Feedback for Priority Area 1: Victim-survivors

Through my work supporting survivors of domestic violence, I have engaged directly with individuals who have experienced severe and sustained abuse - including a survivor who was stabbed by her partner, and another who was subsequently housed in public accommodation for her safety. In both instances, appropriate intervention ensured the survivors' safety and access to protection. However, not all victims receive this outcome, and it is the position of this submission that systemic improvements are required to better protect those at risk. The following recommendations are put forward for consideration:

1. Improve public understanding of what constitutes domestic violence

Government and community organisations should develop and disseminate clear, accessible guidance outlining the range of behaviours that constitute domestic violence, encompassing both physical and non-physical abuse. Many victims do not recognise non-physical abuse (e.g. coercive control, financial abuse, psychological manipulation) as domestic violence, which delays disclosure and intervention. Improved public education would support earlier identification and help-seeking.

2. Enhance domestic violence hotline capability

Domestic violence hotlines should be equipped with the technical capability to identify and track the location of callers at the time of contact. This capability should be implemented with appropriate privacy safeguards and should be clearly communicated to victims as a safety measure by providing reassurance that their location and welfare are being actively monitored, rather than functioning as a surveillance mechanism.

3. Mandate urgent, in-person case response

All reports of domestic violence should be treated as high priority and actionable. Where a report is made, a case officer should be assigned to conduct an in-person welfare visit to the relevant premises within a defined and appropriately urgent timeframe, ensuring no report is deprioritised or delayed in follow-up.

4. Prioritise victim relocation and offender monitoring

Where risk to the victim is identified, immediate relocation to a safe house or secure public housing, away from the offender, should be prioritised. Concurrently, offenders

should be placed on a monitored watchlist, with mechanisms in place to track their whereabouts and ensure compliance with any protective orders issued.

These recommendations are intended to strengthen the practical, day-to-day safety net available to domestic violence survivors and to close gaps that continue to place vulnerable individuals at risk.

Feedback for Priority Area 2: Prevention and early intervention

Through my work supporting survivors of domestic violence, I have engaged directly with individuals who have experienced severe and sustained abuse - including a survivor who was stabbed by her partner, and another who was subsequently housed in public accommodation for her safety. In both instances, appropriate intervention ensured the survivors' safety and access to protection. However, not all victims receive this outcome, and it is the position of this submission that systemic improvements are required to better protect those at risk. The following recommendations are put forward for consideration:

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

A coordinated, multi-layered approach is required to ensure that no single system bears sole responsibility for identifying and responding to harm experienced by children and young people.

Education settings should embed age-appropriate education on healthy relationships, consent, and recognising unsafe behaviours into the curriculum from an early age, alongside mandatory, regularly refreshed training for teachers and school staff on identifying indicators of abuse (physical, emotional, sexual, and neglect) and clear, low-barrier reporting pathways.

Government and services should ensure information-sharing protocols between health, education, police, and child protection agencies are streamlined so that early warning signs are not siloed within a single service. Case management should follow the child across service transitions rather than requiring them to re-disclose harm to multiple agencies.

Families and communities should have access to accessible, non-stigmatising resources that help them recognise signs of harm in children, including changes in

behaviour, withdrawal, regression, or harmful behaviours directed at others, alongside clear guidance on how and where to seek help.

A trauma-informed, child-centred response should be standard practice across all touchpoints, ensuring that when a child does disclose harm, the response is immediate, believing, and does not require the child to repeat their account unnecessarily.

Responses to children and young people displaying harmful behaviours must balance accountability with the recognition that many of these young people have themselves experienced trauma, exposure to violence, or harm — and that punitive-only responses are less effective than therapeutic, behaviour-change-focused intervention.

Early, specialist assessment should be prioritised to understand the underlying drivers of the behaviour (e.g. exposure to family violence, prior victimisation, developmental factors), rather than treating the behaviour in isolation.

Therapeutic, evidence-based intervention programs, delivered by clinicians trained specifically in working with children and young people who display harmful sexual behaviours or violence should be made available and appropriately resourced, rather than relying solely on the criminal justice system, particularly for younger children.

Family and carer involvement in the intervention, where safe and appropriate, supports sustained behaviour change and helps address any relational or environmental factors contributing to the behaviour.

Accountability frameworks should be age-appropriate and developmentally sensitive, focused on helping the young person understand the impact of their behaviour and take ownership of change, rather than approaches that solely emphasise punishment without addressing root causes.

Long-term, wrap-around support — rather than a single intervention point — improves outcomes, as behaviour change in this context is rarely immediate and requires sustained engagement across education, health, and family systems.

Feedback for Priority Area 4: People who use violence

All reports of domestic violence should be treated as high priority and actionable. Where a report is made, a case officer should be assigned to conduct an in-person welfare visit to the relevant premises within a defined and appropriately urgent timeframe, ensuring no report is deprioritised or delayed in follow-up.

Feedback for Priority Area 5: System Integration and Workforce

1. Enhance domestic violence hotline capability

Domestic violence hotlines should be equipped with the technical capability to identify and track the location of callers at the time of contact. This capability should be implemented with appropriate privacy safeguards and should be clearly communicated to victims as a safety measure by providing reassurance that their location and welfare are being actively monitored, rather than functioning as a surveillance mechanism.

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3. Prioritise victim relocation and offender monitoring

Where risk to the victim is identified, immediate relocation to a safe house or secure public housing, away from the offender, should be prioritised. Concurrently, offenders should be placed on a monitored watchlist, with mechanisms in place to track their whereabouts and ensure compliance with any protective orders issued.

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

In addition to the recommendations above, this submission highlights a number of upstream risk and protective factors that warrant greater policy attention:

Addressing upbringing and family-of-origin risk factors. Research consistently identifies a young person's upbringing as a significant factor in later risk of using or tolerating violence. Permissive or inconsistent parenting, lack of positive role modelling around conflict resolution, and early exposure to family instability are associated with poorer emotional regulation and higher risk of harmful behaviour later in life. Investment in accessible parenting support and early-childhood family services should be treated as a violence-prevention measure, not solely a family-wellbeing initiative.

Recognising the pressures on single-parent families. Single parents - disproportionately mothers - often carry the full weight of caregiving, discipline, and financial provision without a second adult to share the load. This can increase stress within the household and reduce the capacity for consistent supervision and support during a child's formative years. Most measures should include improved access to affordable childcare, financial support, and community-based mentoring programs that provide additional stable, positive adult relationships for children in single-parent households.

Improving early intervention for mental illness. Untreated or poorly managed mental illness - in parents, caregivers, or young people themselves - is a recognised contributor to family conflict and, in some cases, to the use of violence. Expanding early, low-barrier access to mental health services, particularly for young people and parents under stress, should be a funded priority rather than a secondary consideration.

Supporting young people through major life transitions. Social and family pressure on young people to become independent early, for example, moving out of home at a young age can remove them from stabilising family structures and support networks at a critical developmental stage, increasing vulnerability to harm or the adoption of harmful behaviours. Community and government-supported transition programs (housing support, mentoring, financial literacy) can help offset the loss of that structure.

Strengthening protective community and family structures. Evidence suggests that strong extended family networks, consistent intergenerational expectations, and active community accountability reduce isolation and provide informal but effective checks on harmful behaviour. Policy and funding settings should support community-led and

family-strengthening programs that build these protective structures, particularly in communities where they are currently under-resourced or fragmented.

The recommendations outlined in this submission are intended to strengthen recognition of, and response to, family, domestic and sexual violence across government, services, education, and community settings - from early identification and urgent case response, through to accountability and behaviour-change approaches for those who use violence or display harmful behaviours.

In closing, this submission also raises an area warranting further investigation rather than a settled conclusion. Further research is warranted into the extent to which early-childhood behavioural and disciplinary support, combined with the structure of income support for young parents, may contribute to intergenerational cycles of family instability. While causality is contested, government should not discount early intervention and family-support models as a preventative lever. Addressing family violence effectively requires not only responding to harm once it occurs, but understanding, and where possible, interrupting the conditions that allow cycles of disadvantage and harm to repeat across generations.

Feedback for Priority Area 1: Victim-survivors

There is no support for victims none for an assault in 2023.

My daughter was at [redacted] primary school in 2023.

My daughter alleges that a man who worked in admin was in the female toilets with her.

My daughter is deaf, she describes grooming from this man amd her previous teacher.

I experienced intimidation from several staff members who I believe would of had knowledge, cause if my daughter who is deaf has heard I can guarantee the principal who's office is next to it heard. Not only that I believe the principal set up assaults on my child.

Now the diocese have lied to organisation's, being the reportable conduct scheme. I have never heard back from VIT.

The police have gone and spoken to the principal. I believe she has lied to them. The finding from the royal commission in 2015 found that police we mislead when reporting.

No one has been charged, multiple staff members are still employed despite all of this.

This has been a horrific experience and made worse.

Feedback for Priority Area 2: Prevention and early intervention

How about having VIT, the reportable conduct scheme, the police all actually do there jobs and investigate the matter. This was common knowledge my daughter was locked in the toilet. There will be at least one teacher who admits the truth in this situation.

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

Again having organisation's that don't continue to do as little as possible to protect children.

Feedback for Priority Area 4: People who use violence

Have police follow the law

Feedback for Priority Area 5: System Integration and Workforce

Again having police, vit or reportable conduct scheme do there job. None of these are working. How is it possible that my daughter can't attend school in 2026.

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

Again this is all known these services aren't working. Get rid of them.

Reportable conduct scheme was responsible for [redacted]."

Consultation Submission

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

Executive Summary Writing By [redacted]

Violence against women and children remains one of Australia's most significant social and public safety challenges. Ending family, domestic and sexual violence requires a coordinated national approach that combines prevention, stronger legal protections, improved policing, better early intervention, accountability for perpetrators, and long-term support for victim-survivors.

The Second Action Plan should strengthen national consistency across legislation, improve compliance and oversight, and ensure every organisation that works with women and children operates under clear safety standards.

Recommendations

1. National Minimum Safety Standards

Australia should introduce nationally consistent minimum standards applying to organisations providing services to women and children.

These standards should require:

- Trauma-informed practice
- Child-safe organisational systems
- Risk assessment procedures
- Mandatory safety planning
- Cultural safety
- Disability inclusion
- Regular safeguarding audits
- Independent complaints mechanisms
- Staff supervision requirements

- Annual compliance reporting

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2. Strengthen Criminal Laws

Governments should continue strengthening laws addressing:

- Coercive control
- Technology-facilitated abuse
- Financial abuse
- Image-based abuse
- Stalking
- Post-separation abuse
- Family violence homicide prevention

National consistency between states and territories should be improved where possible.

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3. Earlier Intervention

Investment should focus on identifying violence earlier through:

- Schools
- Hospitals
- General practitioners
- Mental health services
- Childcare
- Community organisations
- Disability services
- Aged care providers

Professionals should receive nationally accredited training.

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4. Stronger Information Sharing

Governments should improve lawful information sharing between:

- Police
- Courts
- Child protection

- Health services
- Domestic violence services
- Housing agencies
- Disability services

Information sharing should protect privacy while reducing risk to victims.

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5. Better Protection for Children

Children experiencing family violence should receive:

- Independent support
- Trauma counselling
- School-based supports
- Child advocates
- Earlier intervention

Children should be recognised as victim-survivors in their own right.

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6. Better Responses for Women with Disability

Women with disability face higher risks of violence and often encounter barriers to reporting and support.

The Second Action Plan should require:

- Accessible reporting pathways
- Easy Read information
- Auslan services
- Communication supports
- Independent advocates
- Disability-aware domestic violence services

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7. Perpetrator Accountability

Governments should expand evidence-based programs addressing perpetrators through:

- Behaviour change programs

- Alcohol and drug interventions
- Mental health supports where appropriate
- Intensive supervision for high-risk offenders
- Electronic monitoring where authorised by law
- Compliance monitoring of court orders

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8. National Workforce Standards

Workers in domestic violence services should receive mandatory education in:

- Trauma-informed care
- Risk assessment
- Cultural competency
- Disability inclusion
- Child protection
- Mandatory reporting
- Privacy legislation
- Professional ethics

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9. Better Data Collection

Australia should establish nationally consistent reporting of:

- Domestic violence incidents
- Repeat offending
- Court outcomes
- Service waiting lists
- Housing outcomes
- Child outcomes
- Disability-related violence
- Rural and remote service access

Evidence-based policy depends on high-quality national data.

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10. Independent Oversight

An independent national monitoring framework should evaluate implementation of the Second Action Plan through:

- Annual public reporting
- Performance indicators
- Independent audits
- Community consultation
- Victim-survivor feedback

Laws Supporting These Recommendations

Implementation should align with existing Australian legislation and frameworks, including:

- **National Plan to End Violence against Women and Children 2022–2032**
- **Family Law Act 1975 (Cth)**
- **National Disability Insurance Scheme Act 2013 (Cth)**
- **Privacy Act 1988 (Cth)**
- **Fair Work Act 2009 (Cth)** (including family and domestic violence leave)
- State and Territory family violence legislation
- State and Territory child protection legislation
- State and Territory work health and safety legislation
- Criminal laws relating to domestic violence, sexual offences, stalking, coercive control (where enacted), and technology-facilitated abuse. (Engage DSS)

Standards and Frameworks

The Second Action Plan should also promote consistent application of:

- National Principles for Child Safe Organisations
- National Principles to Address Coercive Control
- Australian Human Rights Commission guidance
- National Disability Insurance Commission Practice Standards (where relevant)
- Trauma-informed practice frameworks
- Evidence-based risk assessment frameworks
- Culturally safe service standards
- Accessibility standards for people with disability

Implementation Priorities (2027–2032)

1. Introduce nationally consistent minimum safety standards.
2. Improve early identification of family and domestic violence.
3. Expand specialist services in regional and remote Australia.
4. Increase affordable crisis accommodation and long-term housing.
5. Strengthen perpetrator accountability through evidence-based interventions.
6. Improve services for Aboriginal and Torres Strait Islander peoples through community-led approaches.
7. Ensure all services are accessible to people with disability and culturally diverse communities.
8. Increase investment in prevention and respectful relationships education.
9. Improve national data collection and public reporting.
10. Establish independent evaluation and transparent reporting on outcomes.

Conclusion

Ending violence against women and children requires coordinated action across governments, service providers, communities, and individuals. The Second Action Plan should focus on prevention, early intervention, strong legal protections, effective support for victim-survivors, and accountability for perpetrators. Nationally consistent standards, evidence-based practice, and ongoing evaluation will be essential to achieving the National Plan's goal of ending gender-based violence in Australia. (Engage DSS)

Submission to the consultation on the Second Action Plan

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

Responding to: Evidence to action: informing direction for the Second Action Plan (Consultation Paper, May 2026)

Submitted to: Department of Social Services, Australian Government

Consultation closes: 31 July 2026

Submitted by: [redacted], Faculty of Law, University of Technology Sydney

Contact: [redacted]

Publication: I consent to publication of this submission

Subject of this submission: the recognition of harm, threatened harm and neglect of animals as a form of family and domestic violence and coercive control, and the inclusion of animals across the prevention, early intervention, response, and recovery and healing domains of the Second Action Plan.

Priority Area 1: Victim-survivors

9,669 characters (worst case 9,731 of 10,000)

About this submission

This submission addresses one omission running through the consultation paper: the recognition of harm, threatened harm and neglect of animals as a form of family and domestic violence and coercive control, and the role of animals as a barrier to safety.

The words "animal" and "pet" do not appear anywhere in the consultation paper: not in the assessment of the evidence, the five proposed priority areas, the twenty-three consultation questions, the list of non-specialist services described as key points of engagement or disclosure, or the discussion of crisis accommodation, coercive control, children's experiences of harm, behaviour change and national data gaps.

That silence is not proportionate to the evidence.

Prevalence and reach. The first Australian study recruited 102 women through 24 Victorian domestic violence services and compared them with 102 women from the community. Partner abuse of animals, partner threats to abuse animals, and abuse by other family members were all significantly higher in the family violence group; on the headline measure, 52.9 per cent against zero (Volant, Johnson, Gullone and Coleman, 2008). Later Australian estimates run as high as 70 per cent. Seventy-three per cent of Australian households include an animal, an estimated 31.6 million animals across some 7.7 million homes (Animal Medicines Australia, 2025), and around half of Australians regard them as family members.

Barrier and risk. A systematic review found the proportion of victim-survivors delaying departure because of concern for an animal ranged from 18 to 56 per cent across studies. The Australian Institute of Family Studies concluded in 2024 that many report staying with, delaying leaving or returning to perpetrators

because of fears for a family animal, and identifies violence against family animals as a possible indicator of more frequent and more severe patterns of intimate partner violence: a risk marker Australia does not systematically collect (Butler and MacDonald, 2024).

We do not propose a sixth priority area. This is a cross-cutting capability that improves performance against all five priority areas already proposed.

We also note that the law has already moved. Federal family law, and family violence legislation in New South Wales, Victoria and Tasmania, now expressly recognise harm and threatened harm to animals as family violence, as the Australian Law Reform Commission recommended in 2010. The statute books recognise something the National Plan's monitoring framework still does not.

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

Accommodation that does not require a person to choose between their own safety and the life of an animal they love. This is the highest-value intervention in this domain, and it is a funding question rather than a research question.

It should be pursued on three fronts at once: increasing the number of animal-inclusive emergency and crisis places so people and animals can stay together; funding animal welfare organisations to provide boarding and coordinate foster care where co-location is not possible, so that no service is left telling a victim-survivor to surrender an animal; and improving animal-inclusive transitional and long-term housing, without which a crisis-stage solution merely defers the problem to the point at which a person is deciding whether to return.

Where solutions exist, they exist because individual organisations built them: the RSPCA NSW program operating since 2005, RSPCA Queensland's Pets in Crisis partnership with DVConnect, and animal-inclusive crisis accommodation through Safe Steps in Victoria. These work, but they are chronically under-resourced and thinnest in exactly the regional and remote areas the consultation paper identifies as underserved.

Recognition matters alongside resourcing. Where a system treats an animal as property to be triaged, victim-survivors read that as a signal that the harm done to their animal will not be taken seriously. Recognising animals as victim-survivors in their own right does not require conferring legal standing or personhood. It requires the Second Action Plan to describe the harm accurately: an animal deliberately injured in order to terrorise a person has been the direct object of family violence, and the service response should reflect that.

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

Being asked helps. The most consistent finding in the practice literature is that victim-survivors rarely volunteer concern about an animal to a service that has given no indication it regards the matter as relevant, and frequently disclose it immediately when asked directly. Screening is therefore not merely a data-capture exercise. It is an access intervention: it surfaces a barrier early enough to plan around it, and it signals that this service understands the person's situation. Intake, risk assessment and safety planning tools should ask about animals in the household, about harm, threats to harm and neglect, and about whether concern for an animal is shaping decisions on leaving, returning or seeking help.

The corresponding barrier is well documented. Between roughly one in five and one in two victim-survivors delay leaving because of an animal. A system that has no answer when a person says they cannot leave the dog behind has, in that moment, no answer at all. Perpetrators know this, which is why the threat is made.

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

Harm, threats and neglect directed at animals should be named in the Second Action Plan's treatment of coercive control. Threats to an animal are a low-cost, high-yield control tactic: cheap to make, devastating in effect, historically easy to mischaracterise as property damage, and highly credible to a victim-survivor who has seen the perpetrator follow through once. This is coercive control operating through a third party who cannot report, cannot testify and cannot leave. It is also one of the few forms of coercive control that routinely leaves physical and veterinary evidence, which matters to a system that struggles to evidence patterns of behaviour.

There is also a systems abuse dimension. Disputes over animals are an emerging vector: contesting ownership, withholding an animal, prolonging proceedings, and using arrangements about an animal to maintain contact. The 2025 family law reforms give courts new tools; the service system needs the capability to recognise the tactic.

Technology-facilitated abuse has an animal dimension not yet examined in Australia, including pet tracking devices and pet cameras used to monitor a household, and the circulation of images of harm to an animal in order to intimidate.

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

Animal-inclusive supports are least available where the consultation paper already identifies the deepest service gaps. Rural, regional and remote communities have the fewest boarding options, the longest distances to an animal-inclusive refuge, and the thinnest veterinary coverage.

For Aboriginal and Torres Strait Islander communities, responses must be designed with, and preferably delivered by, Aboriginal Community Controlled Organisations, and grounded in the specific and varied relationships between communities and animals rather than in a metropolitan companion-animal model imported wholesale. This submission does not presume to specify what those responses should look like; it recommends that design authority sit with those communities and be funded accordingly.

Similar design work is needed with people with disability, for whom an animal may also be an assistance animal; with older people, among whom animal-related coercion features in elder abuse; and with people in insecure housing.

Recommendations for Priority Area 1

1. Name harm, threatened harm and neglect of animals in the Second Action Plan as a recognised form of family and domestic violence and coercive control, and align the National Plan's working understanding of family violence with the definitions now in force federally and in New South Wales, Victoria and Tasmania.
2. Require that intake, risk assessment and safety planning tools used by Commonwealth-funded services include questions about animals in the household.

3. Increase funding for animal-inclusive emergency, crisis and transitional accommodation, and set a published national target for the proportion of Commonwealth-funded crisis accommodation able to house a victim-survivor with their animal by 2032.
4. Recognise animals harmed in the course of family and domestic violence as victim-survivors in their own right in the language and service design of the Second Action Plan.
5. Fund animal welfare and veterinary organisations to deliver emergency boarding, coordinate foster care and provide subsidised treatment as a funded component of the family violence response system, rather than as unfunded goodwill.
6. Embed the leadership of people with lived experience of violence perpetrated against both people and animals throughout co-design, implementation and evaluation, and commission animal-inclusive design work with Aboriginal Community Controlled Organisations, disability representative organisations and rural and remote services.

Priority Area 2: Prevention and early intervention

9,533 characters (worst case 9,597 of 10,000)

Context for this section

This submission concerns the recognition of harm, threatened harm and neglect of animals as a form of family and domestic violence, and the inclusion of animals across the Second Action Plan. The consultation paper does not mention animals at any point. Australian research has found that around half of women accessing domestic violence services report partner abuse of a companion animal, against effectively none in community comparison groups (Volant and others, 2008), and 73 per cent of Australian households now include an animal (Animal Medicines Australia, 2025).

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

Within the scope of this submission: teaching children, early and consistently, that vulnerability is not an invitation to control.

Empathy toward animals is one of the earliest and most accessible forms of moral learning available to a young child. It is available years before adolescent respectful relationships curricula begin. It does not depend on romantic or sexual framing. It is comprehensible to a four-year-old, who can understand that an animal feels pain and fear long before they can engage with concepts of consent or gendered power. And it is practised daily in the home, which means it is reinforced rather than confined to a classroom hour.

The consultation paper makes an important observation here that strengthens this case rather than weakening it. It notes that some educational interventions have inadvertently produced backlash, with boys becoming more supportive of violence after exposure to one-off, insufficiently contextualised awareness-raising programs. Animal welfare and empathy content is comparatively resistant to that failure mode. It is low in perceived accusation. It does not position boys as suspects. It builds the underlying disposition on which later, more explicit curriculum content depends, and it does so without triggering the defensive reaction that the paper identifies as a real and documented risk.

Animal welfare education should therefore be included as an explicit component of respectful relationships programs across early childhood, schools, vocational education, universities and workplaces, rather than being treated as a separate subject that competes with them.

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

By making what already exists visible, and by joining up sectors that are already doing adjacent work.

Legal protections for animals in family violence contexts have expanded substantially, and public awareness of them is close to nil. Since 2021, protection of animals has been a standard condition of every Apprehended Domestic Violence Order in New South Wales, and harm or threatened harm to an animal is an express form of intimidation. Tasmania amended its definition of family violence in 2024. Since 10 June 2025, federal family law has required courts to consider cruelty or threatened cruelty toward a companion animal, and the attachment of a party or a child to it. A victim-survivor who does not know these protections exist cannot use them.

National community education should therefore carry three messages: that animals are family members; that harming or threatening them to control a person is family violence, not merely property damage or animal cruelty; and that specific legal protections and support services exist and can be accessed.

At the organisational and institutional level, the strengthening opportunity is cross-sector. Veterinary practices, animal welfare organisations, councils, and animal shelters are already in contact with households experiencing violence and are not currently connected to the prevention or early intervention system in any structured way.

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

By treating cruelty toward animals as a signal rather than an eccentricity, and by equipping people to respond to it.

In schools, this means that a child who harms an animal triggers an assessment and a wellbeing response, not only a disciplinary one, on the basis that such behaviour is very often a marker of that child's own exposure to violence. In workplaces, it means that stated intentions to harm a family animal are recognised as family violence for the purposes of family violence leave and workplace support policies. In communities, it means that neighbours and family members who notice harm to an animal understand that they may be seeing the visible edge of something larger and know where to direct a concern.

Online, the consultation paper identifies the reinforcement of misogyny among boys and young men as a driver requiring attention. The treatment of animals within those content ecosystems, including the circulation of cruelty content as a form of status display and a normalising vector for contempt toward the vulnerable, is under-researched in the Australian context. We recommend it be examined rather than assumed, and that platform safety work commissioned under the Second Action Plan include it in scope.

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

Three approaches are promising, and all three are currently operating below the scale required.

Screening at intake is the highest-yield early intervention available in this domain, because it operates at the moment a person has already made contact with a service and is deciding whether that service will be useful to them. It costs almost nothing to add a question. What is needed to expand it is a requirement in funding agreements, accompanying practice guidance, and a referral pathway to somewhere useful, since asking a question the service cannot act on is worse than not asking.

