality is acknowledged and addressed fairly for everyone.

Feedback for Priority Area 2: Prevention and early intervention

Domestic violence is not a gender-specific issue. It can be experienced by anyone, regardless of their gender, and this reality is too often ignored. In my case, the abuse did not end when the relationship ended. The ongoing prevention of meaningful contact with my child, combined with public attacks on my character through fundraising campaigns and damaging allegations, has continued the pattern of coercive and controlling behaviour long after separation.

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

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Every victim deserves to be heard, believed, and treated with dignity. Domestic violence is about power and control—not gender—and it is time that this reality is acknowledged and addressed fairly for everyone.

Feedback for Priority Area 4: People who use violence

Domestic violence is not a gender-specific issue. It can be experienced by anyone, regardless of their gender, and this reality is too often ignored. In my case, the abuse did not end when the relationship ended. The ongoing prevention of meaningful contact with my child, combined with public attacks on my character through fundraising campaigns and damaging allegations, has continued the pattern of coercive and controlling behaviour long after separation.

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Feedback for Priority Area 5: System Integration and Workforce

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Every victim deserves to be heard, believed, and treated with dignity. Domestic violence is about power and control—not gender—and it is time that this reality is acknowledged and addressed fairly for everyone.

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

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Every victim deserves to be heard, believed, and treated with dignity. Domestic violence is about power and control—not gender—and it is time that this reality is acknowledged and addressed fairly for everyone.

Feedback for Priority Area 1: Victim-survivors

1. I would like to see vexatious intervention orders become a criminal offence. It wastes the victim's time and money to attend vexatious proceedings. When court costs are awarded, there is no follow up to make the perpetrator pay.

2. When dealing with police, they need to listen to children's testimony. It takes a lot of courage to speak up and children need to be believed. Some police officers use patronising language in their note taking and need to remain neutral or use terms like victim

survivor not "loose allegations of abuse" etc. This material ends up in court and has weight on magistrates and judges.

3. Coercive controlling behaviours in the Family Court system needs to be taken seriously. The system needs to be much shorter as it's financially devastating being dragged through this. Vexatious and coercive litagation needs to be cost ordered against the party. This system causes PTSD. It needs to be streamlined and Magistrates

and the Family Court need to have transparent communication. The systems don't talk to each other without granting special permission. This is manipulated by perpetrators.

4. A perpetrator's background or career should not be a reason to soften the sentence. Perpetrators from financial advantage are very good at getting off lightly in the system.

5. Child Support system is broken and perpetrators need to be held accountable in more ways than income. Firm arrangements need to be made to stop financial abuse of children in this manner. This formula needs to include assets such as superannuation docking. The formula is not fair for parents who have more or all custody. The penalties need to be properly enforced.

6. Perpetrators should be made financially accountable for therapy required for recovery. If this means selling assets or taking out of superannuation, then that must be an option.

7. The tertiary education sector does not protect students from offending unless the perpetrator is registered. Most are not registered.

Feedback for Priority Area 2: Prevention and early intervention

Early intervention needs to start at school age. The government should also look at evidence around how social media makes abuse acceptable. This includes safety on dating apps and known violence groups who target women. The AI algorithm can detect perpetrators or flag potential perpetrators online.

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

Children should have more say in which parent they want to live with of there has been family violence.

Feedback for Priority Area 4: People who use violence

Stop punishing whistleblowers who call this out. This policy needs to be entrenched in all organisations. The offenders often stay and the whistleblowers are isolated or ignored.

Feedback for Priority Area 5: System Integration and Workforce

Same judge for all family court matters. Magistrates and justices having shared files with full transparency.

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

Higher regulation of social media and apps in Australia.

Submission to Consultation re Second National Action Plan (National Plan to End Violence against Women and Children 2022–2032

Introduction

My overall response to the Consultation Paper is that **it fails to name clearly that the main cause of gender-based violence against women and girls is the use of violence by some men and boys.**

In both her video and in her forward to the consultation paper, Minister Plibersek notes that 'too many lives are still being taken, and too many people continue to experience violence'.
It is as if these acts of violence are being perpetrated by some unknown entity against 'people' in general.

Her vague language contrasts sharply with the recent statements made by Prime Minister Albanese in Parliament when he highlighted - "We're seeing increased presentations in our hospitals of young women who have been choked, strangled," he told the House of Representatives. "We see anal tearing growing at an extraordinary, horrific rate because what too many young men are seeing online is normalising behaviour that is anything but normal."

The Prime Minister also clearly named the critical step that is needed to prevent gender-based violence - "We need to be conscious as a parliament about this. We need to be courageous about this." (Quoted in The Age 25/6/26 Under 16s social media ban: Anthony Albanese plans to go harder on teen social media ban)

It is time to reframe the problems of domestic, family, and sexual violence to make the perpetrators more visible and more accountable. Among all people in Australia who have suffered violence, nearly all[3] have experienced violence from a male perpetrator (95% of male victims and 94% of female victims). ABS Personal Safety Survey.

The Second Action Plan needs to clearly address that domestic, family, and sexual violence are, fundamentally problems of perpetration, and that the vast majority of violence is perpetrated by men.

As the State of Knowledge Report on Violence Perpetration (Flood et al, 2022) notes –
It is time to make perpetrators and perpetration the focus of our national efforts to prevent and reduce domestic, family, and sexual violence. (Who uses DFSV and why, p 56)

As the Second Action Plan Consultation Paper notes – 'Ending violence against women and children and other forms of gender-based violence in a generation is a bold and achievable goal.' If we are to succeed with this ambitious goal, we need to identify the essential broad stages, key target areas and incremental outcomes that we are seeking.

The 'One generation' referred to in the title of the National Plan to End Gender-Based Violence translates to 25-30 years, which implies there will be 5-6 x 5-year Action Plans developed over its' lifetime.
The government needs to recognise that this time frame will require long-term service and financial planning if it is to realise its' One Generation commitment and that bi-partisan support will be essential.

The Second Action Plan and future action plans must have an ongoing dual focus:

- Improving healing and recovery options for victims through ongoing increased investment in specialist domestic, family and sexual violence services and;

- Focusing more on perpetration and the men and boys who use violence against women and girls through investment in a continuum of responses to increase their accountability and support them in not choosing gender-based violence, eg:
  - RRE curricula that promote health masculinities
  - public education campaigns targeting men and boys
  - increased availability of harmful sexual behaviours and men's behaviour change programs

Prevention

Q. What actions can governments, workplaces, industries, schools, families and individuals take to stop violence before it starts?

Prevention must be properly funded if it is to be effective.
Respectful Relationships Education (RRE) is core education / prevention work and while it is encouraging that the federal government has invested in Respectful Relationship Education, it must do more.

Australian teachers continue to be tasked with the additional responsibility of delivering Respectful Relationships Education (RRE) on top of their existing teaching commitments. Leadership for implementing RRE content in schools is inconsistent with responsibility for RRE coordination within schools often changing annually so that expertise in delivering the curriculum is not sustained.

Schools need dedicated RRE leaders with allocated time as occurs with other subjects. The creation of a Respectful Relationships Educator position at every school would mean that RRE and violence prevention would be an ongoing part of at least one staff member's position description.

Without the provision of dedicated funding for trained Respectful Relationship Educators in every school, Australia risks continuation of a piecemeal approach to RRE and exposing another generation of students and young people to inconsistent and ineffective Respectful Relationships Education. This will perpetuate young men's continuing lack of understanding of key concepts such as 'affirmative consent' and the continued widespread sexual assault of girls and young women.

Services and Support

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

More funding is needed for Specialist Services

While acknowledging that the government does provide some funding to specialist sexual violence, domestic and family violence services, this limited level of assistance has failed to remedy the unacceptably long waiting periods that DFSV victims wait for counselling and support. These waiting times are experienced across the nation as the following data demonstrates.

- Up to 12 months wait for sexual assault counselling in VIC
- Up to 18 months wait for sexual assault support in WA
- 9 months wait for sexual assault support in QLD
- 3 years wait for specialist support for children impacted by family violence, 2 year wait for adults in TAS
- In ACT, Domestic Violence Crisis Service can only answer 50% of the calls it receives
- 3 months wait for domestic violence refuge accommodation in NSW
- 200 women being turned away every month from one domestic violence service in Darwin, NT
- In SA, sexual assault services are too far away for many survivors and domestic violence support. It has been described as 'a system in crisis'.

(Women's Safety Funding Factsheet (Fair Agenda, May 2026)

Supporting children and young people

Q. How can communities and services best support children and young people to stay safe from violence?

As noted above, effective Respectful Relationships Education (RRE) is essential to preventing boys and young men from choosing to use coercive behaviour and violence against girls and young women. This view is endorsed by Flood et al -'Most sexual violence perpetration starts young, in boys' and young men's teenage years, and then persists. We must address sexual coercion and other forms of violence, and the risk markers for these, early in young people's lives, including through strategies in primary and secondary schools. These include the universal provision of respectful relationships education' (Who uses domestic, family, and sexual violence, how, and why? p5)

RRE within early childhood and primary school settings needs to incorporate messages about the impact of using power and control over others and foster skills and behaviour in both boys and girls that encourage equal relationships, collaborative interaction, conflict resolution strategies and empathy.

At the upper primary and secondary school level, a key focus for RRE needs to be the promotion of 'healthy masculinities' as this is a critical element of preventing gender-based violence, in particular, sexual violence. Educating about healthy masculinities entails facilitating discussions in particular, with boys and young men, about what kind of man they want to be. These discussions provide opportunities to promote representations of men and boys modelling respectful, fair, ethical, safe, supportive, equitable behaviours within relationships and normalising these behaviours for men and boys.

Key elements to consider in utilizing healthy masculinities approaches include:

- Unpacking traditional 'unhealthy' male stereotypes and alternative 'healthy masculinities'
- Recognising the link between 'unhealthy masculinity' and violence supportive attitudes
- Using a positive invitational approach to encourage boys and young men to identify and adopt behaviours that are more consistent with heathy masculinity.
- Promoting empathy as a key element of healthy masculinity
- Recognising schools as a key setting for promoting healthy masculinities
- The importance of providing Harmful Sexual Behaviours programs to support young people to change their behaviour

Greater investment in Harmful Sexual Behaviours programs

- Harmful Sexual Behaviours (HSB) programs are provided by many specialist sexual violence services.
- These programs work therapeutically with children and adolescents to address inappropriate and harmful sexual behaviour and prevent future sexual violence.
- These programs are critical early intervention opportunities where healthy sexual behaviours, including healthy masculinity ideas, can be promoted.
- Demand for HSB programs greatly exceeds the capacity of sexual violence services to provide these programs. As a result, there are currently waiting lists for this kind of intervention across the country.

People who use violence

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

'Perpetrators often start young. Very few individuals who commit acts of domestic, family or sexual violence ever receive formal punishment, face repercussions for their abusive behaviour, or are held to account by people who know them and organisations with which they interact (Who uses DFSV and why? p54)

More action is needed to encourage men who use violence to connect with services that can support them to change their behaviour.

The Consultation report notes (p 57) that 'Most men do not seek support to stop their use of violence and only a small proportion ever make it to any formal behaviour change intervention. Some of the reasons for this include shame, lack of recognition of their behaviour, belief that violence is normal, stigma, access issues, confidentiality concerns and lack of awareness about the availability of services. Early intervention in different settings is crucial.

Clear invitations to men to seek support

Currently, at the end of every media story focusing on sexual assault or domestic violence, there is a community announcement along the lines of "if this story raised issues for you or someone you know call Lifeline or 1800 Respect or 1800 Full Stop".

What this sole focus on victims does is reinforce that victims are responsible for addressing this issue. It does nothing to highlight the need to engage the people who use violence, who in the

majority of cases are men, to change their behaviour and promote the assistance available for them to stop using violence.

What needs to be added each and every time these community announcements are made is a clear invitation to men - "If you are a man who is at risk of, or has used violence to hurt women or children and need support to change your behaviour, contact the No to Violence Men's Referral Service on 1300 766 491"

Increased investment in men's services
The limited availability of effective men's behaviour change programs must be addressed. The waiting times to access programs are unacceptably long, and their effectiveness continues to be questioned. More investment in evaluation and research of men's programs is needed.

Clearer messages for men about not using violence
There is potential for government to use much more direct and effective messaging in its public education campaigns to reduce violence against women and girls. The Australian Government's Stop it at the Start campaign commenced in 2016 and has been rolled out in 5 phases during the past 10 years usually in the form of very brief TV advertisements. As a result, its' reach has been limited.

In contrast, the 'Don't be that Guy' implemented by the Scottish Police campaign went viral in 2021 with more than 2.8 million views of the campaign video on Twitter alone. 'Don't be that guy': Viral Police Scotland anti-sexual violence video campaign returns | STV News. 'That Guy' asks men to talk to their friends, fathers, brothers and sons about behaviour that is damaging to women – as well as looking at themselves. It put the cause of sexual offending where it belongs – with men.

Recovery and healing

Q. What would make the biggest difference in helping people and families to recover and heal after being affected by family, domestic and sexual violence?
Victims of family, domestic and sexual violence frequently report that their capacity to recover and heal has been negatively impacted by lack of timely access to support and counselling services.
In May this year, Prime Minister Anthony Albanese said the government is "throwing everything" at domestic and family violence. But for those working on the frontline, that simply does not reflect reality.
Despite the Prime Minister's insistence in May this year that the government is "throwing everything" at this issue, the 2026-27 budget told a different story. The budget mention submarines 34 times whereas women are referred to just 16 times. Five minutes before the budget speech ended, the epidemic of gender-based violence was finally acknowledged by the Treasurer.

As noted above, the Government must use the Second Action Plan to invest more substantially in specialist DFSV services.

Another key factor impeding the recovery of those who have experienced DFSV are the lengthy delays and lack of justice outcomes associated with current legal and court processes.

As someone who has more than fifteen years' experience working to support victims of sexual violence, I am well aware that:

- Only around 13% of victims report SA.
- Participating in our current justice processes often proves too difficult with many victim survivors becoming disheartened and withdrawing from the process.
- Those who do continue to court frequently report that this experience is as re-traumatising as their original assault.
- Victims report that the legal system results in them being minimised as mere 'witnesses'.
- Many victims feel that they are seen by the justice system as ''liars until proven truthful'' (cf the accused who is innocent until proven guilty)

The Second Action Plan should invest further in alternative justice options for victims of DFSV such as Restorative Justice Programs.

Restorative justice conferencing for domestic and family violence and sexual violence: Evaluation of Phase Three of the ACT Restorative Justice Scheme is the first publicly available process and outcome evaluation of an RJ program for both DFV and sexual violence in Australia. The evaluation found that Phase Three provided an important mechanism enabling persons harmed to seek redress in the aftermath of DFV and sexual violence victimisation and persons responsible to address the factors associated with their offending.

In outlining the potential positive outcomes for DFSV victims, the report notes that 'persons harmed said that the [restorative justice] conference had been an integral part of their recovery journey and had supported them to move on from the violence and its impact. This was primarily attributable to being able to speak about their experiences in a safe and supported environment and to have those experiences believed and validated by other conference participants. Other outcomes identified by persons harmed included repairing relationships with family members and improved understanding of the violence.' (Executive Summary)

The report's findings highlight key areas where further investment and support are required.

[redacted], July 2026
Former manager of a Centre against Sexual Violence (CASA) in Victoria

References

Australian Institute of Criminology 2025, Restorative justice conferencing for domestic and family violence and sexual violence: Evaluation of Phase Three of the ACT Restorative Justice Scheme (Siobhan Lawler, Hayley Boxall, Christopher Dowling)
Restorative justice conferencing for domestic and family violence and sexual violence: Evaluation of Phase Three of the ACT Restorative Justice Scheme

Flood, M., Brown, C., Dembele, L., and Mills, K. (2022) Who uses domestic, family, and sexual violence, how, and why? The State of Knowledge Report on Violence Perpetration. Brisbane: Queensland University of Technology. Who uses domestic, family, and sexual violence, how, and why?

Women's Safety Funding Factsheet (Fair Agenda, May 2026) Women's Safety Wait Times
Stop it at the Start | Department of Social Services
Don't be That Guy - Police Scotland

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

How can communities and services best support children and young people to stay safe from violence?

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This view is endorsed by Flood et al ‘Most sexual violence perpetration starts young, in boys’ and young men’s teenage years, and then persists. We must address sexual coercion and other forms of violence, and the risk markers for these, early in young people’s lives, including through strategies in primary and secondary schools. These include the universal provision of respectful relationships education’ (Who uses domestic, family, and sexual violence, how, and why? p5)

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- Demand for HSB programs greatly exceeds the capacity of sexual violence services to provide these programs. As a result, there are currently waiting lists for this kind of intervention across the country.

Feedback for Priority Area 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?

'Perpetrators often start young. Very few individuals who commit acts of domestic, family or sexual violence ever receive formal punishment, face repercussions for their abusive behaviour, or are held to account by people who know them and organisations with which they interact (Who uses DFSV and why? p54)

More action is needed to encourage men who use violence to connect with services that can support them to change their behaviour.

This includes clear and widely promoted invitations to men to seek support

Currently, at the end of every media story focusing on sexual assault or domestic violence, there is a community announcement along the lines of "if this story raised issues for you or someone you know call Lifeline or 1800 Respect or 1800 Full Stop".

What this sole focus on victims does is reinforce that victims are responsible for addressing this issue. It does nothing to highlight the need to engage the people who use violence, who in the majority of cases are men, to change their behaviour and promote the assistance available for them to stop using violence.

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Increased investment in men's services

The limited availability of effective men's behaviour change programs must be addressed.

The waiting times to access programs are unacceptably long, and their effectiveness continues to be questioned. More investment in evaluation and research of men's programs is needed.

Clearer messages for men about not using violence

There is potential for government to use much more direct and effective messaging in its public education campaigns to reduce violence against women and girls. The Australian Government's Stop it at the Start campaign commenced in 2016 and has been rolled out in 5 phases during the past 10 years usually in the form of very brief TV advertisements. As a result, its' reach has been limited.

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Feedback for Priority Area 5: System Integration and Workforce

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

More funding is needed for Specialist Services

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

As the Second Action Plan Consultation Paper notes – 'Ending violence against women and children and other forms of gender-based violence in a generation is a bold and achievable goal.' If we are to succeed with this ambitious goal, we need to identify the essential broad stages, key target areas and incremental outcomes that we are seeking.

The 'One generation' referred to in the title of the National Plan to End Gender-Based Violence translates to 25-30 years, which implies there will be 5-6 x 5-year Action Plans developed over its' lifetime.

The government needs to recognise that this time frame will require long-term service and financial planning if it is to realise its' One Generation commitment and that bi-partisan support will be essential.

The top priorities of the Second Action Plan must be:

- Improving healing and recovery options for victims through ongoing increased investment in specialist domestic, family and sexual violence services and;

- Focusing more on perpetration and the men and boys who use violence against women and girls through investment in a continuum of responses to increase their accountability and support them in not choosing gender-based violence, eg:

o RRE curricula that promote health masculinities

o public education campaigns targeting men and boys

o increased availability of harmful sexual behaviours and men's behaviour change programs

Submission to the Second Action Plan on mental health system reform

[redacted]

Summary

This submission to the Second Action Plan under the *National Plan to End Violence Against Women and Children 2022-32* (National Plan) consultation has been prepared by [redacted]. It is informed by [redacted] personal experiences of sexual violence[1] in her childhood and teenage years, and her engagement with the mental health system during this time. This submission is focused on the mental health system as a key sector that [redacted] believes has not yet been held accountable or had a focus from Commonwealth or State and Territory Governments to the extent that is urgently required. As we have seen with other systems such as the education and legal systems, the health system needs to be thoroughly looked at on a national scale. Specifically, this brief relates to reform needed within emergency departments and inpatient mental health systems to girls[2] who self-harm and/or attempt suicide, and consider the intersection with sexual violence, child sexual abuse and complex trauma.

This submission outlines three recommendations to be considered by the Australian Government as part of the Second Action Plan under the National Plan.

1. Co-create a health-focused work plan to improve mental health system responses to children and young people who have had sexual violence perpetrated against them.
2. Develop an identification tool (accompanied with training and practice guidance) about sexual violence (including child on child sexual abuse), that assists health professionals to identify sexual violence and trauma in children and young people with mental health presentations.

[1] Terminology within this space on a policy level is convoluted and tricky to monitor. [redacted]s experiences capture what is defined as sexual violence, child on child sexual abuse, peer sexual assault, dating violence and harmful sexual behaviour.

[2] Girls is specified as this is based on [redacted] experience as a girl aged between 10-18 at the time, although these recommendations may be relevant to any child or young person who has similar presentations.

3. Embed comprehensive sexual violence and trauma education for social workers, psychologists and psychiatrists through their university education and continuing professional development with relevant registration bodies.

How this Submission informs the Second Action Plan consultations

While this submission is based on [redacted] personal lived experiences, it is intended to provide a real example of the systemic issues surrounding the relationship between sexual violence and suicide, and the inadequacies of the mental health system response. I am seeking your active support in progressing these reforms. In particular, I ask that you connect me with relevant decision-makers, departmental teams and sector stakeholders to discuss these reforms in more detail to work through how to advance these very needed changes. These reforms span Commonwealth, State and Territory jurisdictions, as well as private sector involvement, and I recognise that coordination across these systems can be complex. Nonetheless, meaningful progress requires that complexity be navigated with intention and genuine commitment.

The issue

Sexual violence, whether it be in childhood, adolescence and/or adulthood, is everywhere. It impacts greatly on a person's health and wellbeing, including physical conditions and mental ill-health. This is not new knowledge, and is widely understood in Australian and international literature, and is cited as such in Government strategies like the National Plan.

A lived experience perspective – insight into [redacted] story

Content warning - includes details of sexual violence and its impacts during childhood (including suicidality and self-harm). Please only read if you feel okay and have your own personal wellbeing strategies in place, including debriefing with a trusted person or counselling service.

> ***"I was in the hospital where you get assigned a psych and you have to do all these programs, and no one mentioned about [trauma] – not that they didn't even ask me [about trauma], but they also didn't talk about any type of sexual violence or domestic violence, intimate partner violence or family violence. Ever. That was never mentioned in any of these programs. It was all about how I need to regulate***

my depression." - a quote by [redacted]

What happened to me

[redacted]

These experiences of abuse were compounded by other forms of violence and trauma that I experienced in my childhood and teenage years, although I do not wish to discuss those here.

How it impacted me

The sexual violence I suffered have had immense immediate and long term impacts on my life, including my physical and mental health.

- I self-harmed on a weekly and at points daily basis from age 11 to 18
- I was smoking at least 10+ cigarettes a day by age 15
- I was taking drugs and drinking alcohol regularly from age 14
- I was engaging in unsafe sexual activities from age 15
- I didn't go to school but I didn't go home
- I was involved in physical violence and harm to others
- I live with chronic physical and mental health conditions as a result of the abuse
- I continue to have flashbacks, struggle to maintain friendships, and have a fractured relationship with my family.

My engagement with the mental health system

I was actively engaged in the mental health system from age 12 to 18 on a regular basis. During this time, I saw three different psychiatrists, four psychologists, and completed two 10-week programs - one by the school I attended at the time and one by the local hospital. I was admitted to the emergency room for self-harm and suicide attempts seven times. I spent three months in an inpatient mental health unit. I had a red card at school so I could leave class at any time without question.