Veterinary practices as an early intervention pathway. The consultation paper observes that early intervention pathways outside the justice system, across health, education and social services, need consistent capability. Veterinary practices are such a pathway and are currently unrecognised as one. Veterinarians see injuries whose explanation does not match the presentation, they see the same household repeatedly, and they see clients accompanied by a partner who does the talking and who controls the money. What is needed is training, a protocol, and a referral pathway.

Animal-inclusive safety planning, which is currently done well by a small number of specialist workers and not at all by most. What is needed is national practice guidance so that planning routinely covers where the animal will go, what documents and medications must be taken, microchip and registration details, and how ownership will be evidenced if it is later contested.

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

Cost-of-living pressure is changing the shape of this problem. Rising veterinary costs, a shortage of animal-inclusive rentals and increased surrender rates all increase the leverage available to a person who controls the household finances and therefore controls whether an animal receives treatment, is fed adequately, or is kept at all. Withholding veterinary care is economic abuse and animal neglect at the same time, and the Second Action Plan's treatment of economic abuse should say so.

Housing regulation is the second emerging issue. Animal-inclusive tenancy rights vary sharply between jurisdictions. In jurisdictions where a landlord may refuse a tenant with an animal without reason, a victim-survivor leaving violence faces a housing market that structurally penalises her for keeping the family animal, which materially raises the probability that she returns. This is a prevention issue as much as a housing one, and it is amenable to national coordination.

Third, the intersection of animals with disaster and displacement. Australian experience in bushfire and flood recovery has repeatedly shown that people will refuse evacuation rather than abandon animals. The same dynamic operates in family violence, and the emergency management sector has developed practical solutions from which the family violence sector could learn directly.

Recommendations for Priority Area 2

7. Include animal welfare, and education that fosters empathy and compassion toward animals, as an explicit component of respectful relationships programs across early childhood, schools, vocational education, universities and workplaces.
8. Fund national community education that recognises animals as family members, explains the link between family violence and animal abuse, and makes the available legal protections and support services visible.
9. Recognise veterinary practices as an early intervention pathway, and fund training, protocols and referral pathways to support them in that role.
10. Fund national practice guidance on animal-inclusive safety planning.
11. Commission research into the treatment of animals within the online content ecosystems identified as drivers of harmful attitudes among boys and young men.
12. Address the interaction between animal-inclusive tenancy rights, housing availability and the risk of return to a violent home as a national coordination issue.

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

9,381 characters (worst case 9,445 of 10,000)

Context for this section

This submission concerns the recognition of harm, threatened harm and neglect of animals as a form of family and domestic violence, and the inclusion of animals across the Second Action Plan. The consultation paper does not mention animals at any point.

The Australian evidence is specific for this priority area. The foundational Australian study found that children in families experiencing domestic violence were reported by their mothers to have both witnessed and committed significantly more animal abuse than children in comparison families (Volant, Johnson, Gullone and Coleman, 2008). Two policy implications follow, and they must be held together: animals are frequently the relationship in which a child experiencing violence invests the most trust, and children who harm animals are very often displaying the effects of their own victimisation.

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

Keeping children with their animals wherever it is safe to do so.

The consultation paper is emphatic that childhood is a critical developmental period, and that the impacts of violence on children's developing brains, bodies, relationships and sense of self are too often dismissed or minimised. A child's relationship with an animal is frequently the most stable and least frightening relationship available to them during a period in which every other relationship in the household has become a source of threat. It is a relationship in which the child is competent, trusted and needed, which is rare for a child living with violence.

Severing that relationship at the point of crisis is what the current accommodation system routinely requires. It removes the child's primary source of comfort at the moment of maximum need, and it does so in a way that adults categorise as a practical necessity rather than as a harm. Children do not experience it that way. For a child, the surrender of an animal on the day they leave home is a bereavement layered on top of displacement, loss of school, loss of bedroom and loss of routine, and it is one for which no one prepares them and no one offers grief support.

The Second Action Plan should recognise this explicitly, and accommodation funded under it should be designed so that children, young people and animals can stay together or, where that is not possible, maintain contact through the crisis and transitional period.

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

By asking children about animals.

Children who will not disclose violence against themselves or against a parent will very often disclose violence against an animal. This is because it does not require them to accuse a parent of hurting them, it does not require them to betray a family loyalty they have been taught to hold, and it does not carry the shame that attaches to disclosing their own victimisation. In practice, a question about a family animal is among the least threatening entry points available in child-centred casework, and practitioners who use it report that it opens conversations that direct questions close.

This should be reflected in the national practice standards for work with children and young people that the consultation paper proposes to develop through co-design, and in the child-centred casework and safety planning it calls for. Where a child expresses fear for an animal left behind, that fear should be recorded and acted on, not managed as an emotional matter incidental to the real case.

In education settings, harm to a child's animal, or a child's expressed fear about an animal at home, should be recognised as a potential indicator of family violence and should trigger the same wellbeing response as any other indicator.

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

For animal harm specifically: assessment first, therapeutic response second, and a deliberate refusal to treat the behaviour as prophecy.

The consultation paper describes, with unusual clarity, behaviour that may be a response to violence, including learned behaviour, an act of resistance or retaliation, or a result of a father's use of coercive control. It warns that when such behaviours manifest, young victim-survivors face the risk of pathologisation and potential criminalisation, and that rigid victim or perpetrator frameworks are inadequate in this context. It quotes a young person who said they were a child being told they were going to be violent when older.

Nowhere is that warning more urgent than in responses to animal harm by children. The belief that a child who hurts an animal is a future violent offender is widely held, intuitively compelling, and not supported by the evidence base when applied to an individual child. The consultation paper itself records that fewer than one third of children who experience violence go on to use violence as adults. A child who harms an animal in a violent household is far more likely to be enacting what has been done to them, testing whether adults notice, or attempting to exert control in the single domain available to them.

The Second Action Plan should be explicit that animal harm by a child is an indicator that the child needs help, is very often a marker of that child's own victimisation, and is not in itself a basis for a criminalising response. Practitioners need assessment tools that distinguish between developmental curiosity, trauma responses, coerced participation and deliberate cruelty, because the appropriate response differs in each case. Coerced participation deserves particular attention: perpetrators sometimes compel children to participate in harming an animal, which binds the child in shame and silence and is a form of abuse of the child.

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

Threats to a child's animal are a documented method of enforcing a child's silence about violence in the home. Where such threats are made, they should be recognised as coercive control directed at a child in their own right, which is the framing the consultation paper argues for throughout this priority area.

In adolescent dating relationships, threats to a partner's animal appear as an early controlling behaviour and are readily dismissed by adults as a lesser matter than physical violence. Respectful relationships content addressing dating violence should name it.

Online, the circulation of images or video of harm to an animal in order to intimidate, and the use of animal-related content to demonstrate willingness to cause harm, warrant attention within the technology-facilitated abuse work the Second Action Plan proposes. Pet tracking devices and home pet cameras are also increasingly used to monitor households and should be considered within work on surveillance-enabled abuse.

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

Ask them what happened to their animals, and what they wanted to happen.

This is a subject children volunteer readily and adults reliably fail to record. In consultations with children about family violence, animals recur as a central concern, and yet they almost never appear in the resulting policy documents, as the consultation paper itself demonstrates. Any co-design process established under this priority area should include direct questions about animals, and should include children who have experienced the surrender or loss of an animal on leaving home, whose perspective on the crisis response system is not currently captured anywhere.

Recommendations for Priority Area 3

13. Recognise in the Second Action Plan that children and young people experiencing family violence frequently have close and significant attachment relationships with animals, and that forced separation from an animal at the point of crisis is itself a harm requiring mitigation.
14. Enable children, young people and animals to stay together, or to maintain contact, through crisis, transitional and recovery accommodation.
15. Require that child-centred casework and safety planning explicitly address the child's relationship with, and fears for, family animals, and reflect this in national practice standards developed under this priority area.
16. Ensure responses to children and young people who harm animals are assessment-led and therapeutic rather than criminalising, and fund the development of assessment tools that distinguish trauma responses and coerced participation from deliberate cruelty.
17. Recognise threats to a child's animal as coercive control directed at a child in their own right.
18. Include direct questions about animals in all co-design and consultation processes with children and young people conducted under the Second Action Plan.

Priority Area 4: People who use violence

9,600 characters (worst case 9,662 of 10,000)

Context for this section

This submission concerns the recognition of harm, threatened harm and neglect of animals as a form of family and domestic violence, and the inclusion of animals across the Second Action Plan. The consultation paper does not mention animals at any point.

Australian and international research finds that harm to animals in violent households is instrumental rather than incidental. Perpetrators harm, threaten and neglect animals in order to demonstrate capability, punish, enforce compliance, prevent departure and secure silence. The literature identifies violence against family animals as a possible indicator of more frequent and more severe patterns of intimate partner violence (Butler and MacDonald, 2024).

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

Using the contact points that already exist.

The consultation paper makes an important admission: most men who use violence never reach a formal behaviour change intervention, and the reasons include shame, lack of recognition of their own behaviour, stigma, access issues and the absence of trusted entry points. It follows that the highest-value early identification opportunities are those that do not require the person to identify himself as a perpetrator, or to present himself anywhere at all.

Animal cruelty investigation is such an opportunity, and it is currently almost entirely unexploited. An animal welfare inspector attending a property in response to a cruelty complaint is inside a home, observing a household, with a statutory basis for being there. In a substantial proportion of those visits, the inspector is standing in a house where family violence is also occurring. At present that inspector has, in most jurisdictions, no training in recognising family violence, no protocol for what to do, no referral pathway, and no mechanism to pass what they have seen to anyone who could act on it.

Building those four things is inexpensive relative to almost anything else in this priority area, and it would create a genuinely new point of identification in a system that the consultation paper concedes is missing most of the people it needs to reach. Veterinary practices offer the same opportunity: a person who will never attend a men's service will attend a veterinary clinic with an injured animal.

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

By recognising animal abuse as a risk marker, and by recording it as one.

This responds directly to the consultation paper's finding that there is a lack of nuanced data on which types of abuse are used by which people, and how the nature and situation of abuse varies. Animal abuse is a discrete, observable, describable behaviour that is comparatively easy to record accurately, which is a rarity in a field where much of what must be captured is a pattern rather than an event. It leaves veterinary records, forensic evidence and, frequently, witnesses.

It should therefore be captured in three places where it is currently absent or inconsistent. First, in risk assessment frameworks used by police, courts and specialist services, so that a history of harm or

threatened harm to animals informs the assessment of risk to people. Second, in information sharing schemes, so that a perpetrator's history of animal cruelty offences is visible to those assessing risk, and so that information can flow in both directions between police, specialist family violence services and animal welfare law enforcement authorities. Third, in domestic and family violence death review processes, where the question of whether animal harm preceded a fatality is generally not asked and therefore cannot be answered. Australia has invested substantially in death review as a learning mechanism; this is a low-cost addition to the review template that would, within a few years, produce evidence on lethality that no other method can generate.

Information sharing must be designed with victim-survivor safety as the governing consideration, with clear thresholds, consent protections where appropriate, and safeguards against misidentification of the person most at risk.

A related problem is charging practice. Jurisdictions treat the same conduct differently: in New South Wales, animal cruelty committed in a domestic relationship with intent to coerce or intimidate may be charged as a domestic violence offence, while in several other jurisdictions harm to an animal is dealt with as a form of property damage. The Australian Law Reform Commission identified this inconsistency in 2010 and it persists. The consequence is that identical behaviour produces a family violence record in one state and a property damage record in another, which corrupts national data on perpetration and denies victim-survivors equal protection depending on where they live. National consistency in how this conduct is classified is a precondition for the improved perpetration data the consultation paper seeks.

Families, communities and workplaces need the same recognition in simpler terms: that a person who deliberately hurts or threatens an animal to control someone is using family violence, and that this is a matter to raise rather than overlook. In workplaces, stated intentions to harm a family animal should be recognised as family violence for the purposes of family violence leave and workplace support policies.

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

Behaviour change programs must address the whole pattern of behaviour, and harm to animals is very often part of it.

Where a program does not name it, two things follow. The participant learns that this particular tactic is not counted, which is precisely the wrong lesson in an intervention built on accountability. And the program forgoes what practitioners consistently report is one of the more productive routes into a conversation about coercion, because a man who will not concede that he frightened his partner will sometimes concede what he did to the dog, and the conversation can proceed from there to the effect it was intended to have.

Programs should therefore be required to address harm, threatened harm and neglect of animals as a form of family violence, and should be resourced to do so. Requiring it without funding it will produce compliance on paper and no change in practice. Resourcing includes practitioner training, curriculum development, and supervision, since this is content that can be mishandled in ways that reinforce minimisation.

Victim-survivor safety must govern the design. Where a program identifies that a participant has harmed an animal, that information is relevant to the risk assessment for the adult and child victim-survivors, and the pathway for it to reach them safely should be explicit rather than improvised.

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

By funding development and evaluation with the communities concerned, and by not assuming that a model developed for a metropolitan companion-animal context will transfer.

The consultation paper is right that responses to people who use violence are among the least evaluated components of the system. Animal-inclusive components of those responses are, at present, entirely unevaluated in Australia. There is no published evaluation of a behaviour change program that addresses animal harm, no evaluation of animal welfare inspector referral pathways, and no Australian prevalence data on perpetration of animal abuse in a family violence context outside refuge convenience samples.

For Aboriginal and Torres Strait Islander communities, design and delivery should sit with Aboriginal Community Controlled Organisations, and should be grounded in the specific and varied relationships between communities and animals. In rural and remote communities, where veterinary and animal welfare enforcement coverage is thinnest, the practical model will differ from an urban one and should be developed as such rather than adapted after the fact.

Recommendations for Priority Area 4

19. Recognise animal abuse as an indicator of risk of more severe or more frequent violence against people, and incorporate it into national risk assessment frameworks.
20. Include animal harm in domestic and family violence death review processes in every jurisdiction.
21. Enable lawful, safe and reciprocal information sharing about the use of family violence and animal abuse between police, specialist family violence services and animal welfare law enforcement authorities, with victim-survivor safety as the governing consideration.
22. Require Commonwealth-funded behaviour change programs to address harm, threatened harm and neglect of animals as a form of family violence, and fund the training, curriculum development and supervision needed to do it well.
23. Treat animal cruelty investigations as a recognised early identification point for family violence, and fund the training, protocols and referral pathways to make that identification useful.
24. Fund development and evaluation of culturally safe animal-inclusive responses with Aboriginal Community Controlled Organisations and with rural and remote services.

Priority Area 5: System Integration and Workforce

9,595 characters (worst case 9,667 of 10,000)

Context for this section

This submission concerns the recognition of harm, threatened harm and neglect of animals as a form of family and domestic violence, and the inclusion of animals across the Second Action Plan. The consultation paper does not mention animals at any point, including in its definition of the non-specialist workforce.

What would make the biggest difference in creating a more coordinated and connected system response for people affected by violence and people using violence?

Connecting a workforce that is already in the field and currently sits outside the system entirely.

The consultation paper defines the non-specialist workforce as services and practitioners whose primary function is not responding to violence, but which may come into contact with victim-survivors and which represent key points of engagement or disclosure. It lists family law and legal assistance, financial advisers, parenting support, family and relationship services, and the universal systems of health and education.

Veterinarians, veterinary nurses and animal welfare inspectors meet that definition precisely, and are not mentioned. Veterinary practices see injuries whose explanation does not match the presentation. They see the same household repeatedly, which few services do. They see clients who are frightened, who are accompanied by a partner who does the talking, and who cannot authorise treatment because they do not control the money. Animal welfare inspectors enter homes under statutory authority. Both groups are, functionally, a family violence disclosure workforce operating without training, without protocols, without referral pathways and without any recognition in the national framework.

Recognising them, and building the connections into and out of that workforce, is among the cheapest system integration gains available under the Second Action Plan, because the workforce already exists, is already funded, and is already in contact with the households in question.

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

Practice guidance and training delivered in both directions across the divide.

Family violence, homelessness, health, child and family, legal and law enforcement practitioners need capability on animals: how to ask about them, how to include them in risk assessment and safety planning, what options exist locally, how ownership is evidenced when it is later contested, and how to respond when a person will not leave without an animal.

Veterinary and animal welfare practitioners need capability on family violence: how to recognise non-accidental injury patterns, how to respond safely when a person may be accompanied by the person harming them, what their obligations and options are, and where to refer. Neither sector currently receives this training as standard, and where it exists it has generally been developed and delivered by small non-government organisations without recurrent funding.

Guidance alone is insufficient. Organisations also need funded time to update policies, procedures, intake forms and referral protocols. This work does not happen in the margins of frontline delivery, and expecting it to is a reliable way to produce a guidance document that changes nothing.

The paper's attention to vicarious trauma applies here too. Veterinary professionals experience high rates of psychological distress, and animal welfare inspectors attending cruelty scenes in violent households are exposed to trauma without the supports available to the specialist family violence workforce.

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

The consultation paper reports that practitioners outside specialist services nominate cross-sector collaboration and information sharing as the most important additional support for increasing their confidence. In this domain that means three concrete things.

First, a lawful and safe pathway for information about family violence and animal abuse to move between police, specialist family violence services and animal welfare law enforcement authorities. This is currently absent in most jurisdictions, with the result that an animal welfare authority may hold a cruelty history for a person who is simultaneously subject to a family violence order, and neither authority knows.

Second, a national directory of services supporting people and animals, including animal-inclusive refuges and crisis accommodation, boarding and foster programs, and subsidised veterinary services. At present a worker attempting to place a person with an animal makes phone calls until something works, and the knowledge of what exists resides in individual practitioners rather than in the system. A directory is a small piece of infrastructure with a disproportionate effect on crisis response times.

Third, formal partnership arrangements between family violence services and animal welfare organisations, funded through service agreements rather than sustained by the goodwill of particular staff. Existing programs, including the RSPCA NSW program operating since 2005 and RSPCA Queensland's Pets in Crisis partnership with DVConnect, demonstrate that the model works. They also demonstrate its fragility: they depend heavily on philanthropic funding and have no assured continuity.

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

Capital and operational funding to become animal-inclusive, covering physical modification of premises, ongoing costs of food, bedding and veterinary care, and the staff time involved.

Funded partnerships with animal welfare organisations where co-location is not viable, so that services in that position have a real referral option rather than an apology.

Insurance, liability, and work health and safety guidance. This is a recurring and entirely legitimate obstacle raised by refuge managers, who carry duties to residents and staff and cannot resolve questions of liability for animal-related incidents on their own. It is soluble with a national template and legal advice commissioned once, centrally, rather than by every service separately.

Guidance on managing the practical realities of communal living with animals, including allergies, fear of dogs among residents who have been threatened with them, cultural considerations, and the needs of residents with assistance animals.

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

The measurement gap, which is the precondition for everything else in this submission.

None of the national instruments that monitor the National Plan ask about animals. The ABS Personal Safety Survey does not. The National Community Attitudes Survey does not. AIHW domestic, family and sexual violence collections do not. Specialist homelessness services data does not record whether a person presented with an animal, or was turned away because of one.

The consequence is circular. Because the instruments do not ask, the monitoring framework registers no harm to animals and no service demand associated with animals. Because the framework registers nothing, the issue does not appear in evidence assessments, including this consultation paper. Because it does not appear in evidence assessments, there is no basis on which to add it to the instruments.

The Second Action Plan can break this loop cheaply. Adding two or three items to existing instruments is not a research program; it is an amendment to a questionnaire. Within one collection cycle Australia would have national prevalence data on a form of family violence about which it currently has only convenience samples drawn from refuges, some approaching twenty years old. This is precisely the kind of limitation the consultation paper is otherwise scrupulous about identifying, and it should not be perpetuated for another five years.

Recommendations for Priority Area 5

25. Recognise veterinarians, veterinary nurses and animal welfare inspectors as part of the non-specialist workforce that constitutes a point of engagement and disclosure, and resource them accordingly.
26. Fund practice guidance, training, and organisational policy and procedure uplift across the family violence, homelessness, community, health, child and family, veterinary, animal welfare, legal and law enforcement sectors.
27. Establish and maintain a national directory of services supporting people and animals, including animal-inclusive refuges and crisis accommodation.
28. Fund formal partnership arrangements between family violence services and animal welfare organisations through recurrent service agreements.
29. Commission national insurance, liability and work health and safety guidance to remove a known and soluble barrier to services becoming animal-inclusive.
30. Review and update national data collection and reporting systems, including the ABS Personal Safety Survey, the National Community Attitudes Survey, AIHW collections and specialist homelessness data, to capture the prevalence and incidence of violence perpetrated against animals in a family violence context.
31. Commission research through ANROWS and the Australian Institute of Family Studies into prevalence, effective service models, and outcomes for people and animals.

Other areas of action

9,392 characters (worst case 9,458 of 10,000)

This submission has argued that harm, threatened harm and neglect of animals should be recognised across all five proposed priority areas. Seven further actions do not sit neatly within any one of them, and we submit that each should be a priority in its own right.

1. Complete the legislative alignment recommended fifteen years ago

In 2010 the Australian Law Reform Commission recommended that injury to animals be incorporated into family violence legislation in every Australian jurisdiction. That work is still unfinished, and the result is a patchwork.

Victoria's Family Violence Protection Act 2008 expressly covers conduct causing or threatening death or injury to an animal, irrespective of who owns it. New South Wales made harm and threatened harm to an animal a form of intimidation, and protection of animals a standard condition of every Apprehended Domestic Violence Order, in 2021. Tasmania's Family Violence Amendment (Protecting People and Their Pets) Act 2024 went further again, extending the definition to neglect of an animal used to coerce or control. Several other jurisdictions still treat harm to an animal as a species of property damage, and some are silent altogether. Federal family law moved on 10 June 2025.

The practical consequence is a postcode lottery. The same conduct, with the same intent and the same effect on the same victim-survivor, may be recorded as family violence in one state and as property damage in another. That is unjust in itself, and it also corrupts the national data on perpetration that the consultation paper identifies as a priority gap.

We recommend that the Second Action Plan use the National Plan's intergovernmental machinery to secure national consistency: agreed model provisions covering harm, threatened harm and neglect of an animal used to coerce, intimidate or control; the availability of animal protection conditions on protection orders in every jurisdiction; and consistent classification so that the same conduct is counted the same way nationally.

2. Give recovery and healing the standing of a distinct priority

The National Plan is built on four domains: prevention, early intervention, response, and recovery and healing. The five priority areas proposed in the consultation paper do not include recovery and healing as a distinct area, and the paper itself notes that this is where the evidence is thinnest and where sustained evaluation is most needed.

We submit that recovery and healing warrants explicit standing in the Second Action Plan. It is also the domain in which the relationship between people and animals does its most useful work. In the period after leaving, an animal is often a source of routine, physical activity, sleep regulation, reasons to leave the house, contact with neighbours and strangers, and a sense of being needed and competent, at a point when very little else supplies any of these. For children, it is frequently the only relationship that survives the disruption of home, school, bedroom and friendships intact.

This is not a sentimental observation. It bears directly on whether recovery is sustained or whether a person returns. We recommend that the Second Action Plan recognise that relationships between people and animals support wellbeing, healing and recovery from violence, and that it fund supports enabling

people and animals to find a safe home together and to access the social, health, legal and financial supports they need to recover.

3. Address housing beyond the crisis point

Crisis accommodation is necessary and insufficient. The point of greatest risk of return is often the point at which a crisis placement ends and a person confronts a housing market that will not accept them with an animal.

Animal-inclusive tenancy rights vary sharply between jurisdictions. In some, a landlord may refuse a tenant with an animal without reason. Social housing waiting times make that pathway unavailable at the relevant moment. The effect is that a woman who has successfully left, and who has kept her family together through the crisis, may face a choice between homelessness, surrendering an animal her children have already nearly lost once, and returning.

This is a national coordination issue that spans the family violence, housing and tenancy portfolios. We recommend that the Second Action Plan address animal-inclusive housing supply and tenancy protections explicitly, in alignment with the National Housing and Homelessness Plan, rather than treating the problem as resolved at the point of crisis placement.

4. Put these services on a stable funding footing

Almost everything in Australia that currently keeps people and animals safe together is funded philanthropically, by animal welfare charities from their own revenue, or through one-off grants. The programs are effective and long-standing, and several have operated for two decades. None has assured continuity.

This is a functioning component of the family violence response system that has no unit price, no place in any funding agreement, no reporting line into the National Plan, and no protection if a charity's fundraising falls. Services refer into it daily and no part of government is accountable for whether it exists next year.

We recommend that animal-inclusive supports be funded through recurrent service agreements; that animal-related costs be made an eligible expense within existing family violence program funding rather than something services absorb; and that these supports be brought into the national funding architecture rather than treated as an optional extra sustained by goodwill.

5. Build the cross-portfolio governance this issue requires

Responsibility for this work is distributed across social services, the attorney-general's portfolio, housing, the portfolios responsible for animal welfare regulation, local government and veterinary regulatory bodies. No single body is accountable for the whole, which is the main reason that reform has advanced in the jurisdictions with a determined advocate and stalled everywhere else.

We recommend that the Second Action Plan establish a standing cross-portfolio mechanism with agreed responsibilities and a reporting line into National Plan governance, so that progress does not depend on the presence of an individual champion. A national roadmap for preventing and ending family violence against people and animals, developed with the sector and sitting under the Second Action Plan, would provide the necessary architecture.

6. Close two specific gaps in sexual violence responses

The consultation paper is right that sexual violence remains persistent, under-reported, and siloed from the domestic and family violence service system. Two animal-related gaps deserve attention within that work.

First, coerced participation in sexual acts involving animals is documented in the coercive control literature. It is among the most shame-bound disclosures a victim-survivor can make, it is very rarely disclosed spontaneously, and practitioners have almost no guidance on receiving such a disclosure safely or on responding without compounding the harm.

Second, threats to an animal are used to compel sexual compliance and to enforce silence afterwards, in both adult and adolescent relationships.

We recommend that both be addressed in the practitioner guidance and training developed under the Second Action Plan, and that the specialist sexual violence sector be resourced to develop that guidance rather than being expected to absorb it.

7. Extend workforce wellbeing supports to the animal sector

The consultation paper rightly identifies vicarious trauma as a risk to the workforces engaged in prevention, early intervention, response and recovery. Veterinary professionals experience high rates of psychological distress, and animal welfare inspectors attend cruelty scenes in households where violence is occurring. Both groups encounter this material without access to the supervision, debriefing and trauma supports available to the specialist family violence workforce. If these workforces are to be recognised as points of disclosure, as this submission recommends, the corresponding supports should follow.

The precondition for all of the above

The single cheapest action available to the Second Action Plan is to add a small number of animal-related items to national instruments that already exist: the ABS Personal Safety Survey, the National Community Attitudes Survey, AIHW domestic, family and sexual violence collections, specialist homelessness services data, and state and territory death review templates.

This is not a research program. It is an amendment to questionnaires that are already funded and already administered. Within a single collection cycle, Australia would hold national prevalence data on a form of family violence about which it currently has only convenience samples drawn from refuges, some approaching twenty years old.

Without it, the next evidence assessment will look much like this one: careful, well-sourced, and silent on a form of harm affecting a substantial proportion of the households the National Plan exists to protect. With it, the Third Action Plan can be written from evidence rather than from advocacy.

We would welcome the opportunity to discuss any part of this submission with the Department.

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Feedback for Priority Area 1: Victim-survivors

PRIORITY AREA 1: VICTIM-SURVIVORS

About this submission

This submission addresses one omission running through the consultation paper: the recognition of harm, threatened harm and neglect of animals as a form of family and domestic violence and coercive control, and the role of animals as a barrier to safety.

The words ""animal"" and ""pet"" do not appear anywhere in the consultation paper: not in the assessment of the evidence, the five proposed priority areas, the twenty-three consultation questions, the list of non-specialist services described as key points of engagement or disclosure, or the discussion of crisis accommodation, coercive control, children's experiences of harm, behaviour change and national data gaps.

That silence is not proportionate to the evidence.

Prevalence and reach. The first Australian study recruited 102 women through 24 Victorian domestic violence services and compared them with 102 women from the community. Partner abuse of animals, partner threats to abuse animals, and abuse by other family members were all significantly higher in the family violence group; on the headline measure, 52.9 per cent against zero (Volant, Johnson, Gullone and Coleman, 2008). Later Australian estimates run as high as 70 per cent. Seventy-three per cent of Australian households include an animal, an estimated 31.6 million animals across some 7.7 million homes (Animal Medicines Australia, 2025), and around half of Australians regard them as family members.

Barrier and risk. A systematic review found the proportion of victim-survivors delaying departure because of concern for an animal ranged from 18 to 56 per cent across studies. The Australian Institute of Family Studies concluded in 2024 that many report staying with, delaying leaving or returning to perpetrators because of fears for a family animal, and identifies violence against family animals as a possible indicator of more frequent and more severe patterns of intimate partner violence: a risk marker Australia does not systematically collect (Butler and MacDonald, 2024).

We do not propose a sixth priority area. This is a cross-cutting capability that improves performance against all five priority areas already proposed.

We also note that the law has already moved. Federal family law, and family violence legislation in New South Wales, Victoria and Tasmania, now expressly recognise harm and threatened harm to animals as family violence, as the Australian Law Reform Commission recommended in 2010. The statute books recognise something the National Plan's monitoring framework still does not.

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

Accommodation that does not require a person to choose between their own safety and the life of an animal they love. This is the highest-value intervention in this domain, and it is a funding question rather than a research question.

It should be pursued on three fronts at once: increasing the number of animal-inclusive emergency and crisis places so people and animals can stay together; funding animal welfare organisations to provide boarding and coordinate foster care where co-location is not possible, so that no service is left telling a victim-survivor to surrender an animal; and improving animal-inclusive transitional and long-term housing, without which a crisis-stage solution merely defers the problem to the point at which a person is deciding whether to return.

Where solutions exist, they exist because individual organisations built them: the RSPCA NSW program operating since 2005, RSPCA Queensland's Pets in Crisis partnership with DVConnect, and animal-inclusive crisis accommodation through Safe Steps in Victoria. These work, but they are chronically under-resourced and thinnest in exactly the regional and remote areas the consultation paper identifies as underserved.

Recognition matters alongside resourcing. Where a system treats an animal as property to be triaged, victim-survivors read that as a signal that the harm done to their animal will not be taken seriously. Recognising animals as victim-survivors in their own right does not require conferring legal standing or personhood. It requires the Second Action

Plan to describe the harm accurately: an animal deliberately injured in order to terrorise a person has been the direct object of family violence, and the service response should reflect that.

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

Being asked helps. The most consistent finding in the practice literature is that victim-survivors rarely volunteer concern about an animal to a service that has given no indication it regards the matter as relevant, and frequently disclose it immediately when asked directly. Screening is therefore not merely a data-capture exercise. It is an access intervention: it surfaces a barrier early enough to plan around it, and it signals that this service understands the person's situation. Intake, risk assessment and safety planning tools should ask about animals in the household, about harm, threats to harm and neglect, and about whether concern for an animal is shaping decisions on leaving, returning or seeking help.

The corresponding barrier is well documented. Between roughly one in five and one in two victim-survivors delay leaving because of an animal. A system that has no answer when a person says they cannot leave the dog behind has, in that moment, no answer at all. Perpetrators know this, which is why the threat is made.

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

Harm, threats and neglect directed at animals should be named in the Second Action Plan's treatment of coercive control. Threats to an animal are a low-cost, high-yield control tactic: cheap to make, devastating in effect, historically easy to mischaracterise as property damage, and highly credible to a victim-survivor who has seen the perpetrator follow through once. This is coercive control operating through a third party who cannot report, cannot testify and cannot leave. It is also one of the few forms of coercive control that routinely leaves physical and veterinary evidence, which matters to a system that struggles to evidence patterns of behaviour.

There is also a systems abuse dimension. Disputes over animals are an emerging vector: contesting ownership, withholding an animal, prolonging proceedings, and using arrangements about an animal to maintain contact. The 2025 family law reforms give courts new tools; the service system needs the capability to recognise the tactic.

Technology-facilitated abuse has an animal dimension not yet examined in Australia, including pet tracking devices and pet cameras used to monitor a household, and the circulation of images of harm to an animal in order to intimidate.

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

Animal-inclusive supports are least available where the consultation paper already identifies the deepest service gaps. Rural, regional and remote communities have the fewest boarding options, the longest distances to an animal-inclusive refuge, and the thinnest veterinary coverage.

For Aboriginal and Torres Strait Islander communities, responses must be designed with, and preferably delivered by, Aboriginal Community Controlled Organisations, and grounded in the specific and varied relationships between communities and animals rather than in a metropolitan companion-animal model imported wholesale. This submission does not presume to specify what those responses should look like; it recommends that design authority sit with those communities and be funded accordingly.

Similar design work is needed with people with disability, for whom an animal may also be an assistance animal; with older people, among whom animal-related coercion features in elder abuse; and with people in insecure housing.

Recommendations for Priority Area 1

1. Name harm, threatened harm and neglect of animals in the Second Action Plan as a recognised form of family and domestic violence and coercive control, and align the

National Plan's working understanding of family violence with the definitions now in force federally and in New South Wales, Victoria and Tasmania.

2. Require that intake, risk assessment and safety planning tools used by Commonwealth-funded services include questions about animals in the household.

3. Increase funding for animal-inclusive emergency, crisis and transitional accommodation, and set a published national target for the proportion of Commonwealth-funded crisis accommodation able to house a victim-survivor with their animal by 2032.

4. Recognise animals harmed in the course of family and domestic violence as victim-survivors in their own right in the language and service design of the Second Action Plan.

5. Fund animal welfare and veterinary organisations to deliver emergency boarding, coordinate foster care and provide subsidised treatment as a funded component of the family violence response system, rather than as unfunded goodwill.

6. Embed the leadership of people with lived experience of violence perpetrated against both people and animals throughout co-design, implementation and evaluation, and commission animal-inclusive design work with Aboriginal Community Controlled Organisations, disability representative organisations and rural and remote services.

Feedback for Priority Area 2: Prevention and early intervention

PRIORITY AREA 2: PREVENTION AND EARLY INTERVENTION

Context for this section

This submission concerns the recognition of harm, threatened harm and neglect of animals as a form of family and domestic violence, and the inclusion of animals across the Second Action Plan. The consultation paper does not mention animals at any point. Australian research has found that around half of women accessing domestic violence

services report partner abuse of a companion animal, against effectively none in community comparison groups (Volant and others, 2008), and 73 per cent of Australian households now include an animal (Animal Medicines Australia, 2025).

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

Within the scope of this submission: teaching children, early and consistently, that vulnerability is not an invitation to control.

Empathy toward animals is one of the earliest and most accessible forms of moral learning available to a young child. It is available years before adolescent respectful relationships curricula begin. It does not depend on romantic or sexual framing. It is comprehensible to a four-year-old, who can understand that an animal feels pain and fear long before they can engage with concepts of consent or gendered power. And it is practised daily in the home, which means it is reinforced rather than confined to a classroom hour.

The consultation paper makes an important observation here that strengthens this case rather than weakening it. It notes that some educational interventions have inadvertently produced backlash, with boys becoming more supportive of violence after exposure to one-off, insufficiently contextualised awareness-raising programs. Animal welfare and empathy content is comparatively resistant to that failure mode. It is low in perceived accusation. It does not position boys as suspects. It builds the underlying disposition on which later, more explicit curriculum content depends, and it does so without triggering the defensive reaction that the paper identifies as a real and documented risk.

Animal welfare education should therefore be included as an explicit component of respectful relationships programs across early childhood, schools, vocational education, universities and workplaces, rather than being treated as a separate subject that competes with them.

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

By making what already exists visible, and by joining up sectors that are already doing adjacent work.

Legal protections for animals in family violence contexts have expanded substantially, and public awareness of them is close to nil. Since 2021, protection of animals has been a standard condition of every Apprehended Domestic Violence Order in New South Wales, and harm or threatened harm to an animal is an express form of intimidation. Tasmania amended its definition of family violence in 2024. Since 10 June 2025, federal family law has required courts to consider cruelty or threatened cruelty toward a companion animal, and the attachment of a party or a child to it. A victim-survivor who does not know these protections exist cannot use them.

National community education should therefore carry three messages: that animals are family members; that harming or threatening them to control a person is family violence, not merely property damage or animal cruelty; and that specific legal protections and support services exist and can be accessed.

At the organisational and institutional level, the strengthening opportunity is cross-sector. Veterinary practices, animal welfare organisations, councils, and animal shelters are already in contact with households experiencing violence and are not currently connected to the prevention or early intervention system in any structured way.

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

By treating cruelty toward animals as a signal rather than an eccentricity, and by equipping people to respond to it.

In schools, this means that a child who harms an animal triggers an assessment and a wellbeing response, not only a disciplinary one, on the basis that such behaviour is very often a marker of that child's own exposure to violence. In workplaces, it means that stated intentions to harm a family animal are recognised as family violence for the purposes of family violence leave and workplace support policies. In communities, it means that neighbours and family members who notice harm to an animal understand

that they may be seeing the visible edge of something larger and know where to direct a concern.

Online, the consultation paper identifies the reinforcement of misogyny among boys and young men as a driver requiring attention. The treatment of animals within those content ecosystems, including the circulation of cruelty content as a form of status display and a normalising vector for contempt toward the vulnerable, is under-researched in the Australian context. We recommend it be examined rather than assumed, and that platform safety work commissioned under the Second Action Plan include it in scope.

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

Three approaches are promising, and all three are currently operating below the scale required.

Screening at intake is the highest-yield early intervention available in this domain, because it operates at the moment a person has already made contact with a service and is deciding whether that service will be useful to them. It costs almost nothing to add a question. What is needed to expand it is a requirement in funding agreements, accompanying practice guidance, and a referral pathway to somewhere useful, since asking a question the service cannot act on is worse than not asking.

Veterinary practices as an early intervention pathway. The consultation paper observes that early intervention pathways outside the justice system, across health, education and social services, need consistent capability. Veterinary practices are such a pathway and are currently unrecognised as one. Veterinarians see injuries whose explanation does not match the presentation, they see the same household repeatedly, and they see clients accompanied by a partner who does the talking and who controls the money. What is needed is training, a protocol, and a referral pathway.

Animal-inclusive safety planning, which is currently done well by a small number of specialist workers and not at all by most. What is needed is national practice guidance so that planning routinely covers where the animal will go, what documents and

medications must be taken, microchip and registration details, and how ownership will be evidenced if it is later contested.

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

Cost-of-living pressure is changing the shape of this problem. Rising veterinary costs, a shortage of animal-inclusive rentals and increased surrender rates all increase the leverage available to a person who controls the household finances and therefore controls whether an animal receives treatment, is fed adequately, or is kept at all. Withholding veterinary care is economic abuse and animal neglect at the same time, and the Second Action Plan's treatment of economic abuse should say so.

Housing regulation is the second emerging issue. Animal-inclusive tenancy rights vary sharply between jurisdictions. In jurisdictions where a landlord may refuse a tenant with an animal without reason, a victim-survivor leaving violence faces a housing market that structurally penalises her for keeping the family animal, which materially raises the probability that she returns. This is a prevention issue as much as a housing one, and it is amenable to national coordination.

Third, the intersection of animals with disaster and displacement. Australian experience in bushfire and flood recovery has repeatedly shown that people will refuse evacuation rather than abandon animals. The same dynamic operates in family violence, and the emergency management sector has developed practical solutions from which the family violence sector could learn directly.

Recommendations for Priority Area 2

7. Include animal welfare, and education that fosters empathy and compassion toward animals, as an explicit component of respectful relationships programs across early childhood, schools, vocational education, universities and workplaces.

8. Fund national community education that recognises animals as family members, explains the link between family violence and animal abuse, and makes the available legal protections and support services visible.

9. Recognise veterinary practices as an early intervention pathway, and fund training, protocols and referral pathways to support them in that role.

10. Fund national practice guidance on animal-inclusive safety planning.

11. Commission research into the treatment of animals within the online content ecosystems identified as drivers of harmful attitudes among boys and young men.

12. Address the interaction between animal-inclusive tenancy rights, housing availability and the risk of return to a violent home as a national coordination issue.

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

PRIORITY AREA 3: CHILDREN AND YOUNG PEOPLE IN THEIR OWN RIGHT

Context for this section

This submission concerns the recognition of harm, threatened harm and neglect of animals as a form of family and domestic violence, and the inclusion of animals across the Second Action Plan. The consultation paper does not mention animals at any point.

The Australian evidence is specific for this priority area. The foundational Australian study found that children in families experiencing domestic violence were reported by their mothers to have both witnessed and committed significantly more animal abuse than children in comparison families (Volant, Johnson, Gullone and Coleman, 2008). Two policy implications follow, and they must be held together: animals are frequently the relationship in which a child experiencing violence invests the most trust, and children who harm animals are very often displaying the effects of their own victimisation.

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

Keeping children with their animals wherever it is safe to do so.

The consultation paper is emphatic that childhood is a critical developmental period, and that the impacts of violence on children's developing brains, bodies, relationships and sense of self are too often dismissed or minimised. A child's relationship with an animal is frequently the most stable and least frightening relationship available to them during a period in which every other relationship in the household has become a source of threat. It is a relationship in which the child is competent, trusted and needed, which is rare for a child living with violence.

Severing that relationship at the point of crisis is what the current accommodation system routinely requires. It removes the child's primary source of comfort at the moment of maximum need, and it does so in a way that adults categorise as a practical necessity rather than as a harm. Children do not experience it that way. For a child, the surrender of an animal on the day they leave home is a bereavement layered on top of displacement, loss of school, loss of bedroom and loss of routine, and it is one for which no one prepares them and no one offers grief support.

The Second Action Plan should recognise this explicitly, and accommodation funded under it should be designed so that children, young people and animals can stay together or, where that is not possible, maintain contact through the crisis and transitional period.

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

By asking children about animals.

Children who will not disclose violence against themselves or against a parent will very often disclose violence against an animal. This is because it does not require them to accuse a parent of hurting them, it does not require them to betray a family loyalty they have been taught to hold, and it does not carry the shame that attaches to disclosing their own victimisation. In practice, a question about a family animal is among the least threatening entry points available in child-centred casework, and practitioners who use it report that it opens conversations that direct questions close.

This should be reflected in the national practice standards for work with children and young people that the consultation paper proposes to develop through co-design, and in the child-centred casework and safety planning it calls for. Where a child expresses fear for an animal left behind, that fear should be recorded and acted on, not managed as an emotional matter incidental to the real case.

In education settings, harm to a child's animal, or a child's expressed fear about an animal at home, should be recognised as a potential indicator of family violence and should trigger the same wellbeing response as any other indicator.

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

For animal harm specifically: assessment first, therapeutic response second, and a deliberate refusal to treat the behaviour as prophecy.

The consultation paper describes, with unusual clarity, behaviour that may be a response to violence, including learned behaviour, an act of resistance or retaliation, or a result of a father's use of coercive control. It warns that when such behaviours manifest, young victim-survivors face the risk of pathologisation and potential criminalisation, and that rigid victim or perpetrator frameworks are inadequate in this context. It quotes a young person who said they were a child being told they were going to be violent when older.

Nowhere is that warning more urgent than in responses to animal harm by children. The belief that a child who hurts an animal is a future violent offender is widely held,

intuitively compelling, and not supported by the evidence base when applied to an individual child. The consultation paper itself records that fewer than one third of children who experience violence go on to use violence as adults. A child who harms an animal in a violent household is far more likely to be enacting what has been done to them, testing whether adults notice, or attempting to exert control in the single domain available to them.

The Second Action Plan should be explicit that animal harm by a child is an indicator that the child needs help, is very often a marker of that child's own victimisation, and is not in itself a basis for a criminalising response. Practitioners need assessment tools that distinguish between developmental curiosity, trauma responses, coerced participation and deliberate cruelty, because the appropriate response differs in each case. Coerced participation deserves particular attention: perpetrators sometimes compel children to participate in harming an animal, which binds the child in shame and silence and is a form of abuse of the child.

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

Threats to a child's animal are a documented method of enforcing a child's silence about violence in the home. Where such threats are made, they should be recognised as coercive control directed at a child in their own right, which is the framing the consultation paper argues for throughout this priority area.

In adolescent dating relationships, threats to a partner's animal appear as an early controlling behaviour and are readily dismissed by adults as a lesser matter than physical violence. Respectful relationships content addressing dating violence should name it.

Online, the circulation of images or video of harm to an animal in order to intimidate, and the use of animal-related content to demonstrate willingness to cause harm, warrant attention within the technology-facilitated abuse work the Second Action Plan proposes. Pet tracking devices and home pet cameras are also increasingly used to monitor households and should be considered within work on surveillance-enabled abuse.

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

Ask them what happened to their animals, and what they wanted to happen.

This is a subject children volunteer readily and adults reliably fail to record. In consultations with children about family violence, animals recur as a central concern, and yet they almost never appear in the resulting policy documents, as the consultation paper itself demonstrates. Any co-design process established under this priority area should include direct questions about animals, and should include children who have experienced the surrender or loss of an animal on leaving home, whose perspective on the crisis response system is not currently captured anywhere.

Recommendations for Priority Area 3

13. Recognise in the Second Action Plan that children and young people experiencing family violence frequently have close and significant attachment relationships with animals, and that forced separation from an animal at the point of crisis is itself a harm requiring mitigation.

14. Enable children, young people and animals to stay together, or to maintain contact, through crisis, transitional and recovery accommodation.

15. Require that child-centred casework and safety planning explicitly address the child's relationship with, and fears for, family animals, and reflect this in national practice standards developed under this priority area.

16. Ensure responses to children and young people who harm animals are assessment-led and therapeutic rather than criminalising, and fund the development of assessment tools that distinguish trauma responses and coerced participation from deliberate cruelty.

17. Recognise threats to a child's animal as coercive control directed at a child in their own right.

18. Include direct questions about animals in all co-design and consultation processes with children and young people conducted under the Second Action Plan.

Feedback for Priority Area 4: People who use violence

PRIORITY AREA 4: PEOPLE WHO USE VIOLENCE

Context for this section

This submission concerns the recognition of harm, threatened harm and neglect of animals as a form of family and domestic violence, and the inclusion of animals across the Second Action Plan. The consultation paper does not mention animals at any point.

Australian and international research finds that harm to animals in violent households is instrumental rather than incidental. Perpetrators harm, threaten and neglect animals in order to demonstrate capability, punish, enforce compliance, prevent departure and secure silence. The literature identifies violence against family animals as a possible indicator of more frequent and more severe patterns of intimate partner violence (Butler and MacDonald, 2024).

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

Using the contact points that already exist.

The consultation paper makes an important admission: most men who use violence never reach a formal behaviour change intervention, and the reasons include shame, lack of recognition of their own behaviour, stigma, access issues and the absence of trusted entry points. It follows that the highest-value early identification opportunities are those that do not require the person to identify himself as a perpetrator, or to present himself anywhere at all.

Animal cruelty investigation is such an opportunity, and it is currently almost entirely unexploited. An animal welfare inspector attending a property in response to a cruelty complaint is inside a home, observing a household, with a statutory basis for being there. In a substantial proportion of those visits, the inspector is standing in a house where family violence is also occurring. At present that inspector has, in most jurisdictions, no training in recognising family violence, no protocol for what to do, no referral pathway, and no mechanism to pass what they have seen to anyone who could act on it.

Building those four things is inexpensive relative to almost anything else in this priority area, and it would create a genuinely new point of identification in a system that the consultation paper concedes is missing most of the people it needs to reach. Veterinary practices offer the same opportunity: a person who will never attend a men's service will attend a veterinary clinic with an injured animal.

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

By recognising animal abuse as a risk marker, and by recording it as one.

This responds directly to the consultation paper's finding that there is a lack of nuanced data on which types of abuse are used by which people, and how the nature and situation of abuse varies. Animal abuse is a discrete, observable, describable behaviour that is comparatively easy to record accurately, which is a rarity in a field where much of what must be captured is a pattern rather than an event. It leaves veterinary records, forensic evidence and, frequently, witnesses.

It should therefore be captured in three places where it is currently absent or inconsistent. First, in risk assessment frameworks used by police, courts and specialist services, so that a history of harm or threatened harm to animals informs the assessment of risk to people. Second, in information sharing schemes, so that a perpetrator's history of animal cruelty offences is visible to those assessing risk, and so that information can flow in both directions between police, specialist family violence services and animal welfare law enforcement authorities. Third, in domestic and family violence death review processes, where the question of whether animal harm preceded

a fatality is generally not asked and therefore cannot be answered. Australia has invested substantially in death review as a learning mechanism; this is a low-cost addition to the review template that would, within a few years, produce evidence on lethality that no other method can generate.

Information sharing must be designed with victim-survivor safety as the governing consideration, with clear thresholds, consent protections where appropriate, and safeguards against misidentification of the person most at risk.

A related problem is charging practice. Jurisdictions treat the same conduct differently: in New South Wales, animal cruelty committed in a domestic relationship with intent to coerce or intimidate may be charged as a domestic violence offence, while in several other jurisdictions harm to an animal is dealt with as a form of property damage. The Australian Law Reform Commission identified this inconsistency in 2010 and it persists. The consequence is that identical behaviour produces a family violence record in one state and a property damage record in another, which corrupts national data on perpetration and denies victim-survivors equal protection depending on where they live. National consistency in how this conduct is classified is a precondition for the improved perpetration data the consultation paper seeks.

Families, communities and workplaces need the same recognition in simpler terms: that a person who deliberately hurts or threatens an animal to control someone is using family violence, and that this is a matter to raise rather than overlook. In workplaces, stated intentions to harm a family animal should be recognised as family violence for the purposes of family violence leave and workplace support policies.

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

Behaviour change programs must address the whole pattern of behaviour, and harm to animals is very often part of it.

Where a program does not name it, two things follow. The participant learns that this particular tactic is not counted, which is precisely the wrong lesson in an intervention

built on accountability. And the program forgoes what practitioners consistently report is one of the more productive routes into a conversation about coercion, because a man who will not concede that he frightened his partner will sometimes concede what he did to the dog, and the conversation can proceed from there to the effect it was intended to have.

Programs should therefore be required to address harm, threatened harm and neglect of animals as a form of family violence, and should be resourced to do so. Requiring it without funding it will produce compliance on paper and no change in practice. Resourcing includes practitioner training, curriculum development, and supervision, since this is content that can be mishandled in ways that reinforce minimisation.

Victim-survivor safety must govern the design. Where a program identifies that a participant has harmed an animal, that information is relevant to the risk assessment for the adult and child victim-survivors, and the pathway for it to reach them safely should be explicit rather than improvised.

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

By funding development and evaluation with the communities concerned, and by not assuming that a model developed for a metropolitan companion-animal context will transfer.

The consultation paper is right that responses to people who use violence are among the least evaluated components of the system. Animal-inclusive components of those responses are, at present, entirely unevaluated in Australia. There is no published evaluation of a behaviour change program that addresses animal harm, no evaluation of animal welfare inspector referral pathways, and no Australian prevalence data on perpetration of animal abuse in a family violence context outside refuge convenience samples.

For Aboriginal and Torres Strait Islander communities, design and delivery should sit with Aboriginal Community Controlled Organisations, and should be grounded in the specific and varied relationships between communities and animals. In rural and

remote communities, where veterinary and animal welfare enforcement coverage is thinnest, the practical model will differ from an urban one and should be developed as such rather than adapted after the fact.