On paper, I had 'supports' in place, but I wasn't being treated because of what happened to me. I was never asked about my experiences in a way I could understand and relate to, or educated about sexual violence, by anyone in the three schools I attended, the two hospitals I visited, the paramedics or police I came into contact with, the intensive mental health programs I did, or by the health professionals I saw. What they were treating me for were my 'anger' issues, suicidal ideation, depression, anxiety, drug use, and low self-esteem. I was pathologised and medicated, that was their solution.

Throughout this time, harmful gendered stereotypes and rape myths were reinforced by the health professionals I encountered. It has been 11 years since my last hospital admission, and there has not been enough action to change the experience for people who have come after me. The recommendations I propose are based on my experiences and knowledge of the service system, to ensure that young people who engage with the mental health system are treated seriously, supported, believed and validated.

This snapshot into [redacted] experience demonstrates:

- the relationship between sexual violence (specifically child on child sexual abuse) and self-harm and suicide risk
- how girls are an identifiable at-risk group for being perpetrated against, and boys as an at-risk group of perpetrating against others
- the gendered nature of suicide and self-harm - specifically how girls' experiences of sexual violence and trauma, in combination with the harmful gendered narratives and rape myths, shapes their mental health presentations
- how mental health systems respond to girls who are admitted for self-harm and/or suicide attempts without exploring the root causes/reasons (such as complex trauma, domestic, family or sexual violence)

- the harm that mental health systems and professionals cause through pathologising approaches that seek to diagnose and medicate young people who have attempted suicide/self-harmed, rather than adopting relational, victim-survivor-centred, trauma-informed approaches.

Recommendations

1. Sexual violence as a health issue

The first recommendation is to co-create a health-focused work plan to improve mental health system responses to children and young people who have had sexual violence perpetrated against them.

To start addressing the root causes of complex trauma and subsequent chronic physical and mental health conditions, the health profession must consider sexual violence, inclusive of child on child sexual abuse, as a health issue. While it is true that sexual violence is a complex social and human rights issue, it is also a health issue that requires an urgent health response. A dedicated health-focused work plan with Government commitment attached is an essential first step.

The process of developing this must be genuinely victim-survivor-centred, and involve bringing together sexual violence victim-survivors and services (with a focus on child on child sexual abuse) and key players in the mental health system (with a focus on inpatient units and emergency response to mental health presentations). This ensures a process of cross-collaboration in the development of actions, while also maintaining a level of accountability for the current health system.

2. Identification tool

The second recommendation is to develop an identification tool (accompanied with training and practice guidance) about sexual violence (including child on child sexual

abuse), that assists health professionals to identify sexual violence and trauma in children and young people with mental health presentations.

We need an identification tool about sexual violence that is victim-survivor-centred, gender responsive and age appropriate so that it is designed in a way that helps health professionals ask questions of children and young people in ways that they can relate to and understand. A tool like this must be generalist and should be able to be used by anyone working in the mental health system, particularly in emergency departments and mental health inpatient units, including medical doctors, nurses, allied health workers and administration staff. We have seen tools like this be developed and rolled out for family violence, but there is no specific tool, training or guidance material for people working in mental health systems about child on child sexual abuse.

This identification tool must be done comprehensively with the support of training and guidance material on how to use it, and lived experience must be built into it to translate concepts into real life practical examples. The accompanied training and practice guidance should focus on educating health professionals to understand the evidence underpinning the tool, the types of behaviours that may indicate sexual violence or trauma, and how to facilitate a conversation with the child or young person. This would have the ability to challenge harmful narratives and stereotypes, and to instead recognise the signs of trauma in children and young people with mental health presentations and respond appropriately.

3. Comprehensive sexual violence and trauma education

The third recommendation is to embed comprehensive sexual violence and trauma education for social workers, psychologists and psychiatrists through their university education and continuing professional development with relevant registration bodies.

Trauma that results from sexual or gender-based violence is currently treated as a specialty area, when it is not necessarily a unique or unlikely occurrence. Social workers, psychologists and psychiatrists often play an active role in the multi-disciplinary teams responding to self-harm and suicide presentations in emergency departments, inpatient mental health facilities and community mental health services. It is important that comprehensive education about child sexual abuse and trauma is embedded so that their practice is grounded in trauma- and

violence-informed principles. There is an urgent need to move beyond the practice of pathologising and medicating children and young people who present with suicidality or self-harm, as this can silence and stigmatise victim-survivors even more.

This education should be delivered in two ways. The first way is through the curriculum so that education about child sexual abuse and trauma is embedded as core content as part of these degrees. The second way is through continuing professional development certified by the relevant registration bodies. In all cases, this education must be delivered in partnership with victim-survivors, so that professionals are equipped with the knowledge and skills to respond to and support victim-survivors safely, respectfully, and in a trauma-informed and age-appropriate way.

Learning outcomes of this education should include understanding:

- the types of violence that is inclusive of child on child sexual abuse, including what it includes, its prevalence, what we know about it, where the gaps are
- the drivers of sexual violence and child sexual abuse, including gendered and other forms of structural inequality, discrimination and oppression
- the impacts and red flags of sexual violence in children and young people, including impacts on the brain, mood, behaviour, emotional regulation, illnesses, co-morbidities, etc.
- what to look out for to identify that someone may have had an experience
- how to respond to a disclosure in a safe, supportive and age-appropriate way
- their roles and responsibilities, and referral pathways to support holistic health and wellbeing
- an overview of evidence-informed therapies and treatments and other support pathways that take a trauma-informed approach.

Key elements that must inform all these recommendations include:

- bringing the voices of victim-survivors into all phases of development, implementation and evaluation, especially in the training and education for professionals to illustrate ‘the why’.
- prioritising practical initiatives that incorporates realistic case studies based on lived experiences in Australia

- establishing and enforcing appropriate accountability mechanisms so that those responsible actually implement the agreed actions
- developing clear strategies (and funding them) to support healing and recovery for victim-survivors early (especially for children and young people) to prevent intergenerational trauma and further harm.

These recommendations demonstrate opportunities informed by lived experience:

- for mental health systems to better respond to children and young people, particularly girls, who present with suicidality or self-harm, underpinned by trauma- and violence-informed practice
- to enhance prevention and early intervention efforts to reduce deaths by suicide in the context of sexual violence (including child on child sexual abuse) victimisation and perpetration.

Alignment with Government priorities

The issues outlined by [redacted] regarding her experiences require urgent attention from the Australian Commonwealth and State and Territory Governments. The recommendations align with the pillars in the National Plan, as engagement with the mental health system has the ability to prevent, intervene, respond, and support healing and recovery, for victim-survivors and also potentially children and young people who have perpetrated sexual violence / exhibited harmful sexual behaviour.

In addition to the National Plan, there are other Government initiatives that should be noted and potentially explored in the process of considering these reforms:

- National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030
- The National Suicide Prevention Strategy 2025-2035
- The National Mental Health and Suicide Prevention Agreement
- Inquiry into the relationship between domestic, family and sexual violence and suicide
- State and Territory Strategies and Plans pertaining to sexual violence, child sexual abuse, mental health and suicide.

About the author

[redacted] is an activist, social worker, sexual violence prevention practitioner and PhD Candidate. [redacted] founded The STOP Campaign, a grassroots organisation addressing sexual violence at Australian universities, and holds a Churchill Fellowship exploring prevention strategies in Canada, the USA and the UK. [redacted] has worked across government, university and non-profit sectors in gender-based violence prevention and response, with expertise in policy reform, resource development, prevention education and co-design with people with lived experience. She helped secure the *Action Plan Addressing Gender-based Violence in Higher Education* and has since advised on the design and implementation of the *National Student Ombudsman* and *National Higher Education Code to Prevent and Respond to Gender-based Violence*. She is currently a PhD Candidate researching how constructions of shame can inform sexual violence primary prevention. [redacted] has also contributed to several research projects and advocacy campaigns on sexual violence and child-on-child sexual abuse as a lived experience expert, with a particular focus on primary prevention and mental health system reform.

Feedback for Priority Area 1: Victim-survivors

Police education and response was the sole reason I would be again reluctant to seek emergency help. On one occasion I refused to speak due to the initial response from officers eventhough it was clear I was in a DV situation

Feedback for Priority Area 2: Prevention and early intervention

Polic engagement and response

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

Child protection and child and family law reforms do not support victims or children they re-traumatise them

Feedback for Priority Area 4: People who use violence

Victims have usually been experiencing DV for extended periods and with this, use a range of defence mechanisms including abuse themselves. This is a response to ongoing abuse and yet used to let perpetrators off the hook and as a defence. As a survivor I tried all forms of defence and even though I was scared I did not want to let this be seen. This is used against victims yet it's a form of survival

Feedback for Priority Area 5: System Integration and Workforce

Unsure

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

Education in schools to continue but more within first responders and these services working with survivors

Feedback for Priority Area 1: Victim-survivors

Greater scrutiny is required by the Australian Commonwealth Government over the Child Support Agency / courts as I know for a fact they are biased and corrupt and facilitate women in grooming of children which impact fathers and the fact Family courts coverup perjuries by women is a great instigator of violence towards Women by men which the Commonwealth Agencies coverup and media.

Feedback for Priority Area 2: Prevention and early intervention

To report writer's or social workers are needed upon family separation to have a snap shot of children views before the grooming begins and angers fathers once the mothers falsely claim it's the children's choice when in fact they have been groomed (Stockholm syndrome children) and a cause of teenage violence in the media.

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

Getting help when families seperate (all) and not waiting until children are abused / groomed who will have issues in later life and as teenagers.

Feedback for Priority Area 4: People who use violence

The people who use violence is a normal reaction when something is very wrong. Some have difficulty expressing the issues and require help to understand the issue and the core of the problem. Restraining orders I believe should be a last resort and only after mental evaluations and core issues investigated by medical professionals.

Feedback for Priority Area 5: System Integration and Workforce

A ongoing action plan for those affected is required until issues are sorted and investigated.

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

Great use of social workers at separating families two social workers male and female.

Police investigation and involvement to investigate family's behaviour towards children involved and reasons why children are not wanting to spend time with both parties equally.

Violence is a reactive response to issues not being investigated properly.

Feedback for Priority Area 1: Victim-survivors

Submission: Enhancing Support for All Victim-Survivors

To effectively address the safety, wellbeing, and recovery of all individuals impacted by domestic abuse, the Second Action Plan must move beyond gender-specific frameworks and adopt a truly inclusive, victim-centered approach. While current systems have made strides in supporting women, the lack of comparable infrastructure for male victims including male children remains a critical gap in the service landscape.

Addressing the Funding and Resource Disparity

The current service system is heavily skewed toward supporting women. This systemic imbalance has resulted in a severe lack of funding for male-specific support services, including specialised resources for male children who have experienced abuse. When funding is almost exclusively directed toward one demographic, we inadvertently signal that the experiences of other victims are secondary. To facilitate early intervention and long-term recovery, we must allocate dedicated funding to establish and maintain services that cater to the unique needs of male survivors, ensuring that support is available regardless of gender.

Removing Systemic Barriers to Help-Seeking

One of the most significant barriers preventing male victims from seeking help is the prevailing institutional culture within current support systems. Too often, male callers to domestic and family violence helplines are treated as suspects or perpetrators rather than as victims in need of safety and support.

When a victim reaches out for help and is immediately met with suspicion or redirected to perpetrator behavior change programs, it reinforces the shame and stigma that often prevent men from coming forward. This practice is not only ineffective but actively harmful, as it denies victims the validation and immediate crisis support they require.

Recommendations for the Second Action Plan

To improve outcomes for all victim-survivors, the Second Action Plan should prioritise the following:

* Expand Safe Spaces and Support Services: Invest in the development of gender-inclusive safe spaces and support services that are equipped to provide trauma-informed care to all victims, regardless of gender.

* Equitable Funding: Review and restructure funding models to ensure that male victims—including children—have access to the same quality and breadth of support services currently enjoyed by female victims.

* Reform Helpline Protocols: Implement mandatory, trauma-informed training for all helpline staff to ensure that male callers are assessed as potential victims first. Protocols must be revised to move away from the automatic assumption of perpetration, ensuring that men are offered appropriate crisis support, advocacy, and referral pathways that prioritise their safety.

* Addressing Diverse Needs: Recognise that barriers to help-seeking are compounded for diverse communities. The Second Action Plan must ensure that inclusive services are culturally safe and accessible, particularly for Aboriginal and Torres Strait Islander people, who may face additional systemic hurdles when accessing support.

By addressing these gaps, we can create a more robust and equitable system that recognizes the humanity and vulnerability of all victims, ultimately fostering a society where everyone can access the safety and healing they deserve.

Feedback for Priority Area 2: Prevention and early intervention

Submission: Inclusive Prevention and Early Intervention Strategies

To effectively prevent and end domestic and family violence, our national approach must be grounded in the reality that violence is a societal issue that affects all people. Prevention efforts must be universal, inclusive, and focused on fostering healthy relationships, empathy, and help-seeking behaviors across the entire population.

Gender-Inclusive and Diverse Curriculum

The education system plays a pivotal role in shaping societal attitudes. To move toward a culture of respect, we must implement an age-appropriate, gender-inclusive, and culturally diverse curriculum across all years of schooling. This curriculum should move beyond narrow gender-based narratives and instead teach all students about the complexities of healthy relationships, conflict resolution, emotional regulation, and the recognition of harmful behaviors in any context. By integrating these themes, schools can equip young people with the tools to identify and address abuse regardless of the gender of the individuals involved.

Universal Messaging and Slogans

Current public awareness campaigns often utilise gender-specific slogans that inadvertently alienate segments of the population. To foster a truly collective commitment to ending violence, all government-led communication should adopt universal language. We recommend replacing gender-specific slogans with messaging that unequivocally condemns all forms of domestic and family violence, such as: ""Respect, Safety, and Equality: Ending Domestic Violence for Everyone."" This shift ensures that the message of non-violence is owned by the entire community rather than being perceived as a partisan or gender-exclusive issue.

Balanced Representation and Reducing Stigma

It is essential that all training, public advertising, and educational resources reflect the reality that anyone can be a victim and anyone can be an offender. Campaigns must move away from portraying violence through a singular lens, as this creates blind spots in public perception and service delivery.

Furthermore, we must actively work to dismantle the stigma associated with seeking help. Advertising and organisational training should emphasise that reaching out for support is an act of strength and a vital step toward safety and recovery. By normalising help-seeking behavior for all individuals, we can ensure that victims—regardless of gender—feel empowered to engage with support services early, before crisis points are reached.

Recommendations for the Second Action Plan

To strengthen prevention and early intervention, the Second Action Plan should:

* Universalise Educational Content: Mandate the inclusion of comprehensive, gender-neutral, and culturally diverse relationship education in the national curriculum.

* Adopt Inclusive Public Messaging: Transition all government-funded awareness campaigns to language that condemns violence in all its forms, ensuring the message resonates with all members of society.

* Implement Balanced Representation: Require that all public-facing materials, training modules, and institutional guidelines depict both males and females as potential victims and offenders to foster accurate public understanding.

* Promote Help-Seeking as Strength: Launch national campaigns that explicitly frame help-seeking as a positive, courageous, and necessary action for any person experiencing or witnessing abuse.

By adopting these strategies, we can move toward a more effective, evidence-based approach to prevention that addresses the root causes of violence and supports the safety and wellbeing of every individual.

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

Submission: Protecting Children as Independent Victim-Survivors

Children are the most vulnerable members of our society and are disproportionately impacted by domestic and family violence, whether they are direct targets of abuse or are forced to witness the trauma of a violent household. Because children have limited agency and are unable to independently seek assistance, the Second Action Plan must treat them as victim-survivors in their own right, rather than as mere extensions of their parents.

Addressing Barriers to Safety and Shelter

A critical failure in our current service system is the practice of turning away male children from refuges and shelters, even when they are seeking safety alongside their mothers. Policies that exclude children based on their gender or age are unacceptable and leave them exposed to further harm. We must ensure that all emergency accommodation is equipped to keep families together, prioritising the safety and stability of the child above all else.

Strengthening Early Intervention and Support

To improve outcomes for children, we must empower children's services with stronger, earlier intervention powers. Waiting for a crisis to escalate before intervening is a failure of our duty of care. We need a system that can identify risk indicators early and provide immediate, trauma-informed support to children and young people before long-term developmental or psychological harm occurs.

Ensuring Fairness in Legal Proceedings

The misuse of children as collateral in family court proceedings is a severe form of abuse that must be addressed with urgency.

* Mandatory Consequences for False Allegations: The use of false allegations to manipulate custody outcomes is a grave injustice that harms children and the targeted parent. We recommend mandatory significant punishments for those found to have made malicious and false allegations, as this serves to protect the integrity of the court and the wellbeing of the child.

Promoting Custodial Fairness

The default position in family law should be 50/50 shared custody, as this preserves the child's right to a meaningful relationship with both parents. Alienating a child from a parent should be treated as a measure of absolute last resort, permitted only when it is strictly essential for the child's immediate physical safety. By prioritising stability and parental involvement, we can mitigate the trauma of separation and foster healthier developmental outcomes for children caught in the middle of domestic disputes.

Recommendations for the Second Action Plan

To better support children and young people, the Second Action Plan should:

* Mandate Inclusive Shelter Access: Require all government-funded shelters to provide accommodation for children of any age and gender, ensuring that families are never separated during a crisis.

* Strengthen Early Intervention: Expand the authority and resources of children's services to intervene earlier in high-risk households, focusing on the child's safety as the primary directive.

* Combat Legal Weaponisation: Introduce mandatory penalties for the use of false allegations in family court proceedings to deter the use of children as bargaining chips.

* Prioritise Shared Custody: Adopt a policy framework where 50/50 custody is the starting point in family law, ensuring that children maintain strong bonds with both parents unless there is a clear and proven risk to their safety.

By centering the needs of the child—not the needs of the system or the litigation strategies of adults—we can provide a safer, more stable foundation for the next generation.

Feedback for Priority Area 4: People who use violence

Submission: Reforming Responses to People Who Use Violence

To achieve a more effective and equitable response to domestic and family violence, our justice and social systems must move away from ideological frameworks that pre-determine guilt. A neutral, evidence-based approach is essential to ensure that interventions are targeted, fair, and ultimately successful in reducing violence.

Removing Ideological Bias and Presumptions

Current institutional responses, often influenced by the Duluth Model, rely on a pre-determined assumption of ""perpetrator"" and ""victim"" based on gender. This model frequently leads to biased policing and service delivery. Agencies, including the police, must be required to approach every incident without preconceived notions.

In cases where evidence suggests that both parties have engaged in violent or abusive behavior, the system must be equipped to intervene with both individuals. Acknowledging that violence is a behavioral issue that can be present in both parties is crucial for effective intervention and long-term harm reduction.

Reforming Protection Orders and Due Process

The current ease of obtaining protection orders has led to instances of misuse, where these orders are weaponised to secure tactical advantages in family disputes. To prevent this, the threshold for issuing such orders must be raised to require clear,

objective evidence. Ensuring that protection orders are based on verified facts rather than unsubstantiated claims will protect the integrity of the legal system and ensure that resources are directed toward genuine cases of risk.

A Tiered Approach to Behavioral Change

Accountability must be central to our response to violence. We propose a tiered system of interventions for those who use violence:

* Behavioral Workshops: For minor offenses, mandatory participation in behavioral workshops should be the primary response, focusing on accountability and skill-building.

* Escalated Programs: For repeated or serious breaches, programs must escalate in intensity, moving toward inpatient, intensive behavioral programs.

* Detention and Incarceration: For those who continue to pose a threat despite intervention, or for those who commit severe acts of violence, the system must utilise detention or incarceration as a necessary measure to ensure public and victim safety.

Funding Accountability through Mandatory Fines

All incidents of domestic and family violence should be subject to mandatory fines for the offender. These funds should be ring-fenced to provide a sustainable, dual-stream funding model:

1. Offender Programs: To subsidise the cost of behavioral change workshops and intensive inpatient programs.

2. Victim Services: To bolster the availability and quality of support services for all victim-survivors.

Recommendations for the Second Action Plan

To improve the response to people who use violence, the Second Action Plan should:

* Abandon Presumptive Models: Formally move away from the Duluth Model and other gender-based presumptive frameworks in all policing and judicial training.

* Adopt Evidence-Based Assessment: Require police and judicial officers to base assessments on evidence of behavior rather than gender, ensuring that interventions are tailored to the specific dynamics of the incident.

* Strengthen Evidentiary Standards: Reform the process for protection orders to require robust evidence, preventing the misuse of the system.

* Standardise Accountability Pathways: Implement a clear, tiered system of behavioral intervention that escalates based on the severity and frequency of the offense.

* Establish a Funding Loop: Introduce mandatory fines for offenders to create a dedicated funding stream for both perpetrator accountability programs and victim support services.

By implementing these reforms, we can ensure that our justice system is responsive, fair, and focused on the objective goal of ending violence through accountability and evidence-based practice.

Feedback for Priority Area 5: System Integration and Workforce

Submission: Workplace Support and Employer-Employee Balance

While domestic and family violence originates within the home, its impact inevitably spills over into the professional lives of those affected. Workplaces have a vital role in providing a safe, supportive environment for employees navigating these challenges, while maintaining a clear distinction between the professional environment and the private domestic sphere.

Defining the Workplace Role

Workplaces should not be expected to function as primary intervention agencies for domestic violence. However, they are uniquely positioned to offer immediate, practical support to employees who come forward. Employers should maintain a curated selection of resources, including contact lists for support services, legal information, and internal wellness pathways, ensuring that any employee seeking help can access professional assistance discreetly and effectively.

Implementing Sustainable Support Mechanisms

To provide tangible assistance without placing an undue financial burden on businesses, we propose a balanced approach to leave and compensation:

* Paid Leave for Support Access: Employees experiencing domestic or family violence should have access to paid leave specifically designated for attending court proceedings, medical appointments, or meeting with support services. This allows victims to manage the logistical demands of their situation without risking their financial security or employment status.

* Government-Funded Compensation: To ensure that this support remains sustainable for employers—particularly small and medium-sized enterprises—the government should implement a compensation scheme. This benefit would reimburse employers for the out-of-pocket costs associated with providing this leave, ensuring that the financial impact of supporting a victim does not fall solely on the business.

Recommendations for the Second Action Plan

To effectively integrate workplace support into the broader strategy for addressing domestic and family violence, the Second Action Plan should:

* Develop Standardised Workplace Resource Kits: Provide businesses with clear, evidence-based templates and documents that can be used to support employees, ensuring consistency and professionalism in the assistance offered.

* Establish a National Compensation Benefit: Create a government-funded mechanism to offset the costs to employers for providing paid domestic violence leave, thereby encouraging universal adoption of these policies.

* Foster a Supportive Culture: Encourage workplaces to adopt policies that normalise seeking help, ensuring that employees feel safe disclosing their circumstances without fear of professional repercussions.

By treating the workplace as a secondary support pillar rather than a primary responder, we can create a system that protects the economic stability of both employers and employees while ensuring that victims have the time and resources needed to seek safety and recovery.

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

Submission: Financial Accountability and Resource Efficiency

To ensure that national investments in domestic and family violence services achieve the greatest possible impact, the Second Action Plan must prioritise rigorous financial accountability. Public funds allocated to this sector are intended to provide direct, life-saving support to victims, and it is imperative that these resources are protected from misuse, administrative bloat, and inefficiency.