Recommendations for Priority Area 4

19. Recognise animal abuse as an indicator of risk of more severe or more frequent violence against people, and incorporate it into national risk assessment frameworks.

20. Include animal harm in domestic and family violence death review processes in every jurisdiction.

21. Enable lawful, safe and reciprocal information sharing about the use of family violence and animal abuse between police, specialist family violence services and animal welfare law enforcement authorities, with victim-survivor safety as the governing consideration.

22. Require Commonwealth-funded behaviour change programs to address harm, threatened harm and neglect of animals as a form of family violence, and fund the training, curriculum development and supervision needed to do it well.

23. Treat animal cruelty investigations as a recognised early identification point for family violence, and fund the training, protocols and referral pathways to make that identification useful.

24. Fund development and evaluation of culturally safe animal-inclusive responses with Aboriginal Community Controlled Organisations and with rural and remote services.

Feedback for Priority Area 5: System Integration and Workforce

PRIORITY AREA 5: SYSTEM INTEGRATION AND WORKFORCE

Context for this section

This submission concerns the recognition of harm, threatened harm and neglect of animals as a form of family and domestic violence, and the inclusion of animals across the Second Action Plan. The consultation paper does not mention animals at any point, including in its definition of the non-specialist workforce.

What would make the biggest difference in creating a more coordinated and connected system response for people affected by violence and people using violence?

Connecting a workforce that is already in the field and currently sits outside the system entirely.

The consultation paper defines the non-specialist workforce as services and practitioners whose primary function is not responding to violence, but which may come into contact with victim-survivors and which represent key points of engagement or disclosure. It lists family law and legal assistance, financial advisers, parenting support, family and relationship services, and the universal systems of health and education.

Veterinarians, veterinary nurses and animal welfare inspectors meet that definition precisely, and are not mentioned. Veterinary practices see injuries whose explanation does not match the presentation. They see the same household repeatedly, which few services do. They see clients who are frightened, who are accompanied by a partner who does the talking, and who cannot authorise treatment because they do not control the money. Animal welfare inspectors enter homes under statutory authority. Both groups are, functionally, a family violence disclosure workforce operating without training, without protocols, without referral pathways and without any recognition in the national framework.

Recognising them, and building the connections into and out of that workforce, is among the cheapest system integration gains available under the Second Action Plan, because the workforce already exists, is already funded, and is already in contact with the households in question.

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

Practice guidance and training delivered in both directions across the divide.

Family violence, homelessness, health, child and family, legal and law enforcement practitioners need capability on animals: how to ask about them, how to include them in risk assessment and safety planning, what options exist locally, how ownership is evidenced when it is later contested, and how to respond when a person will not leave without an animal.

Veterinary and animal welfare practitioners need capability on family violence: how to recognise non-accidental injury patterns, how to respond safely when a person may be accompanied by the person harming them, what their obligations and options are, and where to refer. Neither sector currently receives this training as standard, and where it exists it has generally been developed and delivered by small non-government organisations without recurrent funding.

Guidance alone is insufficient. Organisations also need funded time to update policies, procedures, intake forms and referral protocols. This work does not happen in the margins of frontline delivery, and expecting it to is a reliable way to produce a guidance document that changes nothing.

The paper's attention to vicarious trauma applies here too. Veterinary professionals experience high rates of psychological distress, and animal welfare inspectors attending cruelty scenes in violent households are exposed to trauma without the supports available to the specialist family violence workforce.

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

The consultation paper reports that practitioners outside specialist services nominate cross-sector collaboration and information sharing as the most important additional

support for increasing their confidence. In this domain that means three concrete things.

First, a lawful and safe pathway for information about family violence and animal abuse to move between police, specialist family violence services and animal welfare law enforcement authorities. This is currently absent in most jurisdictions, with the result that an animal welfare authority may hold a cruelty history for a person who is simultaneously subject to a family violence order, and neither authority knows.

Second, a national directory of services supporting people and animals, including animal-inclusive refuges and crisis accommodation, boarding and foster programs, and subsidised veterinary services. At present a worker attempting to place a person with an animal makes phone calls until something works, and the knowledge of what exists resides in individual practitioners rather than in the system. A directory is a small piece of infrastructure with a disproportionate effect on crisis response times.

Third, formal partnership arrangements between family violence services and animal welfare organisations, funded through service agreements rather than sustained by the goodwill of particular staff. Existing programs, including the RSPCA NSW program operating since 2005 and RSPCA Queensland's Pets in Crisis partnership with DVConnect, demonstrate that the model works. They also demonstrate its fragility: they depend heavily on philanthropic funding and have no assured continuity.

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

Capital and operational funding to become animal-inclusive, covering physical modification of premises, ongoing costs of food, bedding and veterinary care, and the staff time involved.

Funded partnerships with animal welfare organisations where co-location is not viable, so that services in that position have a real referral option rather than an apology.

Insurance, liability, and work health and safety guidance. This is a recurring and entirely legitimate obstacle raised by refuge managers, who carry duties to residents and staff and cannot resolve questions of liability for animal-related incidents on their own. It is soluble with a national template and legal advice commissioned once, centrally, rather than by every service separately.

Guidance on managing the practical realities of communal living with animals, including allergies, fear of dogs among residents who have been threatened with them, cultural considerations, and the needs of residents with assistance animals.

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

The measurement gap, which is the precondition for everything else in this submission.

None of the national instruments that monitor the National Plan ask about animals. The ABS Personal Safety Survey does not. The National Community Attitudes Survey does not. AIHW domestic, family and sexual violence collections do not. Specialist homelessness services data does not record whether a person presented with an animal, or was turned away because of one.

The consequence is circular. Because the instruments do not ask, the monitoring framework registers no harm to animals and no service demand associated with animals. Because the framework registers nothing, the issue does not appear in evidence assessments, including this consultation paper. Because it does not appear in evidence assessments, there is no basis on which to add it to the instruments.

The Second Action Plan can break this loop cheaply. Adding two or three items to existing instruments is not a research program; it is an amendment to a questionnaire. Within one collection cycle Australia would have national prevalence data on a form of family violence about which it currently has only convenience samples drawn from refuges, some approaching twenty years old. This is precisely the kind of limitation the consultation paper is otherwise scrupulous about identifying, and it should not be perpetuated for another five years.

Recommendations for Priority Area 5

25. Recognise veterinarians, veterinary nurses and animal welfare inspectors as part of the non-specialist workforce that constitutes a point of engagement and disclosure, and resource them accordingly.

26. Fund practice guidance, training, and organisational policy and procedure uplift across the family violence, homelessness, community, health, child and family, veterinary, animal welfare, legal and law enforcement sectors.

27. Establish and maintain a national directory of services supporting people and animals, including animal-inclusive refuges and crisis accommodation.

28. Fund formal partnership arrangements between family violence services and animal welfare organisations through recurrent service agreements.

29. Commission national insurance, liability and work health and safety guidance to remove a known and soluble barrier to services becoming animal-inclusive.

30. Review and update national data collection and reporting systems, including the ABS Personal Safety Survey, the National Community Attitudes Survey, AIHW collections and specialist homelessness data, to capture the prevalence and incidence of violence perpetrated against animals in a family violence context.

31. Commission research through ANROWS and the Australian Institute of Family Studies into prevalence, effective service models, and outcomes for people and animals.

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

OTHER AREAS OF ACTION

This submission has argued that harm, threatened harm and neglect of animals should be recognised across all five proposed priority areas. Seven further actions do not sit neatly within any one of them, and we submit that each should be a priority in its own right.

1. Complete the legislative alignment recommended fifteen years ago

In 2010 the Australian Law Reform Commission recommended that injury to animals be incorporated into family violence legislation in every Australian jurisdiction. That work is still unfinished, and the result is a patchwork.

Victoria's Family Violence Protection Act 2008 expressly covers conduct causing or threatening death or injury to an animal, irrespective of who owns it. New South Wales made harm and threatened harm to an animal a form of intimidation, and protection of animals a standard condition of every Apprehended Domestic Violence Order, in 2021. Tasmania's Family Violence Amendment (Protecting People and Their Pets) Act 2024 went further again, extending the definition to neglect of an animal used to coerce or control. Several other jurisdictions still treat harm to an animal as a species of property damage, and some are silent altogether. Federal family law moved on 10 June 2025.

The practical consequence is a postcode lottery. The same conduct, with the same intent and the same effect on the same victim-survivor, may be recorded as family violence in one state and as property damage in another. That is unjust in itself, and it also corrupts the national data on perpetration that the consultation paper identifies as a priority gap.

We recommend that the Second Action Plan use the National Plan's intergovernmental machinery to secure national consistency: agreed model provisions covering harm, threatened harm and neglect of an animal used to coerce, intimidate or control; the availability of animal protection conditions on protection orders in every jurisdiction; and consistent classification so that the same conduct is counted the same way nationally.

2. Give recovery and healing the standing of a distinct priority

The National Plan is built on four domains: prevention, early intervention, response, and recovery and healing. The five priority areas proposed in the consultation paper do not include recovery and healing as a distinct area, and the paper itself notes that this is where the evidence is thinnest and where sustained evaluation is most needed.

We submit that recovery and healing warrants explicit standing in the Second Action Plan. It is also the domain in which the relationship between people and animals does its most useful work. In the period after leaving, an animal is often a source of routine, physical activity, sleep regulation, reasons to leave the house, contact with neighbours and strangers, and a sense of being needed and competent, at a point when very little else supplies any of these. For children, it is frequently the only relationship that survives the disruption of home, school, bedroom and friendships intact.

This is not a sentimental observation. It bears directly on whether recovery is sustained or whether a person returns. We recommend that the Second Action Plan recognise that relationships between people and animals support wellbeing, healing and recovery from violence, and that it fund supports enabling people and animals to find a safe home together and to access the social, health, legal and financial supports they need to recover.

3. Address housing beyond the crisis point

Crisis accommodation is necessary and insufficient. The point of greatest risk of return is often the point at which a crisis placement ends and a person confronts a housing market that will not accept them with an animal.

Animal-inclusive tenancy rights vary sharply between jurisdictions. In some, a landlord may refuse a tenant with an animal without reason. Social housing waiting times make that pathway unavailable at the relevant moment. The effect is that a woman who has successfully left, and who has kept her family together through the crisis, may face a choice between homelessness, surrendering an animal her children have already nearly lost once, and returning.

This is a national coordination issue that spans the family violence, housing and tenancy portfolios. We recommend that the Second Action Plan address animal-

inclusive housing supply and tenancy protections explicitly, in alignment with the National Housing and Homelessness Plan, rather than treating the problem as resolved at the point of crisis placement.

4. Put these services on a stable funding footing

Almost everything in Australia that currently keeps people and animals safe together is funded philanthropically, by animal welfare charities from their own revenue, or through one-off grants. The programs are effective and long-standing, and several have operated for two decades. None has assured continuity.

This is a functioning component of the family violence response system that has no unit price, no place in any funding agreement, no reporting line into the National Plan, and no protection if a charity's fundraising falls. Services refer into it daily and no part of government is accountable for whether it exists next year.

We recommend that animal-inclusive supports be funded through recurrent service agreements; that animal-related costs be made an eligible expense within existing family violence program funding rather than something services absorb; and that these supports be brought into the national funding architecture rather than treated as an optional extra sustained by goodwill.

5. Build the cross-portfolio governance this issue requires

Responsibility for this work is distributed across social services, the attorney-general's portfolio, housing, the portfolios responsible for animal welfare regulation, local government and veterinary regulatory bodies. No single body is accountable for the whole, which is the main reason that reform has advanced in the jurisdictions with a determined advocate and stalled everywhere else.

We recommend that the Second Action Plan establish a standing cross-portfolio mechanism with agreed responsibilities and a reporting line into National Plan governance, so that progress does not depend on the presence of an individual champion. A national roadmap for preventing and ending family violence against people

and animals, developed with the sector and sitting under the Second Action Plan, would provide the necessary architecture.

6. Close two specific gaps in sexual violence responses

The consultation paper is right that sexual violence remains persistent, under-reported, and siloed from the domestic and family violence service system. Two animal-related gaps deserve attention within that work.

First, coerced participation in sexual acts involving animals is documented in the coercive control literature. It is among the most shame-bound disclosures a victim-survivor can make, it is very rarely disclosed spontaneously, and practitioners have almost no guidance on receiving such a disclosure safely or on responding without compounding the harm.

Second, threats to an animal are used to compel sexual compliance and to enforce silence afterwards, in both adult and adolescent relationships.

We recommend that both be addressed in the practitioner guidance and training developed under the Second Action Plan, and that the specialist sexual violence sector be resourced to develop that guidance rather than being expected to absorb it.

7. Extend workforce wellbeing supports to the animal sector

The consultation paper rightly identifies vicarious trauma as a risk to the workforces engaged in prevention, early intervention, response and recovery. Veterinary professionals experience high rates of psychological distress, and animal welfare inspectors attend cruelty scenes in households where violence is occurring. Both groups encounter this material without access to the supervision, debriefing and trauma supports available to the specialist family violence workforce. If these workforces are to be recognised as points of disclosure, as this submission recommends, the corresponding supports should follow.

The precondition for all of the above

The single cheapest action available to the Second Action Plan is to add a small number of animal-related items to national instruments that already exist: the ABS Personal Safety Survey, the National Community Attitudes Survey, AIHW domestic, family and sexual violence collections, specialist homelessness services data, and state and territory death review templates.

This is not a research program. It is an amendment to questionnaires that are already funded and already administered. Within a single collection cycle, Australia would hold national prevalence data on a form of family violence about which it currently has only convenience samples drawn from refuges, some approaching twenty years old.

Without it, the next evidence assessment will look much like this one: careful, well-sourced, and silent on a form of harm affecting a substantial proportion of the households the National Plan exists to protect. With it, the Third Action Plan can be written from evidence rather than from advocacy.

We would welcome the opportunity to discuss any part of this submission with the Department.

Submission to Consultation on the Second Action Plan

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

Introduction

I almost decided not to make a submission because my lived experience has left me questioning whether meaningful change will happen quickly enough to protect my children and other victim-survivors. It is difficult to continue sharing experiences and asking for change when laws, policies, and frameworks designed to address family violence exist, yet the systems responsible for implementing those protections can fail in ways that leave children and victim-survivors exposed to ongoing harm.

I am making this submission because I believe my experience highlights significant systemic failures that must be addressed. The issue is not simply whether protections exist in legislation and policy; the issue is whether systems are recognising family violence, responding appropriately to evidence, listening to children and victim-survivors, and prioritising safety.

Priority Area 1: Victim-survivors

I experienced family and domestic violence over an 18-year relationship. After leaving the relationship, I experienced what I believe was a continuation of family violence through systems that were intended to provide protection.

A critical concern is that family violence does not always end after separation. In some situations, violence changes form and continues through coercive control, legal processes, parenting arrangements, and attempts to maintain power and control over victim-survivors and children. Systems must recognise that separation does not necessarily mean the risk has ended.

A major systemic failure occurs when victim-survivors provide evidence of family violence, including serious medical evidence following hospitalisation, yet that evidence is not appropriately recognised or acted upon by the systems responsible for protection.

In my experience, my child was hospitalised following an incident involving serious safety concerns. Medical professionals identified concerns regarding my child's safety and wellbeing. My concern is not about the response provided by medical professionals; my concern is that serious evidence and risk indicators were not adequately recognised or acted upon by the wider systems responsible for protecting children.

Victim-survivors should not have to wait until harm becomes even more severe before their experiences are taken seriously. Medical evidence, police information, children's disclosures, professional assessments, and victim-survivor accounts should all be considered together when assessing safety and risk.

Victim-survivors, particularly children, need more than information and advice. They need strong advocacy that leads to meaningful action and improved safety outcomes.

In my experience, I have contacted available family violence advocacy services seeking support, but I have repeatedly received similar responses without meaningful action or intervention. Being told that assistance is unavailable or that services cannot help at that time leaves victim-survivors and children waiting while risks continue.

I have been waiting for access to a family violence social worker for months. This raises a serious concern: how long are children and victim-survivors expected to wait for meaningful support while experiencing ongoing risk? Prevention and early intervention cannot occur if support arrives only after further harm has occurred.

A child experiencing family violence should not be responsible for repeatedly explaining their circumstances or trying to make systems respond. Children need adults and services around them to listen, advocate for them, and take action.

Victim-survivors and children must be heard. Their experiences must not be dismissed or given less weight than explanations provided by the person alleged to be using violence. Systems must recognise patterns of behaviour, coercive control, and ongoing risk rather than focusing only on isolated incidents.

The purpose of the National Plan must be to ensure that victim-survivors and children are safer in practice, not only protected in policy.

Priority Area 2: Prevention and early intervention

Prevention and early intervention must mean identifying family violence early, recognising patterns of risk, and taking meaningful action before children and victim-survivors experience further harm.

My experience highlights a significant gap between recognising family violence in policies and preventing it in practice. A system cannot effectively prevent violence if warning signs, disclosures, evidence, and risk indicators are not properly recognised and acted upon.

Family violence should be understood as a pattern of behaviour, not only as individual incidents. This includes coercive control, intimidation, manipulation, physical harm, and violence that continues after separation.

A major concern is that children and victim-survivors may remain exposed to harm while systems wait for the situation to become more serious before responding. Children should not have to experience severe harm before their safety is prioritised.

Prevention requires systems to respond to early warning signs, including children's disclosures, injuries, medical concerns, police information, and concerns raised by victim-survivors and other professionals.

Effective prevention also requires recognising that people who use violence may present differently to professionals than they do within the family environment. Systems must assess behaviour, patterns, evidence, and risk rather than relying only on presentation.

A preventative system is one that recognises risk early, listens to those experiencing violence, and takes action before further trauma occurs.

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

Children must be recognised as victim-survivors of family violence in their own right. They are not simply witnesses to violence between adults; they experience the fear, harm, instability, and trauma created by family violence.

My experience highlights serious concerns about whether children's voices are being properly heard and prioritised within the systems designed to protect them.

Children must not be silenced, dismissed, or have their experiences minimised in favour of explanations provided by adults.

When a child communicates that they have been harmed, frightened, or do not feel safe, their voice must be treated as important information. A child's experience should not be overlooked simply because an adult provides an alternative explanation.

In my experience, my child was hospitalised following an incident involving serious safety concerns. Medical professionals identified concerns regarding my child's wellbeing and risk. These concerns should form an important part of any assessment of a child's safety.

Medical evidence should be a critical component of family violence and child safety assessments. When qualified medical professionals identify concerns, those concerns must not be minimised or overlooked.

Children cannot protect themselves from violence by adults. They rely on the adults and systems around them to listen, recognise risk, and act.

A child should not have to experience further harm before their experiences are acknowledged. The systems designed to protect children must listen, recognise indicators of family violence, and act to ensure their safety.

Priority Area 4: People who use violence

A critical part of ending family violence is ensuring that people who use violence are recognised, held accountable, and supported to change their behaviour. Responses must remain focused on the safety and wellbeing of victim-survivors and children.

Family violence is not only about individual incidents. It can involve ongoing patterns of coercive control, intimidation, manipulation, and attempts to maintain power over victim-survivors and children.

Systems must be able to recognise these patterns and respond to the behaviour, not only isolated events.

A significant concern is that a person using violence may present differently to professionals than they do within the family environment. A person may appear calm, reasonable, or cooperative while victim-survivors and children experience fear, harm, and control.

Responses must consider evidence, patterns of behaviour, and the experiences of those affected, rather than relying only on presentation or explanations provided by the person alleged to be using violence.

Violence against children must never be minimised or reframed in a way that reduces the seriousness of the harm. Children's safety must remain central.

Family violence can continue after separation. Systems must ensure that processes intended to resolve family matters do not unintentionally provide further opportunities for coercive control or ongoing harm.

People who use violence must be supported through effective interventions that address harmful behaviours, but accountability and victim-survivor safety must remain the priority.

Priority Area 5: System Integration and Workforce

A major concern from my experience is that the systems designed to protect children and victim-survivors can fail when agencies do not work together effectively and when important information is not considered as part of a complete picture.

Family violence is complex and cannot be effectively assessed by one agency, one opinion, or one assessment alone. Protecting children and victim-survivors requires a coordinated response where all available information is considered.

This includes children's voices, victim-survivor accounts, medical evidence, police information, education concerns, and professional assessments.

A significant systemic concern is when serious concerns are raised with one agency and that agency's assessment becomes the basis for the responses of other agencies. When one

agency does not recognise risk or does not identify family violence, there is a risk that other systems follow that position rather than independently assessing all available evidence.

In my experience, concerns were raised by multiple sources, including medical professionals and the education setting attended by my children. These concerns did not result in the level of coordinated response needed to address the identified risks.

It is concerning when medical evidence and professional concerns are not given appropriate weight in decision-making. Medical professionals have specific expertise in identifying injuries, health concerns, and risks to a child's wellbeing. Their concerns should be carefully considered alongside all other evidence.

No single agency should have sole responsibility for determining whether family violence or risk exists. A failure by one part of the system should not result in a failure across the entire system.

There must be stronger processes requiring agencies to communicate, independently assess risk, and take action when serious concerns are raised.

A further concern is the difficulty victim-survivors can experience when seeking accountability for systemic failures. Where concerns are raised about failures to recognise family violence, respond to risk, or protect children, there must be effective and independent processes to review those concerns.

Where existing oversight or complaint pathways do not result in a finding, recommendation, or meaningful examination of serious concerns, there should be another mechanism available to ensure those concerns can be independently reviewed and lessons can be learned.

The purpose of system integration must be more than agencies communicating with each other. It must mean agencies actively working together, sharing responsibility, critically assessing risk, and ensuring children and victim-survivors are protected.

Other areas of action

An urgent priority must be ensuring that family violence is recognised, recorded, and responded to consistently across all systems responsible for protecting children and victim-survivors.

My experience highlights that the existence of laws, policies, and frameworks alone is not enough. The most important issue is whether those protections are implemented effectively when children and victim-survivors need them most.

There must be stronger accountability when systems fail to recognise family violence, fail to properly consider evidence, or fail to respond to identified risks.

A critical area for improvement is ensuring that all relevant evidence is considered together. Medical evidence, children's voices, victim-survivor accounts, police information, education concerns, and professional assessments should all contribute to understanding risk.

There must be stronger accountability and review mechanisms when victim-survivors believe evidence of family violence has not been appropriately recognised. Where existing oversight or complaint processes do not result in a meaningful examination of serious concerns, there should be an independent pathway to ensure those concerns can be properly reviewed.

Family violence advocacy must also move beyond providing information and advice alone. Victim-survivors and children experiencing violence need strong advocates who can help create change, support them through complex systems, and ensure safety concerns lead to action.

The measure of success for the National Plan should be whether children and victim-survivors are genuinely safer in practice. Real change will require accountability, coordinated responses, and systems that recognise risk early and act before further harm occurs.

Feedback for Priority Area 1: Victim-survivors

I almost decided not to make a submission because my lived experience has left me questioning whether meaningful change will happen quickly enough to protect my children and other victim-survivors. It is difficult to continue sharing experiences and asking for change when laws and policies designed to address family violence exist, yet the systems responsible for putting those protections into practice can fail in ways that leave children and victim-survivors exposed to ongoing harm.

I am making this submission because I believe my experience highlights important gaps in how victim-survivors and children experiencing family violence are supported and protected.

I experienced family and domestic violence over an 18-year relationship. After leaving the relationship, the violence did not simply end. In my experience, family violence continued through ongoing control, conflict, and the use of systems that were intended to provide protection. Family violence must be understood as something that can continue after separation, including through coercive control and attempts to maintain power and control over victim-survivors and children.

A significant concern is that victim-survivors can provide evidence of family violence and serious risk, yet still feel that their experiences are not being recognised or acted upon. In my experience, my child was hospitalised following an incident that I believe was family violence. Medical professionals raised serious concerns about my child's safety and wellbeing. My concern is not about the response provided by medical professionals; my concern is that serious evidence and risk indicators were not appropriately recognised and acted upon by the wider systems responsible for protecting children.

Victim-survivors should not have to wait until harm becomes even more severe before their experiences are taken seriously. Medical evidence, police information, children's disclosures, professional assessments, and victim-survivor accounts should all be considered together when assessing safety and risk.

Children and victim-survivors need more than advice. They need strong advocates who can help create change, ensure their concerns are heard, and assist in navigating systems that can be overwhelming and complex.

In my experience, I have contacted available family violence advocacy services seeking support, but I have repeatedly received similar responses without meaningful action. Being told that assistance is unavailable or that services cannot help at that time leaves victim-survivors and children waiting while risks continue.

I have been waiting for access to a family violence social worker for months. This raises a serious concern: how long are children and victim-survivors expected to wait for meaningful support while experiencing ongoing risk? Support must be available when it is needed, not only after further harm occurs.

A child experiencing family violence should not be expected to carry the burden of explaining their situation, repeatedly seeking help, or trying to convince systems that they need protection. Children need adults and services around them to listen, advocate for them, and take action.

Victim-survivors and children must be heard. Their experiences must not be dismissed or given less weight than explanations provided by the person alleged to be using violence. Systems must recognise patterns of behaviour, coercive control, and ongoing risk rather than focusing only on isolated incidents.

The purpose of the National Plan must be to ensure that victim-survivors and children are safer in practice, not only protected in policy. A successful system is one that listens, recognises risk, responds early, and provides meaningful support that leads to safety.

Feedback for Priority Area 2: Prevention and early intervention

Prevention and early intervention must mean identifying family violence early, recognising patterns of risk, and taking meaningful action before children and victim-survivors experience further harm.

My experience highlights a significant gap between recognising family violence in policies and preventing it in practice. A system cannot effectively prevent violence if

warning signs, disclosures, evidence, and risk indicators are not properly recognised and acted upon.

Family violence should be understood as a pattern of behaviour, not only as individual incidents. This includes coercive control, intimidation, manipulation, physical harm, and the continuation of violence after separation. When systems focus only on individual events rather than the overall pattern, opportunities for early intervention can be missed.

A major concern is that children and victim-survivors may remain exposed to harm while systems wait for the situation to become more serious before responding. In my experience, concerns about harm to children, including repeated incidents and indicators of risk, were not adequately recognised as part of an ongoing pattern of family violence.

Children should not have to experience severe or life-threatening harm before their safety is prioritised. Prevention requires systems to respond to early warning signs, including children's disclosures, injuries, medical concerns, police information, and concerns raised by victim-survivors and others.

A further concern is that explanations provided by a person alleged to be using violence can sometimes be given greater weight than the experiences of children and victim-survivors. People who use violence may present differently to professionals than they do within the family environment. Effective prevention requires systems to assess behaviour, patterns, evidence, and risk rather than relying only on how someone presents.

Early intervention also requires recognising that family violence can continue after separation. Leaving a relationship does not always end the violence. For some families, separation can be a period where coercive control and attempts to maintain power continue in different ways.

Prevention requires a coordinated approach where agencies consider all available information together. Medical evidence, police information, children's voices, victim-

survivor accounts, and professional assessments should contribute to understanding risk and determining appropriate responses.

The purpose of early intervention should be to prevent escalation, not to wait until harm becomes more severe. Children and victim-survivors should not have to continue experiencing violence while systems wait for a higher threshold before acting.

A truly preventative system is one that recognises risk early, listens to those experiencing violence, and takes action before further trauma occurs.

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

Children must be recognised as victim-survivors of family violence in their own right. They are not simply witnesses to violence between adults; they experience the fear, harm, instability, and trauma created by family violence.

My experience highlights serious concerns about whether children's voices are being properly heard and prioritised within the systems designed to protect them. Children must not be silenced, dismissed, or have their experiences minimised in favour of explanations provided by adults.

When a child communicates that they have been harmed, frightened, or do not feel safe, their voice must be treated as important information. A child's experience should not be overlooked simply because an adult provides an alternative explanation for what has occurred.

A significant systemic failure occurs when children's injuries, disclosures, and experiences are not recognised as indicators of family violence and ongoing risk. In my situation, I believe my children experienced multiple incidents of harm, yet the concerns raised and the injuries experienced were not consistently recognised as requiring a family violence and child safety response.

Children should not have to experience extreme or life-threatening harm before their safety is taken seriously. Repeated incidents of harm can form part of a wider pattern of

family violence and can have significant physical and psychological impacts on children.

A significant concern from my experience is that my child was hospitalised following an incident that I believe was family violence. Medical professionals identified serious concerns regarding my child's safety and wellbeing and raised concerns about the level of risk.

My concern is not about the response provided by medical professionals. My concern is that, despite serious medical evidence and professional concerns being identified, the wider systems responsible for protecting children did not, in my experience, appropriately recognise or respond to the level of risk.

Medical evidence should be a critical part of assessing family violence and child safety concerns. When qualified medical professionals identify serious concerns, those concerns must not be minimised, overlooked, or separated from decisions affecting a child's safety.

Children cannot protect themselves from violence by adults. They rely on the adults and systems around them to listen, recognise risk, and act. A child should never be placed in a position where they must continue experiencing harm while trying to convince systems that their experiences are real.

Another serious concern is when a person alleged to be using violence is able to provide explanations that are accepted over the child's own experience without a full assessment of the risks. Systems must ensure that children's voices are not lost or dismissed because an adult is able to present a different version of events.

Children affected by family violence need more than a response after harm occurs. They need systems that listen to them, believe concerns about their safety, recognise patterns of harm, and intervene early.

The fundamental issue is that children and victim-survivors must be recognised by the systems that are supposed to protect them. Recognition must occur when children

disclose harm, when professionals raise concerns, when evidence indicates risk, and when patterns of family violence become apparent.

Children should not have to suffer further harm before their experiences are acknowledged. The systems designed to protect children must listen, recognise the indicators of family violence, and act to ensure their safety and wellbeing.

Feedback for Priority Area 4: People who use violence

A critical part of ending family violence is ensuring that people who use violence are recognised, held accountable, and supported to change their behaviour. Responses must remain focused on the safety and wellbeing of victim-survivors and children.

My experience highlights concerns about how people who use violence can avoid accountability when their behaviour is minimised, explained away, or not recognised as part of a broader pattern of family violence.

Family violence is not only about individual incidents. It can involve ongoing patterns of coercive control, intimidation, manipulation, and attempts to maintain power over victim-survivors and children. Systems must be able to recognise these patterns and respond to the behaviour, not only isolated events.

A significant concern is that a person using violence may present differently to professionals than they do within the family environment. A person may appear calm, reasonable, or cooperative while victim-survivors and children experience fear, harm, and control. Responses must consider evidence, patterns of behaviour, and the experiences of those affected, rather than relying only on presentation or explanations provided by the person alleged to be using violence.

Violence against children must never be minimised or reframed in a way that reduces the seriousness of the harm. Children's safety must remain central, and any behaviour that causes fear, injury, or trauma must be properly recognised and responded to.

Another significant concern is that family violence can continue after separation. In some situations, systems intended to resolve family matters can be used by a person

alleged to be using violence as a way to maintain control, continue intimidation, or remain involved in the lives of victim-survivors and children in ways that continue the harm.

Responses to people who use violence must ensure that processes do not unintentionally provide further opportunities for coercive control. The focus must remain on accountability, risk assessment, and protecting those affected by violence.

People who use violence must be supported through effective interventions that address the causes and patterns of their behaviour. However, intervention and support must never come at the expense of victim-survivor safety or be used to minimise the impact of the violence experienced.

A safer system requires people who use violence to take responsibility for their actions. Their explanations, intentions, or presentation must not outweigh evidence of harm, children's experiences, victim-survivor accounts, or professional assessments of risk.

The goal of the National Plan must be to reduce violence by ensuring that people who use violence are held accountable, harmful behaviours are addressed, and children and victim-survivors are protected from ongoing harm.

Feedback for Priority Area 5: System Integration and Workforce

A major concern from my experience is that the systems designed to protect children and victim-survivors can fail when agencies do not work together effectively and when important information is not considered as part of a complete picture.

Family violence is complex and cannot be effectively assessed by one agency, one opinion, or one assessment alone. Protecting children and victim-survivors requires a coordinated response where all available information is considered, including children's voices, victim-survivor accounts, medical evidence, police information, education concerns, and professional assessments.

A significant systemic concern is when serious concerns are raised with one agency and that agency's assessment becomes the basis for the responses of other agencies.

When one agency does not recognise risk or does not identify family violence, there is a risk that other systems follow that position rather than independently assessing all available evidence.

In my experience, concerns were raised by multiple sources, including medical professionals and the education setting attended by my children. Medical professionals raised serious concerns regarding my child's safety and wellbeing following hospitalisation. However, a significant concern is that these concerns were not appropriately recognised or acted upon by the wider systems responsible for protection.

It is concerning when medical evidence and professional concerns are not given appropriate weight in decision-making. Medical professionals have specific expertise in identifying injuries, health concerns, and risks to a child's wellbeing. Their concerns should be carefully considered alongside all other evidence, not overlooked or given less weight than opinions from services without the same clinical role.

No single agency should have sole responsibility for determining whether family violence or risk exists. A failure by one part of the system should not result in a failure across the entire system.

A further concern is that victim-survivors can experience significant barriers when seeking accountability for systemic failures. When there are concerns that family violence was not recognised, evidence was not properly considered, or children were not adequately protected, there must be effective and independent processes to review those concerns and identify where improvements are required.

Where existing complaint or oversight pathways do not result in a finding, recommendation, or meaningful examination of concerns about systemic failures, there should be an additional pathway to ensure serious concerns can be independently reviewed.

Workforces across all areas involved in family violence responses must have the skills and understanding required to recognise coercive control, post-separation violence, child harm, and the importance of listening to children and victim-survivors.

The purpose of system integration must be more than agencies communicating with each other. It must mean agencies actively working together, sharing responsibility, critically assessing risk, and ensuring that children and victim-survivors are protected.

The success of the National Plan should be measured by whether systems are preventing harm and improving safety outcomes, not only by whether policies and procedures exist.

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

An urgent priority must be ensuring that family violence is recognised, recorded, and responded to consistently across all systems responsible for protecting children and victim-survivors.

My experience highlights that the existence of laws, policies, and frameworks alone is not enough. The most important issue is whether those protections are being implemented effectively when children and victim-survivors are experiencing harm.

There must be stronger accountability when systems fail to recognise family violence, fail to properly consider evidence, or fail to respond to identified risks. Children and victim-survivors should not be left without protection because of gaps between agencies, differing assessments, or a lack of coordinated action.

A critical area for improvement is ensuring that all relevant evidence is considered together. Medical evidence, children's voices, victim-survivor accounts, police information, education concerns, and professional assessments should all contribute to understanding risk. No single agency or assessment should override significant evidence from other professionals without a clear and evidence-based reason.

There must also be stronger independent review pathways when victim-survivors raise concerns about systemic failures. Where existing oversight or complaint processes do not result in a finding, recommendation, or meaningful examination of serious

concerns, there should be another mechanism available to ensure those concerns can be independently reviewed and that lessons are learned.

Family violence advocacy must also move beyond providing information and advice alone. Victim-survivors and children experiencing violence need strong advocates who can help create change, support them through complex systems, and ensure their safety concerns lead to action.

Children must remain at the centre of all responses. A child's voice, safety, and wellbeing must never be secondary to adult explanations or system processes. Children should not have to experience further harm before their circumstances are recognised as requiring urgent action.

The measure of success for the National Plan should be whether children and victim-survivors are genuinely safer in practice. Real change will require accountability, coordinated responses, and systems that recognise risk early and act before further harm occurs.

Feedback for Priority Area 1: Victim-survivors

Police need to recuse themselves from call outs involving people working for them !

I was considered the perpetrator after being strangled nearly to death by my then husband that was working for Senior Constable police officer [redacted] from then [redacted] Police Station. Police officer failed to take me to hospital for medical assessment of my injuries instead of taking me to the watch house at the then husbands request I heard whilst behind the bedroom door hearing [redacted] say ""well we could lock her up for a while"". I find that police are bias due to first police officer report upon myself which has affected me greatly as a registered nurse with the ex having committed post separation abuse for the past nine years post me divorcing him. I have suffered parent alienation and not seen my children for nine years, missed every birthday, christmas, easters, been abused by neighbours triangulating with ex's stories and having been accused of false lies regarding allegedly my behaviour when the neighbour lied about a dead woman's last wish being given when in fact she'd died the night before the neighbour [redacted] having been given my girlfriends number whilst working in a nusing home and she wanted my horse taken to nursing home but [redacted] had quiter horses so I put my activities co ordinator in touch with [redacted] arrived after the elderly patient had passed away missing the horses visiting the home. However [redacted] lied claiming upon her website advert for her business that she'd given a dead woman her last wish. I called her out on the post and the narc neighbour attacked me and then claimed I hit her outside my home she'd came dome to abuse me. I am frightened still of these neighbours still abusing, threatening me. Police need training in macheivilian triad, narcisistic, psychopathy and sociopathy.

Feedback for Priority Area 2: Prevention and early intervention

Prevention starts with education of the next generation in schools. Education including pornography addictions usually of narcisists.

My ex was addicted to young female pornography. It is alleged to be a similar pattern with narcisists.

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

Limit pornography access till after 18 years of age atleast.

Educate young children about sex abuse, inappropriate rough sexual conduct observdd in porn then considered what women want !

Not true.

Feedback for Priority Area 4: People who use violence

Not let narcisistic psychopaths like my ex attend male perpetrator programs as they learn more abusive techniques from other perpetrators and become worse.

Make all offenders, alleged pepetratos and alleged victims take psychometric testing yo determine the true narcisists to hopefully prevent police ruining innocent lives.

Feedback for Priority Area 5: System Integration and Workforce

When [redacted] Health can't get it right and actually perpetrates workplace abuse then denies it is no help.

When medical and nursing staff make judgemental comments preventing safe healthcare to traumatised individuals the problem continues.

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

Education.

Parenting resource courses to intervene before children are even exposed yo the abuse.

Crack down on immigrants raping our young wemon and getting no sentence in jail. What message of condoning this behaviour in Australian culture is this delivering to the community in our society.

Submission - Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032)

Family, domestic and sexual violence consultation

https://engage.dss.gov.au/second-action-plan/

Firstly, I am deeply grateful for the opportunity to share my perspective and express my concerns about the safety and protection of people across Australia, particularly women and children.

In this submission, I have focused on coercive control and emotional manipulation as core elements of domestic and family violence (DFV). Recognising and addressing these forms of abuse at an early stage is essential to preventing violence from escalating and ensuring victims receive timely support before significant harm occurs.

Drawing on my personal experience, I hope my submission contributes to a greater understanding of coercive control as a fundamental element of domestic and family violence. I also hope it highlights the urgent need for stronger recognition, earlier intervention, improved prevention strategies, and more effective support systems to protect those at risk and prevent further harm.

My Background

1. I am a mother, teacher, and counsellor deeply concerned about the safety of women and children in Australia.
2. I am also a grieving mother who recently lost my daughter and am living with the profound impact of that loss.
3. Coercive control is, in my view, the most dangerous and insidious form of family violence.
4. I believe coercive control is not being treated with sufficient seriousness by government institutions and the legal system in Victoria.
5. My concerns are informed by both personal experiences and professional experience as a teacher and counsellor.
6. I am providing evidence to the Inquiry because I believe the current response to coercive control is inadequate.

7. The existing approach often fails to recognise or address the risks faced by women and children or people in general affected by this behaviour.
8. The consequences include loss of life, devastated families, parents loosing their children, children losing their mothers, and long-term harm to communities.
9. Stronger action is needed to prevent further tragedies linked to family violence and coercive control.
10. The issue requires urgent parliamentary attention, meaningful reform, and stronger legal protections for victims and future generations.

Coercive Control – The Impact on the Victim

11. Evidence shows that in Australia, one woman is killed by a current or former partner every nine days.
12. This statistic does not capture women who die by suicide after experiencing prolonged coercive control, psychological abuse, and manipulation.
13. Many victims suffer serious physical and mental health consequences that are not recognised as outcomes of family violence.
14. The experiences and deaths of these women and children often go unacknowledged and are absent from official records and public discussion.
15. A major failure of the current system is the inadequate recognition and assessment of coercive control.
16. There is a lack of clear, mandatory assessment frameworks for identifying and responding to coercive control across services and the legal system.
17. Coercive control involves patterns of behaviour such as gaslighting, love bombing, financial control, isolation, intimidation, triangulation, and psychological manipulation.
18. Over time, these behaviours can undermine a victim’s confidence, judgment, identity, autonomy, and perception of reality.
19. Victims often experience fear, confusion, self-doubt, self-blame, and a loss of self-worth.
20. Perpetrators may appear caring and respectable to others, making the abuse difficult to identify.
21. Personal experience has demonstrated the devastating impact coercive control can have on individuals and families.
22. Four people known to the author lost their lives without fully understanding the abuse they were experiencing; three died by suicide, with no evidence available to support abuse-related charges.
23. Coercive control can be compared to planting “seeds” that gradually alter a person’s thinking, identity, behaviour, and sense of self.
24. Victims may begin to think, speak, and blame themselves in ways that reflect the influence of the abuser.
25. It is often extremely difficult for victims, families, friends, and professionals to recognise what is happening.
26. Coercive control is particularly dangerous because it is hidden, gradual, and often invisible to outsiders.

27. Many victims do not report coercive control because they do not recognise it as abuse.
28. The manipulation creates confusion and erodes a victim's ability to trust their own thoughts, feelings, and experiences.
29. By the time the abuse becomes visible, the harm may already be severe or irreversible.
30. Coercive control and emotional manipulation affect women and young people across all cultures and backgrounds, regardless of their level of education, socioeconomic status, or profession.
31. Many deaths may have been preventable with greater awareness and understanding of coercive control and emotional manipulation.
32. The experience highlights the urgent need for improved recognition, education, assessment, and intervention regarding coercive control.

The Crises and Impact on the Families

33. The loss of a child because of coercive control and emotional abuse has a devastating and indescribable impact on families.
34. Grief is often accompanied by intense guilt, self-blame, and ongoing self-questioning.
35. Family members frequently ask themselves why they did not recognise the warning signs or intervene sooner.
36. Many are left feeling that their instincts detected something was wrong, but they could not fully understand the reality of the situation.
37. These unanswered questions can become a lifelong burden for those left behind.
38. The consequences of such a loss are often profound, life-changing, and, for some families, unbearable.
39. Some parents never fully recover from the trauma and devastation.
40. Coercive control affects far more than the direct victim.
41. Its impact extends to parents, siblings, children, extended family members, and the wider community.
42. Coercive control can destroy relationships, fracture family units, and create lasting emotional and psychological harm.
43. The effects of coercive control can leave a legacy of pain that continues across generations.

1. Prevention - Better prevent than cure

44. The lack of mandatory education despite the alarming prevalence of coercive control
45. There is a significant lack of education and awareness about coercive control and emotional manipulation.

46. Both the public and professionals are often not adequately equipped to recognise or respond to coercive control.
47. Victims may become confused, isolated, and blame themselves for the abuse they are experiencing.
48. Perpetrators can strengthen and maintain control when coercive control goes undetected.
49. The absence of clear legislation recognising coercive control in some Australian states and territories allows this form of abuse to go undetected, enabling perpetrators to escalate their behaviour and cause further harm.

Key Recommendations:

• Prevention through mandatory education:

50. **Mandatory education and training MUST be implemented across schools, workplaces, community organisations, health services, and social services.**
51. **Increased awareness would help people identify warning signs of coercive control earlier.**
52. Mandatory education and awareness mean coercive control warning signs not to be missed or mistaken for normal relationship difficulties.
53. Mandatory education and awareness programs should be accessible in multiple languages and culturally appropriate formats to ensure people from diverse cultural, linguistic, and community backgrounds can understand, recognise, and respond to coercive control and family violence.
54. Increased awareness would support early identification, intervention, and access to appropriate support.
55. Recognising coercive control earlier can help prevent escalation and reduce serious harm to victims and families.
56. Better education would support earlier intervention and access to appropriate support.
57. Prevention through education is more effective than responding after significant harm has occurred.
58. Early recognition and prevention are essential to protecting victims and preventing serious harm.
59. Introducing an evidence-based monitoring and tracking system for perpetrators who demonstrate ongoing patterns of coercive and abusive behaviour could be a turning point in reducing this hidden and dangerous form of violence.

2. Services and Support

60. Both the public and professionals often have difficulty recognising and responding to coercive control.

61. The absence of clear assessment protocols makes coercive and controlling behaviours difficult to identify.
62. Coercive control can remain hidden for extended periods before concerns are recognised.
63. By the time the abuse is identified, the psychological and emotional harm may already be severe.
64. The hidden and complex nature of coercive control makes accurate assessment challenging.
65. Victims often struggle to provide evidence of the abuse they have experienced.
66. Without clear assessment guidelines and intervention frameworks, warning signs may be missed.
67. Victims may not receive timely or appropriate support and protection.
68. Perpetrators can continue to manipulate, isolate, and control their partners without detection.
69. Improved assessment and intervention processes are needed to identify coercive control earlier and reduce harm to victims.

Key Recommendations:

- **Initial assessment and reporting:**

70. Professionals, including GPs, psychologists, counsellors, psychotherapists, and mental health practitioners, require specialised training and follow similar questionary / protocol to detect the early signs of coercive control.
71. Coercive control must have a clear definition and be supported by evidencebased assessment protocols.
72. Many victims may not report coercive control to police but may seek support through the mental health system.
73. Training should enable professionals to recognise, assess, document, and appropriately refer victims experiencing coercive control.
74. Assessment frameworks / questionary should identify warning signs, patterns, symptoms, and the impact of coercive control on victims.
75. **Early identification and intervention by trained professionals are essential to preventing further harm and refer the victim to the right services and support.**

3. Children and Young People

78. Children and young people are among the most vulnerable victims of coercive control and domestic and family violence.
79. Perpetrators often use children to manipulate, control, or place pressure on the other parent.
80. Perpetrators may present themselves as caring and protective in public while behaving abusively at home, leaving children confused.
81. Many children live in constant fear and anxiety about returning home.
82. Some children take on adult responsibilities to protect the abused parent instead of enjoying their childhood.
83. Children and young people exposed to violence could become violent themselves.
84. Limited understanding of coercive control can prevent professionals from recognising and responding effectively.
85. Many professionals, including teachers, police, doctors, psychologists, psychiatrists, psychotherapists, and counsellors, need better assessment tools and training to identify and document coercive control and violent behaviour of children and young people.
86. When children and young people begin using coercive control and abusive behaviours, the problem becomes more complex and can spread rapidly if not addressed early.

Key Recommendations:

87. Introduce mandatory education on coercive control and domestic and family violence in schools, sports clubs, gyms, and community organisations, supported by clear definitions of coercive control and family violence.
88. Develop age-appropriate modules to help children and young people recognise warning signs, understand the impacts, and know how and where to seek help.
89. These programs would promote early identification, evidence collection, healthy relationships, and timely intervention to better protect children, young people, and families.
90. Children and young people identified as experiencing abuse or causing abuse and using violence should be referred to specialised professionals for appropriate assessment, support and trauma-informed care.
91. Children and young people need to relate to the trustworthy family member that will support them throughout their recovery.

4. People who use violence

92. People who use coercive control and domestic and family violence come from all cultural backgrounds, socioeconomic groups, and levels of education. They often present themselves as respectful, successful, and caring individuals in public, while displaying abusive and controlling behaviour in private.

93. Perpetrators of coercive control often maintain a convincing public persona or "mask", making their abusive behaviour extremely difficult for others to recognise or detect.
94. Perpetrators frequently portray themselves as the victim, using manipulation to gain sympathy, deflect responsibility, and undermine the credibility of the person they are abusing.
95. Coercive control is particularly dangerous because it often involves psychological and emotional abuse rather than physical violence. The ongoing manipulation, intimidation, and fear can have profound and lasting effects on a victim's mental health, decision-making, and overall wellbeing.
96. Perpetrators systematically undermine a victim's confidence, independence, self-esteem, and sense of reality, leaving them increasingly dependent on the abuser and less able to seek help or escape the relationship.
97. Coercive control is a persistent pattern of abuse that gradually damages a victim's physical and mental health, financial security, independence, and decision-making, often leaving them under the perpetrator's control for years.
98. Coercive control usually occurs behind closed doors and leaves few visible signs, making it difficult for family, friends, professionals, and authorities to recognise without appropriate education, training, and assessment.

Key Recommendations:

100. Establish a clear national definition of coercive control, supported by consistent assessment and evidence-collection frameworks.
101. Introduce mandatory education and awareness programs on coercive control and domestic and family violence in schools, universities, workplaces, sporting organisations, and community services, with multilingual and culturally inclusive resources.
102. Education should help victims, bystanders, and perpetrators recognise coercive control, understand its impacts, and promote accountability.
103. Establish a mandatory national tracking system for known or suspected cases involving victims and perpetrators to improve data collection and early intervention.
104. Use reliable data to strengthen risk assessment, support referrals to appropriate services, monitor outcomes, and improve prevention strategies.
105. Recognise coercive control in legislation across all Australian states and territories to improve victim protection and hold perpetrators accountable.
106. Consistent education, early identification, effective monitoring, and timely intervention can prevent violence, improve victim safety, and reduce the impact of domestic and family violence.
107. Audio and visual awareness campaigns should be widely distributed through the media to educate the public about coercive control as a core form

of domestic and family violence and its impact on individuals, families, and communities.

5. Recovering and healing

108. Recovery from domestic and family violence is often a slow and long - term process.
109. Victims of prolonged coercive control commonly experience self-doubt, guilt, confusion, trauma, and emotional dependence on the perpetrator.
110. Even after leaving the abusive relationship, many victims continue to struggle with the psychological effects of coercive control and may be vulnerable to returning.
111. Recovery is particularly challenging when children are involved and ongoing contact with the perpetrator cannot be avoided.

Key Recommendations:

112. Educational modules should clearly define coercive control, explain patterns of abusive behaviour, and help victims recognise when they are experiencing harm.
113. Victims should have access to appropriate support services and educational resources, including written, audio, and visual materials.
114. Opportunities to connect with survivors of coercive control and domestic and family violence can support recovery and healing.
115. Victims should be supported to rebuild their confidence, strengthen their wellbeing, and develop healthy relationships while avoiding further exposure to abusive or toxic behaviours.

6. Access to Support

116. Current domestic and family violence (DFV) systems provide support in many areas however often fail to adequately recognise coercive control as a central element of DFV.
117. Coercive control is frequently overlooked, minimised, or misunderstood due to difficulties in identifying and documenting evidence.
118. Personal experience has highlighted the devastating consequences of failing to recognise and address coercive control and offer right access and support.
119. Effective responses require coercive control to be recognised as a significant form of DFV across health, mental health, legal, and support services.

Key Recommendations:

The hidden and complex nature of coercive control requires:

120. GPs, psychologists, counsellors, social workers, and other mental health practitioners should receive specialised training in coercive control and emotional manipulation.
121. Victims should have timely access to professional support, intervention, recovery services, and education after recognising the abuse.
122. Recovery from coercive control is a long process; victims need ongoing support and monitoring from trained professionals.
123. Establish a specialised body for coercive control within domestic and family violence services to provide information, assessment, referrals, and specialised support.