Implementing Rigorous Financial Oversight

Transparency must be the cornerstone of all service funding. We recommend the implementation of mandatory, regular financial audits for all organisations receiving government grants. These audits should be comprehensive and publicly accessible to ensure that every dollar is accounted for and that funds are not being lost to poor management or systemic waste.

Prioritising Direct Support Over Administration

A significant portion of current funding is often directed toward administrative overhead, high staff salaries, and ""advisory-only"" services that focus on policy development rather than front-line assistance. To maximize the effectiveness of our response, we must:

* Cap Administrative and Salary Expenditure: Establish strict limits on the percentage of funding that can be allocated to non-service-delivery costs, including executive wages and general administration.
* Restrict Funding for Advisory Services: Limit the investment in advocacy, consultancy, and purely advisory organisations. Priority must be given to services that provide direct, tangible support to victim-survivors, such as emergency shelter, crisis counseling, and legal advocacy.
* Performance-Based Funding: Shift toward a model where continued funding is contingent on verified outcomes in service delivery. Organizations must demonstrate that their programs are effectively reaching victims and facilitating positive recovery outcomes rather than simply maintaining internal operations.

Recommendations for the Second Action Plan

To ensure financial integrity and maximize the impact of every dollar spent, the Second Action Plan should:

* Mandate Independent Audits: Require all service providers to undergo regular, independent financial audits to ensure compliance and transparency.

* Establish Expenditure Caps: Implement clear caps on the proportion of funding that can be utilized for staff wages and administrative costs, ensuring that the majority of resources directly benefit those in need.

* Prioritize Front-line Services: Reallocate funding away from advisory-only models and toward direct-action services that provide immediate safety and support to victims and their families.

By imposing these financial safeguards, we can ensure that the system is lean, efficient, and fully dedicated to its primary mission: providing the essential support necessary for the safety and recovery of all victim-survivors.

Feedback for Priority Area 1: Victim-survivors

Specifically talking about defence or Veteran women suffering in domestically strained relationships.. my thoughts are that women who joined the defence to begin with were wired different from the start. Whether through abuse in there own childhood or otherwise. Majority of defence women colleagues that I shared personal conversations with including myself.. we were of an unhealthy/outside standard conventional upbringing. Either trying to escape and succeed or trying to prove that they could achieve anything no matter the early trauma. Adapt and overcome. By keeping busy in high intensity roles. Never really dealing with trauma, just rolling with it. So generally once the high intensity role has ended for what ever reason.. the same woman is due to not realising.. drawn to the power, and control of a partner, aka toxic relationships because deep down.. the trauma was masked and not healed. Leading to the same cycle of accepting bad behaviour from a loved one. Our mothers and grandmothers were silent about abuse within families. While our generation was different. The power to know it was not ok..becoming independent and successful..to prove a point perhaps, though still early learning of accepting bad behaviour. And the cycle inevitably continues without early intervention and support. I personally try open communication and similar to this writing, age appropriate real conversations with my children so they have a chance of healthy relationships.though. I'm a victim to domestic abuse.. and truthfully.. I dont know what a healthy adult relationship looks like any more.. nor do I know if id and it. At times.. I enjoy the adventure of this toxic cycle. When I've found the strength to end it.. im a sucker for trying to prove that I am worthy of deserving better. Although.. I am also the enabler.

Feedback for Priority Area 2: Prevention and early intervention

Education early on. Intervention as soon as possible. Supporting our young people with healthy outlets to deal with any and all kinds of relative stress and generational trauma.

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

Open trusting safe conversations with all our children and there friends.

Feedback for Priority Area 4: People who use violence

I think still people prefer to not get involved. It may require community organisations to step in and make the hard choices for couples experience family violence in there relationship. Two humans both suffering through there own battles.. both assuming

they are responding accordingly.. while ultimately accepting the harmful cycle of bad behaviours. Neither person strong enough to just walk away and be better. Scared of being along perhaps.

Feedback for Priority Area 5: System Integration and Workforce

Potentially mandatory cognitive behaviour therapy for all adults every 2-4years. Specialists guiding all humans just as they do with mandatory health and safety reskilling every 12 months in a construction role.

Learning to recognise themselves more clearly.. and learning skills to be a better version of yourself.

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

Mandatory intervention and organisations literally removing these individuals away from each other. Given everyone time to heal, learn and grow.

Feedback for Priority Area 2: Prevention and early intervention

Much more funding needed. For direct intervention in families.

School programs, discussions,workplaces, communities highlighting good male models does not change violence from some males towards women and children.

In NSW many reports of children in distress from teachers, doctors, community members are ignored. Only can believe sufficient funding for more support for the children and families is not there.

Where extra Federal government funding, more counselling employment and training is essential.

Federal government seems orientated towards spending for males, chasing the male vote.

Such as for Defence, AUKUS, Rugby League..

When the biggest danger for Australians, female and male is violence from another

Australian citizen.

Not from an immigrant.

Not from another country.

Federal Labor could show they are not misogynists by providing more funding for:

1) many more counsellors in homes where violence to women and children is known and reported.

A call to police occurs every 3 minutes for domestic violence help.

The biggest job for police. And has been the same for decades.

2) many more anger management courses for offenders who have been reported to police.

The police should make the decision for this, not the partner

Some anger management courses are running in the NT.

3) a child growing up on a home where violence, coercive control on a partner, usually a woman or/and a child, occurs sees this as a model to follow in their own married life.

There are many Families in this position.

Why 1) and 2) must be implemented

Submission to the Second Action Plan

[redacted]

[redacted]

[redacted]

Recommendation 1: Strengthen the Australian Curriculum to require comprehensive relationships and sexuality education, including sexual activity

The Australian Government should work with states and territories, through the Australian Curriculum, Assessment and Reporting Authority (ACARA), to revise the Australian Curriculum Version 9.0 so that comprehensive relationships and sexuality education (RSE) is explicitly required across all year levels. This should include mandatory content on sexual activity, intimacy, sexual communication, pleasure and sexual safety, rather than leaving these topics to optional elaborations or local school discretion. RSE should also be mandated for students in Years 11 and 12, recognising these as critical developmental years during which many young people begin or continue intimate relationships.

The current curriculum provides schools with significant flexibility in how RSE is delivered. While flexibility can support age- and stage-appropriate teaching, it also enables schools to omit or minimise essential topics. For example, the act of sexual activity is not explicitly referenced in the mandatory curriculum content, creating uncertainty for educators and limiting schools' confidence to teach these topics. Without clear curriculum requirements, teachers often lack the institutional support needed to address sexual activity and intimacy, particularly where concerns about community backlash exist.

Explicitly embedding sexual activity within the mandatory curriculum would ensure all young people develop the knowledge, skills and confidence to navigate intimate relationships. A strengths-based approach that acknowledges sexuality as a normal part of human development, while also addressing risks such as coercion, violence and sexually transmitted infections, is essential if RSE is to function as an effective primary prevention strategy for sexual violence. Without equipping young people to communicate about sex, recognise healthy sexual relationships and seek support when needed, it is arguably impossible for RSE to truly be a sexual violence prevention strategy.

In short, not including 'sex' in relationships and sexuality education will never lead to sexual violence prevention. Consent education alone will never be good enough.

Suggested Actions

- Revise the Australian Curriculum Version 9.0 to explicitly include sexual activity, intimacy, sexual communication, and sexual safety within mandatory content descriptions.
- Reduce reliance on optional curriculum elaborations for core RSE content to ensure consistent delivery across schools.
- Mandate comprehensive RSE through Years 11 and 12 to reflect young people's developmental needs.
- Monitor implementation to ensure all Australian students receive comprehensive, age- and developmentally appropriate RSE regardless of school, sector or jurisdiction.

Recommendation 2: Strengthen the relationships and sexuality education workforce through mandatory teacher preparation and ongoing professional learning funded by the Government

The Australian Government should work with states, territories and higher education providers to establish national requirements for teacher preparation and professional learning in RSE. This should include mandating RSE content within all initial teacher education programs and providing nationally consistent professional learning for the existing teaching workforce.

Teachers are central to the successful delivery of comprehensive RSE, yet many report feeling underprepared and lacking confidence to teach sensitive topics. Initial teacher education programs vary considerably in the extent to which they prepare graduates to deliver RSE, resulting in an inconsistent workforce where many teachers enter the profession with little or no formal training in this area. Currently, only two universities in Australia offer this kind of education. Ongoing professional development is similarly inconsistent and is often dependent on individual schools' priorities and financial capacity.

This creates inequities across the education system. Schools with greater resources are more likely to invest in specialist training or engage external providers, while schools with fewer resources may have limited opportunities to build staff capability. Consequently, a young person's access to high-quality RSE can depend on where they attend school rather than on a consistent national standard. Strengthening teacher capability is essential to ensuring curriculum reform translates into high-quality classroom practice. Alongside revisions to the Australian Curriculum, governments should provide nationally consistent in-person professional learning to ensure educators are equipped to deliver evidence-informed RSE with confidence.

Without adequately preparing teachers to deliver RSE, even the most comprehensive curriculum is unlikely to achieve its potential as an effective primary prevention strategy for sexual violence.

Suggested Actions

- Mandate comprehensive RSE within all accredited initial teacher education (pre-service) programs.
- Provide ongoing, government funded professional learning for all teachers delivering RSE, regardless of school sector or location.
- Ensure funding for teacher training is equitable so that schools' capacity to deliver high-quality RSE is not determined by their financial resources.

Recommendation 3: Establish a national accreditation and quality assurance framework for external relationships and sexuality education providers

The Australian Government should work with states and territories to establish a national accreditation and quality assurance framework for organisations and individuals delivering externally provided RSE in schools. The framework should establish minimum standards for educator qualifications, evidence-informed practice, safeguarding, curriculum alignment and ongoing professional development.

Schools increasingly rely on external providers to provide RSE, particularly where teachers face time constraints or lack confidence delivering sensitive content. However, there is currently no nationally consistent system governing who can deliver RSE in Australian schools. In most cases, providers are only required to meet child safety obligations, such as holding a Working with Children Check, while there are no minimum requirements relating to educator training, teaching capability, subject matter expertise or adherence to evidence-informed practice.

Although some jurisdictions have developed guidance for schools on selecting external providers, these are generally advisory rather than mandatory. Responsibility for assessing provider quality therefore rests with individual schools, which often have limited time and resources to evaluate educational content. This creates considerable variability in the quality of education that young people receive.

The absence of consistent quality assurance has also enabled a rapidly expanding marketplace of external providers. While many organisations deliver high-quality education, others may rely on strong marketing, social media visibility or personal advocacy rather than demonstrated expertise in RSE. Consequently, schools may select providers based on reputation or visibility rather than educational quality, increasing the risk that young people receive inconsistent or ideologically driven information.

A national accreditation framework would improve consistency while supporting schools to make informed decisions. Accreditation should assess organisational governance and educator capability, including demonstrated expertise in comprehensive RSE, trauma-informed and inclusive practice, age-appropriate pedagogy and alignment with the Australian Curriculum and national primary prevention frameworks. Such a system would strengthen accountability, increase confidence among schools and families and help ensure all young people receive high-quality, evidence-informed education regardless of where they attend school.

Suggested Actions

- Establish a low-cost national mandatory accreditation scheme for organisations and educators delivering external relationships and sexuality education in schools. This includes lived experience speakers.
- Develop minimum standards for educator qualifications, professional experience, curriculum alignment, safeguarding and evidence-informed practice.
- Create a publicly accessible register of accredited providers to support schools in decision-making.
- Require periodic review, evaluation and reaccreditation to ensure programs remain current with evidence and best practice.
- Support schools with procurement guidance that prioritises educational quality and evidence over provider visibility or marketing.

Recommendation 4: Increase investment in strengths-based research

The Australian Government should establish dedicated funding streams for strengths-based research that explores what enables people and communities to create cultures that reduce the likelihood of sexual violence occurring in the first place, rather than focusing predominantly on the reduction of risk and harm.

Current research funding frameworks are often structured around a deficit model. To attract funding, projects typically need to identify a problem, risk or harm and demonstrate how the research will reduce that harm. While this approach is important for responding to urgent issues such as sexual violence, it can result in policy and practice becoming primarily reactive. Interventions are frequently developed only after harms have become widespread and 'measurable'.

Consent education illustrates this. Significant investment in consent education occurred largely in response to evidence showing high rates of unwanted sexual experiences among young people and growing recognition that the absence of consent means sexual activity is unwanted. These initiatives are essential, but they largely address a harm that had already been identified.

A strengths-based approach would complement, not replace, harm prevention research. It would ask different questions, such as, what school, family and community environments support healthy communication, empathy, boundary-setting and mutual respect? How do people across the lifespan learn to recognise pleasure, safety, care and reciprocity in relationships? How can governments work to ensure all people across the lifespan have access to protective factors that enable them to thrive?

Investing in this type of research is critical for primary prevention. Evidence from public health and violence prevention demonstrates that building protective factors and social strengths is often more effective and sustainable than relying solely on responses to harm. Research that focuses on positive relationship development can generate evidence for programs that promote wellbeing, strengthen social connectedness and improve long-term health outcomes.

Suggested Actions

- Create a dedicated national funding stream for strengths-based sexual violence prevention research.
- Require major research funding programs to include consideration of protective factors and wellbeing, not only risk reduction and harm response.
- Prioritise longitudinal research that examines how healthy relationships, communication skills, gender equality, inclusion and community connectedness contribute to sexual violence prevention over time.
- Support community-led research with diverse populations to identify culturally relevant strengths and prevention strategies that have long existed and should be built upon.
- Ensure findings from strengths-based research are translated into sexual violence prevention initiatives.

About the Author

[redacted] is a Research Fellow at the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University and expert in sexual violence prevention. [redacted] work is recognised for advancing strengths-based approaches to sexual violence prevention, moving beyond risk- and deficit-focused frameworks to centre affirming sexual experiences, agency and community connection. She is also a victim-survivor of childhood sexual abuse and domestic violence, and this lived experience deeply informs the fabric of her life, including her work and activism.

VC

FORMAL SUBMISSION · SECOND ACTION PLAN

Victim & Child Case Management Network

A submission to the Department of Social Services on the

. One disclosure. One code. One network — proposing the coordination layer that lets a family tell its story once, and lets a connected system carry it from there.

Victim Survivor · Lived Experience Advocate & System Reform Designer
Founder, VCCMN

SUBMITTED TO THE DEPARTMENT OF SOCIAL SERVICES (CTH) · ENGAGE DSS

IN A PERSONAL CAPACITY · CONSENT TO PUBLIC AVAILABILITY GIVEN

A NOTE FROM THE AUTHOR

On telling it once

I have told the story more times than I want to count. To a nurse who asked what brought me in. To a police officer who asked me to start from the beginning. To an intake worker who needed the timeline. To lawyers, to paediatricians, to a school principal, to a magistrate who asked me to speak up.

Every telling costs something. Not only the retelling of the facts — the whole weight of the worst days, carried back into a room and set down before a stranger who holds the power to believe me, or not. The doubt does not stay outside. It works its way in, until I began to question my own account of my own life.

To stay composed through that — to stay tall while everything in me wanted to fall into fragments — is its own kind of labour. And it is labour the system currently asks of the people least able to bear it.

> *To retell is to relive. A system that makes a mother prove herself whole at seven separate doors spends her strength on being re-examined, not on healing.*

I did not set out to build a system. I set out to be believed. What I have built since the framework this submission describes — is what came from finding out how far one person's dignity can be asked to stretch across a fragmented response, and deciding that the fragmentation is what has to change.

I sat in Katanning, four hours by road from Perth, and drew the shape of what would have carried my children and me through, if it had existed. One disclosure. One code. One network. A story told once, and a system that remembered.

This submission is offered in a personal capacity. It has been received in principle by the Western Australian Commissioner for Children and Young People, acknowledged in writing by the Western Australian Attorney General, and formally referred by the Office of the Information Commissioner to the Chief Data Officer at the Department of Premier and Cabinet as an operational use-case for the Responsible Sharing Principles under the Privacy and Responsible Information Sharing Act 2024.

I am not a peak body. I am not an academic. I am a mother, a lived-experience advocate, and a systems designer whose evidence is the doors I have walked through. What I am offering here is not testimony. It is a design.

> *Lived expertise is not only witness. Some of us are also authors. The Second Action Plan will be stronger if the evidence base has a door for that.*

This note is offered in a personal capacity, from lived experience. It is included because the toll of the retelling is not a side-effect of the problem this submission addresses — it is the problem, felt from the inside.

1 Executive summary

The Victim & Child Case Management Network (VCCMN) is a cross-agency, trauma-informed case-management framework designed to let a victim-survivor and their children tell their story once, receive a single secure identifier, and be carried with consent across the connected system of agencies that support them. Children are victim survivors in their own right, recorded and protected accordingly, not appended to an adult's file.

VCCMN is not a new system. It is a configuration layer that sits over infrastructure Australia already owns. Courts, police, child protection, health, legal aid, community services, telecommunications, and the Commonwealth's digital service delivery spine are already connected for other purposes through existing shared platforms. What is missing is the coordination layer that turns those platforms into a single continuous view of a family's experience of violence.

> *This is not a theoretical gap. It is a design choice that costs lives.*

This submission responds directly to the ANROWS Consultation Paper *Evidence to Action: informing direction for the Second Action Plan* and maps VCCMN's design against each of the five Priority Areas the Paper identifies. Section 2 sets the framing and voice. Section 3 sets out the model. Sections 4 to 8 address the five Priority Areas. Section 9 consolidates ten recommendations. The endorsements — Attorney General of Western Australia and Commissioner for Children and Young People are reproduced at the back.

1.1 The submission in seven claims

The submission rests on seven claims. Each is developed in the sections that follow.

CLAIM 1	**The retelling is the harm.** Every re-telling of a trauma story to a new professional meeting a family cold is a re-traumatisation. Systems abuse is a category of harm in its own right.
CLAIM 2	**Coercive control needs an architectural response.** Coercive control is a pattern over time. Every existing tool captures a single incident. Legislation is necessary. Architecture is what makes legislation operational.
CLAIM 3	**Children need their own record.** Recognition as victim-survivors in their own right requires an independent case identifier, an independent consent framework, and independent continuity of support.
CLAIM 4	**Regional equity is a design principle.** A family in a regional town is entitled to the same continuity of care as a family in a metropolitan area. The coordination layer, not the service catalogue, is what makes that possible.
CLAIM 5	**The infrastructure is already built.** Multi-agency infrastructure exists across Commonwealth and state platforms. What is missing is the coordination layer that connects it around the family.
CLAIM 6	**Lived expertise is authorship, not only witness.** The evidence base for the Second Action Plan should have a door through which lived-experience-designed frameworks can enter on their merits.

CLAIM 7

Prevention over the next five years is architectural. Structural pattern-visibility inside the system is prevention. It should be counted as such.

2 Framing & voice

The Second Action Plan consultation acknowledges lived-experience contribution as central to the National Plan's work. In practice, the mechanisms that carry lived-experience input into policy are advisory groups — the Domestic, Family & Sexual Violence Advisory Council at Commonwealth level, and the Lived Experience Advisory Group at state level. These mechanisms matter. They also filter.

This submission is offered by a lived-experience contributor who has designed a framework, not by a contributor offering testimony. The distinction matters for how the submission should be read. The framework is documented, dated, endorsed, and independently referred across statutory and ministerial offices. It is not an idea. It is a design.

> *Lived expertise is not only witness. Some of us are also systems designers. The Second Action Plan will be stronger if the evidence base has a door for that.*

The submission is written in the first person only where the design demands it. It carries a composed, evidence led register throughout. This is deliberate. The submission asks to be read as considered work, not as an appeal.

2.1 Standing of the framework at the time of submission

The following formal engagements have been received on VCCMN in the six months preceding this submission. Each is documented and referenced. Facsimiles of the two written endorsements are reproduced in Section 10.

STATUTORY ENDORSEMENT

Commissioner for Children and Young People (WA)
Dr Jacqueline McGowan-Jones. In-principle endorsement of the framework, particularly its treatment of children as victim-survivors in their own right. Ref 26/00913, 25 February 2026.

MINISTERIAL ACKNOWLEDGEMENT

Attorney General of Western Australia
Hon. Dr Tony Buti MLA. Formal acknowledgement noting the framework "takes the PRIS Act one step further" and confirming OPFDV engagement. Ref 80-26558, 5 May 2026.

CENTRAL-AGENCY REFERRAL

Office of the Information Commissioner (WA)
Formal referral of VCCMN to the Chief Data Officer, Department of Premier and Cabinet, as an operational use-case for the Responsible Sharing Principles under the PRIS Act 2024. July 2026.

DEPARTMENTAL ACKNOWLEDGEMENT

Department of Communities (WA)
Acknowledgement of alignment between the VCCMN framework and the Central Information Point being developed under the FDV System Reform Plan. Ref 2026/11701, 25 March 2026.

3 The model

The VCCMN rests on five principles. Every design, technical, and governance decision flows from them. They are non-negotiable.

3.1 The Victim Support Number — a single digital spine

At the heart of the VCCMN is a unique identifier assigned at first system contact, on the same principle as identifiers Australians already trust. A Medicare Number links health records. A CRN links welfare and government services. A USI links training records. The VSN links victim and child victim support records across all participating agencies. Once assigned, it stays with the victim survivor throughout their journey: instant recognition at any agency, continuity without re disclosure, children connected to parent records with protections, and for the first time a single auditable trail of every interaction, referral, action taken, and action missed.

> *The logic is already proven at national scale. A single secure identifier that follows a person across services is not new — the Commonwealth's Digital ID and myGov already connect Australians to services nationally, and from 1 July 2026 health information is shared by default under the Modernising My Health Record Act 2025. The VCCMN applies the same tested logic to victim safety.*

The number is a spine, not a surveillance tool. It carries continuity of care, not a widening pool of data: every access is scoped to a tier, logged with a reason, and visible on audit.

The five principles

1. Victims and children are not re traumatised by retelling their story to activate support.
2. Children are victims in their own right their needs, experiences and risks recorded and responded to independently.
3. Systems, not victims, carry the responsibility for connecting information and coordinating action.
4. Regional, rural and remote communities receive the same quality of response as metropolitan areas. Geography must not determine safety.
5. Digital tools serve human-centred practice — they create the conditions for better-informed judgement, never a substitute for it.

3.2 Consent, access and referral

Today, victims give separate consent at each agency, often in acute crisis. The VCCMN replaces this with a single informed decision, made once, that activates network wide sharing with clear explanation of what it means, which agencies participate, and what protections exist. It can be withdrawn. This ends the repeated burden of disclosure, and the risk that a victim, exhausted by the system, simply stops engaging.

TIER 1 · FULL ACCESS
Statutory investigation
Police and equivalent statutory bodies. Criminal records, investigation detail, perpetrator intelligence. Access under statutory authority with full audit.

TIER 2 · CASE MANAGEMENT
Communities · Victim support · Child protection · Legal aid
Service history, risk assessments, referral status. Case-management continuity access under consent.

TIER 3 · SERVICE DELIVERY
Health · Schools · Centrelink
Demographics, current support needs, safety flags. Delivery level access under consent, without content beyond what the service requires.

TIER 4 · BIRD'S-EYE VIEW
All connected agencies
Confirmation that a victim is engaged elsewhere no content. The school is no longer the last to know that a child's family is in crisis across police, courts, housing and child protection.