Conclusion

- A specialised body dedicated to coercive control and psychological abuse as part of domestic and family violence (DFV) should be established and widely promoted to the public.
- Coercive control is a core element of DFV. It is hidden, dangerous, and requires urgent action to prevent escalation and further harm.
- Mandatory education programs on coercive control should be introduced across schools, workplaces, communities, and services, using age-appropriate resources available in different languages and accessible to people from all backgrounds.
- Coercive control must be clearly defined in legislation, with consistent processes for identification, assessment, and response.
- Health professionals, police, and support services require specialised training, clear protocols, and appropriate referral pathways to support victims effectively.
- A tracking, monitoring, and registration system for perpetrators should be established, with mandatory behaviour change programs to promote accountability and reduce the risk of further harm.
- Victims must receive ongoing professional support, education, and resources throughout their recovery and healing journey.

Your Sincerely,

[redacted]

Submission: Second Action Plan

National Plan to End Violence against Women and Children 2022 to 2032. Submitted by Anchor Point Therapy.

Priority Area 2: Prevention and early intervention

To prevent violence rather than only respond to it after harm has occurred, the Second Action Plan must invest in genuinely understanding what causes and perpetuates the use of violence. Prevention and early intervention depend on working with the underlying drivers of harmful behaviour, not just its consequences. This means resourcing responses that can engage people early, before patterns entrench, and that address the shame, trauma, relational and cultural factors that sustain the use of violence. A driver focused approach is what allows us to interrupt harm at its source rather than perpetually managing its aftermath.

Prevention cannot rest on individuals alone. It requires working with the whole of family and the whole of community to understand how we, as communities, hold harmful behaviours accountable and create new acceptable behaviours. We already see this in settings such as sports clubs and schools, where communities call in harmful behaviours and become curious about how and why they have arisen, while holding firmly to a shared value base of how we respect one another. Calling in, rather than only calling out, allows a community to hold a behaviour accountable without discarding the person, which keeps them engaged in change.

This work needs positive role models willing to step into the space and lead with respect and accountability. There is significant potential to implement this on national platforms with wide cultural reach. The AFL is one example, where the opportunity is not only to raise awareness of harm but to run campaigns that actively model change. A campaign in the spirit of "don't be that guy" could depict a man being disrespectful and causing harm to women, making the drivers of family violence visible, alongside ads showing men calling each other in and having real conversations about the harmful norms that produce that behaviour. Modelling how men can respectfully challenge one another shifts the norms that sustain violence at a population level.

Prevention is also strengthened by investing in the conditions that allow people to be healthy humans. We need accessible programs and community spaces that take a holistic view of health, spanning mental health, physical health, exercise, connection and belonging. When people are supported to look after their whole selves, they are better equipped to regulate, to build healthy relationships, and to move away from the shame, isolation and distress that can drive harmful behaviour. Embedding these holistic health opportunities within communities is itself a form of prevention, because healthy, connected people in supportive environments are less likely to use violence.

Prevention efforts also need to be attuned to a critical developmental window in early adolescence. Young boys typically look up to their parents, and often their father, as their first role models. As they move through puberty, roughly between the ages of ten and fifteen, they experience a very large rise in testosterone alongside a natural developmental shift toward seeking role models beyond the family. At the same time, impulse control and delayed gratification are still developing, as the parts of the brain responsible for these capacities do not fully mature until the mid twenties. Where a young person does not have positive role models within their family or family friendship networks to turn to, they will look instead to their peer group or to online social influencers. This is precisely where harmful norms can take hold, and where the combination of a still developing capacity to pause and a search for identity can see harmful behaviours increase if the surrounding social environment is not a positive one. Getting the social environment right during this window is one of the most powerful prevention opportunities available.

Suggested actions for government:

- Fund national platform campaigns, for example through the AFL and other codes with wide cultural reach, that model respectful behaviour and show men calling each other in, not only campaigns that raise awareness of harm.
- Invest in accessible, community based holistic health programs that support mental health, physical health, exercise, connection and belonging, recognising these as primary prevention.
- Resource structured positive role model and mentoring programs targeted at boys in the ten to fifteen developmental window, especially where positive family or community role models are absent.
- Support schools, sports clubs and community organisations to build the capability and shared value base needed to call in harmful behaviours with curiosity, rather than only calling them out.

- Invest in digital and media literacy and in healthy online role modelling, given the influence of online social influencers on young people during adolescence.
- Fund whole of family and whole of community initiatives that build shared accountability for creating new, respectful norms.

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

Children and young people must be recognised as victim survivors in their own right, not only as extensions of an adult victim survivor. Realising this requires a workforce and services that are set up to genuinely gain the child or young person's voice and to act on it. Recognition without the capability to elicit and respond to a child's voice is not enough.

Eliciting that voice is complex. Children and young people have differing communication needs at differing developmental stages, and this is further shaped by the impact of trauma, by disability, and by neurodivergence. Services need the skills, time and flexibility to meet a child where they are, rather than expecting the child to communicate in ways that suit the service. This means investing in developmentally attuned, trauma informed and accessible practice as a core capability, not an optional extra.

When services are working with the whole of family, they should draw on multidirected partiality. This is a principle from contextual family therapy in which the practitioner is actively and sequentially partial to each member of the family in turn, holding both empathy and accountability for every person, rather than remaining neutral or aligning with the most powerful voice in the room. Applied here, multidirected partiality ensures that the person with the least amount of power, most often the child or young person, is empowered to be heard and seen, and that their actions and wishes are genuinely acted upon. It is the mechanism that stops a child's voice from being lost when the adults in a family system are louder or hold more power.

Suggested actions for government:

- Fund workforce training in developmentally attuned, trauma informed and accessible communication so practitioners can genuinely elicit and act on the voices of children and young people.
- Require and resource services to build capability in engaging children affected by trauma, disability and neurodivergence, rather than expecting children to adapt to the service.
- Embed multidirected partiality and whole of family practice models in service standards and funding, so the least powerful person in a family system is actively empowered to be heard.
- Create mechanisms for children and young people to meaningfully shape the policies, programs and services that affect them.

Priority Area 4: People who use violence

Australia needs meaningful options beyond men's behaviour change programs (MBCPs). While MBCPs have a role, they are currently treated as the default and often the only funded response, which limits reach, engagement and effectiveness. The Plan should support a broader spectrum of holistic, whole of person responses that help men to heal and change while still being held firmly accountable.

Central to this is genuinely trauma informed practice. Many people who use violence have their own histories of adverse childhood experiences, including childhood abuse and neglect. Effective responses support a person to work through these experiences in a way that addresses the drivers of their behaviour. This is not to excuse the harm, but to understand and interrupt it. There is always a reason someone is using harm; naming that reason never excuses it. Rather, understanding it is precisely what allows us to reduce the harm being caused and increase accountability. Empathy and accountability are not opposing forces. They can and must be held together. A person who is supported to process the roots of their behaviour, while being consistently held accountable for their actions, is more likely to make and sustain change.

This requires reducing the polarisation currently occurring across systems. Too often, services working with victim survivors will not engage a person who is both using harm and is themselves a victim survivor, precisely because they have experienced victimisation. Equally, services working with people who use violence may not hold the victim survivor lens. This binary leaves people falling between services, which increases risk and perpetuates harm. We need holistic services with the capability to move fluidly between working with victimisation and working with the use of harm, recognising that these realities frequently coexist in the same person.

These responses must also include approaches grounded in First Nations ways of knowing, being and doing. Culturally safe, community led approaches are more likely to engage Aboriginal and Torres Strait Islander men and to hold meaning and accountability within their own cultural frameworks, rather than importing a single program model.

Finally, accountability cannot sit with services alone. The Plan should ask who within a person's family or community can safely support change and help hold them accountable, without ever placing that responsibility on victim survivors. Building safe, informed networks of accountability around a person using violence, with appropriate safeguards, distributes the work of change and makes it more durable, while keeping victim survivor safety central.

Suggested actions for government:

- Fund a broader spectrum of responses for people who use violence beyond men's behaviour change programs, including holistic, whole of person and trauma informed options.
- Resource First Nations led and community embedded responses grounded in ways of knowing, being and doing.
- Support the development of services able to hold both a victim survivor lens and a use of harm lens, so people with coexisting experiences are not turned away and risk is reduced.
- Invest in workforce capability to work with the drivers of harm, holding empathy and accountability together.
- Fund safe, structured models that engage family and community in supporting change and accountability, with safeguards that never shift responsibility onto victim survivors.
- Learn from young person services, such as harmful sexual behaviour (HSB) services, which hold accountability and empathy together alongside trauma informed practice to support a young person to heal. Similar principles can be learned from and implemented with adults using violence, while keeping the safety plan tight so that no further harm is caused. This dual focus is central to the way HSB services work.

Priority Area 5: System Integration and Workforce

Delivering these responses requires a workforce and system equipped to work with the drivers of harm, not just risk management and crisis response. This means investing in workforce capability across trauma informed, shame informed and culturally grounded practice, and in models that can safely coordinate family and community involvement in accountability. It also means building services that can hold both a victim survivor lens and a use of harm lens at once, so that people with coexisting experiences are not turned away. System integration should extend beyond specialist services to the broader networks of family, community and culture that shape whether change is possible and sustained.

Suggested actions for government:

- Invest in workforce development across trauma informed, shame informed and culturally grounded practice as core capabilities.
- Fund and enable service models that can move fluidly between working with victimisation and working with the use of harm, reducing the system polarisation that leaves people falling between services.
- Strengthen coordination, collaboration and safe information sharing across specialist and universal services, and across the wider family and community networks around a person.
- Support both specialist and universal services with the resources needed to be inclusive, accessible and responsive to diverse communities and cohorts.

Other areas of action

A recurring gap across the system is the tendency to respond after harm has happened rather than working with what causes and perpetuates it. Embedding a driver-focused, prevention-oriented lens across all priority areas, and funding a genuine diversity of responses for people who use violence, including First Nations-led and community-embedded models, would strengthen the Plan's capacity to end violence rather than only manage it.

A further and urgent issue is the polarisation that can open up between victim survivor services and services for people who use violence. This polarisation often mirrors the very dynamics of the family violence it is responding to, with the split within the family reproduced inside the service system. It can also activate lived experience within the workforce, so that unconscious transference and countertransference come into play and practitioners react rather than respond. At times, victim survivor services will decline to work with a person even when that person is themselves a victim survivor, because they are also using harm. This pushes people out of support at precisely the point where engagement could reduce risk. When someone is bounced around the system rather than held, the result is more risk and more harm, not less. We need services to work together and to provide holistic support that stays with a person, recognising that victimisation and the use of harm frequently coexist in the same individual. Holding both realities at once, rather than forcing a person into a single category of either victim survivor or someone using harm, is what keeps people engaged and keeps everyone safer.

Suggested actions for government:

- Address the polarisation that arises when victim survivor services decline to work with a person who is both a victim survivor and using harm, so that people are not pushed out of support at the point where engagement could reduce risk.
- Fund and mandate holistic services that stay with a person and hold both victimisation and the use of harm at once, rather than bouncing people around the system and creating further risk.
- Require services to work together across the victim survivor and use-of-harm systems, with shared protocols that keep people engaged and keep victim survivors safe.
- Invest in reflective practice, supervision and trauma-informed workforce support, so that practitioners can recognise transference and countertransference and respond thoughtfully rather than react, especially where the work activates their own lived experience.
- Embed a driver-focused, prevention-oriented lens across all priority areas, so that empathy and accountability are held together and people with coexisting victimisation and use of harm are not left without support.

Feedback for Priority Area 2: Prevention and early intervention

To prevent violence rather than only respond to it after harm has occurred, the Second Action Plan must invest in genuinely understanding what causes and perpetuates the use of violence. Prevention and early intervention depend on working with the underlying drivers of harmful behaviour, not just its consequences. This means resourcing responses that can engage people early, before patterns entrench, and that address the shame, trauma, relational and cultural factors that sustain the use of violence. A driver focused approach is what allows us to interrupt harm at its source rather than perpetually managing its aftermath.

Prevention cannot rest on individuals alone. It requires working with the whole of family and the whole of community to understand how we, as communities, hold harmful behaviours accountable and create new acceptable behaviours. We already see this in settings such as sports clubs and schools, where communities call in harmful behaviours and become curious about how and why they have arisen, while holding firmly to a shared value base of how we respect one another. Calling in, rather than only calling out, allows a community to hold a behaviour accountable without discarding the person, which keeps them engaged in change.

This work needs positive role models willing to step into the space and lead with respect and accountability. There is significant potential to implement this on national platforms with wide cultural reach. The AFL is one example, where the opportunity is not only to raise awareness of harm but to run campaigns that actively model change. A campaign in the spirit of ""don't be that guy"" could depict a man being disrespectful and causing harm to women, making the drivers of family violence visible, alongside ads showing men calling each other in and having real conversations about the harmful norms that produce that behaviour. Modelling how men can respectfully challenge one another shifts the norms that sustain violence at a population level.

Prevention is also strengthened by investing in the conditions that allow people to be healthy humans. We need accessible programs and community spaces that take a holistic view of health, spanning mental health, physical health, exercise, connection and belonging. When people are supported to look after their whole selves, they are better equipped to regulate, to build healthy relationships, and to move away from the shame, isolation and distress that can drive harmful behaviour. Embedding these holistic health opportunities within communities is itself a form of prevention, because healthy, connected people in supportive environments are less likely to use violence.

Prevention efforts also need to be attuned to a critical developmental window in early adolescence. Young boys typically look up to their parents, and often their father, as their first role models. As they move through puberty, roughly between the ages of ten and fifteen, they experience a very large rise in testosterone alongside a natural

developmental shift toward seeking role models beyond the family. At the same time, impulse control and delayed gratification are still developing, as the parts of the brain responsible for these capacities do not fully mature until the mid twenties. Where a young person does not have positive role models within their family or family friendship networks to turn to, they will look instead to their peer group or to online social influencers. This is precisely where harmful norms can take hold, and where the combination of a still developing capacity to pause and a search for identity can see harmful behaviours increase if the surrounding social environment is not a positive one. Getting the social environment right during this window is one of the most powerful prevention opportunities available.

Concrete actions the Government could take to strengthen prevention include:

●Fund national platform campaigns, for example through the AFL and other codes with wide cultural reach, that model respectful behaviour and show men calling each other in, not only campaigns that raise awareness of harm.

●Invest in accessible, community based holistic health programs that support mental health, physical health, exercise, connection and belonging, recognising these as primary prevention.

●Resource structured positive role model and mentoring programs targeted at boys in the ten to fifteen developmental window, especially where positive family or community role models are absent.

●Support schools, sports clubs and community organisations to build the capability and shared value base needed to call in harmful behaviours with curiosity, rather than only calling them out.

●Invest in digital and media literacy and in healthy online role modelling, given the influence of online social influencers on young people during adolescence.

●Fund whole of family and whole of community initiatives that build shared accountability for creating new, respectful norms.

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

Children and young people must be recognised as victim survivors in their own right, not only as extensions of an adult victim survivor. Realising this requires a workforce and services that are set up to genuinely gain the child or young person's voice and to act on it. Recognition without the capability to elicit and respond to a child's voice is not enough.

Eliciting that voice is complex. Children and young people have differing communication needs at differing developmental stages, and this is further shaped by the impact of trauma, by disability, and by neurodivergence. Services need the skills, time and flexibility to meet a child where they are, rather than expecting the child to communicate in ways that suit the service. This means investing in developmentally attuned, trauma informed and accessible practice as a core capability, not an optional extra.

When services are working with the whole of family, they should draw on multidirected partiality. This is a principle from contextual family therapy in which the practitioner is actively and sequentially partial to each member of the family in turn, holding both empathy and accountability for every person, rather than remaining neutral or aligning with the most powerful voice in the room. Applied here, multidirected partiality ensures that the person with the least amount of power, most often the child or young person, is empowered to be heard and seen, and that their actions and wishes are genuinely acted upon. It is the mechanism that stops a child's voice from being lost when the adults in a family system are louder or hold more power.

Suggested actions for government:

●Fund workforce training in developmentally attuned, trauma informed and accessible communication so practitioners can genuinely elicit and act on the voices of children and young people.

●Require and resource services to build capability in engaging children affected by trauma, disability and neurodivergence, rather than expecting children to adapt to the service.

●Embed multidirected partiality and whole of family practice models in service standards and funding, so the least powerful person in a family system is actively empowered to be heard.

●Create mechanisms for children and young people to meaningfully shape the policies, programs and services that affect them.

Feedback for Priority Area 4: People who use violence

Australia needs meaningful options beyond men's behaviour change programs (MBCPs). While MBCPs have a role, they are currently treated as the default and often the only funded response, which limits reach, engagement and effectiveness. The Plan should support a broader spectrum of holistic, whole of person responses that help men to heal and change while still being held firmly accountable.

Central to this is genuinely trauma informed practice. Many people who use violence have their own histories of adverse childhood experiences, including childhood abuse and neglect. Effective responses support a person to work through these experiences in a way that addresses the drivers of their behaviour. This is not to excuse the harm, but to understand and interrupt it. There is always a reason someone is using harm; naming that reason never excuses it. Rather, understanding it is precisely what allows us to reduce the harm being caused and increase accountability. Empathy and accountability are not opposing forces. They can and must be held together. A person who is supported to process the roots of their behaviour, while being consistently held accountable for their actions, is more likely to make and sustain change.

This requires reducing the polarisation currently occurring across systems. Too often, services working with victim survivors will not engage a person who is both using harm and is themselves a victim survivor, precisely because they have experienced victimisation. Equally, services working with people who use violence may not hold the victim survivor lens. This binary leaves people falling between services, which increases risk and perpetuates harm. We need holistic services with the capability to move fluidly between working with victimisation and working with the use of harm, recognising that these realities frequently coexist in the same person.

These responses must also include approaches grounded in First Nations ways of knowing, being and doing. Culturally safe, community led approaches are more likely to engage Aboriginal and Torres Strait Islander men and to hold meaning and accountability within their own cultural frameworks, rather than importing a single program model.

Finally, accountability cannot sit with services alone. The Plan should ask who within a person's family or community can safely support change and help hold them accountable, without ever placing that responsibility on victim survivors. Building safe, informed networks of accountability around a person using violence, with appropriate

safeguards, distributes the work of change and makes it more durable, while keeping victim survivor safety central.

Suggested actions for government:

●Fund a broader spectrum of responses for people who use violence beyond men's behaviour change programs, including holistic, whole of person and trauma informed options.

●Resource First Nations led and community embedded responses grounded in ways of knowing, being and doing.

●Support the development of services able to hold both a victim survivor lens and a use of harm lens, so people with coexisting experiences are not turned away and risk is reduced.

●Invest in workforce capability to work with the drivers of harm, holding empathy and accountability together.

●Fund safe, structured models that engage family and community in supporting change and accountability, with safeguards that never shift responsibility onto victim survivors.

●Learn from young person services, such as harmful sexual behaviour (HSB) services, which hold accountability and empathy together alongside trauma informed practice to support a young person to heal. Similar principles can be learned from and implemented with adults using violence, while keeping the safety plan tight so that no further harm is caused. This dual focus is central to the way HSB services work.

Feedback for Priority Area 5: System Integration and Workforce

Delivering these responses requires a workforce and system equipped to work with the drivers of harm, not just risk management and crisis response. This means investing in workforce capability across trauma informed, shame informed and culturally grounded practice, and in models that can safely coordinate family and community involvement in accountability. It also means building services that can hold both a victim survivor

lens and a use of harm lens at once, so that people with coexisting experiences are not turned away. System integration should extend beyond specialist services to the broader networks of family, community and culture that shape whether change is possible and sustained.

Suggested actions for government:

●Invest in workforce development across trauma informed, shame informed and culturally grounded practice as core capabilities.

●Fund and enable service models that can move fluidly between working with victimisation and working with the use of harm, reducing the system polarisation that leaves people falling between services.

●Strengthen coordination, collaboration and safe information sharing across specialist and universal services, and across the wider family and community networks around a person.

●Support both specialist and universal services with the resources needed to be inclusive, accessible and responsive to diverse communities and cohorts

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

A recurring gap across the system is the tendency to respond after harm has happened rather than working with what causes and perpetuates it. Embedding a driver-focused, prevention-oriented lens across all priority areas, and funding a genuine diversity of responses for people who use violence, including First Nations-led and community-embedded models, would strengthen the Plan's capacity to end violence rather than only manage it.

A further and urgent issue is the polarisation that can open up between victim survivor services and services for people who use violence. This polarisation often mirrors the very dynamics of the family violence it is responding to, with the split within the family reproduced inside the service system. It can also activate lived experience within the workforce, so that unconscious transference and countertransference come into play and practitioners react rather than respond. At times, victim survivor services will decline to work with a person even when that person is themselves a victim survivor,

because they are also using harm. This pushes people out of support at precisely the point where engagement could reduce risk. When someone is bounced around the system rather than held, the result is more risk and more harm, not less. We need services to work together and to provide holistic support that stays with a person, recognising that victimisation and the use of harm frequently coexist in the same individual. Holding both realities at once, rather than forcing a person into a single category of either victim survivor or someone using harm, is what keeps people engaged and keeps everyone safer.

Suggested actions for government:

- Address the polarisation that arises when victim survivor services decline to work with a person who is both a victim survivor and using harm, so that people are not pushed out of support at the point where engagement could reduce risk.

- Fund and mandate holistic services that stay with a person and hold both victimisation and the use of harm at once, rather than bouncing people around the system and creating further risk.

- Require services to work together across the victim survivor and use-of-harm systems, with shared protocols that keep people engaged and keep victim survivors safe.

- Invest in reflective practice, supervision and trauma-informed workforce support, so that practitioners can recognise transference and countertransference and respond thoughtfully rather than react, especially where the work activates their own lived experience.

- Embed a driver-focused, prevention-oriented lens across all priority areas, so that empathy and accountability are held together and people with coexisting victimisation and use of harm are not left without support.

Feedback for Priority Area 1: Victim-survivors

Priority Area 1: Victim-survivors

Australia has made significant progress in recognising and responding to domestic, family and sexual violence. However, many victim-survivors continue to face systems that are fragmented, difficult to navigate and unable to respond to the complexity of their experiences. While considerable attention has been given to intimate partner violence, there remains a significant gap in recognising and responding to **intrafamilial child sexual abuse (ICSA)** and the lifelong impacts it has on victim-survivors.

The Second Action Plan presents an important opportunity to strengthen responses by ensuring all victim-survivors, regardless of where they live or who perpetrated the abuse, have access to safe, culturally responsive and survivor-centred support. This includes recognising that healing is not a short-term process but one that often extends across a person's lifetime.

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

The greatest improvement to victim-survivors' safety, wellbeing, healing and recovery would come from building a system that is coordinated, accessible and centred on the needs of survivors rather than the requirements of individual agencies.

Too often, victim-survivors are required to navigate multiple systems including police, health, child protection, legal services, housing and counselling while repeatedly recounting traumatic experiences. This fragmented approach contributes to re-traumatisation, delays access to support and discourages ongoing engagement.

Greater integration between services is needed through shared care pathways, specialist case coordination and independent survivor advocates who can support victim-survivors throughout their journey. Independent advocacy helps ensure survivors are informed, supported and able to participate meaningfully in decisions affecting their lives.

Long-term recovery should receive the same level of attention and investment as crisis responses. While emergency assistance is essential, many victim-survivors require support years or decades after the abuse has ended. Access to long-term counselling, peer support, culturally safe healing programs, financial assistance, housing, education and employment support should be recognised as core components of recovery.

Services should also be designed in genuine partnership with people who have lived experience. Victim-survivors bring expertise that improves policy, strengthens service delivery and builds trust between governments and the communities they serve.

What helps people access support earlier, and what barriers prevent people from seeking help?

Many victim-survivors delay or never seek support because the barriers to disclosure remain significant.

Fear of not being believed, fear of retaliation, shame, stigma, financial dependence, cultural pressures and previous negative experiences with authorities continue to prevent people from seeking help. For children experiencing abuse within their own families, these barriers are even more pronounced. The person causing harm is often someone they rely upon for safety, care and survival. Disclosure can therefore place children at risk of losing their family, their home and their sense of identity.

Adult survivors of childhood abuse frequently live with the impacts of trauma for decades before seeking support. This highlights the need for services that remain accessible throughout adulthood and recognise that healing is rarely linear.

Earlier intervention requires trusted, community-based services that people can access without fear of judgement or unnecessary bureaucracy. It also requires increased public awareness and workforce capability so professionals across health, education, justice and community services can identify abuse, respond appropriately and support safe referral pathways.

Regional, rural and remote communities continue to face significant inequities due to workforce shortages, limited specialist services and long travel distances. Victim-survivors should not receive a lower standard of support because of where they live.

What current or emerging issues should the Second Action Plan address?

The Second Action Plan should broaden its understanding of family violence by recognising that coercive control and abuse occur in many family relationships, not solely between intimate partners.

Intrafamilial child sexual abuse remains one of Australia's least recognised forms of violence despite its lifelong impacts. Many children experience multiple forms of abuse simultaneously, including sexual abuse, physical violence, emotional abuse, neglect and coercive control within the same family environment. Policies and services should reflect this reality rather than responding to each form of violence in isolation.

Coercive control should also be recognised across the lifespan. Children may experience coercive control through intimidation, manipulation, isolation, threats, emotional abuse and the misuse of family relationships to silence disclosure. These patterns frequently continue into adulthood and influence survivors' health, relationships and wellbeing.

Technology-facilitated abuse continues to evolve rapidly. Perpetrators increasingly use digital surveillance, image-based abuse, social media, location tracking and artificial intelligence to harass, intimidate and control victim-survivors. The Second Action Plan should ensure legislation, service responses and workforce training keep pace with these emerging forms of abuse.

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

Aboriginal and Torres Strait Islander victim-survivors continue to experience disproportionately high rates of family, domestic and sexual violence while also facing significant barriers to accessing safe and effective support.

Responses must be community-led, culturally safe and designed in genuine partnership with Aboriginal Community Controlled Organisations. Investment should prioritise long-term, place-based healing initiatives that strengthen communities rather than relying solely on crisis responses.

For many Aboriginal people, particularly those living in regional and remote communities, access to specialist services remains limited. Workforce shortages, high staff turnover and fly-in fly-out service models undermine continuity of care and community trust. Governments should invest in building and sustaining local Aboriginal workforces with the knowledge, relationships and cultural authority to provide ongoing support.

Policies must also recognise the ongoing impacts of colonisation and intergenerational trauma while ensuring these realities never diminish accountability for those who choose to use violence.

Recommendations

The Second Action Plan should:

* Develop a **National Strategy on Intrafamilial Child Sexual Abuse** under the National Plan to End Violence Against Women and Children.

* Recognise intrafamilial child sexual abuse as a distinct policy priority requiring specialist prevention, early intervention and long-term recovery responses.

* Improve national data collection and reporting on intrafamilial child sexual abuse through consistent definitions and data sharing across health, education, child protection, policing and justice systems. Reliable national data is essential to inform policy, funding and prevention efforts.

* Expand coercive control frameworks to include coercive control within family relationships, including the abuse of children.

* Invest in long-term healing and recovery services alongside crisis responses, recognising that recovery often extends across a lifetime.

* Embed lived experience leadership across policy development, implementation and evaluation.

* Establish independent survivor advocacy to support victim-survivors across multiple service systems.

* Improve coordination between health, justice, child protection and community services to reduce re-traumatisation and repeated disclosure.

* Increase investment in Aboriginal Community Controlled Organisations and Aboriginal-led healing initiatives.

* Address inequities experienced by regional, rural and remote communities through sustained funding and workforce development.

* Strengthen responses to technology-facilitated abuse, including AI-enabled forms of coercion, exploitation and image-based abuse.

The success of the Second Action Plan will depend not only on strengthening existing responses but also on addressing the areas that remain largely invisible. Intrafamilial child sexual abuse continues to have profound and lifelong impacts on victim-survivors, yet it has not received the dedicated policy attention afforded to other forms of violence. If Australia is committed to leaving no victim-survivor behind, the Second Action Plan must explicitly recognise and respond to this gap through targeted investment, specialist services and survivor-led reform.

Feedback for Priority Area 2: Prevention and early intervention

Priority Area 2: Prevention and Early Intervention

Preventing violence requires more than responding after harm has occurred. It requires a whole-of-community approach that addresses the attitudes, behaviours and systemic conditions that allow violence to occur while ensuring children and adults experiencing abuse are identified and supported as early as possible.

Australia has made important progress in preventing intimate partner violence, but prevention efforts must expand to include violence occurring within families, particularly intrafamilial child sexual abuse (ICSA). Children cannot remove themselves from unsafe environments and often rely on adults, communities and institutions to recognise the signs of abuse and respond appropriately.

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

The greatest opportunity for prevention lies in recognising violence earlier and intervening before patterns of abuse become entrenched.

Governments should invest in evidence-informed prevention strategies that begin in early childhood and continue throughout life. Prevention should not focus solely on changing individual behaviour but also on strengthening families, communities, institutions and systems to recognise, prevent and respond to abuse.

Greater public awareness is needed about the realities of intrafamilial child sexual abuse, coercive control and the lifelong impacts of childhood trauma. Many people still believe abuse is more likely to occur outside the family, when evidence consistently demonstrates that children are most often harmed by someone they know and trust.

Breaking the silence surrounding abuse within families is essential if Australia is serious about preventing violence before it occurs.

How can existing prevention efforts be strengthened?

Existing prevention initiatives should build on current successes while broadening their scope to include all forms of family violence.

Schools play a critical role in prevention. Age-appropriate education should include personal safety, body autonomy, consent, healthy relationships, online safety and how children can safely seek help from trusted adults. Education should empower children without placing responsibility for preventing abuse on them.

Professionals working in education, health, childcare, disability services, justice, policing and community services should receive regular training to recognise indicators

of abuse, understand coercive control and respond safely to disclosures. Prevention depends not only on community awareness but also on workforce capability.

Communities also have an important role. Local organisations, sporting clubs, faith groups and cultural organisations should be supported to promote respectful relationships, challenge harmful attitudes and create environments where abuse is recognised rather than ignored.

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

Governments should continue investing in public education campaigns while ensuring messaging reflects the full spectrum of family, domestic and sexual violence.

Campaigns should challenge myths surrounding intrafamilial child sexual abuse, victim blaming, coercive control and gender inequality while encouraging safe intervention by families, friends, neighbours and professionals.

Workplaces should strengthen policies that support employees experiencing family violence, including paid leave, flexible work arrangements, confidential referral pathways and trauma-informed leadership.

Online platforms have an increasing responsibility to address technology-facilitated abuse, image-based abuse, online grooming, cyberstalking and AI-generated abuse. Technology companies should work collaboratively with governments and law enforcement to improve reporting mechanisms, remove harmful content promptly and strengthen safeguards for children and victim-survivors.

What prevention and early intervention approaches appear most promising?

The strongest prevention approaches are those that are community-led, evidence-informed and sustained over time.

Promising approaches include:

* Aboriginal Community Controlled prevention and healing initiatives.

* Survivor-led education and awareness programs.

* Early childhood and school-based respectful relationships education.

* Parenting programs that promote safe, respectful and non-violent family environments.

* Specialist services supporting children and families before crises escalate.

* Place-based initiatives that bring together schools, health services, police, child protection and community organisations to identify risks early and coordinate support.

Early intervention should prioritise identifying children living with violence before significant harm occurs. This requires better information sharing, coordinated service responses and a commitment to listening to children when they disclose abuse.

What emerging issues should the Second Action Plan address?

The Second Action Plan should recognise that patterns of violence continue to evolve.

Emerging priorities include:

* Greater recognition of intrafamilial child sexual abuse as a prevention priority.

* Earlier identification of coercive control within families, including the abuse of children.

* The rapid growth of technology-facilitated abuse, including artificial intelligence, image-based abuse, online grooming and digital surveillance.

* Increased support for children exposed to multiple forms of violence within the home.

* Better use of national data to identify emerging trends and evaluate prevention initiatives.

* Greater investment in regional, rural and remote communities where access to prevention and early intervention services remains limited.

Recommendations

The Second Action Plan should:

* Develop a national prevention strategy addressing intrafamilial child sexual abuse.

* Expand respectful relationships education to include body safety, consent, healthy family relationships and recognising coercive control.

* Strengthen mandatory workforce training across education, health, policing, justice and community services to improve early identification of abuse.

* Increase investment in Aboriginal Community Controlled Organisations to deliver culturally safe prevention and early intervention initiatives.

* Improve coordination between schools, health services, child protection and community organisations to identify and respond to risks earlier.

* Invest in sustained public awareness campaigns that challenge myths surrounding intrafamilial child sexual abuse and encourage safe disclosure.

* Strengthen regulation and accountability for technology companies in responding to technology-facilitated abuse.

* Improve national data collection and evaluation to measure the effectiveness of prevention initiatives and inform future policy.

* Ensure regional, rural and remote communities receive equitable access to prevention and early intervention services.

* Embed lived experience leadership in the design, implementation and evaluation of all prevention initiatives.

Preventing violence requires long-term commitment, sustained investment and the courage to address forms of violence that remain hidden. By recognising intrafamilial child sexual abuse as a core prevention issue, strengthening early intervention and empowering communities to respond earlier, Australia can move beyond responding to violence and begin preventing it before harm occurs.

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

Priority Area 3: Children and Young People in Their Own Right

Children and young people are not simply witnesses to family, domestic and sexual violence. They are victim-survivors in their own right, with their own rights, voices and support needs. The Second Action Plan should explicitly recognise children as individuals whose safety, wellbeing, recovery and participation must be central to policy, service design and decision-making.

For children experiencing intrafamilial child sexual abuse (ICSA), violence is often perpetrated by someone they know, trust and depend upon. This creates unique barriers to disclosure and means that responses designed primarily around intimate partner violence do not always meet their needs.

What would make the biggest difference to improving safety, recovery and wellbeing outcomes?

Children need systems that believe them, listen to them and act quickly to protect them.

The greatest improvements would come from ensuring every child has access to specialist, child-centred and culturally safe services from the earliest opportunity. Children should not have to navigate multiple systems or repeatedly disclose traumatic experiences to different professionals.

Recovery should begin when abuse is identified, not years later. Early access to specialist counselling, therapeutic support, stable housing, educational assistance and family support can significantly improve long-term outcomes.

Governments should also recognise that healing does not end when childhood ends. Many victim-survivors continue to experience the impacts of childhood trauma

throughout adulthood. Services should provide continuity of care that reflects the lifelong impacts of childhood abuse.

How can governments, services, education settings, families and communities better recognise and respond?

Early identification depends on adults recognising the signs of abuse and responding appropriately.

Teachers, early childhood educators, health professionals, police, child protection workers, sporting organisations, disability services, youth workers and community leaders should receive ongoing training to recognise indicators of abuse, understand coercive control and respond safely to disclosures.

Schools should provide age-appropriate education on body autonomy, consent, respectful relationships, online safety and how children can safely seek help from trusted adults. Education should empower children while making it clear that responsibility for preventing abuse always rests with adults.

Communities also need greater awareness that child sexual abuse most commonly occurs within families or trusted relationships rather than by strangers. Challenging these misconceptions is essential to improving early identification and reducing barriers to disclosure.

How should children and young people using violence or displaying harmful sexual behaviours be supported?

Children displaying harmful sexual behaviours or using violence require responses that prioritise both accountability and therapeutic intervention.

Many children who display harmful behaviours have themselves experienced trauma, abuse, neglect or exposure to family violence. This does not excuse harmful behaviour, but it highlights the importance of understanding and addressing the underlying causes.

Responses should focus on early assessment, evidence-based therapeutic intervention, family support where safe and appropriate, and ongoing monitoring to reduce the risk of further harm. Criminal justice responses alone are unlikely to achieve lasting behavioural change.

How should the Second Action Plan respond to emerging forms of harm?

Technology has fundamentally changed the way children experience harm.

Children increasingly face online grooming, image-based abuse, cyberbullying, digital coercive control, AI-generated abuse, sexual exploitation and exposure to harmful online content. These harms often occur alongside abuse occurring within the home.

Governments should strengthen online safety regulation, improve digital literacy education and ensure specialist services are equipped to respond to technology-facilitated abuse affecting children and young people.

The Second Action Plan should also recognise that peer violence, dating violence and online abuse can overlap with family violence, requiring coordinated responses rather than separate policy approaches.

How can children and young people be meaningfully involved?

Children and young people should be recognised as experts in their own experiences.

Where it is safe and appropriate, children and young people should have genuine opportunities to influence the policies, programs and services that affect them. Their participation should be supported through child-safe, culturally safe and developmentally appropriate engagement processes.

Governments should invest in ongoing child and youth advisory groups, survivor-informed consultation and mechanisms that ensure children's voices influence policy beyond one-off consultations.

Participation must never place children at further risk. Their safety, privacy and wellbeing should always remain the highest priority.

Recommendations

The Second Action Plan should:

* Explicitly recognise children and young people as victim-survivors in their own right.

* Recognise intrafamilial child sexual abuse as a distinct form of violence requiring specialist child-centred responses.

* Ensure every child has access to specialist therapeutic support as early as possible following disclosure or identification of abuse.

* Improve coordination between education, health, child protection, policing and community services to reduce repeated disclosures and improve outcomes.

* Strengthen workforce capability to recognise and respond to child sexual abuse, coercive control and trauma.

* Expand school-based education on body safety, consent, respectful relationships and online safety.

* Invest in evidence-based therapeutic programs for children displaying harmful sexual behaviours, while maintaining accountability and prioritising victim safety.

* Strengthen responses to online grooming, image-based abuse, AI-enabled exploitation and other forms of technology-facilitated abuse affecting children.

* Establish meaningful child and youth participation mechanisms that inform national policy and program design.

* Improve national data collection to better understand children's experiences of violence, particularly intrafamilial child sexual abuse, and use this evidence to guide future reform.

Children cannot protect themselves from violence occurring within their own families. They rely on adults, communities and governments to recognise harm, respond early and provide the support needed to heal. A truly child-centred Second Action Plan must place children's rights, voices and recovery at the heart of every decision. Recognising children as victim-survivors in their own right is essential if Australia is to prevent violence, strengthen recovery and break cycles of abuse for future generations.

Feedback for Priority Area 4: People who use violence

Priority Area 4: People Who Use Violence

Ending family, domestic and sexual violence requires greater investment in preventing violence before it occurs while ensuring people who choose to use violence are held accountable for their behaviour. Responses must always prioritise the safety, wellbeing and rights of victim-survivors. Behaviour change programs are important, but they cannot replace accountability or be viewed as a substitute for justice and victim safety.

The Second Action Plan should recognise that people who use violence are not a single group. Responses must be tailored to different forms of violence, including intimate partner violence, adolescent family violence, intrafamilial child sexual abuse, technology-facilitated abuse and other patterns of coercive control.

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

Earlier identification of people using violence is essential.

Governments should invest in systems that identify escalating patterns of coercive control, abusive behaviour and harmful attitudes before violence becomes entrenched. This requires stronger collaboration between health services, education, policing, child protection, justice and community organisations while maintaining appropriate privacy protections.

The Second Action Plan should also recognise that intrafamilial child sexual abuse often occurs over extended periods before detection. Earlier intervention requires

greater awareness among professionals and communities of the warning signs, stronger responses to disclosures and improved coordination between agencies responsible for child safety.

Preventing violence also requires addressing the social attitudes that excuse, minimise or normalise abusive behaviour. Public education should challenge harmful beliefs about gender, power, entitlement and control while making it clear that responsibility for violence always rests with the person choosing to use it.

How can services, families, communities, workplaces and institutions better recognise and respond safely?

Communities are often the first to notice changes in behaviour but may lack the confidence or knowledge to respond safely.

Governments should strengthen workforce capability across health, education, policing, workplaces, sporting organisations, faith communities and community services so professionals can identify concerning behaviours, respond appropriately and refer individuals to specialist interventions where safe to do so.

Responses must always include robust risk assessment and information sharing where there is a risk of serious harm. Victim-survivors should never be expected to manage the behaviour of the person using violence or be responsible for their engagement in behaviour change programs.

What approaches are most effective in supporting people who use violence to take accountability and change behaviours?

Evidence suggests that no single intervention is effective on its own.

Behaviour change programs should be evidence-informed, culturally responsive and individually tailored, with ongoing monitoring of risk and a clear focus on victim-survivor

safety. Participation should involve genuine accountability, acknowledgement of harm and sustained behavioural change rather than simple program completion.

For people who sexually abuse children, particularly within family settings, specialist assessment and intervention programs are required. These responses should be delivered by appropriately trained professionals and accompanied by strong child protection measures, close interagency coordination and ongoing risk management.

Children and young people displaying harmful sexual behaviours should receive therapeutic, developmentally appropriate interventions that address underlying trauma while maintaining accountability and prioritising the safety of other children.

How can governments strengthen culturally safe, accessible and evidence-informed responses?

Responses must recognise the diversity of Australian communities while maintaining a consistent expectation that violence is never acceptable.

Aboriginal and Torres Strait Islander communities should be supported through sustained investment in Aboriginal Community Controlled Organisations that deliver culturally safe, community-led responses. Building local workforces, strengthening community leadership and supporting healing initiatives are essential to long-term prevention.

Regional, rural and remote communities require increased investment to ensure behaviour change programs, specialist assessments and ongoing support are available regardless of location.

Governments should also improve national data collection and evaluation to better understand which interventions reduce reoffending, strengthen accountability and improve victim-survivor safety across different settings and communities.

Recommendations

The Second Action Plan should:

* Ensure victim-survivor safety remains the primary objective of all responses to people who use violence.

* Expand early identification and intervention strategies for individuals displaying patterns of coercive control and abusive behaviour.

* Recognise intrafamilial child sexual abuse within strategies addressing people who use violence and develop specialist responses for those who sexually abuse children.

* Strengthen risk assessment, information sharing and coordinated responses across health, justice, policing, child protection and community services.

* Invest in evidence-informed behaviour change programs that include ongoing monitoring, accountability and evaluation.

* Expand specialist therapeutic interventions for children and young people displaying harmful sexual behaviours while prioritising victim safety.

* Increase investment in Aboriginal Community Controlled Organisations to deliver culturally safe responses and strengthen local workforces.

* Improve access to specialist services in regional, rural and remote communities.

* Strengthen national data collection and evaluation to measure the effectiveness of interventions and inform continuous improvement.

Preventing violence requires more than responding after harm has occurred. It requires systems that identify risk earlier, hold people who use violence accountable for their actions and intervene before abuse escalates. At every stage, the safety, rights and wellbeing of victim-survivors—particularly children experiencing violence within their own families—must remain the central focus of all policy and practice.

Feedback for Priority Area 5: System Integration and Workforce

Priority Area 5: System Integration and Workforce

A coordinated and capable service system is essential to achieving the objectives of the National Plan to End Violence Against Women and Children. While Australia has

invested significantly in prevention, response and recovery services, victim-survivors continue to experience fragmented systems that require them to navigate multiple agencies, repeat traumatic experiences and manage complex service pathways during times of crisis.

The Second Action Plan should prioritise stronger integration across systems, investment in workforce capability and sustainable collaboration between governments, specialist services and community organisations. A connected system improves safety, reduces re-traumatisation and delivers better outcomes for victim-survivors, children and families.

What would make the biggest difference in creating a more coordinated and connected system response?

The most significant improvement would be the development of genuinely integrated service pathways centred on the needs of victim-survivors rather than the responsibilities of individual agencies.

Too often, health services, police, child protection, courts, housing providers, education systems and specialist services operate independently, resulting in duplicated assessments, inconsistent information sharing and repeated disclosures by victim-survivors.

Governments should strengthen cross-sector collaboration through shared protocols, coordinated case management, multidisciplinary responses and clear referral pathways that reduce fragmentation while maintaining privacy and informed consent.

Independent survivor advocates should be available to assist victim-survivors in navigating complex systems, ensuring they receive consistent support throughout their recovery and reducing the burden of coordinating services themselves.

The system should also explicitly recognise intrafamilial child sexual abuse as requiring coordinated responses across child protection, education, health, policing and justice. No single agency can effectively respond to the complexity of these cases in isolation.

What workforce capabilities, supports and conditions are most needed?

The effectiveness of any system depends upon the capability and wellbeing of the workforce delivering services.

Professionals across health, education, policing, justice, child protection, disability, housing and community services require ongoing training to recognise coercive control, intrafamilial child sexual abuse, technology-facilitated abuse and the complex impacts of trauma.

Training should include cultural capability, working with Aboriginal and Torres Strait Islander communities, responding to children and young people, recognising diverse experiences of violence and understanding the lifelong impacts of childhood trauma.

Governments must also address workforce shortages, particularly in regional, rural and remote communities. Sustainable funding, competitive employment conditions, supervision, clinical support and professional development are essential to attracting and retaining experienced practitioners.

Workforce wellbeing should also be recognised as a priority. Professionals working with violence and trauma require regular supervision, access to wellbeing supports and manageable workloads to reduce burnout and maintain high-quality service delivery.

What approaches improve collaboration, coordination and information sharing?

Effective collaboration relies on relationships, shared accountability and appropriate information sharing.

Multidisciplinary teams, place-based service models and cross-agency partnerships have demonstrated the capacity to improve victim-survivor outcomes by reducing duplication and strengthening coordinated responses.

Information sharing should be timely, proportionate and guided by clear legislative and policy frameworks that prioritise victim-survivor safety while respecting privacy and cultural considerations.

Governments should also invest in compatible data systems that enable services to share relevant information safely, reducing the need for victim-survivors to repeatedly disclose their experiences.

What supports do specialist and universal services need?

Specialist services cannot meet demand without equally capable universal services.

Schools, hospitals, primary health care, mental health services, disability services, housing providers and community organisations all require training, resources and referral pathways that enable them to respond confidently when violence is identified.

Specialist services require sustainable long-term funding rather than short-term grant cycles that undermine workforce stability and service continuity.

Universal services should have access to specialist consultation, culturally safe referral pathways and clear guidance on responding to disclosures while maintaining child safety and victim-survivor wellbeing.

What workforce, evidence and system gaps should be prioritised?

Several significant gaps continue to limit Australia's ability to strengthen implementation and improve outcomes.

These include inconsistent national data collection, workforce shortages, limited specialist services in regional and remote communities and insufficient recognition of

intrafamilial child sexual abuse within policy, workforce development and service design.

Governments should improve national data collection, strengthen evaluation frameworks and invest in research that measures long-term outcomes rather than short-term service outputs.

Lived experience should be embedded throughout implementation, evaluation and continuous improvement. Victim-survivors offer essential knowledge about how systems operate in practice and where reforms are most needed.

Recommendations

The Second Action Plan should:

* Develop nationally consistent, integrated service pathways that reduce fragmentation and place victim-survivors at the centre of service delivery.

* Establish independent survivor advocacy to assist people navigating complex systems and reduce repeated disclosures.

* Recognise intrafamilial child sexual abuse as requiring coordinated cross-sector responses involving health, education, child protection, policing and justice.

* Strengthen multidisciplinary collaboration and information sharing through nationally consistent protocols.

* Invest in ongoing workforce development across specialist and universal services, including training on coercive control, intrafamilial child sexual abuse, technology-facilitated abuse and culturally safe practice.

* Address workforce shortages through sustainable funding, supervision, professional development and improved employment conditions, particularly in regional, rural and remote communities.

* Strengthen workforce wellbeing through access to supervision, clinical support and measures that reduce burnout and improve retention.

* Increase long-term funding for specialist services to improve stability, continuity and service quality.

* Improve national data collection, research and evaluation to strengthen evidence-informed policy and measure long-term outcomes.

* Embed lived experience leadership across implementation, governance, monitoring and evaluation to ensure reforms remain accountable to victim-survivors.

A truly integrated system is one that is experienced as connected by the people who rely on it. Victim-survivors should not have to navigate multiple disconnected services, repeat traumatic experiences or coordinate their own support while recovering from violence. By strengthening collaboration, investing in the workforce and embedding lived experience across implementation, the Second Action Plan can create a more effective, accountable and compassionate system that delivers better outcomes for victim-survivors, children, families and communities.

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

Other Areas of Action

The Second Action Plan provides an important opportunity to strengthen Australia's response to family, domestic and sexual violence. However, achieving lasting change will require governments to address areas that have historically received less attention despite their significant and lifelong impacts.

One of the most significant gaps is the lack of a coordinated national response to intrafamilial child sexual abuse. While Australia has made important progress in responding to institutional child sexual abuse and intimate partner violence, children who experience sexual abuse within their own families continue to fall between policy, service and funding frameworks.

Intrafamilial child sexual abuse should be recognised as a distinct national priority within the National Plan. This should include dedicated prevention strategies, earlier identification, specialist therapeutic responses, improved workforce capability, nationally consistent data collection and long-term recovery services that recognise the lifelong impacts of childhood trauma.

Greater investment is also needed in Aboriginal Community Controlled Organisations and Aboriginal-led healing initiatives. Aboriginal and Torres Strait Islander communities are best placed to develop culturally safe, place-based responses that reflect local strengths, knowledge and priorities. Long-term funding and community leadership are essential to achieving sustainable change.

The Second Action Plan should continue strengthening responses to technology-facilitated abuse, recognising the rapid emergence of artificial intelligence, online grooming, image-based abuse, digital coercive control and other evolving forms of violence that increasingly affect women and children.

Across every priority area, lived experience must remain central to policy development, implementation, monitoring and evaluation. Victim-survivors are not simply recipients of services—they are essential partners in designing systems that are effective, accessible and accountable.

Finally, governments should commit to measuring success through long-term outcomes rather than short-term outputs. Success should not be measured only by the number of programs delivered or services funded, but by whether victim-survivors are safer, children are protected earlier, perpetrators are held accountable and cycles of violence are prevented.

The Second Action Plan presents an opportunity to move beyond incremental improvements and address the systemic gaps that continue to place victim-survivors at risk. If Australia is committed to ending family, domestic and sexual violence, it must ensure that no form of violence—and no victim-survivor—remains invisible. Recognising and responding to intrafamilial child sexual abuse as a national priority would be a significant step towards achieving that goal.

Evidence to action: informing direction for the Second Action Plan

Money matters: Towards recovery from systems-based financial abuse

[redacted]

Money matters – it is an essential resource and as such it can be used to control, harm and delay or prevent recovery. Our submission foregrounds the access to money that can be weaponised. We also focus on how access to money can support victim survivors' recovery or can prevent or delay recovery when perpetrators or systems limit access to reliable and adequate funds.

How interconnected systems enable financial abuse

Priority area 1: Victim-survivors

Key opportunity: Systematically address systems abuse across sectors (e.g. financial or justice systems) and improve coordination across different services and sectors.

Our research examined how intimate partner financial abuse can be enacted across public and private systems (Byrt, Cook, Burgin, Dimopoulos, 2025, publicly available here.) Drawing on submissions made by individuals to the Australian parliamentary inquiry into the Financial Services Regulatory Framework in Relation to Financial Abuse, the analysis showed how financial abuse can occur across interconnected systems with limited oversight, operating across all levels of government.