> *Referrals are generated automatically but actioned by humans. The system carries the coordination. Professionals carry the care.*

These safeguards are not invented for this submission. The Responsible Sharing Principles under the WA Privacy and Responsible Information Sharing Act 2024 are modelled on the international "Five Safes" standard, requiring agencies to weigh the risks and benefits of sharing across the life of every arrangement — the exact discipline the tiered model applies in practice. VCCMN is designed to sit inside that legislative pattern as an operational use case, and the pattern is portable to Commonwealth and other state jurisdictions.

3.3 Cases never close

Under VCCMN's design, case status progresses from Active to Routine Review to Dormant-Maintained. A family who re-engages the system after two years does not start from zero. Their record is dormant, not lost. This directly addresses the moment of highest risk of disengagement — when the acute crisis has passed and services quietly step back. Recovery is measured in years, not weeks. The design accommodates that.

Mandatory exit-note logging supports the design: no practitioner can exit a record without entering a reason for entry. This creates the audit trail that surfaces systems abuse, distinguishes legitimate access from surveillance, and protects victim-survivors from covert monitoring by perpetrators who work in the systems that hold their records.

4 Priority Area 5

Priority Area 5 is treated first in this submission because it is the priority most directly answered by VCCMN's design. Prevention without coordination becomes public messaging without follow-through. Children's protection without coordination becomes intake screening without continuity. Behaviour change for people who use violence without coordination becomes program completion without pattern visibility. Victim survivor safety without coordination becomes emergency response without long term care.

> *Many people experiencing violence must navigate multiple systems at once, including health, housing, policing, justice, education, child protection and specialist services. Improving coordination across these systems is critical to strengthening safety, continuity of care, accountability and recovery outcomes.*
>
> ANROWS CONSULTATION PAPER PRIORITY AREA 5

4.1 The infrastructure is already built

Australia has spent over a decade funding new services, new front doors, new information sharing agreements, and new specialist workforces to address a fragmentation problem that is fundamentally a coordination problem. Each new service extends the range of what the system can offer. None of them, individually, resolves the fact that a family's story fractures at every agency door and has to be rebuilt at each new one.

The infrastructure needed to coordinate what already exists is largely in place. This is not a build problem. It is a design problem.

SAME IDENTITY SPINE
myGov · Digital ID
Every Australian is already connected to Commonwealth services through a shared identity layer. The spine exists. It is not currently configured for victim safety continuity.

SAME INFORMATION-SHARING BASIS
Responsible Sharing Principles
WA's PRIS Act 2024 commenced 1 July 2026 with Responsible Sharing Principles built on the Five Safes standard. The legislative pattern is portable across jurisdictions.

SAME COURT DIGITAL FOOTPRINT
ICMS & equivalents
Every Australian jurisdiction has a court records system that already carries files across police, child protection, legal aid, and health touchpoints. Cross-jurisdictional visibility is a configuration question, not a build question.

SAME TELECOMMUNICATIONS REACH
Leaving Violence Program
Telstra delivers the connectivity component of the DSS-funded Leaving Violence Program nationally. Telecommunications infrastructure is already partnered with FDV response.

> *Australia is not missing the infrastructure. Australia is missing the layer that turns existing infrastructure into a single continuous view of the family.*

4.2 What VCCMN does for continuity of care

A family enters the network through the first door they touch. That door creates the case, issues the code, and applies the appropriate consent tier. Every subsequent service accesses the case not a fresh intake, not a new file, not a repeated risk assessment from cold. Continuity of care is designed into the network, not asked of individual practitioners on top of already-heavy caseloads.

The three contacts per case primary coordinator, safety contact, administrative continuity clerk hold the coordination function so that no single practitioner burnout, transfer, or leave interrupts the family's continuity. This directly addresses the workforce sustainability point in the Consultation Paper.

4.3 What VCCMN does for workforce capability

Workforce capability is not only training. It is also design. A workforce operating without a shared coordination layer will always be less capable than the same workforce operating with one, because in the first environment each practitioner rebuilds the picture, while in the second environment the picture is inherited and refined. The workforce's capability is enabled by the architecture, not solely by the practitioner's individual training or experience.

> *A national workforce landscape now taking shape. A dedicated Family and Domestic Violence Workforce Entity has been established in WA through the Centre for Women's Safety and Wellbeing in partnership with Stopping Family Violence, CASWA, AHCWA, Community Skills WA and Professor Donna Chung. The Workforce Capability Framework was endorsed by the WA Government in January 2026. VCCMN training operationalises the Framework's domain level capabilities at case management level. This is a natural partnership between architecture and workforce — not a duplication.*

4.4 Recommendations under Priority Area 5

RECOMMENDATION 1

Adopt a national design principle of victim-following case-management continuity across agencies, and direct Commonwealth-state coordination under the Plan toward a national coordination-layer architecture that sits over existing multi-agency infrastructure, rather than commissioning further parallel services.

RECOMMENDATION 2

Adopt systems abuse as a named category of harm to be measured, monitored, and reduced alongside the original violence, with design controls — such as mandatory exit-note logging and audited break-glass access — recognised as operational mechanisms for systems abuse prevention.

RECOMMENDATION 3

Direct ANROWS and DSS to accept lived-experience-designed frameworks into the evidence base on their merits, alongside advisory-group input, so that documented design contributions from lived-experience contributors are considered as evidence rather than testimony.

5 Priority Area 1

Priority Area 1 identifies persistent gaps in whole-of-system support, response to coercive control, systems abuse, technology-facilitated abuse, and rural and remote equity. Each is a symptom of the same underlying gap: the absence of a coordination layer that carries a family's disclosure forward across the system.

> *Improve how coercive control is recognised, understood and addressed as a common pattern in domestic and family violence ... Systematically address systems abuse across sectors ... improve coordination across different services and sectors.*
>
> ANROWS CONSULTATION PAPER PRIORITY AREA 1

5.1 The retelling is the harm

Every re-telling of a trauma story to a new professional who is meeting the family cold is a re-traumatisation. It is not incidental to the response — it is a direct injury caused by the design of the response. When a victim-survivor stops disengaging halfway through the system, the system has become bearable to stay inside. Systems abuse is not only visible in the dramatic cases the coordinated legal harassment, the covert monitoring, the weaponised family court process. Systems abuse is also visible in the ordinary cases — the seventh retelling to the seventh professional, the fourth risk assessment from cold, the moment a family decides that trying to be helped is worse than continuing to endure the violence.

> *The single most powerful intervention the Second Action Plan can fund is the infrastructure that removes the retelling.*

5.2 Coercive control requires an architectural response

The Consultation Paper acknowledges coercive control as a common pattern that is difficult for the current system to recognise and respond to. Several Australian jurisdictions have criminalised coercive control or are progressing legislation. The legislation is necessary. It is not, on its own, sufficient.

Coercive control is a pattern of behaviour sustained over time. Every existing risk assessment, reporting mechanism, and intake tool across the sector captures a single incident. The pattern lives across the incidents, but no coordination layer sits above the incidents to make the pattern visible while it is still forming.

> *63,137 family and domestic violence incident reports were recorded in Western Australia in 2024–25, up from 47,818 in 2020–21 — a rising volume moving through agencies that still cannot see one another as a pattern.*
>
> WA OMBUDSMAN REVIEW · 19 MARCH 2026

VCCMN's persistent-across-time architecture is the operational response. When a family's case persists across agencies over time, and each agency's contact with the family enters the same longitudinal record, the pattern of coercive control becomes visible — not reconstructed retrospectively after a crisis incident, but visible in the record while it is happening. This is the operational precondition for early intervention in coercive control cases.

5.3 Systems abuse as a category of harm

The Consultation Paper flags systems abuse as an area the Second Action Plan must address. VCCMN treats systems abuse as a first class design consideration, not an emergent risk to be mitigated. The mandatory exit note logging, the three tier access architecture, and the audited break glass mechanism together form a design regime that renders inappropriate access visible on the record before harm compounds.

This is particularly significant where perpetrators work inside the systems that hold the records of their victims. The current design of many agency systems does not surface unauthorised access at the point it occurs. VCCMN's design requires an entered reason for every record entry, and audits every break-glass access against statutory authority.

5.4 Rural and remote equity as a design principle

VCCMN was designed in Katanning, Western Australia a Great Southern town of five thousand people, four hours by road from Perth. The framework was designed for the geography and population profile of regional Australia because that is where the coordination failures compound most sharply.

A specialist family and domestic violence service that is hundreds of kilometres from a family who needs it is, functionally, not a specialist service for that family. A referral pathway that assumes the family will drive to the specialist is a pathway that fails at the road. Regional communities do not need more services in distant metropolitan areas. Regional communities need a coordination layer that reaches into every service the family already touches the local health service, the local police station, the local school, the local court and threads the family's story through those services with continuity.

> *A family in Katanning is entitled to the same continuity of care as a family in North Sydney. The coordination layer, not the service catalogue, is what makes that possible.*

5.5 Recommendations under Priority Area 1

RECOMMENDATION 4

Adopt the single-disclosure principle — that a victim-survivor tells their story once, and consent-based access carries the story forward — as a national design specification, not only as an aspiration.

RECOMMENDATION 5

Resource the development of persistent-across-time case-management architecture for coercive control identification, as an operational complement to legislative reform.

RECOMMENDATION 6

Include a specific regional equity measure in the Second Action Plan — that a family in regional or remote Australia is entitled to the same continuity of care, specialist service reach, and information-sharing protections as a family in a metropolitan area.

6 Priority Area 3

Priority Area 3 recognises that children and young people are victim-survivors in their own right, not adjuncts to adult cases. This submission agrees with the framing and adds an architectural observation: the recognition currently lives in policy language, not in system architecture. Children continue to be recorded, in most agency systems, as dependants, witnesses, or wellbeing considerations attached to a parent's file.

> *Children and young people are not just affected by violence between adults. They are victim survivors in their own right. They have their own experiences, needs and rights. Policy and services must be able to recognise and respond to these distinct needs.*
>
> ANROWS SUMMARY PAPER PRIORITY AREA 3

6.1 The child needs their own record

Under VCCMN, every child in a case has their own case identifier, their own consent framework (age-appropriate, with proxy consent where legally required), and their own continuity of support that persists after any adult matter concludes. This is not a technical detail. It is the point at which recognition of children as victim survivors becomes operationally real.

When a child has their own record, the invisible harm that shapes an entire adult life becomes visible, dated, and actionable while the child is still a child. When a child does not have their own record, the harm becomes visible only in adulthood, if at all, and is then treated as historical rather than current. The design difference is architectural. The consequence is generational.

> *A child recorded as an attachment to a parent's file receives protection when the parent's case is active. A child recorded in their own right receives protection because they exist.*

6.2 Continuity for the child persists beyond the adult case

Under VCCMN's design, when an adult case closes to Dormant-Maintained status, the child's case status is calibrated independently. A child's recovery does not follow the same timeline as a parent's adult matter. A child who is seven when family violence is disclosed may need continuity of support at ten, at fourteen, at seventeen — each of those re-engagements occurring on the child's own timeline, with their own consent as they age into it. The framework accommodates that by design.

This has particular significance for children in regional communities, where the specialist services available to them are often distant, and where the professionals who know their story may leave the region over time. Continuity of record enables continuity of care even where continuity of practitioner is not possible.

6.3 Recommendations under Priority Area 3

RECOMMENDATION 7	Direct that every child recorded in a family and domestic violence case have an independent case identifier and independent consent framework, with continuity of support calibrated to the child's own timeline, not the adult case's timeline.
RECOMMENDATION 8	Include specific design principles for regional and remote children, recognising that continuity of record is the primary compensating mechanism for interrupted continuity of practitioner in regional communities.

7 Priority Area 2

Priority Area 2 focuses on gendered drivers, risk factors (harmful substance use, gambling, adverse childhood experiences), attitudinal and behavioural change, and multi-sector integration. This submission does not restate the case for the primary prevention agenda the Rapid Review of Prevention Approaches (August 2024) and existing National Plan work already set the direction. It offers a complementary observation.

> *Ending violence against women and children and other forms of gender based violence in a generation is a bold and achievable goal. It requires a sustained focus on changing the gendered attitudes, behaviours, systems and structures that drive violence.*
>
> ANROWS CONSULTATION PAPER PRIORITY AREA 2

7.1 Early intervention requires pattern-visibility

Prevention is typically framed as public messaging, respectful relationships education, and behaviour change. Each of those matters. None of them reaches a pattern that is already inside a home. What is missing is the infrastructure that lets services see the pattern early across health, police, child protection, courts, and community services so that intervention happens at the coercive control stage, not at the assault stage.

Under current designs, the pattern is reconstructed after a crisis incident, from separate agency records, at a moment when the family has already been harmed. Under a design with a persistent across time coordination layer, the pattern becomes visible while it is forming. This is what early intervention actually looks like at operational level.

> *Prevention over the next five years has to shift from public awareness to structural pattern-visibility inside the system, so the first services who see a family have the same picture the tenth service will see.*

7.2 The relationship between Priority Areas 2 and 5

Priority Areas 2 and 5 are treated in the Consultation Paper as distinct. In operational terms they are one problem. Effective prevention requires effective coordination. Effective coordination is what makes early intervention possible. Investment in the coordination layer under Priority 5 is, in significant part, investment in prevention under Priority 2.

7.3 Recommendation under Priority Area 2

RECOMMENDATION 9 Recognise structural pattern-visibility as a prevention mechanism in its own right, and count investment in coordination-layer infrastructure as investment in early intervention.

8 Priority Area 4

VCCMN is a victim-following framework, not a perpetrator-following one. It does not propose a new intervention pathway for people who use violence, and defers to the specialist expertise of men's behaviour change providers, corrective services, and the specialist practitioner sector on that priority. Two observations are relevant to this Priority Area.

> *Advancing prevention, early intervention, response, and recovery and healing throughout the life course on both family and domestic violence and sexual violence, supporting earlier identification, and multi sector approaches to accountability and behaviour change.*
>
> ANROWS CONSULTATION PAPER PRIORITY AREA 4

8.1 Pattern-visibility supports accountability

A coordination layer that makes a victim-survivor's experience of violence visible across time also makes the perpetrator's pattern of behaviour visible across time. Where the same person appears as the respondent in the restraining order, the parent in the child protection matter, the alleged perpetrator in the criminal matter, and the party in the family court proceedings, the coordination layer surfaces the pattern that current agency by agency records fragment. This is a natural by-product of victim-following design. It is not the purpose. But it is a legitimate accountability gain.

8.2 Behaviour change programs and continuity

The Dormant-Maintained case status principle applies to behaviour change programs as well. When a program completes and the participant re-enters the system months or years later, the case status principle enables the new intervening service to see the completed program and its outcomes, rather than starting from cold. This supports continuity of accountability across time, which is a design gain for the Second Action Plan's behaviour change priority.

8.3 Recommendation under Priority Area 4

RECOMMENDATION 10 Recognise that victim-following coordination architecture produces perpetrator-pattern-visibility as a legitimate secondary function, and resource the accountability sector to draw on that visibility within appropriate legal and evidentiary boundaries.

9 Closing

This submission has proposed a single design principle — that a victim-survivor tells their story once, and the system carries the story forward with them, with consent, across every service they touch. It has mapped that principle against each of the five Priority Areas the ANROWS Consultation Paper identifies, and has offered a documented framework, the Victim & Child Case Management Network, as a design response to the coordination gap those Priority Areas describe.

The framework does not require the Australian Government to fund a new system. It requires the Australian Government to recognise that the multi agency infrastructure Australia already has courts, police, child protection, health, community services, telecommunications, and the Commonwealth's digital service delivery spine can be configured to carry a family's story forward, and to invest in the coordination layer that makes that configuration operational.

9.1 Consolidated recommendations

PRIORITY AREA 5 · SYSTEM INTEGRATION & WORKFORCE

1. Adopt a national design principle of victim-following case-management continuity across agencies.
2. Adopt systems abuse as a named category of harm to be measured and reduced alongside the original violence.
3. Direct ANROWS and DSS to accept lived experience designed frameworks into the evidence base on their merits.

PRIORITY AREA 1 · VICTIM-SURVIVORS

4. Adopt the single disclosure principle as a national design specification.
5. Resource the development of persistent-across-time case-management architecture for coercive control identification.
6. Include a specific regional equity measure recognising the same entitlement to continuity of care regardless of geography.

PRIORITY AREA 3 · CHILDREN IN THEIR OWN RIGHT

7. Direct that every child recorded in a family and domestic violence case have an independent case identifier and independent consent framework.
8. Include specific design principles for regional and remote children.

PRIORITY AREA 2 · PREVENTION & EARLY INTERVENTION

9. Recognise structural pattern-visibility as a prevention mechanism in its own right.

PRIORITY AREA 4 · PEOPLE WHO USE VIOLENCE

10. Recognise victim following coordination architecture as producing perpetrator pattern visibility as a legitimate secondary function.

9.2 Materials available on request

The following VCCMN materials are available to the Department of Social Services, ANROWS, and any body drawing on this submission for the Second Action Plan or related national plans, on request through the contact details on the cover page.

VCCMN Second Edition Proposal (February 2026), 23 pages — the complete framework.

VCCMN Phase Two Scoping Proposal (May 2026), 21 pages — the implementation pathway.

VCCMN Interactive Platform Walkthrough proof of concept demonstration.

VCCMN Training Module 1 workforce capability materials.

VCCMN Family Support Guides practitioner and family facing plain language materials.

VCCMN IP Provenance and Development Portfolio — dated authorship trail.

VCCMN Reflections from the Gaps — lived-experience narrative.

10 Endorsements

"I recognise the VCCMN Proposal takes that a step further and provides a digital case management framework to ensure that re traumatisation of victim survivors will be minimised by only having to tell their story once."

Hon Dr Tony Buti MLA Attorney General of Western Australia

5 MAY 2026 · REF 80-26558

"This is an important and worthwhile initiative, and I wish to express my support in principle. I look forward to further updates as implementation progresses."

Dr Jacqueline McGowan-Jones Commissioner for Children and Young People, Western Australia

25 FEBRUARY 2026 REF 26/00913

Central-agency engagement. In July 2026 the WA Information Commissioner formally referred the framework to the Western Australian Chief Data Officer as an operational use case for the Responsible Information Sharing Principles under the Privacy & Responsible Information Sharing Act 2024. The Office of the Commissioner for Victims of Crime has been engaged with the framework since January 2026 through the Victim Liaison Team.

IN MY OWN WORDS

Author's note

I did not set out to build a system. I set out to be believed. Every door I walked through, I carried the same fear — will they believe me? Will they see my children? Will we be heard? Will we be protected? I learned that the hardest thing is not the telling. It is staying tall while everything in you wants to fall into fragments — and telling it anyway.

This submission is what I made from that. If a mother must find the courage to speak, the least a system can do is remember what she said. I built the framework on my own. I am offering it here not because I am asking to be rescued, but because a lived-experience-designed framework should have the standing to enter the evidence base for the next five years of Australia's national response — so that the next person only has to say it once.

> *The most powerful thing a person can do in difficult circumstances is to maintain their dignity while speaking their truth.*

[redacted]

Founder · Victim & Child Case Management Network · In a personal capacity

Telling your story once should be enough to set a connected system of care in motion.

Feedback for Priority Area 1: Victim-survivors

The single biggest difference would be ending the requirement to retell. Every door, police, courts, child protection, health, victim-support, demands the same story, and each retelling is a re-traumatisation and a point where a family can be lost.

My submission proposes the Victim and Child Case Management Network (VCCMN)

One disclosure, one consent-based record, carried with the family across agencies.

Second, every agency decision should produce a written outcome. Phone call decisions leave victim-survivors with nothing to hold or challenge.

Feedback for Priority Area 2: Prevention and early intervention

Escalation is visible only in aggregate. A Police order here, an incident report there. But no agency can assemble the pattern, so intervention waits for crisis.

A connected, consent-based record lets the system recognise escalation as it builds. The capability exists inside our agencies.

The VCCMN supplies the connective tissue, using existing legislative architecture.

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

A child's disclosure can currently be extinguished by an adult prosecutorial decision — no charge means no referral, no support, no record other agencies see.

The child's courage produces nothing they can hold. Under the VCCMN, a child's disclosure creates its own record and an automatic support referral, not contingent on charges.

Children are clients of the system in their own right, not annexes to a parent's matter.

Feedback for Priority Area 4: People who use violence

Accountability requires pattern visibility. Disconnected agencies each hold one fragment, allowing minimisation in every forum and compliance in none.

Court-ordered interventions should be tracked as a connected record so compliance is visible system-wide, with victim-survivor safety at the centre.

The VCCMN does this without new coercive powers — it simply lets the system see one person where it currently sees five case files.

Feedback for Priority Area 5: System Integration and Workforce

This is the VCCMN's home ground: one consent-based case-management record across agencies; a case coordination function; written outcomes at every decision point; and rural and remote equity as a design principle.

Designed in regional WA, aligned with the Responsible Sharing Principles under the PRIS Act 2024, and referred by the WA Information Commissioner's office to the Chief Data Officer at DPC as an operational use-case.

It is offered as an implementable design, and I welcome any challenge to it on the merits. Ten consolidated recommendations in the attached submission.

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

Lived-experience-designed frameworks should enter the evidence base on their merits — victim-survivors are invited to tell stories but not to contribute designs.

Every agency decision affecting a victim-survivor or child should carry a written outcome and reference number: the cheapest reform in this consultation, and the end of the greatest source of preventable system-induced harm.

Submission to the Second Action Plan Consultation

National Plan to End Violence Against Women and Children 2027–2032

Violence against women and children is not inevitable. It is preventable. If Australia is serious about ending family, domestic and sexual violence, we must shift our focus from primarily responding after harm has occurred to preventing violence before it begins.

The overwhelming majority of serious family, domestic and sexual violence against women is perpetrated by men. While violence can occur in any relationship and should always be taken seriously, effective prevention requires acknowledging where the greatest risk lies and directing prevention efforts accordingly. Men and boys must be engaged as essential partners in creating cultural change.

Too often, responsibility is placed on women and children to protect themselves. We teach people how to recognise red flags, develop safety plans and reduce their risk, yet comparatively little investment is made in preventing people from choosing violence in the first place. Prevention must address the beliefs, behaviours and social environments that allow violence to occur.

Education should begin early and continue throughout life. Respectful relationships, emotional literacy, empathy, consent, conflict resolution, digital citizenship and recognising coercive control should become core life skills taught in schools and reinforced through workplaces, sporting clubs and community organisations. We spend years teaching literacy and numeracy but comparatively little time teaching the interpersonal and emotional skills that underpin healthy relationships.

Early intervention is equally important. Many opportunities to prevent violence are missed because concerning behaviours are minimised as “relationship problems” until physical violence occurs. Coercive control, intimidation, stalking, escalating anger, threats and other controlling behaviours should trigger early assessment and intervention. When someone recognises they are struggling and seeks help before violence escalates, services should respond immediately with evidence-informed behaviour change programs and supports. This window of opportunity should never be overlooked.

People who use violence must be held accountable for their behaviour. Accountability and rehabilitation are not opposing concepts—they are complementary. Evidence-informed behaviour change programs should focus on responsibility, empathy, emotional regulation, challenging beliefs about power and control, and developing healthy relationship skills, while ensuring victim-survivor safety remains the highest priority.

Victim-survivors deserve a service system that is coordinated, compassionate and genuinely trauma-informed. No one experiencing violence should be expected to navigate disconnected systems or repeatedly retell traumatic experiences to multiple agencies.

Health, housing, policing, legal assistance, mental health, disability and specialist family violence services should work together through integrated, person-centred models of care.

Trauma-informed practice must be reflected in everyday interactions, not simply organisational policies. People experiencing trauma may present with fear, anger, emotional dysregulation, shutdown or difficulty communicating. These responses should be recognised as signs of distress rather than reasons to deny or withdraw support. Feeling believed, respected and safe often determines whether someone continues to engage with services.

Children and young people should be recognised as victim-survivors in their own right. Exposure to violence affects development, learning, relationships and long-term health. Early, developmentally appropriate, trauma-informed support is one of the most effective ways to interrupt intergenerational cycles of violence. Young people who display violent or harmful sexual behaviours should be supported through evidence-based interventions that promote accountability while addressing the factors contributing to those behaviours.

The Second Action Plan must also respond to emerging forms of harm, including technology-facilitated abuse, online harassment, image-based abuse, AI-generated abuse, surveillance through digital devices and exposure to misogynistic online content. Prevention and service responses must evolve alongside changing technology.

Finally, the workforce delivering these services requires sustained investment. Training should include trauma-informed practice, coercive control, technology-facilitated abuse, cultural safety, disability inclusion, neurodiversity and LGBTQIA+ inclusion. Staff also need appropriate supervision and support to reduce burnout and maintain high-quality care.

Ending violence requires more than stronger responses after harm has occurred. It requires changing the culture that allows violence to develop, reducing opportunities for abuse to escalate, supporting people to seek help early, holding people accountable for their actions, and creating systems that work together rather than in isolation.

Success should not only be measured by how effectively we respond to violence. It should also be measured by how much violence we prevent.

Every death prevented, every child who grows up free from fear, and every person who is able to live safely because violence never occurred represents the outcome this Action Plan should strive to achieve.

Feedback for Priority Area 1: Victim-survivors

Victim-survivors should not have to navigate fragmented systems while experiencing trauma. The biggest improvement would come from creating genuinely integrated, trauma-informed services where health, housing, policing, legal assistance, financial support and specialist family violence services work together instead of expecting people to coordinate their own care.

Access to support is often delayed because people fear they won't be believed, worry about retaliation, don't recognise coercive control as abuse, or have previously had negative experiences with services. Long wait times, complex eligibility requirements, having to repeatedly disclose traumatic experiences, and a lack of culturally safe, disability-inclusive and LGBTQIA+ inclusive services also create significant barriers. People are more likely to seek help early when services are accessible, compassionate, non-judgemental and respond consistently.

The Second Action Plan should continue strengthening responses to coercive control and technology-facilitated abuse. Abuse increasingly extends beyond physical violence and can involve financial control, surveillance through phones and devices, online harassment, image-based abuse, location tracking, social isolation and the misuse of digital technology to maintain control after separation. Services, police and the justice system need ongoing training to recognise these forms of abuse and respond appropriately.

Greater attention is also needed for people whose experiences are compounded by additional barriers, including Aboriginal and Torres Strait Islander communities, people with disability, neurodivergent people, culturally and linguistically diverse communities, LGBTQIA+ people and those living in regional and remote Australia. Responses should be co-designed with these communities rather than adapted as an afterthought.

Across all services, trauma-informed practice should move beyond policy statements and become the standard for everyday interactions. Feeling believed, respected and safe when seeking help can be just as important as the support itself, and often determines whether someone continues to engage with services.

Services should recognise that trauma responses can include fear, anger, shutdown, dissociation or emotional dysregulation. These responses should be understood as indicators of distress rather than reasons to deny or withdraw support

Feedback for Priority Area 2: Prevention and early intervention

If Australia is serious about ending violence against women and children, prevention efforts must focus not only on protecting victim-survivors but also on preventing people from using violence in the first place. While anyone can use violence, men commit the overwhelming majority of serious family, domestic and sexual violence against women. Prevention strategies should acknowledge this reality while engaging men and boys as active partners in creating change.

Education should begin early and continue throughout life. Schools should teach respectful relationships, emotional literacy, empathy, consent, healthy conflict resolution, digital citizenship and recognising coercive control. These skills should be reinforced through workplaces, sporting clubs, universities and community organisations rather than relying on one-off awareness campaigns.

Governments should invest in evidence-based primary prevention that challenges harmful gender stereotypes, rigid ideas of masculinity, entitlement, misogyny and the normalisation of controlling behaviour. Prevention should also promote help-seeking by men before harmful behaviours escalate into violence. Seeking support should be viewed as a strength rather than a weakness.

Communities, workplaces and online platforms all have a responsibility to challenge harmful attitudes and behaviours rather than remaining silent. Bystander education should empower people to safely recognise warning signs, intervene where appropriate and support accountability. Online platforms should also take stronger action to reduce the spread of misogynistic content, abuse, harassment and technology-facilitated violence.

The Second Action Plan should also recognise emerging risks associated with digital technologies, including AI-enabled abuse, deepfakes, image-based abuse, online radicalisation into misogynistic communities and increasingly sophisticated forms of technology-facilitated coercive control. Prevention efforts need to evolve alongside these technologies.

Ultimately, violence prevention requires cultural change. We cannot expect violence to end if the responsibility continues to fall primarily on women and children to keep themselves safe. We must also invest in changing the beliefs, behaviours and environments that allow violence to occur in the first place.

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

Children and young people should be recognised as victim-survivors in their own right, not simply as witnesses to violence. Exposure to family, domestic and sexual violence can affect brain development, emotional regulation, relationships, education, physical health and long-term wellbeing. Early intervention is one of the most effective ways to break intergenerational cycles of violence.

Governments and services should invest in trauma-informed, developmentally appropriate supports that recognise children's experiences and respond to their individual needs. Schools, healthcare providers and community organisations should be equipped to recognise signs of trauma, coercive control and abuse, and have clear pathways for early support rather than waiting until a crisis occurs.

Education should begin early and continue throughout childhood and adolescence. This should include emotional literacy, nervous system regulation, empathy, respectful relationships, consent, digital safety, conflict resolution and healthy help-seeking. These are life skills that benefit all children while also reducing future risk factors for violence.

When children and young people display violent or harmful sexual behaviours, responses should balance accountability with early intervention. Behaviour should never be excused, but neither should young people be viewed as beyond help. Evidence-based therapeutic approaches that address trauma, emotional regulation, empathy, responsibility and healthy relationships are more likely to reduce future harm than punishment alone.

The Second Action Plan should also respond to the growing influence of technology. Young people increasingly experience image-based abuse, online coercion, cyberbullying, exposure to violent pornography, misogynistic online communities, AI-

generated abuse and unhealthy relationship norms through social media. Prevention efforts should include digital literacy, critical thinking and education about recognising manipulation and coercive control in both online and offline relationships.

Finally, children and young people should be meaningfully involved in designing the policies and services that affect them. Their lived experience provides valuable insight into what feels safe, accessible and supportive. Co-design should be genuine, age-appropriate and ongoing rather than limited to one-off consultation.

Feedback for Priority Area 4: People who use violence

If we want to reduce family, domestic and sexual violence, we must invest far more in understanding, identifying and responding to people who use violence before harm escalates. Prevention cannot rely solely on protecting victim-survivors after violence has occurred.

Intervention should begin as early as possible. Families, schools, workplaces, healthcare providers and community organisations all need the knowledge and confidence to recognise concerning patterns of behaviour such as coercive control, extreme jealousy, entitlement, emotional abuse, stalking, intimidation and other controlling behaviours. These behaviours should be recognised as warning signs rather than dismissed as relationship problems.

People who use violence should have access to evidence-informed intervention programs that prioritise accountability while addressing the underlying beliefs and behaviours that contribute to violence. Programs should focus on responsibility, empathy, emotional regulation, respectful relationships, healthy communication and challenging attitudes relating to power, control and gender inequality. Participation in behaviour change programs should complement, not replace, legal accountability where offences have occurred.

There should also be greater investment in encouraging men to seek support before violence occurs. Many men experience distress, emotional isolation or difficulties managing emotions without becoming violent. Expanding opportunities for men to develop emotional literacy, healthy coping strategies and supportive social connections may reduce risk factors and challenge harmful beliefs about masculinity and help-seeking.

Responses must remain centred on victim-survivor safety while recognising that reducing violence requires meaningful behaviour change. Success should be measured not only by program completion but by sustained reductions in abusive behaviour and improved safety for victim-survivors.

Services should also be culturally safe, accessible and adaptable to meet the needs of Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, people with disability, LGBTQIA+ people and those living in regional and remote Australia. Effective responses are those that are developed with communities rather than imposed upon them.

A significant opportunity for prevention is often missed when warning signs first come to the attention of services. Reports of intimidation, coercive control, escalating anger, threats, stalking or other controlling behaviours should not be dismissed as "relationship issues" or treated as isolated incidents. They should trigger early assessment, intervention and support before violence escalates.

When a person comes forward because they recognise they are struggling with anger, controlling behaviours or escalating conflict, services should respond immediately with pathways into evidence-based behaviour change programs and other appropriate supports. Seeking help before violence occurs should be encouraged and made accessible. Early intervention at this stage has the potential to prevent serious harm.

Risk assessments should recognise the well-established gendered patterns of family, domestic and sexual violence while remaining responsive to the circumstances of each individual case. Effective prevention requires understanding the context, identifying escalating patterns of behaviour and intervening before violence becomes more severe.

Feedback for Priority Area 5: System Integration and Workforce

People affected by family, domestic and sexual violence should experience one coordinated support system rather than navigating multiple disconnected services. Too often, individuals are expected to repeatedly explain their experiences to different agencies while coordinating their own healthcare, housing, legal, financial and safety

needs. This places an unnecessary burden on people during periods of significant trauma.

The biggest improvement would come from stronger integration between specialist family violence services, health services, mental health, disability services, education, housing, child protection and the justice system. With appropriate privacy safeguards and informed consent wherever possible, services should share relevant information, coordinate care and develop shared responses that prioritise safety and continuity of support.

Workforce development should move beyond awareness training and invest in practical capability. Professionals across all sectors should receive ongoing education in trauma-informed practice, coercive control, technology-facilitated abuse, cultural safety, disability inclusion, neurodiversity, LGBTQIA+ inclusion and recognising how trauma can affect behaviour and communication. Staff should understand that distress may present as fear, anger, shutdown, emotional dysregulation or difficulty engaging, and respond in ways that maintain safety and dignity rather than increasing harm.

Effective collaboration also depends on sustainable workforce conditions. High staff turnover, burnout and excessive workloads reduce continuity of care and weaken trust. Supporting the wellbeing, supervision and retention of the workforce is essential to improving outcomes for both victim-survivors and people participating in behaviour change programs.

The Second Action Plan should also prioritise genuine co-design with people who have lived and living experience, alongside ongoing evaluation of programs and services. Policies are most effective when they are informed by both evidence and the expertise of the people who have experienced the systems they are designed to improve.

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

The most important priority is changing the culture that allows family, domestic and sexual violence to continue. While significant progress has been made in supporting victim-survivors, too much responsibility still falls on women and children to protect themselves rather than on preventing people from choosing violence.

Violence does not occur in isolation. It is enabled when controlling behaviours are minimised, misogyny is normalised, warning signs are ignored, victim-survivors are not believed, and communities fail to hold people accountable. Every time coercive control, intimidation or abuse is dismissed as “just a relationship issue,” an opportunity to prevent further harm is lost.

Ending violence requires a whole-of-society response. Governments, schools, workplaces, sporting clubs, community organisations, families and online platforms all have a role in creating cultures that reject violence, promote respect and equality, and encourage accountability. Men and boys must be engaged as an essential part of the solution, because preventing violence means preventing its use before it escalates.

Ultimately, success should not be measured only by how well we respond after violence has occurred. It should also be measured by how effectively we prevent violence from happening in the first place. Every death prevented, every child who grows up in safety, and every family spared the lifelong impacts of violence represents the outcome we should be working towards.

Personal Submission to the Second Action Plan

National Plan to End Violence Against Women and Children 2022-2032

Rebalancing Responsibility: Building systems that prioritise safety, accountability and long-term prevention

Review note
This draft has been prepared for review by [redacted] as a private citizen. It is evidence-informed and written in a professional, systems-focused voice. It does not represent the views of any employer, organisation or government agency.

About the author

This submission is made in a personal capacity.

The views expressed are informed by academic training in psychology, current doctoral research in organisational psychology, experience working within public systems, and observations of how institutional responses can either promote or undermine safety.

This submission does not represent the views of any employer, organisation or government agency.

Executive summary

Violence against women remains one of Australia's most significant public health, social and justice challenges. The Australian Institute of Health and Welfare reports that 1 in 4 women have experienced violence from an intimate partner since the age of 15, and that in 2023-24 almost 9 in 10 hospitalisations involving treatment for assault by a partner were for females (AIHW, 2026a).

These figures demonstrate that violence against women is not only a private or interpersonal issue. It is a systemic issue requiring coordinated responses across justice, health, housing, policing, community services and prevention systems.

This submission argues that, despite substantial reform and investment, many elements of the current response system continue to place significant responsibility on victim-survivors while insufficiently addressing perpetrator behaviour, system misuse and long-term safety outcomes.

A genuinely trauma-responsive system should seek to minimise the number of times victim-survivors are required to retell their experiences, reduce unnecessary procedural delays, and place greater responsibility on institutions to coordinate responses and on perpetrators to account for their behaviour.

The Second Action Plan provides an opportunity to move beyond measuring activity - such as the number of orders, referrals, programs or processes - and towards measuring whether women and children are safer.

This submission makes five key arguments:

1. The burden of safety continues to fall disproportionately on victim-survivors.
2. Legal and administrative processes can inadvertently extend harm.
3. Perpetrator accountability must become a stronger policy priority.
4. Safety, not process, should be the measure of success.
5. The Second Action Plan should include practical reforms to improve judicial continuity, trauma-responsive practice, access to legal aid, specialist medico-legal assessment pathways, multidisciplinary risk assessment, breach responses and information-sharing mechanisms.

Theme 1: The burden of safety continues to fall disproportionately on victim-survivors

Domestic and family violence is commonly understood as a pattern of power, control and harm. However, once violence is disclosed, the practical responsibility for achieving safety often shifts to the victim-survivor.

Victim-survivors may be required to report violence, document incidents, collect evidence, attend court, engage legal services, access health care, manage housing risks, protect children, maintain employment and repeatedly recount traumatic experiences across multiple systems.

From a systems perspective, this creates a significant imbalance. The person recovering from violence is often required to perform the greatest administrative, emotional and evidentiary labour.

This is particularly concerning given the known psychological effects of trauma. Trauma can affect memory, concentration, decision-making and emotional regulation. While these effects do not prevent victim-survivors from providing reliable accounts, they do mean that systems must be designed with the realities of trauma in mind.

When systems are difficult to navigate, fail to respond appropriately, or place significant burdens on victim-survivors, they can also become a deterrent to reporting violence. This can reduce help-seeking behaviour and leave victim-survivors without the support and protection they need.

Recent trauma-and-violence-informed care literature identifies the importance of survivor-centred, holistic and accessible services. A qualitative meta-synthesis by Davies, Satyen and Toumbourou identifies safety, survivor-centred care, respectful emotional support, cultural safety, accessibility and holistic service delivery as key principles for supporting victim-survivors of domestic, family and sexual violence (Davies et al., 2025).

Similarly, Williams and colleagues argue that domestic violence recovery requires holistic, trauma-and-violence-informed approaches and note that service gaps can include insufficient trauma-informed practice and experiences that may be retraumatising for victim-survivors (Williams et al., 2024).

The policy question is therefore not only whether services exist. It is whether those services are sufficiently coordinated, accessible and designed to reduce the burden placed on victim-survivors.

A genuinely trauma-responsive system should not require victim-survivors to act as the primary coordinators of their own safety. Institutions should carry a greater responsibility to share information appropriately, coordinate referrals, reduce duplication and minimise repeated disclosure wherever possible.

Theme 2: Legal and administrative processes can inadvertently extend harm

Procedural fairness is essential. However, procedural fairness should not be interpreted narrowly as a sequence of legal steps. In matters involving domestic and family violence, systems must also consider safety, risk, delay and the cumulative impact of proceedings on victim-survivors.

The National Domestic and Family Violence Bench Book identifies "systems abuse" as a recognised issue in domestic and family violence-related proceedings. It notes that perpetrators may manipulate legal and other systems to control, threaten or harass a current or former partner. It also describes tactics that may interrupt, defer or prolong proceedings, deplete a victim's financial resources and emotional wellbeing, and affect their capacity to maintain employment or care for children (National Domestic and Family Violence Bench Book, 2025).

This concept is directly relevant to the experience of many victim-survivors who seek protection through court systems. Repeated adjournments, multiple mentions, delays, changing decision-makers and prolonged uncertainty can all contribute to distress and may create opportunities for ongoing coercive control.

Post-separation abuse literature also supports this concern. Spearman, Vaughan-Eden, Hardesty and Campbell reviewed 48 published articles from the United States and Canada and found that post-separation abuse can include psychological, legal, economic and mesosystem abuse, as well as the weaponisation of children (Spearman et al., 2024).

This evidence matters because separation is often wrongly assumed to end violence. In practice, separation can be a period of heightened risk, continued control and ongoing systems engagement. Legal and administrative processes must therefore be designed with post-separation abuse in mind.

Australian research also supports the need to consider legal systems abuse. Reeves, Fitz-Gibbon, Meyer and Walklate draw on the experiences of 54 Australian women victim-survivors of coercive control who had experienced legal systems abuse within criminal and civil protection order systems. The article abstract states that victim-survivors face barriers to being believed and may be at risk of an abuser weaponising the legal system against them (Reeves et al., 2025).

This does not mean that individual magistrates, lawyers or police officers are acting in bad faith. Rather, it suggests that system design needs closer attention. Processes intended to protect victim-survivors may, if poorly coordinated or repeatedly delayed, unintentionally create further exposure to stress, uncertainty and control.

One practical reform is improved judicial continuity. Where a domestic and family violence matter is adjourned, continued or extended, it should return to the same magistrate or judicial officer wherever practicable. This would support continuity of oversight, reduce the need for matters to be repeatedly reintroduced, and allow patterns of behaviour, delay and risk to be considered more consistently over time.

Theme 3: Perpetrator accountability must become a stronger policy priority

A significant portion of domestic and family violence policy focuses, appropriately, on supporting victim-survivors. However, prevention will remain limited if systems do not more effectively address the behaviour of people who use violence.

Too often, the burden for staying safe falls on victim-survivors, rather than holding those who use violence accountable. Women may be advised to change their routines, improve security, avoid contact, document incidents, apply for orders, report breaches and continue engaging with systems for protection.

These actions may be necessary, but they do not address the source of harm.

A violence early-intervention/prevention system cannot succeed if responsibility for managing risk remains primarily with victim-survivors rather than those perpetrating violence.

AIHW identifies coercive control as a pattern of controlling behaviour used by a perpetrator to establish and maintain control over another person. AIHW also reports that 23% of women and 14% of men have experienced emotional abuse by a current or previous partner, and that 16% of women and 7.8% of men have experienced economic abuse from a current or previous partner (AIHW, 2026c).

These figures demonstrate that domestic and family violence is not limited to discrete incidents of physical assault. It often involves repeated patterns of control, intimidation, economic restriction, psychological abuse and monitoring.

This has implications for how risk is assessed. A system that focuses only on whether a single incident can be proven may miss broader patterns of behaviour that indicate escalating risk.

For that reason, the Second Action Plan should give greater attention to specialist multidisciplinary risk assessment in high-risk matters. This could include matters involving strangulation, stalking, intimidation, coercive control, serious physical violence, repeated breaches of orders, or patterns of post-separation abuse.

This does not mean that every respondent should be subject to a psychiatric assessment. Rather, it means that high-risk matters should be assessed through a structured, multidisciplinary process that can consider patterns of behaviour, risk escalation, psychological dynamics, threat indicators and victim-survivor safety.

This reform would better align court and protection responses with the reality that violence is often patterned, cumulative and behavioural.

Theme 4: Safety, not process, should be the measure of success

There is a risk that policy systems measure what is easiest to count rather than what matters most.

Protection orders, police protection notices, referrals, program participation, awareness campaigns and court events are all important forms of system activity. However, activity should not be mistaken for safety.

The AIHW reports that family, domestic and sexual violence is a major health and welfare issue in Australia, affecting people across socioeconomic and demographic groups but predominantly affecting women and children (AIHW, 2026b).

AIHW also reports that almost 9 in 10 hospitalisations involving treatment for assault by a partner in 2023-24 were for females (AIHW, 2026a).

This creates an important policy question: if large numbers of protection mechanisms are operating, why do significant numbers of women continue to experience violence serious enough to require hospital treatment?

This submission does not assert a verified numerical mismatch between hospitalisation data and domestic violence orders or police protection notices. That analysis would require accurate, jurisdiction-specific data on DVOs, PPNs, breaches, hospitalisations, repeat victimisation and outcomes. However, the issue should be examined under the Second Action Plan.

The Second Action Plan should require stronger outcome measurement across justice, policing and health systems. This should include examining whether the number of DVOs, PPNs or similar interventions aligns with measurable reductions in harm, including hospitalisations, repeat victimisation, breach rates and victim-survivor perceptions of safety.

Justice responses must also avoid secondary victimisation. Shanahan and Riley's chapter on secondary victimisation, victim-blaming, retraumatisation and the criminal justice system examines factors contributing to revictimisation, criticisms of court systems and recommendations for change (Shanahan & Riley, 2025).

The central measure of success should be whether women and children are safer - not simply whether a process was completed.

Theme 5: Recommendations for reform

Australia has invested significantly in service responses, legal protections and prevention initiatives. These efforts have been important and necessary. However, the evidence reviewed throughout this submission suggests that further progress will require greater attention to how systems function in practice and whether they are achieving their primary objective: improving safety.

The following recommendations are designed to strengthen accountability, reduce system-induced harm and improve outcomes for women and children.

These recommendations recognise the constitutional and practical reality that many domestic and family violence legal responses sit within state and territory systems. The Second Action Plan cannot directly operate every court, police service or legal process across Australia. However, it can set national expectations, establish benchmarks, drive data transparency, require public reporting and create accountability for whether jurisdictions engage with, accept and implement reforms that improve safety.

This is an important function of a national action plan. Where responsibilities are distributed across jurisdictions, the national framework should help prevent fragmented reform. It should make clear what good practice looks like, how progress will be measured, and how governments will be held to account when victim-survivors continue to experience preventable harm in systems intended to protect them.

Recommendation 1: Reduce the burden placed on victim-survivors

The Second Action Plan should prioritise reforms that reduce the administrative, evidentiary and emotional burden placed upon victim-survivors seeking safety.

- reducing repeated disclosure requirements across agencies
- improving information sharing between police, courts, health services and support providers
- strengthening coordinated case management for high-risk matters
- investing in integrated service pathways that reduce duplication and fragmentation

A genuinely trauma-responsive system should seek to minimise the number of times victim-survivors are required to relive and retell traumatic experiences.

Recommendation 2: Establish national trauma-responsive practice standards

Governments should develop and implement trauma-responsive practice standards that apply across justice, policing, health and community-service systems.

- survivor-centred responses
- accessible and culturally safe service delivery
- minimisation of secondary victimisation
- trauma-aware communication practices
- processes that support recovery rather than merely documenting harm

Trauma-informed systems acknowledge trauma. Trauma-responsive systems actively redesign themselves to minimise retraumatisation.

Recommendation 3: Improve access to legal aid and specialist legal assistance for victim-survivors

The Second Action Plan should strengthen access to timely, trauma-informed and specialist legal assistance for victim-survivors of domestic, family and sexual violence.

Legal assistance is not an optional support in these matters. For many victim-survivors, it is a safety measure. Without early and accessible legal advice, victim-survivors may be required to navigate complex protection order, family law, tenancy, child protection, migration, employment or financial matters without adequate support. This can increase stress, delay safety planning and compound the burden already placed on the person experiencing violence.

The Australian Government funds specialist family and domestic violence legal services, including Family Advocacy and Support Services, domestic violence units and health justice partnerships. These services combine legal advice with court-based, health-based and holistic supports, including referrals to financial counselling, tenancy assistance, trauma counselling, emergency accommodation and employment services (Attorney-General's Department, 2026).

However, availability does not always mean accessibility. The Second Action Plan should examine whether current legal assistance funding, eligibility settings, geographic coverage and service capacity are sufficient to meet demand, particularly for women making private applications for protection orders, women experiencing systems abuse, women in regional and remote areas, Aboriginal and Torres Strait Islander women, migrant and refugee women, women with disability, and women whose legal issues span multiple jurisdictions.

- expanding eligibility for legal aid in domestic, family and sexual violence matters where safety, systems abuse or coercive control are present
- increasing funding for specialist women's legal services, community legal centres and legal aid commissions
- ensuring victim-survivors can access legal advice before, during and after protection order proceedings
- embedding legal assistance within courts, hospitals, crisis services and other safe access points
- collecting data on unmet legal need, wait times, refused applications and outcomes for victim-survivors who are self-represented

Improving access to legal aid would help rebalance responsibility by ensuring victim-survivors are not left to carry complex legal processes alone while also managing risk, recovery, parenting, housing and financial security.

Recommendation 4: Commission a cost-benefit analysis and pilot of specialist medico-legal assessment pathways in complex domestic and family violence matters

The Second Action Plan should examine whether early specialist medico-legal assessment in complex or high-risk domestic and family violence matters could improve safety outcomes while reducing avoidable court-related costs.

Domestic and family violence proceedings can involve repeated mentions, adjournments, legal appearances, registry work, police involvement, judicial time and support-service engagement. These processes are necessary to protect procedural fairness, but when matters become prolonged or fragmented, they can place significant pressure on courts and service systems while also increasing the burden on victim-survivors.

In complex matters, particularly those involving coercive control, systems abuse, stalking, repeated breaches, serious threats, intimidation or post-separation abuse, a structured medico-legal psychological or psychiatric assessment may assist decision-makers to better understand the behavioural dynamics of the matter. This should include attention to perpetrator patterns, risk escalation, the victim-survivor's safety needs, and the supports required to help the victim-survivor participate safely in proceedings.

The purpose would not be to pathologise perpetrators or shift responsibility away from the person using violence. Rather, the purpose would be to provide courts with earlier, specialist information about risk, behaviour and support needs so that proceedings can be better managed and safety planning can be more targeted.

A national pilot or cost-benefit analysis should compare the costs of repeated court events - including magistrate time, legal representation, registry support, police involvement, court-based services and the indirect costs borne by victim-survivors - with the potential benefits of earlier specialist assessment. Benefits may include fewer unnecessary adjournments, better-informed risk management, improved legal and support pathways, reduced secondary victimisation, and earlier identification of systems abuse.

This reform should be targeted to high-risk or complex matters, supported by clear safeguards, and designed to complement - not replace - judicial discretion, legal representation and victim-survivor choice.

Recommendation 5: Introduce judicial continuity in protection order matters

Domestic and family violence matters should return to the same magistrate or judicial officer wherever practicable when adjournments, continuances or extensions occur. Judicial continuity should be treated as a safety and quality measure, not an administrative preference.

When a matter changes hands repeatedly, important context can be diluted or lost. Each new decision-maker may receive the file, but not the full history, pattern, tone, risk trajectory or behavioural context that has developed across earlier appearances. In domestic and family violence matters, these details matter. Coercive

control, systems abuse and post-separation risk are often revealed through patterns over time, not through a single incident viewed in isolation.

Multiple handovers also increase the risk that victim-survivors will be required to re-establish the seriousness of their situation each time the matter is heard. This can create a form of procedural retraumatisation: the victim-survivor must repeatedly retell, reframe and effectively be believed again before each new person with authority to make decisions about their safety.

Continuity matters because it allows decision-makers to see accumulation. A magistrate who has heard earlier applications, adjournment requests, breaches, explanations and patterns of delay is better placed to identify whether a matter is progressing appropriately or whether the court process itself is being used to exhaust, intimidate or control the victim-survivor.

- improved continuity of oversight
- greater understanding of the history and progression of a matter
- improved identification of patterns of behaviour and risk
- reduced need for victim-survivors to repeatedly explain circumstances
- stronger accountability for procedural delays
- reduced risk of important information being lost through repeated handovers

The Second Action Plan should also commission a national audit of how many people and decision points typically touch a domestic and family violence matter from first application to final resolution. This should include police, registry staff, duty lawyers, legal aid lawyers, private practitioners, court support workers, magistrates, judicial registrars and other service providers involved in progressing or responding to the matter.

This audit should be accompanied by research into what is lost when cases pass through multiple hands. This should examine how information is summarised, reinterpreted or deprioritised across system handovers; whether risk indicators lose significance as they move through files, mentions and procedural steps; and how victim-survivors experience the need to repeat their account to new people at each stage.

The objective should be to reduce the risk of a matter becoming distorted through systemic relay. A court file may record events, but it does not always preserve meaning. Judicial continuity, supported by better information sharing and case tracking, would help ensure that safety decisions are informed by the full pattern of harm, not only by the most recent appearance or the most visible incident.

This recommendation is not intended to diminish procedural fairness. Rather, it seeks to strengthen consistency, preserve critical risk information and improve the quality of decision-making.

Recommendation 6: Review adjournment and continuance practices in protection order proceedings

The Second Action Plan should support a national review of protection order proceedings to better understand whether procedural practices improve safety or inadvertently undermine it. The Commonwealth cannot directly manage state and territory courts. However, it can set national benchmarks for timely, trauma-responsive and safety-focused court practice. These benchmarks would provide a consistent standard against which jurisdictions can assess whether court processes are protecting people effectively.

Publicly available data appears to focus primarily on applications lodged, orders made, criminal offences and defendants finalised. Less attention appears to be paid to the progression of matters through the court system. Available public data identified during preparation of this submission did not provide information on average numbers of adjournments, continuances, judicial officers involved in a matter, or the relationship between procedural delays and safety outcomes (Queensland Courts, 2026; AIHW, 2026d).

- average number of adjournments before determination
- average duration of proceedings

- average number of judicial officers involved in a matter
- frequency of judicial continuity
- relationship between delays and subsequent breaches
- relationship between delays and repeat victimisation
- victim-survivor experiences of procedural fairness and safety

Recommendation 7: Establish specialist multidisciplinary risk assessment pathways

Matters involving indicators of elevated risk should be supported by specialist multidisciplinary assessment processes.

- strangulation
- stalking
- coercive control
- serious physical violence
- repeated breaches of orders
- escalating threats
- post-separation abuse

Assessments should draw upon behavioural threat assessment, forensic psychology, psychiatry where appropriate, family violence expertise and victim-survivor risk assessment frameworks. The objective is not to excuse behaviour but to improve understanding of risk and support more informed decision-making.

Recommendation 8: Strengthen responses to repeated breaches of protection orders

Repeated breaches of protection orders should trigger earlier, more consistent and escalating intervention. A breach should not be treated as an isolated administrative failure where there is evidence of repeated non-compliance, coercive control or post-separation abuse.

- clear escalation pathways for repeated breaches
- timely risk reassessment after each breach
- stronger monitoring of high-risk respondents
- consequences that are proportionate, enforceable and clearly understood
- rapid referral to specialist perpetrator intervention where appropriate

Particular attention should be given to breaches that form part of a broader pattern of coercive control, intimidation, stalking, harassment or post-separation abuse. In these circumstances, the response should focus not only on the individual breach, but on the pattern of behaviour and the risk it creates.

The Second Action Plan should support jurisdictions to examine graduated accountability models for repeated breaches. For example, this could include a clear sequence of warning, financial penalty, intensified monitoring, mandated intervention, or detention where risk and legislative thresholds are met.

The objective should be to ensure that repeated non-compliance has consequences for the person breaching the order, rather than placing the practical burden back on the victim-survivor.

At present, victim-survivors often absorb the consequences of breaches by changing locks, phone numbers, routines, work arrangements, schooling arrangements, housing or contact patterns. These steps may be necessary for immediate safety, but they should not become the primary system response.

A stronger breach-response framework would recognise that each breach may indicate increased risk, reduced deterrence and ongoing disregard for court orders. It would place greater responsibility on the person using violence and on systems to respond early, consistently and in ways that prioritise safety.

Recommendation 9: Improve understanding of legal systems abuse

The Second Action Plan should explicitly recognise legal systems abuse as a form of coercive control. This includes situations where legal, administrative or court processes are used to intimidate, harass, financially exhaust, psychologically burden, maintain contact with, or continue exercising control over a victim-survivor. The National Domestic and Family Violence Bench Book identifies legal and administrative systems as mechanisms that may be manipulated by perpetrators in this way (National Domestic and Family Violence Bench Book, 2025).

This recommendation is important because legal systems abuse is often hidden in plain sight. A filing, adjournment request, objection, subpoena, cross-application or complaint may appear procedurally ordinary when viewed in isolation. However, when understood within the broader pattern of coercive control, these actions may become part of the abuse itself. A system that cannot identify this pattern risks becoming an unwitting vehicle for continued control.

The National Plan should support consistent national expectations for recognising and responding to legal systems abuse, while acknowledging that the relevant levers sit across state and territory courts, police, legal assistance services and professional bodies. The role of the Second Action Plan should be to make legal systems abuse visible, measurable and actionable across jurisdictions.

- develop nationally consistent guidance on legal systems abuse and its relationship to coercive control
- require courts and relevant agencies to monitor behaviours that may indicate procedural misuse
- identify patterns of repeated applications, delay, cross-claims, intimidation or litigation tactics
- strengthen judicial, legal practitioner and frontline workforce awareness
- treat procedural abuse as a safety concern requiring active case management, not as a neutral administrative feature of litigation

Recommendation 10: Examine domestic violence disclosure mechanisms

The Australian Government should undertake a formal review of domestic violence disclosure schemes operating internationally.

This recommendation is included because victim-survivors often do not have access to reliable information about a person's history of domestic, family or sexual violence, coercive control, stalking or serious threats. In some circumstances, information may exist across police, courts or service systems, but remain unavailable to the person most directly affected by the risk.

Disclosure mechanisms are complex and must be approached cautiously. Poorly designed schemes could create privacy risks, false reassurance, retaliation risks or inconsistent decision-making. However, the complexity of the issue should not prevent examination. A careful national review would allow Australia to consider whether any model could improve informed safety planning while maintaining procedural fairness and strong safeguards.

Because criminal, civil protection order and policing systems vary across jurisdictions, the Second Action Plan should not assume that one model can be lifted directly from another country or imposed uniformly without adaptation. Instead, it should set a national benchmark for the questions that must be answered before any disclosure model is considered.

- effectiveness
- safety outcomes
- privacy implications
- procedural fairness considerations
- unintended consequences
- applicability to the Australian context

The purpose of this review would be to determine whether carefully governed disclosure mechanisms could assist individuals to make informed decisions about safety while balancing legal and ethical obligations.

Recommendation 11: Strengthen perpetrator accountability and behaviour change

Violence prevention efforts must place greater emphasis on those who choose to use violence.

This recommendation is necessary because a system that focuses primarily on what victim-survivors must do to stay safe will always be limited. Safety planning, protection orders and support services are critical, but they do not in themselves change the behaviour of the person using violence. A prevention system must be willing to name, monitor and respond to perpetrator behaviour earlier and more consistently.

Perpetrator accountability should not be reduced to punishment alone. It should include earlier identification of risk, stronger monitoring of repeated or escalating behaviour, evidence-informed behaviour change interventions, consequences for non-compliance and coordinated information sharing so that patterns are not missed between systems.

The Second Action Plan should use its national role to set expectations for minimum standards, evaluation and transparency across perpetrator intervention and behaviour change responses. This is particularly important because program availability, referral pathways and enforcement mechanisms vary across jurisdictions.

- clear referral pathways into evidence-informed perpetrator intervention and behaviour change programs
- minimum national standards for program quality, cultural safety, victim-survivor safety and risk management
- monitoring and consequences for non-attendance, disengagement or continued abusive behaviour
- early intervention responses for emerging patterns of coercive control, stalking, intimidation or threats
- accountability mechanisms for repeated offending patterns that are visible across police, courts, corrections, family law and service systems

A violence prevention system cannot succeed if responsibility for managing risk remains disproportionately placed on victim-survivors rather than those perpetrating violence.

Recommendation 12: Measure safety outcomes rather than system activity

The success of the Second Action Plan should not be measured solely through the number of programs funded, referrals made, protection orders issued or awareness campaigns delivered. These are measures of activity.

This recommendation is central to the credibility of the Second Action Plan. Governments can fund more services, process more applications, issue more orders and deliver more programs while women and children still remain unsafe. Activity is important, but it is not the same as impact.

The National Plan already has an Outcomes Framework and Performance Measurement Plan. The Second Action Plan should build on these by ensuring that safety outcomes are visible in justice, policing, health, housing and recovery systems. It should also identify where current data are insufficient to answer whether reforms are making victim-survivors safer.

This is also a national accountability issue. If states and territories implement different reforms, the Action Plan should still require a shared reporting structure so that progress can be compared, gaps can be identified and governments can be held accountable for outcomes, not only effort.

- repeat victimisation
- breach rates
- hospitalisations related to domestic violence
- perceptions of safety among victim-survivors
- time taken to achieve protection
- long-term recovery outcomes

- outcomes for children exposed to violence

Safety should become the defining measure of success.

Recommendation 13: Establish a National Domestic and Family Violence Court Data Review

The Second Action Plan should commission a national review examining how domestic and family violence matters progress through Australian courts.

This recommendation is necessary because the public cannot evaluate what cannot be seen. Current public data provide important information about applications, orders, offences and finalised matters, but they do not adequately show the journey of a matter through the system. They do not show how long a person waits, how often they return, how many decision-makers are involved, or whether delay and fragmentation are associated with poorer safety outcomes.

A National Domestic and Family Violence Court Data Review would not require the Commonwealth to run state and territory courts. Rather, it would use the authority of the Second Action Plan to establish a shared national evidence agenda. This would support greater consistency in what is collected, how it is reported and how governments assess whether court processes are helping or harming victim-survivors. It would also help identify whether jurisdictions are operating to comparable standards, which is particularly important for victim-survivors who need to move interstate for safety, employment, family support or housing.

The review should be designed to identify not only volume, but also experience, progression and outcomes. It should make visible the points at which matters stall, fragment, repeat or expose victim-survivors to avoidable distress.

- How many private applications for protection orders are lodged annually?
- How many progress to final determination?
- What is the average number of mentions, adjournments and continuances before determination?
- What is the average duration of proceedings?
- How many judicial officers are typically involved in a matter before resolution?
- How often does a matter return to the same magistrate?
- Do procedural delays correlate with breaches, repeat victimisation or adverse safety outcomes?

This gap is consistent with existing national evidence. ANROWS research on domestic and family violence protection orders has highlighted that protection order systems are affected not only by the law itself, but by implementation, information sharing and enforcement. The National Domestic and Family Violence Bench Book also recognises that adjournments and other procedural steps may be misused as part of systems abuse. However, publicly available data do not appear to provide consistent national figures on private applications, adjournments, continuances, judicial continuity or time to final determination. This absence of visible data is itself a reform issue.

These questions are important because what gets measured gets managed. Without this information, it is difficult to assess whether court processes are promoting safety or inadvertently contributing to ongoing harm.

The Second Action Plan should require jurisdictions to engage with this evidence, report publicly against agreed benchmarks and explain what action will be taken where data show unacceptable delay, inconsistency, repeated handover, poor breach responses or adverse safety outcomes. Comparable jurisdictional standards are also important for victim-survivors who move interstate and should not lose practical protection, procedural quality or access to consistent responses because they cross a state or territory border.

Proposed guiding principle

A genuinely trauma-responsive system should seek to minimise the number of times victim-survivors are

required to retell their experiences, reduce unnecessary procedural delays, and place greater responsibility on institutions to coordinate responses and on perpetrators to account for their behaviour.

Conclusion

Australia has made important progress in recognising and responding to violence against women and children. However, significant harm continues.

The evidence shows that women continue to experience high levels of intimate partner violence, coercive control and serious physical harm requiring hospital treatment (AIHW, 2026a; AIHW, 2026c).

The evidence also shows that legal and administrative systems can be misused as part of ongoing coercive control, and that poorly designed processes may contribute to secondary victimisation or retraumatisation (National Domestic and Family Violence Bench Book, 2025; Reeves et al., 2025; Shanahan & Riley, 2025).

The Second Action Plan should therefore focus not only on expanding services or continuing existing approaches, but on rebalancing responsibility.

Victim-survivors should not be expected to carry the primary burden of navigating safety. Institutions must coordinate more effectively. Courts must recognise patterns of systems abuse. Perpetrators must be held more consistently accountable. Governments must measure outcomes that matter.

The ultimate test of the Second Action Plan should be simple: are women and children safer because of it?

A personal plea

I offer one final, personal plea to the people writing this Action Plan, reviewing these submissions and making decisions about what must change.

Please spend time inside the places where these systems are felt most sharply. Sit for a few days in the safe rooms of domestic violence courts. Watch what victim-survivors are required to navigate. Listen to what they are asked to repeat. Notice the fear, the anxiety, the exhaustion, the determination and, too often, the devastation that follows another delay, another adjournment or another process they must carry.

Then spend time in the waiting areas. Listen to how some perpetrators, and sometimes those speaking on their behalf, talk about the very systems designed to protect victim-survivors. Hear how harm can be minimised, mocked, normalised or weaponised. See how systems abuse can live not only in legislation or policy analysis, but in the ordinary moments before a matter is called.

Submissions, research, data and policy frameworks all matter. They are necessary. But they will never fully capture what it feels like to sit beside women who are trying to be brave in a system that still asks too much of them. They will never fully show the emotional cost of having to keep proving fear, keep explaining risk, and keep waiting for protection to become practical and real.

If this Action Plan is to lead to genuine change, its authors and decision-makers must spend time close to the lived experience of the people it is meant to protect. Walk, even briefly, in their shoes. Notice where the blisters appear. Then change the parts of the system that keep causing them.

Reference list

Australian Institute of Health and Welfare. (2026a). Family, domestic and sexual violence. The AIHW page reports that 1 in 4 women have experienced violence from an intimate partner since age 15 and that in 2023-24 almost 9 in 10 hospitalisations involving treatment for assault by a partner were for females. Source

Australian Institute of Health and Welfare. (2026b). FDSV summary. The AIHW summary identifies family, domestic and sexual violence as a major health and welfare issue in Australia that predominantly affects women and children. Source

Australian Institute of Health and Welfare. (2026c). Coercive control. The AIHW page describes coercive control as a pattern of controlling behaviour used to establish and maintain control, and reports prevalence figures for emotional abuse and economic abuse by a current or previous partner. Source

Australian Institute of Health and Welfare. (2026d). Legal systems. The AIHW page provides available data on legal responses to family, domestic and sexual violence, including information about domestic violence order matters and family and domestic violence criminal court cases. Source

Attorney-General's Department. (2026). Specialist domestic violence assistance. The webpage explains that the Australian Government funds specialist family and domestic violence legal services, including Family Advocacy and Support Services, domestic violence units and health justice partnerships. Source

Taylor, A., Ibrahim, N., Lovatt, H., Wakefield, S., Cheyne, N., & Finn, K. (2017). Domestic and family violence protection orders in Australia: An investigation of information-sharing and enforcement *with a focus on interstate orders: Final* report. Australia's National Research Organisation for Women's Safety. Source

Davies, M., Satyen, L., & Toumbourou, J. W. (2025). Trauma-and-Violence-Informed Care for Victim-Survivors of Domestic, Family and Sexual Violence: A Qualitative Meta-Synthesis of Service Providers' Perspectives. Trauma, Violence, & Abuse. DOI: 10.1177/15248380251383933. Source

National Domestic and Family Violence Bench Book. (2025). Systems abuse. The Bench Book identifies systems abuse as a form of domestic and family violence-related behaviour where perpetrators may use legal and administrative systems to control, threaten or harass a current or former partner. Source

Queensland Courts. (2026). Queensland Courts DFV data report. The report provides Queensland data on domestic and family violence applications lodged, DVOs made, and criminal charges lodged relating to DFV. Source

Reeves, E., Fitz-Gibbon, K., Meyer, S., & Walklate, S. (2025). Incredible Women: Legal Systems Abuse, Coercive Control, and the Credibility of Victim-Survivors. Violence Against Women, 31(3-4), 767-788. DOI: 10.1177/10778012231220370. Source

Shanahan, D., & Riley, L. (2025). Secondary Victimisation: Victim-Blaming, Retraumatisation, and the Criminal Justice System. In K. Bennett & L. Riley (Eds.), Vulnerable Victims and Victimisation within Practice and Policy in the UK. Palgrave Studies in Victims and Victimology. DOI: 10.1007/978-3-031-99793-8_12. Source

Spearman, K. J., Vaughan-Eden, V., Hardesty, J. L., & Campbell, J. (2024). Post-separation abuse: A literature review connecting tactics to harm. Journal of Family Trauma, Child Custody and Child Development, 21(2), 145-164. DOI: 10.1080/26904586.2023.2177233. Source

Williams, K., Harb, M. M., Satyen, L., & Davies, M. (2024). s-CAPE trauma recovery program: The need for a holistic, trauma- and violence-informed domestic violence framework. Frontiers in Global Women's Health, 5. DOI: 10.3389/fgwh.2024.1404599. Source

Feedback for Priority Area 1: Victim-survivors

Priority area for consultation for 2nd National Action Plan

May 2026 consultation paper:

Priority areas:

1. Violence Against women and other forms of violence

It is a challenge to address the epidemic of sexual assault and sexual violence in Australia. This is an opportunity to do more of what is working well as well as to use other innovations including media literacy in schools, more direct messaging that sexual assault including using on line pornography is harmful.

How can we increase accountability for people who use violence?

How can we promote recovery and healing?

How can access to support be easier?

In the area of early intervention, prevention, access to support and healing, Could Men's Sheds be a resource to promote positive male influencers to better engage with men and boys? The Commonwealth already offers approximately $500 million for key priority areas(see below). With research highlighting that sexual and domestic violence can increase following natural disasters, could this be an area of specific funding for prevention?

Whilst the Australian Government initiated Men's Shed Development Program is long established, could this be an opportunity to develop more peer positive role models in mental health recovery for men?

Men's Health Champions could offer easy access brief programs on positive relationships, steps in conflict resolution, handling feelings of loss and grief, including that of rejection; alongside workshop skills and practical programs. With priority areas

in drought, flood recovery and bushfire affected areas already existing, men's sheds are an underdeveloped area for early intervention and intergenerational mentoring; whilst reducing feelings of shame and stigma for men who have either experience childhood abuse or who use violence and who may feel too ashamed to access support and behaviour change services.

[redacted]

Feedback for Priority Area 2: Prevention and early intervention

2. Prevention and early intervention

It is pleasing to see that the current Labor Albanese Government has cut student debt by 20% This benefits over 3million Australians, by reducing more than 16 billion in debt to ease the financial burden on students, especially younger students from a lifetime of debt, when young people are managing gaining an education, obtaining affordable housing and moving towards employment and relationships.

However, is it fair that overseas born students pay very high fees for student visas ($2,000) and also for graduate work visas, on top of student fees? There is also concern that some young women overseas students are tricked, trafficked or coerced into situations of sexual servitude.

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

3. Children and young people in their own right

Could it be helpful to highlight that most children and young people who have experienced violence in childhood, don't use violence in adulthood? Do we need to be flexible in terms of service delivery to adults who have been subjected to sexual violence in childhood? Survivors may experience stigma or shame and be reluctant to access support. (The Australian Child Maltreatment Survey 2025 highlights just how many adult Australians have experienced at least one form of family/domestic violence including physical, emotional, sexual abuse).

Main Findings | Australian Child Maltreatment Study

Could it be helpful to teach girls assertiveness and to provide self defence classes in primary schools, whilst still keeping the message that if an adult abuses a position of privilege or power, it is not the child's fault.

Could it be helpful to have more direct messaging with health promoting information to girls and young women? For example,

advertisements on buses that it is ok for her to say no:

“No means no”,

“If she says keep your hands off me, then keep your hands to yourself”, “ If you asked her out on a date it doesn’t mean that you can rape her”.

Of course, it is never a child or a young person’s fault if she or he is too scared to say no or if saying no didn’t work due to the power imbalance.

Adolescence is a time when young people may engage in risky behaviours. Whilst we need to keep up with avoiding victim blaming, whilst using peer to peer messaging for young women that “alcohol is a drug too. One vodka cruiser is enough”. “ Look after your mates.”

However, many young people, including University students are food insecure due to housing insecurity and unaffordability. Having a night out with friends can lead to less opportunity for friendship and connection.

Respect for boundaries and reducing the incidence of sexual harassment by use of sensible design.

We also need to normalise that it is ok to have separate toilet areas for girls and boys, in accord with normal development, including adolescence.

If girls feel embarrassed about sharing toilet and changing areas with boys, especially in regard to girls’ needs for dignity and privacy when managing menstruation, changing sports clothes or showering; girls may participate less in sports and in education. Gender neutral toilets can be additional to support gender diverse students. However, requiring girls to share toileting and showering facilities with boys can place an additional unacceptable burden upon girls. Another reason to have separate toilet and showering facilities for girls and boys is that this reinforces a long -standing social norm for respect by men and boys towards separate spaces for girls and women in sensitive areas where privacy and dignity is required.

Feedback for Priority Area 4: People who use violence

4. People who use violence.

A challenging area in prevention/early intervention is how to help boys and young men access positive male role models, develop emotional literacy, and to disengage from harmful manosphere influencers, including online sextortion, where young men are frequently targeted. It is also disappointing to also see evidence of backlash against gender equality norms between young men and young women; and also, the influence of on -line misogyny.

In regard to the challenge of reducing the unacceptable level of sexual violence in Australia, what early intervention and prevention messages will be effective? Could we ask adolescent boys themselves what could help?

-for example, more direct messages in plain English: : “If you ask her out for a date, it doesn’t mean that you can rape her”;

“ Real mates/men don’t rape”.,

“ No means no”,

“ If she says keep your hands off me, then keep your hands to yourself”, “Groping her is not ok”

Feedback for Priority Area 5: System Integration and Workforce

5. System integration and workforce

Questions what can be done to better prevent family/domestic violence and also to prevent sexual assault and sexual violence?

How could services and supports work better?

How can we help children and young people to stay safe?

Recent prosecution of childcare workers who engaged in child sex abuse and paedophilia indicates the need for better supervision of childcare workers, as well as better staffing levels/screening and mandatory training in child protection/notification. The casualisation of the sector is a red flag for increased risk, as child -care centres can be targeted by paedophilia networks.

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

How can we increase accountability for people who use violence?

How can we promote recovery and healing?

How can access to support be easier?

In the area of early intervention, prevention, access to support and healing, Could Men's Sheds be a resource to promote positive male influencers to better engage with men and boys? The Commonwealth already offers approximately $500 million for key priority areas(see below). With research highlighting that sexual and domestic violence can increase following natural disasters, could this be an area of specific funding for prevention?

Whilst the Australian Government initiated Men's Shed Development Program is long established, could this be an opportunity to develop more peer positive role models in mental health recovery for men?

Men's Health Champions could offer easy access brief programs on positive relationships, steps in conflict resolution, handling feelings of loss and grief, including that of rejection; alongside workshop skills and practical programs. With priority areas in drought, flood recovery and bushfire affected areas already existing, men's sheds are an underdeveloped area for early intervention and intergenerational mentoring; whilst reducing feelings of shame and stigma for men who have either experience childhood abuse or who use violence and who may feel too ashamed to access support and behaviour change services.

[redacted]

also please prioritise fixing the Sex Discrimination Act in accord with Australia

s obligations under the United Nations Convention to end all forms of Discrimination against Women (CEDAW) Reinstating biological sex and what a woman is would help

yours sincerely

[redacted]

Feedback for Priority Area 1: Victim-survivors

Dating apps and background checks

Feedback for Priority Area 2: Prevention and early intervention

Background checks with dating apps

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

Background checks and more stronger working with children check

Feedback for Priority Area 4: People who use violence

They shouldn't be allowed to use dating apps

Feedback for Priority Area 1: Victim-survivors

First of all, victim-survivors need a roof over their head to escape. Temporary accommodation and transitional property would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery. More housing assistance in helping to secure a rental.

Police system is one of the biggest barriers preventing people from seeking help. Police officers need more education on DV, especially coercive control. More female Police officers in power to reform current Police system.

Technology-and-substance-facilitated abuse is emerging rapidly, and you need to pay more attention on this. I'm talking about drugging women and recording the SA process and sharing online.

More CALD specialist services and specialist roles, even targeting specific language speakers.

Feedback for Priority Area 2: Prevention and early intervention

1. Education on DV, privacy and boundaries since childcare and pre-school.

2. Tougher punishment on DV and SA perpetrators age above 12.

3. National DV & SA perpetrator list sharing within Police, Health, and Education system.

4. A man who claims not to be a DV or SA perpetrator should have a clear check, and there should be an online platform to verify their check number. Similar idea with WWCC.

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

Family court order shouldn't override ADVO.

There's a big barrier now that if mum has an ADVO against father and children also listed because father was abusive and violent towards the children, mum can't take children to access counselling service because father's consent is required, cuz ADVO doesn't count, there has to be a family court order. It's so unfair and significantly disadvantage the child. A lot of women after leaving and reporting and going through the ADVO court

process, they don't have the mental capacity and financial luxury to go through the family court again which could take years.

Positive male role models and mentor program for children and young people who are using violence or displaying harmful sexual behaviours.

Feedback for Priority Area 4: People who use violence

1. More serious legal punishment for men using violence age above 12.

2. National DV & SA perpetrator list sharing within Police, Health, and Education system.

3. A man who claims not to be a DV or SA perpetrator should have a clear check, and there should be an online platform to verify their check number. Similar idea with WWCC.

Feedback for Priority Area 5: System Integration and Workforce

Housing, Child protection and Police are burnt out. Specialist DV services are overwhelmed and had to turn people away due to being at capacity. More investment and resources required to be put into this field.

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

Build more properties to support women to escape, transition, and get back to their feet. Control rental market and reduce rent. More DV paid leave.

Submission to the Second Action Plan Consultation

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

[redacted]

Lived experience contributor and senior executive working across regional, remote and Indigenous communities

July 2026

> *"Safety should be measured by whether women and children become safer and freer — not by whether a perpetrator appears compliant."*

Purpose of this submission. This submission is deliberately short, personal and practical. It draws on my lived experience of coercive control, domestic violence, sexual violence, non-fatal strangulation, substance-related harm, financial abuse and post-separation systems abuse, alongside my professional experience working across regional, remote and Indigenous communities in Australia and internationally.

Attachment. A chronology prepared by Senior Sergeant, Principal Prosecutor [redacted] and submitted to the Brisbane Magistrates Court is included at Appendix A to demonstrate the post-separation timeline and the level of system involvement required to keep my children and me safe.

Introduction

I welcome the opportunity to contribute to the consultation on the Second Action Plan.

My perspective is informed by both personal experience and professional leadership. I am a survivor of coercive control, domestic violence, sexual violence, non-fatal strangulation, substance-related harm, financial abuse and post-separation abuse. Leaving the relationship required legal protection and careful planning to keep my children and me safe. The abuse had profound impacts on my health, confidence, finances and sense of identity, many of which were only fully understood after I left.

Professionally, I have spent more than two decades working across regional, remote and Indigenous communities in Australia and internationally. Through this work I have observed the strong relationship between women's economic participation, community wellbeing and child outcomes.

I strongly support the National Plan's vision and believe the Second Action Plan should place greater emphasis on economic abuse, children's experiences as victim-survivors in their own right, post-separation coercive control, and earlier intervention with people who use violence.

Priority Area 1: Victim-survivors

One of the most significant gaps in the current response system is recognition of economic and financial abuse.

In my own experience, it was only after separation that I understood the extent of the financial abuse that had occurred throughout an 18-year relationship. Despite being a senior professional and primary income earner for much of that period, and despite having three degrees, I lacked visibility of household finances and was conditioned not to ask questions. I remember hiding in our bedroom with our toddler after asking about a transaction on our joint account. I was petrified. This experience demonstrated that financial abuse can affect highly educated, financially literate women and often remains hidden until after separation.

> *"Recovery is not simply about physical safety. It includes rebuilding confidence, financial security, identity and long-term wellbeing."*

The Second Action Plan should:

- Recognise financial abuse as a serious and distinct form of coercive control.
- Improve identification of financial abuse by banks, financial advisers, accountants and legal practitioners.
- Strengthen access to financial recovery services for victim-survivors and their children, including subsidised or free medical, psychological and psychiatric care after separation.
- Better address post-separation abuse, including misuse of family law, financial systems, superannuation, child support, repeated unwanted contact and threatened self-harm around legal proceedings.
- Require stronger financial disclosure consequences where a person fails to provide standard disclosure in parenting, property or child support matters.
- Protect children's inheritance and entitlements so that superannuation or estate structures cannot be used as a final act of financial abuse after the death of a person who has used violence.
- Ensure services understand that victim-survivors often do not initially recognise abuse and may defend the person using violence.

In Indigenous communities in [redacted], I see that the situation is far more complex. It will not be solved through top-down initiatives alone. Community-by-community approaches, led with respect for culture and lived expertise, will be required to achieve lasting change. Centuries of systemic racial abuse will not turn around in one generation, but outcomes can be much better with the right adjustments, resourcing and respect.

Priority Area 2: Prevention and early intervention

The evidence base rightly emphasises schools and respectful relationships education. However, prevention efforts cannot rely primarily on children and young people while adults continue to model violence, coercion and disrespect in homes and communities.

Earlier intervention opportunities exist through healthcare settings, workplaces and financial services that frequently encounter victim-survivors long before police or specialist services become involved. In my own circumstances, a GP was the first professional to identify the abuse and directly communicate that my children and I were unsafe. That intervention fundamentally changed the trajectory of our lives.

The Second Action Plan should prioritise:

- Training GPs and primary healthcare providers to identify coercive control and non-physical abuse.
- Earlier intervention pathways for families experiencing substance abuse, gambling, mental health challenges, financial stress or disability-related pressure.
- Programs promoting healthy male role models, emotional literacy and respectful peer leadership for boys and men, including older brothers and other influential family members.
- Workplace-based education that recognises domestic violence as both a social issue and a workforce issue.
- Stronger action on social media algorithms and online misogyny, including how digital content can reinforce coercive, controlling and distorted beliefs.
- A brave and evidence-informed public discussion about online sexualised content, tracking technologies and advertisements that normalise surveillance, control or humiliation of partners.

Prevention efforts should focus equally on changing adult behaviour and creating environments where violence is recognised and challenged early.

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

I strongly support recognising children as victim-survivors in their own right. Too often systems view children primarily through the lens of the adult victim, rather than recognising their own experiences, trauma and recovery needs. My own children continue to be affected by experiences they had during and after the violence, despite their young ages.

Children require dedicated support, separate from the support provided to their parents. Services should not assume that assisting the protective parent automatically meets the child's needs.

The Second Action Plan should:

- Guarantee access to specialist trauma support for children exposed to domestic and family violence.
- Embed children's voices into safety planning and case management.
- Expand support for neurodivergent children and children with disability who may experience additional vulnerabilities and barriers to support.
- Increase investment in programs that support long-term recovery, not just crisis response.
- Provide free or heavily subsidised psychological, psychiatric and play therapy services for children affected by domestic and family violence, for a defined period after separation.
- Protect children's inheritance and financial entitlements after the death or disappearance of a parent who has used violence.

My four-year-old daughter regressed in toilet training and began trying to control everything. Although she was a baby and has no memory of her father, she remembers me at a time when I was absorbing severe systems and legal abuse, including periods of emergency accommodation. I took three months unpaid leave from work and she is now in a better place, although still emotionally fragile. Earlier access to play therapy could have helped her sooner.

A personal note: my former husband was violently beaten by his older brother. The consultation paper rightly refers to male father role models. Older brothers are also role models. Families with one violent child in the home should be able to access early support without shame, including support for siblings to process fear, confusion and loyalty. Perhaps my former husband would not have abused, and perhaps he would not have died by suicide, had he been given the safe environment he deserved as a child.

> *"Children should be recognised as victim-survivors whose safety, wellbeing and developmental outcomes deserve equal attention."*

Priority Area 4: People who use violence

My experience has led me to believe that genuine behaviour change is only possible when programs and systems hear, where safe and consented to, the voice of the person who has experienced the abuse.

Lundy Bancroft's work on abusive men is valuable because it describes the strategies, tactics and impression management that can allow abusive people to appear reasonable in professional settings while continuing coercion and control in private. Australian practice guidance on perpetrator interventions also recognises the importance of partner contact and victim-survivor safety in men's behaviour change programs. Programs that rely only on the self-reporting of the person using violence risk measuring compliance rather than genuine change.

The Second Action Plan should prioritise behaviour change programs that include structured and ongoing partner or former-partner feedback wherever it is safe, ethical and agreed by the victim-survivor. Victim-survivors often possess the most accurate information about whether attitudes and behaviours have genuinely changed or whether abusive behaviours have simply adapted and become more sophisticated.

> *"Systems should measure success by safety, freedom and wellbeing — not attendance, compliance or remorse."*

My own experience reflects this concern. Following separation, my former husband appeared to be doing everything expected of him. He attended supervised visits with our children, paid child support above the minimum required amount, engaged with support services and successfully completed an anger-management program with flying colours. To external observers, these actions could reasonably have been interpreted as evidence of accountability and positive change.

However, the abuse did not stop. It became increasingly sophisticated and system-focused. The night before a key mediation relating to financial and parenting arrangements, he attempted suicide. Faced with an immediate concern for his safety, I prioritised the crisis rather than insisting upon full financial disclosure. As a consequence, significant questions regarding family finances and missing assets were never fully explored. In retrospect, I believe that what appeared to many people as vulnerability and help-seeking behaviour also functioned as a mechanism that diverted attention from accountability.

This experience demonstrated that systems can be vulnerable to manipulation by highly intelligent, socially capable and professionally successful perpetrators. White-collar perpetrators may not fit community stereotypes of domestic violence offenders. They are often articulate, educated, financially sophisticated, supported by respected professionals, and highly capable of navigating legal, medical and social systems to maintain credibility while continuing patterns of coercive control and systems abuse.

For example, my former husband was entitled to video calls with the children. He used those calls to subtly coerce and frighten me without using overtly threatening language. To others, his behaviour could look like a father sharing an interest with his son. I knew otherwise. This is why partner voice matters.

The Second Action Plan should:

- Require men's behaviour change programs to include structured victim-survivor feedback wherever safe and consented to.
- Strengthen recognition of systems abuse, including the misuse of legal, financial, health, child protection and child support systems as tools of coercive control.
- Improve professional capability to distinguish genuine accountability from performative compliance.
- Expand research on high-functioning and white-collar perpetrators, whose abuse may be psychological, financial, sexual, technological and systems-oriented rather than overtly physically violent.
- Recognise that meaningful change may be achieved by only a minority of perpetrators, but that even modest improvements are worthwhile given the profound impacts of violence on women and children.
- Require mandatory, recurrent judicial education on coercive control, post-separation abuse, financial abuse, systems abuse and homicide-suicide risk.
- Develop broader good-character assessment and review processes for judges and other public officers who exercise power over vulnerable people.

Judicial integrity and systems abuse

Judges are incredibly important. Australian courts are approaching gender parity overall, although higher courts and supreme courts in several jurisdictions continue to lag. Representation matters, but representation alone is not enough. We should also examine the suitability, character and ongoing conduct of people entrusted to exercise power over vulnerable people.

The United Kingdom's Judicial Appointments Commission applies a formal "good character" requirement for judicial appointment. Australia could learn from this approach and develop a broader character assessment that asks not only whether a person has committed a crime, but whether they have demonstrated patterns of behaviour inconsistent with exercising power over vulnerable people.

A survivor-informed model might ask:

- Were there domestic violence findings or protection orders?
- Were there substantiated complaints of coercive control, bullying or abuse of power?
- Were there patterns of professional misconduct, intimidation or retaliation?
- What do people who experienced that person's exercise of power say?
- Should 360-degree assessment be used for judges and other senior public figures, as it is in many professional leadership settings?

Systems often assume that intelligence, education, professional achievement and public credibility are indicators of character. My experience suggests these traits can also allow some perpetrators to become more effective and long-lasting in their abuse.

Priority Area 5: System integration and workforce

The greatest challenge for many victim-survivors is not accessing a single service; it is navigating multiple disconnected systems simultaneously.

Victim-survivors often engage with police, courts, medical practitioners, child protection agencies, financial institutions, schools and support services. Each system may hold part of the picture, but no single service sees the whole person or family. When a woman has small children and is escaping domestic violence, she effectively has three jobs: parenting, staying safe while navigating complex systems, and doing her actual paid work. There is no way to stay healthy while carrying three full-time jobs.

The Second Action Plan should:

- Improve information sharing and coordination across systems.

- Reduce the need for victim-survivors to repeatedly recount traumatic experiences.
- Strengthen workforce capability in recognising coercive control, financial abuse, technology-facilitated abuse, post-separation abuse and systems abuse.
- Increase culturally safe and trauma-informed responses.
- Support specialist domestic violence practitioners while improving capability in universal services.
- Treat a woman's stated fear of being killed as a serious lethality risk indicator, particularly where she has endured years of coercion and may be numb to danger.
- Research child-support compliance models in other countries and strengthen Australia's system so that children are not left unsupported when an abusive parent disengages, disappears or dies.
- Provide minimum child-support income protection for children where a parent who has used violence dies by suicide or disappears, regardless of the protective parent's income.

In my own case, my former husband had an impeccable blue-chip resume and recommendations from highly respected people. He was highly educated, professionally successful and credible in public. Yet he had many of the lethality risk factors associated with high-risk domestic violence and homicide-suicide. The risk was not visible to many qualified professionals. The system required me to retell my story again and again to different service providers and police officers to obtain minimum protection.

For context, I received $15,000 through Victim Assist Queensland while spending approximately $150,000 on security, emergency accommodation and legal costs to keep my family safe. I recall being in the Magistrates Court when my private security lost track of my former husband while he was driving toward the city. I had to choose whether to secure my own safety or send the guard to my child's daycare. I chose the daycare.

> *"A truly integrated system should make it easier for victim-survivors to seek help than it is for people using violence to exploit the gaps between services."*

I believe I am only here to tell my story because of the support of family and friends, and because I am a very high income earner who was willing to spend every penny and more keeping myself and my children alive. Those not so lucky are often not here to tell their story.

This is particularly important for Aboriginal and Torres Strait Islander women, women in rural and remote communities, migrant women, women with disability and children. I have also observed within my own network that abuse can be more prevalent and more complex in families where children have illness, disability or high support needs. NDIS and related reforms should give women a stronger voice, particularly where a child's disability or care needs are being weaponised by an abusive partner.

If a woman sounds distressed, erratic or "unreasonable", systems should consider whether she is displaying the psychological effects of abuse and fear. A more distressed woman may be a woman, or a mother of a child, in serious danger. Give her voice the volume and credibility it deserves.

Additional issue: online environments and pornography

The Second Action Plan should include an open, brave and evidence-informed discussion about pornography, social media, online misogyny, tracking technologies and advertising environments that normalise coercion, surveillance or humiliation of partners. This issue should not be avoided because it is uncomfortable. Digital environments are now part of how coercive beliefs are formed, reinforced and enacted.

Closing statement

Violence against women and children is not only a safety issue. It is an economic, health, justice, workforce and human rights issue. The process is often as important as the outcome. Violence against women must be considered in its entirety in the legal, court and financial separation process. Through my personal experience and professional

work, I have seen how deeply violence affects confidence, financial security, parenting, employment and community wellbeing.

I encourage the Second Action Plan to focus not only on crisis response, but on long-term recovery, economic security, children's wellbeing, perpetrator accountability and earlier intervention. Lasting change will require coordinated action across governments, communities, workplaces, courts, families and digital environments.

Most importantly, it will require systems to believe women and children earlier, and to listen carefully when they say they are afraid.

Selected references and sources

ANROWS. (2026). Domestic, family and sexual violence: Aligning narrative with evidence — Consultation Paper in support of the National Plan to End Violence against Women and Children 2022–2032.

ANROWS. (2020). Prioritising victim/survivor safety in Australian perpetrator interventions: A practice guide.

Bancroft, L. (2002). Why Does He Do That? Inside the Minds of Angry and Controlling Men. Berkley Books.

Bancroft, L. Official website and professional resources on abusive men, child maltreatment, accountability and change.

Department of Social Services. National standards for men's behaviour change interventions — First Action Plan 2023–2027 Activities Addendum.

Australasian Institute of Judicial Administration. (2025). Judicial Gender Statistics: Number and percentage of women judges and magistrates at 30 June 2025.

Judicial Appointments Commission. (2024). Good character guidance 2024.

Senior Sergeant, Principal Prosecutor [redacted]. Chronology submitted to Brisbane Magistrates Court, March 2025. Included as Appendix A.

Appendix A: Prosecutor chronology — key timeline

[details redacted for privacy]

Feedback for Priority Area 1: Victim-survivors

I welcome the opportunity to contribute to the consultation on the Second Action Plan.

My perspective is informed by both personal experience and professional leadership. I am a survivor of coercive control, domestic violence, sexual violence, strangulation, substance abuse, financial abuse and post-separation abuse. Leaving the relationship required legal protection and careful planning to keep my children and me safe. The abuse had profound impacts on my health, confidence, finances and sense of identity, many of which were only fully understood after I left.

Professionally, I have spent more than two decades working across regional, remote and Indigenous communities in Australia and internationally. Through this work I have observed the strong relationship between women's economic participation, community wellbeing and child outcomes.

I strongly support the National Plan's vision and believe the Second Action Plan should place greater emphasis on economic abuse, children's experiences as victim-survivors in their own right, post-separation coercive control, and earlier intervention with people who use violence.

Priority Area 1: One of the most significant gaps in the current response system is recognition of economic and financial abuse.

In my own experience, it was only after separation that I understood the extent of the financial abuse that had occurred throughout an 18-year relationship. Despite being a senior professional and primary income earner for much of that period, including three degrees, I lacked visibility of household finances and was conditioned not to ask questions. I remember hiding out in our bedroom with our toddler when I asked what a specific transaction on our joint account was, I was petrified. This experience demonstrated that financial abuse can affect highly educated, financially literate women and often remains hidden until after separation.

The Second Action Plan should:

(A) Recognise financial abuse as a serious and distinct form of coercive control.

(B) Improve identification of financial abuse by banks, financial advisers, accountants and legal practitioners.

(C) Strengthen access to financial recovery services for victim-survivors.

(D) Better address post-separation abuse, including misuse of family law, financial systems and repeated unwanted contact.

(E) Ensure services acknowledge that victim-survivors often do not initially recognise abuse and may defend the person using violence.

(F) Update the law, so that any partner who does not provide standard three years of disclosure is subject to criminal record

(G) Update the law, so that men with DV records cannot have their superannuation used to pay-down legal/tax and child support debts before their underaged children receive inheritance

(H) Recognise suicide attempts within 48 hours of legal proceedings/mediations/divorce/separation dates etc as immediate criminal behaviour.

(I) Heavily subsidesed or free medical/psychiatric care and medication for victim survivors and children who have been affected.

Recovery is not simply about physical safety. It includes rebuilding confidence, financial security, identity and long-term wellbeing. Physical health is severely impacted in botht he mother and the children as the abuse is extended through years of systems and financial abuse.

In my work in Indigenous communities in [redacted], I see that the situation is far worse and more complex. It will not be solved with top-down (Canberra led) initiatives, and a community by community approach will be required to achieve lasting change. Centuries of systemic racial abuse does not turn around in one generation, but things can be much better for many with the right adjustments and respect for culture.

Feedback for Priority Area 2: Prevention and early intervention

The evidence base rightly emphasises schools and respectful relationships education. However, prevention efforts cannot rely primarily on children and young people while adults continue to model violence, coercion and disrespect in homes and communities.

Earlier intervention opportunities exist through healthcare settings, workplaces and financial services that frequently encounter victim-survivors long before police or specialist services become involved.

In my own circumstances, a GP was the first professional to identify the abuse and directly communicate that my children and I were unsafe. That intervention fundamentally changed the trajectory of our lives.

The Second Action Plan should prioritise:

(A) Training GPs and primary healthcare providers to identify coercive control and non-physical abuse.

(B) Earlier intervention pathways for families experiencing substance abuse, gambling and mental health challenges.

(C) Programs promoting healthy male role models and emotional literacy for boys and men.

(D) Workplace-based education that recognises domestic violence as both a social issue and a workforce issue.

(E) Much stricter controls on social media and the algorithms that drive mysoginistic views but also can actually impact a partner's alorithm and perhaps unintentially reinforce the coercive and incorrect beliefs.

(F) Much stricter controls on pornography and advertisements in pornographic materials. This may require being more liberal on safe pornography. For example, some of the videos my husband enjoyed so much that he saved to our family computer, included advertisements for putting tracking control devices in your partner's car or how to track your partner's digital fingerprint.

Prevention efforts should focus equally on changing adult behaviour and creating environments where violence is recognised and challenged early.

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

I strongly support recognising children as victim-survivors in their own right.

Too often systems view children primarily through the lens of the adult victim, rather than recognising their own experiences, trauma and recovery needs. My own children continue to be affected by experiences they had during and after the violence, despite their young ages.

Children require dedicated support, separate from the support provided to their parents. Services should not assume that assisting the protective parent automatically meets the child's needs.

The Second Action Plan should:

(A) Guarantee access to specialist trauma support for children exposed to domestic and family violence.

(B) Embed children's voices into safety planning and case management.

(C) Expand support for neurodivergent children and children with disability who may experience additional vulnerabilities and barriers to support.

(D) Increase investment in programs that support long-term recovery, not just crisis response.

(E) Ensure children's inheritance through superrannuation is protected, and cannot be accessed as a final act of financial abuse upon an abusers suicide.

(F) Free psychological, psychiatric services and medication for children of abusers, at least for a number of years post separation.

My four year old daughter regressed in her toilet training and started trying to control everything. Even though she was a baby and has no memory of her father. She does remember me when I was absorbing severe and dangerous systems and legal abuse, including moving around to emergency accommodation. I took three months unpaid leave off work and now she is in a better place, although still very controlling and emotionally fragile. Simple access to play therapy could have helped her earlier on.

One personal note - my husband was beaten violently by his older brother. The report talks frequently about male father role models. Older brothers are also role models. Families who have one violent child in the home, perhaps due to brain chemistry/whatever, could be helped earlier, with their children having access to services to process their emotions. Reducing parent shame around having a child with difficulties in the home may go some way to help parents seeking support for their other children. Perhaps my husband would not have abused and perhaps he would not have committed suicide, had he been given the safe environment he deserved as a child.

Children should be recognised as victim-survivors whose safety, wellbeing and developmental outcomes deserve equal attention.

Feedback for Priority Area 4: People who use violence

My experience has led me to believe that genuine behaviour change is only possible when programs and systems incorporate the voice of the person who has experienced the abuse.

Researcher and author Lundy Bancroft has argued that people who use coercive control frequently present very differently in professional settings than they do in their intimate relationships. They may demonstrate insight, empathy and accountability in counselling sessions while continuing patterns of domination, manipulation and abuse in private. For this reason, programs that rely solely on self-reporting from the person using violence risk measuring compliance rather than genuine change.

The Second Action Plan should prioritise behaviour change programs that actively incorporate partner and former-partner feedback into assessment, monitoring and program evaluation. Victim-survivors often possess the most accurate information about whether attitudes and behaviours have genuinely changed or whether abusive behaviours have simply adapted and become more sophisticated.

My own experience reflects this concern. I believe my husband started to believe his own lies. It was only after the third or fourth DVO breach that the police could see the tangle of lies he had made for himself.

Following separation, my former husband appeared to be doing everything expected of him. He attended supervised visits with our children, paid child support above the minimum required amount, engaged with support services and successfully completed an anger management program with flying colours. To external observers, these actions could reasonably have been interpreted as evidence of accountability and positive change. However, the abuse did not stop. Instead, it became increasingly sophisticated and system-focused. The night before a key mediation relating to financial and parenting arrangements, he attempted suicide. Faced with an immediate concern for his safety, I prioritised the crisis rather than insisting upon full financial disclosure. As a consequence, significant questions regarding family finances and missing assets were never fully explored. In retrospect, I believe that what appeared to many people as vulnerability and help-seeking behaviour also functioned as a mechanism that diverted attention from accountability.

This experience demonstrated that systems can be vulnerable to manipulation by highly intelligent, socially capable and professionally successful perpetrators. White-collar perpetrators may not fit community stereotypes of domestic violence offenders. They are often articulate, educated, financially sophisticated, have strong legal and medical supporters, and are highly capable of navigating professional, legal and social systems to maintain credibility while continuing patterns of coercive control and systems abuse. My husband was entitled to two facetime calls with his children each week, which he used to subtly coerce me and instill fear. He would not use threatening language, but would show my son, then two years old, all of the garden tools in his brother/father's sheds, such as a chain saw, and often start the garden tool up over the phone. He even tried to take one into one of his supervised visits with the children, which was not allowed thankfully. Others, even his brother-in-law who was in the background of the call, would have perceived this as nothing more than a father engaging his son in his love for gardening. I knew otherwise.

For this reason, the Second Action Plan should:

(A) Require behaviour change programs to include structured and ongoing victim-survivor feedback wherever it is safe to do so and if the partner agrees to do so.

(B) Strengthen recognition of systems abuse, including the misuse of legal, financial, health and child protection systems as tools of coercive control.

(C) Improve professional capability to identify the difference between genuine accountability and performative compliance. Judges need much higher levels of education on the matter, not just voluntary education.

(D) Expand research on high-functioning and white-collar perpetrators, whose abuse may be predominantly psychological, (physical during sex), financial and systems-oriented rather than overtly physically violent.

(E) Recognise that meaningful change is difficult and may be achieved by only a minority of perpetrators, but that even modest improvements are worthwhile given the profound impacts of violence on women and children.

(F) Require good character assessments are complete and passed/updated regularly for judges. (see note on judges below).

(G) Educate braodly to all levels of society and all cultures.

Most importantly, systems should measure success of abusers, not by program completion, attendance rates or expressions of remorse, but by whether victim-survivors and their children experience sustained improvements in safety, freedom and wellbeing.

Judges are incredibly important. Australian courts are getting close to parity with female-male judges, although the high courts/supreme courts in many states are lagging. We could build on the United Kingdom's character assessment for judges into a broader character assessment. Instead of ask: Has this person committed a crime? We need to ask judges: Has this person demonstrated patterns of behaviour that demonstrate an exertion of power over vulnerable people? A survivor-informed model might ask:

Were there domestic violence findings?

Were there substantiated complaints of coercive control?

Were there repeated professional concerns about bullying or abuse of power?

What do people who experienced that person's exercise of power say?

360 degree assessments of judges should take place, as many professional leaders do, such as myself, in other professional settings. This could be applied to other public figures, not just judges.

Systems often assume that intelligence, education, professional achievement and public credibility are indicators of character. My experience suggests that these traits may instead allow some perpetrators to become more effective and long-lasting in their abuse.

The data is concerning around people not believing abuse victims - I found this very confronting. The Government's role must be to educate. When I realised my situation and the memories started to come back to me, memories that my subconscious had pushed down to protect me, including rape and strangulation, I thought ""but how could this happen to me - I'm intelligent?"" All educated women have that same thought. Women speaking out, including some of the highest levels of educated/professional women, and men, will go a long way to educating the broader population. I plan on joining that group when I can and feel it is safe to do so.

Feedback for Priority Area 5: System Integration and Workforce

The greatest challenge for many victim-survivors is not accessing a single service; it is navigating multiple disconnected systems simultaneously.

Victim-survivors often engage with police, courts, medical practitioners, child protection agencies, financial institutions, schools and support services. Each system may hold part of the picture, but no single service sees the whole person or family. When you have small children and are a victim of Domestic Violence, you have three jobs, (1) is parenting small children, (2) is escaping/staying safe/navigting the complex DV services and institutions; and (3) is your actual job. There is no way to stay healthy and be good at managing three full time jobs, nor perform particularly well in any of them.

The Second Action Plan should:

(A) Improve information sharing and coordination across systems.

(B) Reduce the need for victim-survivors to repeatedly recount traumatic experiences.

(C) Strengthen workforce capability in recognising coercive control, financial abuse and post-separation abuse.

(D) Increase culturally safe and trauma-informed responses.

(E) Support specialist domestic violence practitioners while also improving capability in universal services.

(F) All service providers to assume all women who self-identify a fear of being killed to be in one of the highest homicide and homicide-suicide risk categories. If we are saying it, this is despite being completely numb to safety risks after years of coersion. The risk is real.

(G) Research child-support payment compliance in other nations, such as Brazil, so that men cannot just 'walk away' and continue living like kings while paying zero child support. Update our system to be more just.

(H) Ensure all women who have children to abusers, where the abusers commit suicide or disapear, receive a minimum child support income from the government, until the government can resolve the debt if he is alive, irrespective of her income level.

Let me give my own personal example to help bring light to this. My husband, a man with an impeccable blue chip resume, [redacted] degree, MBA from [redacted], as well as written recommendations for his work from some of the highest members of [redacted] society, a doctor for a father, a nurse for a mother... had the same number of lethality risk factors that Hannah Clarke's husband had. He did not beat me, but he did strangle me during sexual intercourse. Towards the end the physical threats were real. And he witheld my son and emotionally abused my two year old son as the highest form of abuse. He was a different person in public of course. After our separtion, he went on to partner with a criminal barrister who specialised in mental heatlh law. So his abuse was not visible to some of the most qualified practicioners in the industry. He sent a large package of soya lethicin to my house, addressed to himself, the night before our divorce was finalised. The police investigated but my husband declined to comment, and so ""the defendant has not been charged in relation to this complaint"" Senior Sergeant, Principal Prosecutor, [redacted], in his Chronology submitted to Brisbane Magistrates Court. When I called the police to ask for an update on my case, and advised that I was afraid he would kill us all, the police oficer said, ""Let's try to get you someone to talk to so that you can relay those fears."" Then only weeks later, after many more DVO breaches, the police officer of another station called me to say that he thought my husband was a serious homicide/suicide risk to himself and to us, that we should go into emergency accommodation. We did. The judge released him the next day. My DV counsellor, who has multiple decades of experience, said that she has only had 2 cases where she has feared homicide-suicide. Mine was one of them. I had to retell my story multiple times to each service provider and to each police officer in order to get protection from the police/courts and it was minimum protection. For context, I received $15,000 through Victim Assist Queensland, while spending approximately $150,000 on security, emergency accommodation and legal costs to keep my family safe. I recall being in the Magistrates Court when my private security lost track of my former husband while he was driving toward the city. I had to choose whether to secure my own safety or for the guard to travel to my child's daycare—I chose the daycare.

A truly integrated system should make it easier for victim-survivors to seek help than it is for people using violence to exploit gaps between services. I believe I am only here today to tell my story, because of the support of family and friends, and because I am a top 1% income earner, willing to spend every penny and more on keeping myself and my children alive. Those not so lucky are not here to tell you their story.

This is particularly important for Aboriginal and Torres Strait Islander women, women in rural and remote communities, migrant women, women with disability and children. Amongst my own network I have noticed abuse occuring more in families where

children have sickness or disabilities, sadly. NDIS improvements will need to ensure adequate support to capture those most in need, if not at the time of the abuse, then at least after. Give the woman a stronger voice. If she sounds psychotic, she is likely displaying some form of psychosis from the abuse and the fear itself. As Rosie Batty did in the final days before her husband murdered their son. A more eratic woman may be a woman who herself is/or her child is in serious lethal danger. Give her voice the volume and credit it deserves.

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

Have an open discussion around safe pornography and social media. You need to be brave.

Submission to the Second Action Plan Consultation

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

In response to: Evidence to action — informing direction for the Second Action Plan (ANROWS, May 2026)

[redacted]

Capacity: Consultant Radiologist and Health service leader, drawing on clinical experience recognising and reporting injury patterns consistent with intimate partner violence, and on governance experience in health service and clinical risk frameworks.

Date: 2 July 2026

1. Introduction

I welcome the opportunity to contribute to the Second Action Plan consultation. This submission is offered from three intersecting vantage points: as a credentialled radiologist who encounters the physical evidence of violence in imaging on a routine basis; as a health service leader responsible for clinical governance, workforce credentialing and quality frameworks; and from fifteen years of lived experience within, and ultimately escaping, family violence, set within twenty-six years overall of single-handedly supporting a family while contending with ongoing economic and legal abuse.

The submission responds most directly to Priority Area 1 (Victim-Survivors), Priority Area 2 (Prevention and Early Intervention) and Priority Area 5 (System Integration and Workforce), and raises three linked recommendations: (1) recognising and remediating power and control imbalance — including its financial and legal manifestations — as a first-order harm in its own right; (2) commissioning agencies with a specific mandate to deliver early recognition and behaviour-remediation training to young people and young adults; and (3) embedding board-level governance metrics so that system performance on violence, coercive control and financial abuse is monitored with the same rigour as clinical or financial KPIs.

2. Power and control imbalance as a first-order harm

The Consultation Paper rightly identifies coercive control as a common pattern underpinning domestic and family violence, and notes the need to strengthen how it is recognised and addressed (Priority Area 1). I would go further: power and control imbalance — not any single incident — should be treated as the primary clinical and policy unit of analysis, because it is the mechanism through which financial, legal, physical and psychological harms are all generated and sustained.

2.1 Financial and legal abuse through the child support system

The evidence on financial abuse delivered through Commonwealth systems has become considerably clearer since the Consultation Paper's evidence base was assembled, and I recommend the Second Action Plan draw on it directly:

- As at 31 March 2026, unpaid child support debt stood at close to $2.0 billion across 229,235 paying parents, with an average debt of $8,699 in the government collection system alone — figures that exclude Private Collect arrangements, where research indicates abuse, coercion and non-payment are more likely to go undetected.
- The Commonwealth Ombudsman's 2025 inquiry (Weaponising Child Support: when the system fails families) found Services Australia was acting in an “unfair and unreasonable” manner by not exercising its existing powers to enforce payment, and identified financial abuse — defined as one person controlling another's access to money — as being actively amplified rather than mitigated by system design.
- Of complaints escalated to the Ombudsman, 32% reported the child support scheme was being weaponised by an ex-partner; this is likely a substantial undercount, since it captures only those with the capacity and safety margin to pursue a complaint to that level.

- The Australian Bureau of Statistics now formally recognises refusal to pay court-ordered child support, and deliberate delay of property settlement, as forms of economic abuse in the Personal Safety Survey framework — a definitional shift the Second Action Plan should adopt consistently across all its data collection.

The Government's $182.6 million child support reform package (from 1 July 2026 – 1 January 2028) is a welcome start — including Departure Prohibition Orders, ATO enforcement funding, and redaction powers for sensitive information exchange. However, reform to date is concentrated on enforcement mechanics. It does not yet address the upstream problem this submission is most concerned with: that the system requires a victim-survivor to identify, evidence and pursue financial abuse largely on her own initiative, at a point when she is often least resourced — financially, legally and psychologically — to do so.

2.2 Recommendation

- Recognise economic and legal-system abuse (including weaponisation of child support, family law and property settlement processes) explicitly as a form of coercive control within the Second Action Plan's definitions, consultation questions and monitoring framework — not as an adjunct financial issue.
- Require Services Australia and the family law system to proactively flag and escalate patterns consistent with financial abuse, rather than relying on victim-initiated complaint, consistent with the Ombudsman's findings.
- Fund independent legal and financial navigation support at the point a victim-survivor first discloses, so that legal and financial system abuse is addressed with the same urgency as physical safety planning.

3. Radiology's role in early identification of intimate partner violence

Diagnostic imaging is an underused early-recognition pathway for intimate partner violence, and this submission recommends it be explicitly incorporated into Priority Area 5 (System Integration and Workforce).

Radiologists are frequently the first clinician to review objective evidence of injury, often before a disclosure has been made and sometimes across multiple presentations that no single treating clinician sees in combination. The published imaging literature is now well developed on this point:

- Injury patterns associated with intimate partner violence fall into two recognisable categories: target injuries (typically facial and neck, from blunt trauma or strangulation) and defensive injuries (typically to the extremities, sustained while shielding against an attack).
- Coexistent fractures at different stages of healing, a higher frequency of imaging utilisation over time, and a mismatch between the reported mechanism of injury and the imaging findings are all recognised diagnostic clues supporting suspicion of intimate partner violence.
- Radiology has already demonstrated this model works: the specialty's contribution to identifying non-accidental trauma in children is a mature, legislated and well-embedded pathway. No equivalent systematic identification or reporting pathway currently exists for adult intimate partner violence in Australia, despite radiologists having earlier and broader access to the relevant imaging history than most other clinicians in an episode of care.

3.1 Recommendation

- RANZCR, in partnership with jurisdictional health departments, should develop a credentialed IPV-recognition module — modelled on existing non-accidental injury training — covering target and defensive injury patterns, cross-study pattern recognition, and safe, trauma-informed escalation pathways that do not require the radiologist to manage disclosure directly.
- Reporting templates and structured comment fields should allow radiologists to flag injury-pattern concerns consistently, feeding into the DFSV integrated data system the AIHW is already developing, so that imaging-based indicators become part of national monitoring rather than remaining anecdotal at an individual reporting-radiologist level.

- This capability should be reflected as a defined competency in specialist training curricula (FRANZCR) and CPD requirements, and referenced as an applicable standard in radiology service accreditation.

4. Prevention and early intervention: commissioning agencies for young people

Priority Area 2 correctly identifies that long-term, sustained prevention programs beginning early are most effective, and that poorly contextualised one-off programs can produce backlash. This submission supports a more specific recommendation: that the Second Action Plan commission agencies with an explicit, funded mandate — not an incidental one — to deliver early recognition and behavioural remediation training to adolescents and young adults, at the developmental stage where attitudes toward power, control and relationships are still forming rather than entrenched.

- Evidence cited in the Consultation Paper itself shows protective effects from positive relational role-modelling (a 48% reduction in adult perpetration associated with positive father-figure involvement in the 10 to Men cohort) and from structured disengagement support for young people exposed to online misogynistic content — both are remediable through targeted, resourced programs rather than general awareness campaigns.
- Commissioning should specify: sustained (multi-year, not single-session) delivery; settings-based integration (schools, TAFEs, sporting clubs, workplaces employing young people); a remediation as well as a prevention function, for young people already displaying early controlling or harmful behaviour; and independent evaluation built in from the outset, given the evidence that poorly designed one-off interventions can worsen attitudes.
- Funding should be structured as recurrent and outcomes-linked, not project-based, given the paper's own finding that a low proportion of organisations are solely dedicated to prevention work.

5. Board-level governance and monitoring metrics

Priority Area 5 identifies system integration and workforce capability as a priority, but the Consultation Paper is largely silent on the governance mechanism that would make coordinated system performance visible and accountable at an organisational and jurisdictional level. Drawing on clinical and corporate governance practice (the same discipline applied to ISO 27001, ISO 9001 and SOC 2 Type II frameworks in health and technology sectors), this submission recommends the Second Action Plan require:

- A defined set of board-level KPIs for every funded service and government agency in the DFSV system — comparable in rigour to clinical incident or financial reporting — covering, at minimum: time-to-first-response, rate of repeat presentation, proportion of financial/economic abuse flags escalated and resolved, and workforce credentialing/training completion rates.
- Mandatory reporting of these metrics to agency and service boards on a fixed cycle (quarterly is recommended), with escalation triggers analogous to a clinical governance framework, rather than metrics that exist only within siloed program evaluations.
- A named accountable owner at board or executive level for DFSV-related governance metrics within every relevant Commonwealth and state agency (including Services Australia, given the findings in Section 2 above), consistent with the accountability model already expected of ISO 27001/SOC 2-aligned organisations for other forms of systemic risk.
- Publication of aggregated, de-identified metrics as part of National Plan progress reporting, so that system integration is measured, not only described.

6. Summary of recommendations

- Recognise economic and legal-system abuse (including child support weaponisation) explicitly as coercive control within the Second Action Plan's definitions and monitoring.
- Move Services Australia and family law processes to proactive detection and escalation of financial abuse patterns, rather than victim-initiated complaint.

- Develop a RANZCR-credentialed IPV imaging-recognition module and structured reporting pathway, equivalent to existing non-accidental injury frameworks.
- Commission recurrently funded agencies with an explicit early-recognition and remediation mandate for adolescents and young adults, evaluated independently.
- Require board-level DFSV governance KPIs, with named accountable owners, across all funded services and relevant government agencies.

References

Commonwealth Ombudsman. (2025). Weaponising Child Support: when the system fails families.

Department of Social Services. (2026). A safer and more effective child support system.

Australian Bureau of Statistics. (2021–22). Childhood abuse; Personal Safety, Australia.

Alessandrino, F., et al. (2020). Intimate Partner Violence: A Primer for Radiologists to Make the “Invisible” Visible. RadioGraphics.

Journal of the American College of Radiology. (2025). Using Radiology as a Screening Tool to Identify Intimate Partner Violence.

ANROWS. (2026). Evidence to action: informing direction for the Second Action Plan.