Institutional domains and sites of financial abuse

Government	Commercial	Personal
Child Support	Banks	Personal financial transactions (e.g. cash loans to family)
Centrelink	Electricity retailers	Family trusts
Australian Tax Office	Gas retailers	
Family Law	Non-bank lenders	
Medicare	Telecommunications providers	
State fines and penalties	Superannuation	
Child Protection		
Local Councils (rates)		

(*See* Cook, Byrt, Burgin, and Dimopoulos, 2026)

Procedural blind spots and a lack of information sharing across systems offered considerable autonomy to people who use financial abuse and made it difficult for victim survivors to identify and address. Private financial structures such as banks, businesses, superannuation, and trust accounts can be used to extract economic benefit and cause financial harm. Victim-survivors are then left to navigate the impacts of this abuse through public systems such as child support, Centrelink, the Australian Taxation Office, and the family courts, often with reduced resources and agency.

The issues we identified occurred across levels of government and regulatory contexts. There is a role for the Commission to play in replicating the approach taken at the federal level through the

systems abuse audit to other levels of government where services, fines and payments are also being weaponised. Responses to such financial abuse need to be embedded nationally, as perpetration is not confined to isolated jurisdictions or systems.

Sustained research

Developing systems that work means ensuring they work for those most marginalised as well as for the mainstream. Ensuring safe and inclusive services requires longitudinal research that captures the effectiveness, efficiency, and experience of systems reform from the perspective of system users. A framework that Dr Adrienne Byrt and sector collaborators developed to illustrate the importance of embedding lived experience and how best to achieve this can be found here.

An example of how lived experience data can inform policymaking, service design and delivery has been made possible by the Australian government's systems audit and reforms to prevent the taxation, child support and family benefit systems from being weaponised against family violence victim-survivors. These reforms have created a timely opportunity to examine whether policy and service changes improve women's financial safety in practice.

To assess end-users' experiences of federal government responses to systems abuse, Prof Kay Cook (Swinburne), Prof Ann Kayis-Kumar (UNSW), and Dr Steven Murdoch (Swinburne) - in partnership with Single Mother Families Australia and the Centre for Women's Economic Safety - are leading an Australian Research Council project that will track legislative, procedural and communication changes across these systems and foreground victim-survivor experiences of system safety, access and usability over time.

The project will use a longitudinal survey of 500 women, repeated every six months over 2.5 years, alongside in-depth system engagement interviews with a subset of participants. Findings will be shared regularly with government, policymakers, Commissioners and Ombudsmen to support real-time reform and prevent new risks or burdens from emerging. The project will also translate evidence into practical advocacy and system design tools, including Easy English resources, to support safe systems navigation. Strong partnerships between researchers, advocacy organisations and government will maximise impact and inform future reforms.

The project will also develop a best-practice example of how lived experience can be consolidated and harnessed to reorient systems towards safety, accessibility and functionality for those most in need of support.

Understanding how financial abuse evolves in a relationship

Priority area 2: Prevention and early intervention.

Key opportunity: Improve understanding of safe and healthy relationships, behaviours, attitudes, and consent.

Financial abuse occurs across the relationship lifecourse through seemingly innocuous practices. Our review shows that apparently ordinary financial arrangements can become controlling practices that establish and reinforce a gendered financial order, where women lose financial autonomy and

safety. Male partners may exploit culturally accepted assumptions about men's financial authority to assert power, making financial abuse difficult for women to recognise.

Key turning points can disrupt women's experiences of their safety, and abuse may continue after separation through child support, family law and other institutions. Understanding these practices can strengthen knowledge of how the earliest signs of financial abuse can play out and promotes safer and healthier relationships.

Designing services for the margins: Embedded lived experience data

A focus on service development and improvement is critical to advance action on the National Plan. Services must be designed for those most marginalised from the outset, and embedding the lived experience of those most impacted by systems and family violence is essential to do so. In order to make such processes safe and trauma-informed, accessing publicly available data such as parliamentary inquiry submissions and Royal Commission materials, should be used more systematically to identify patterns of systems-based financial abuse, support advocacy, and reduce the burden on victim-survivors to repeatedly retell their stories (see collaborative white paper).

To design evidence-informed services, research should be co-designed with victim-survivors and sector partners, using trauma-informed, culturally safe and accessible methods that build research capability and improve data access. This includes ensuring datasets and tools are usable by people with disability and other access needs. Research must broaden participation and elevate marginalised voices, including First Nations, migrant and refugee women, women with disabilities, single mothers, incarcerated women, children and wider professional networks. Inclusive learning partnerships can strengthen collaboration and centre affected families.

To prevent and intervene into systems-based financial abuse, the interconnectedness of systems across seemingly siloed government agencies (Australian Taxation Office, Centrelink, Child Support, and the National Disability Insurance Agency) must be acknowledged. Systems need to be redesigned to ensure those most marginalised are centred. While the ongoing Commonwealth systems abuse audit focuses on many of these systems, including their connection to Family Court proceedings, the weaponisation of the NDIA is a currently overlooked that site has arisen in our current research that needs further attention.

Recovery and poverty: A missing focus

Single mothers' experiences of care, safety and recovery highlight important gaps in current gender equality and family violence policy, and thus gaps in the Second Action Plan.

Based on survey responses from 2,590 single, separated and widowed parents, our report shows that many single mothers face severe pressures on both time and resources while managing unpaid care, paid work, financial insecurity and recovery from family violence. Many are also supporting children affected by trauma. These overlapping demands create barriers to safety, equality and long-term wellbeing. We argue that increasing financial support and reducing

administrative and policy burdens – within and across systems - would better enable single mothers to care for their children, recover from violence and create more secure futures.

Similarly, Chapter 5 of the Economic Inclusion Advisory Committee 2025 Report to Government examines how Australia's social security system responds to family and domestic violence. It argues that income support is central to victim-survivors' safety, because inadequate or insecure payments can make it harder to leave, remain separated from, or avoid returning to an abusive relationship. The chapter reviews current government responses, the prevalence of family violence, and the types of payments received by victim-survivors. It highlights barriers to maintaining income support and independence, including administrative complexity, payment inadequacy and intersecting disadvantage. The chapter calls for an evidence-based policy agenda that better recognises family violence as an economic inclusion issue and embeds victim-survivor safety in social security design. Overall, it frames secure, accessible income support as essential to safety, recovery and long-term independence.

Poverty keeps women vulnerable and controlled. Income support is needed to ensure that women are financially secure in order to recover from family violence. There is a need for a detailed strategy and continued efforts to audit government policies and services to identify opportunities for systems-based prevention, and pathways to recovery for victim-survivors of family violence.

Contact and further information

We are available to provide further written, or in-person/online information as required. Our contact details are available below:

Feedback for Priority Area 1: Victim-survivors

It took me five attempts to leave my abuser. I always thought that leaving would be the hardest part, but I was so, so wrong.

Here's what happened to me over 15 years in a relationship, and almost two years 'free'. Coercive control started almost straight away in our relationship with things as small as "I can't live without you" and "you look so beautiful in this type of clothing, but I hate your current clothes" and "my exes were all insane, but I treated them so much better than I treat you." By the time I left him, he had been coercing me into painful sex for years, had threatened me and my children with a knife, physically and violently raped me for five days straight, strangled me, and had used gaslighting and other tools of emotional abuse so frequently and often that I was starting to lose my grip on reality. I tried to kill myself, and he called me selfish. A friend finally said, "I've noticed X happening, it's not okay, call 1800 RESPECT." I did, and I finally left. 1800RESPECT saved my life.

When I left, the abuse did not stop, it only changed. The post-separation abuse has been a nightmare. Triangulation using the children. Using lawyers to send horrendous letters full of lies and threads that whittle me down emotionally and financially. Preventing settlement, which denies me access to my own assets, which I need to re-establish my life. Using child support as another form of coercive control by lying, hiding information, playing victim, sending unexpected small sums of money out of nowhere and then claiming in legal letters he is paying for the children's glasses and psychology bills, when he has nothing to do with this care and has not communicated to me at all. He launched a campaign of reputation destruction with former joint friends, service workers, anyone who would listen. And he is emotionally abusing the children every time he sees them. For example, telling them that I am "mentally unstable" and that they would be better off with him. A man who used to hit them, scream at them, call them 'stupid' or 'retarded', and who abandoned them before he realised how bad that made him look.

After I left him, he only became more violent. Three months after I left, he tricked me into coming to the former family home alone to pick up three boxes of my belongings. There were no boxes. He blocked the door refusing to let me pass until I started crying, after begging him to move. He followed me through the house so close I could feel his breath on my neck. He chased me, literally chased me, out the front door and I believe

he only stopped and I only got away because a neighbour was passing by and slowed his car down.

In January this year, it escalated again. [redacted story about abuser causing victim-survivor to go into anaphylaxis, resulting in severe harm to the victim-survivor]. The hospital staff reported it to police, and they investigated months after the incident had happened, giving my ex had plenty of time to drill into my son and change his story. My son went from saying "I saw Dad cooking [redacted]" to "it wasn't Dad who cooked it, it was Nana, and there was no [redacted]". So the police concluded there was not enough evidence to "prove malicious intent beyond all reasonable doubt". My ex-husband tried to kill me, he got away with it, and I live in daily fear he will try again.

I have found the system puts the onus on the victim. I am trying to support my two children, recover from my abuse while exposed to new forms of it daily, defend myself from constant attacks, and re-establish our lives all while the system demands: proof, paperwork, patience, and that I allow the man who abused me for years, and who hit our children, to spend time with said children. A family violence police officer who interviewed me told me something that has really stayed with me. THERE HAS BEEN A TREND, OF LATE, OF SAYING WOMEN ARE LYING ABOUT ABUSE TO PUNISH MEN AND STEAL THEIR CHILDREN FROM THEM. IN MY EXPERIENCE, PERHAPS ONE IN ONE HUNDRED WOMEN MIGHT LIE. IF THAT. YET THE SYSTEM SWINGS IN TO PROTECT THE ONE MAN, RATHER THAN THE NINETY-NINE WOMEN.

I cycled through the system and all kinds of supports looking for help. Speaking metaphorically, I was asking the system for one or two strong columns to hold up a huge heavy house, and they responded by giving me a dozen toothpicks instead. The toothpicks were better than nothing, but they created such a nightmarish admin burden that the benefits quickly wore thin.

What actually helped me was the domestic and family violence counselling provided to me and my children by Uniting Communities. That counsellor helped me make sense of what had happened to me, to my kids, and what would come next. She was so right that the hardest part was yet to come. And yet, there were only ten sessions funded. This type of support needs so much more funding.

Legal Aid has helped, and I'm grateful for it. But it is stretched so thin. My lawyer can barely read my affidavit, let alone the letters my ex's lawyer keeps sending. It was also so hard to get approved. It took a lawyer seeing me struggling in the magistrates court, asking why I wasn't represented, and why I was denied, to then make the application for me himself. I only have legal aid by coincidence, not design. And it was very hard fought.

What I most needed was: ongoing psychological support for myself and my children; and extra support for my children through this transition. A survivor with children stays in an abusive relationship so long not for herself, but for her children. When we leave, it's still our children we are fighting hardest to protect. I went to all the services I could begging for social worker support. They gave it to me only, not my kids, and only half an hour a week to talk. I wanted someone who would help me get my kids to school when their world was collapsing. Who might do a load of dishes while reassuring me it would all be okay. Practical and flexible support would have been so life changing.

The best support I got was from my own GP. She started bulk billing me. She made sure I'd see her every two weeks. She helped me make phone calls I needed to that were terrifying to do. She sat with me when I cried, too afraid to open the latest letter. She was the one who gave me the support I actually needed, that the system couldn't.

I did get an interim intervention order against my ex. All the services and the police encouraged it. It took so long for me to build up the courage to apply. I still wanted to protect him (yes, I know that seems strange). I was afraid he'd hurt me, or retaliate against my friends and our children. I finally worked up the courage to make my first application with the police. But the police application stalled at prosecution. I then went to WDVCAS and was told my application lacked merit BECAUSE I HAD CHILDREN SO THIS MATTER WOULD BE BEST HANDLED BY THE FAMILY COURT. Devastated and afraid, months later when the abuse was worsening, I applied on my own. And then my ex tried to kill me, proving an IVO was much needed. The magistrate granted interim orders my first hearing. I finally felt seen. The magistrate told me WDVCAS would need to help me because it would get much harder from there. WDVCAS did try, but my ex had an expensive lawyer who was relentless and I was told their funding was limited, so they couldn't keep helping me. WDVCAS told me that even though abuse was happening, if I continued to court I'd be on my own. I withdrew my IVO because I was already being slammed from all sides and could not face even more.

What would help most?

- make the perpetrator of violence accountable for their actions; yes it is hard to prove but not impossible and they get away with it all the time. They need to know they've been seen.

- increase funding for legal aid, make it easier to access, and in difficult situations like mine escalate rather than abandon

- don't put the onus on the victim to prove everything while the perpetrator gets to lie and say "prove it"

- consider what you're really asking when you force a survivor to send their children to the man who raped them, strangled them, and continues to emotionally abuse them all

- increase funding for counselling

- remove the 'toothpick' support and consolidate funding into social worker support; people who have flexibility to support in ways that matter, whether that be doing the dishes, taking a child to school, or helping the survivor apply for additional supports

- have a single system to monitor and support survivors that sees the whole picture (like what Home Affairs does for refugees)

- better regulate the private Family Law lawyers who are literally harassing survivors and defending themselves as 'acting in the best interests of their client' while making hundreds of thousands of dollars

- take threats and acts of violence much more seriously; I cannot believe my ex got away with attempted murder so easily

What would make a difference, just by making certain things easier:

- don't make a survivor have to pay to get divorced from her abuser, and then have to service that abuser with court documents (he made that a nightmare for me)

- community support groups for victims to find each other, share our stories, and see that we're not alone (free group therapy)

- youth groups for children of survivors, or who are survivors themselves, that focus on fun, friendship, and community and don't focus on the pain or make them feel broken

- safe follow-up for people who access 1800RESPECT to help with next steps

Feedback for Priority Area 2: Prevention and early intervention

All of the support and attention focuses on the survivors. The women. They put a bandaid on her gaping wounds, pat her on the head, and let the abuser walk free to do it all again.

The men need to be held accountable. Society needs to be held accountable for where we've ended up. Don't just focus on the women.

I've also seen how ineffective the education courses for abusers are. They either scoff and roll their eyes, or pretend they're reformed and just keep on abusing. The courses don't work. I truly believe that only repercussions will. Only being held accountable will. Only being called out in a way that they cannot hide will. Maybe have a database of people who have abused women, like there is a database for those who have sexually abused children, to help protect other women from falling prey to the same man.

Begin early. I believe this should be added to school curriculums. When teaching sexual education, children should also be taught what is not acceptable in a relationship. When you're in the cycle, it's hard to break it. My psychiatrist talks about things that happen to us early in life to make us more vulnerable to ending up in these kinds of relationships. You can't always rely on the family to teach or model these important lessons. Sometimes a trusted outsider needs to tell you what is right, what is wrong, and where to get help. And again, teach boys and girls, not just girls.

Empower and educate marriage counsellors. I had marriage counselling, and while he was teaching us how to better communicate and empathise with each other, inbetween sessions my ex was coercing me to stay. Sometimes it is the smallest, seemingly most innocuous questions that can help shatter the haze of coercive control. Perhaps mediators, counsellors, health professionals, or anyone else who might see a woman struggling can be empowered to ask these questions and know what to do with the answers. Has he ever made negative comments about what you wear? Has he ever told you he cannot live without you and intimated he would come to harm if you leave? Have you ever had sex with him when you did not want to? Focus on how the coercion starts, not just on how it ends. Because it seems 'small' to start with and by the time you get to financial control and safety concerns, that has been normalised too.

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

My children were hit across the bottoms and the backs of their heads. They were grabbed firmly enough to leave marks. They were screamed at and insulted. They were told not to cry or to tell anyone. At one point, my daughter was grabbed by her throat and shoved into a bench while her father screamed at her.

Now, the system tells them that they are better off with their father in their lives. Now, I am told that just because their father is a safety threat to me, does not mean he is a safety threat to them. Coercive control is only just being recognised as a form of domestic violence. I see it used against my children even after we left the abusive relationship. The abuse did not stop for them either, it just changed. And they are told to keep putting up with it because their dad "loves them" and children have better outcomes with both parents involved in their lives. I strongly question that.

My suggestions above apply here as well:

- social work support to help children with the practical transitions, including the impact this has on their schooling

- youth groups for children who have been abused, or seen their mother abused, or both, to spend time with each other not as fellow survivors but as kids (bowling, craft, gaming — fun!)

- counselling support like what we received through Uniting Communities, but beyond 10 sessions

- a system to help monitor survivors and provide these supports, similar to the one we have for refugees (a complete picture)

I also think that the impact of coercive control against, and emotional abuse of, children needs greater attention. It's a slow journey. It's not fully recognised or enforced for women yet either. Let's not leave the kids behind.

Feedback for Priority Area 5: System Integration and Workforce

I'll be short here. Domestic Violence leave. My work is a pioneer in this. They have let me take as much as I need, recognising that it's not just escaping the violence itself, or the court hearings. It's the impact on my cognitive function, my emotional health, and even my long-term physical health. It's been amazing having an employer so supportive.

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

I am going to use this section to hopefully help others to better understand what it feels like to be in a survivor's shoes. I have had people tell me how bad it is, how awful it is, with so little understanding of what I'm actually going through. It is hard to confront the reality, to hold it with a victim, to witness. I know.

Maybe if people understood even just a fraction, that would help. I am a writer; my writing and my poetry help me to process what has happened to me. Below are a few of the poems in my first poetry collection, [redacted], that is being published [redacted]. I want this collection to help others to understand, and to help fellow survivors feel seen.

———

EMPTY

Emptiness is not empty.

It is full of dust and debris.

The specks of broken dreams

And memories — of shattered screams.

All dance within the suppose-ed hollow,

A blur of spinning aches and sorrows.

Each speck a razor cutting, piercing.

'Emptiness' is unconvincing.

———

SHATTERED

Light filters through my cracked and warbled, bubbled glass.
It spears my aching, pulsing holes; pummels me en masse.
I tried so hard to reassemble, to hold each piece with care.
But some were sharp, they cut, I bled, as I tried to make repairs.
Some were small, they slipped right through — tiny, lost, cold pieces.
My heart still beats erratically. The pieces predeceases
My whole misshapen ball of broken, ragged edges.
I had a pattern, and the parts, but it never acquiesces.
So fragile. So weary. So sharp. So broken. So empty.
That even light threatens to smite, what I try to hold so gently.
Look at my hands. They bleed. They're scarred and crossed with gore.
How long until my reassembled parts, can be reassembled no more?

———

LET ME HELP YOU

This is Hell. It must be...
This burning, mournful swell.
A cursed spell; a churning sea
Of things on which I should not dwell.

I know my place within the water.
I'm a daughter of the world of men.
Led from my pen, a pig to slaughter.
Wife. Mother. Wife. Again. Again.

And when my head bobs above the waves

And strangers clasp my grasping hands,
They demand, “maiden, be brave!
“We’ll draw you to the softest sands!”

And there, breathing the salty air,
I realise the water trapped and drowned me.
I could be free, if only I could dream to dare.
They’d pull me, sopping, from the sea.

But then the chop picks up its pace,
I bop and drop back to the depths.
I see, ah yes, I feel it grip; the chaste
Of maidens who shan’t cheat death.

Yet, up again, those sailors drag this mop
Of wet, bedraggled hair and bones.
They say this drowning needs to stop,
I shan’t face my abuse and death alone.

Hope surges strong within my breast,
I rest, take breath, and reach for land.
As the ocean drags and pulls, molests.
Oh how I long to finally stand.

The sailors clasp my dripping hand,
I gasp, at last, here’s my salvation.
“Oh,” they say, “you’re merely damp”,
And drop me back to my damnation.

I writhe in these strong ocean currents,

One minute breathe, the next I drown.

Torrential; forever;unrelenting; recurrent.

My madness grows. My mind breaks down.

Oh this is Hell. This incessant insanity.

I'm believed, encouraged, driven forward.

Then my cries for help become depravity.

And in the end...lunacy is my reward.

———

IT'S JUST PROCEDURE

My pain does not matter.

Even as my inside shatters.

Even as my blood splatters.

Even as I'm torn and tattered.

My pain is not important.

What he did to me is not important.

Even as my song plays discordant.

Even as my soul goes dormant.

Even as my safety washes away in torrents.

What he did is irrelevant.

What's past, not present, is irrelevant.

Even as I fear its precedent.

Even as my trauma echoes, resonant.

Even as agony erodes my skeleton.

It doesn’t matter.

It’s not important.

It’s irrelevant.

My pain cannot exist.

I try to cast it to the abyss.

But the pain and I entwine, intwist.

It’s not just my hurt, but me, dismissed.

So I must be erased too.

Someone run me through.

I don’t know what else to do.

Because while you ignore,

I feel.

I crumple.

I die anyway.

———

LOVE YOURSELF

Love yourself, they say,

When all else fades away.

When light comes one day,

And you realise in one swift hit,

That love did not exist.

You weren't loved, but prey.

It's lonely, when you realise

It was not love inside his eyes.

Was not you he idealised.

You were never held and safe.

This is why his embrace chafed.

Unintended? Still he lies.

You weren't loved at all.

Through glass shards crawl

To truth brazen on the wall.

It was always one sided.

Love never alighted.

Never for you for love to befall.

Feel the ache inside your chest.

Such loneliness. Bereft

Of warmth by cherubs blessed.

Never such isolation

As when you feel burning cremation

Of a heart still beating in your chest.

Loving, but never loved.

Feel acid racing in your blood,

Turning it to fetid mud.

Not adored, but needed.

Used up. Taken. Depleted.

Til nothing's left but crud.

But love yourself, they say.

Let memories fly away.

Let them know you'll be okay.

No broken promises and trust.

No emotions crumpling to dust.

Now it's society you must obey.

Love yourself.

Even when you're not yourself.

And love is abandoned on the shelf

Of petulance and raw rebuff.

Love yourself.

Though you cannot trust yourself.

And it's not enough...

And no one else

Ever loved you.

———

WHOSE WITNESS

The worst you've done isn't hurtful words

Or your brutish, calloused hands.

It's how effectively you've blurred

The truth. You take the stands.

You aren't on trial, but still,

You cry and crow with wile.

As I lie broken, cannot crawl,

You seek out more goodwill.

You force a tear, while I force a smile,

Push and rage to make me fall.

But, truly, I'm already falling.

I've been in this hole you dug for years.

And while I plummet, you're enthralling

Family, friends, strangers, volunteers.

You point with my blood on your finger,

Claim my pain as your own.

Say, "see how I bleed?", but that gore

On the floor? It's not the blood of a drinker.

That's all my flesh and bone.

And it's still not enough. You want more.

You abuse me, then cry foul.

Grind me to the ground with your heel.

While I steady my face, you steady your scowl.

You cry. You rage. Distraction to conceal.

You control me, then say I'm controlling.

You lie, then call me a liar.

You abuse me, then sob I'm abusive.

I hug our children close, while you're scrolling.

When I leave, only then you conspire

To say I’m a bad mother. Elusive.

Your worst sin is attempted erasure
Of everything you did to me.
Then thinking, “I’ll just blame her.
“Ensure they see only what I see.”
You gaslight, call my memories false.
Where once you admitted, now deny.
Say it’s untruthful, or manipulated.
In your mind, you have no faults.
And why do you think I’ll comply
With this fantasy you’ve created?

So, not only do you make me bleed
And bruise and cry and remould.
You minimise, expect me to cede.
Give me your emotions to hold.
You can’t take the guilt, so push it on
For me to now endure.
Protect your perfect bubble.
This is, to you, the perfect con.
I’m the monster. You maintain allure.
And if I buckle, you redouble.

But I still feel it all.
I hurt every single day.
Scars across my body scrawl.
Denial can’t blow them away.

You simply drive them deeper.

Push while I'm still falling.

You swat the hands that reach for me,

Like you're still my gatekeeper.

And find it all so very galling

That anyone else might ever see

What it is you did to me

———

AUTHOR'S NOTE

These poems are not my confessions. They are acts of reclamation. They are my reckoning — or, at least, a part of it.

I wrote the majority of these lines to help process my own descent into the psychology of abuse. My hope is that anyone who has ever grappled with trauma and the wiles of their own mind, will find recognition and solace in these pages. And anyone who has seen someone they love or care for floundering in the depths of anxiety or depression, and/or struggling for survival, will gain some understanding of what they're going through.

I wrote this intentionally in two parts. Part One, I Am Haunted, explores what it is like to struggle with yourself. To peek inside a traumatised soul and see what has been done, or undone, to it.

Part Two, I Am My Own Exorcist, explores the concept of healing. How ragged and raw and painful it can be. Not the magic, or the miracle, or the adages of society — but the reality, which is far uglier and less reliable.

If there is beauty here, it does not belong to pain. It belongs to the act of seeing clearly — of saying this happened, this is mine, and this will be mine no longer.

Pain can heal. Ugliness can be beautiful. Loneliness can connect. These things can all be true.

Thank you for holding some of this with me. I truly wish for you to feel held by these words as well.

Feedback for Priority Area 1: Victim-survivors

Whilst I am participating in this submission as a member of the public, I worked for 1800Respect as a first responder for 7 years. I also work in private practice counselling adult victim-survivors whom experienced DFV & SV in childhood and their adult lives.

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

A consistent response from police would make a real difference. Responses to DFV & SV vary so much from officer to officer, station to station let alone State to State and Territory.

This is most likely due to the training and experience of officers.

Feedback from people seeking police support suggests that they feel judged rather than believed and are often told they cannot make a statement.

It is essential that police have national 'best practice' standards and a practical step by step approach.

A best practice approach could look something like this;

-Listen

-Reserve judgement

-Take a statement

-Assess risk

-Take appropriate action in collaboration with the person experiencing the violence

*Often victim/survivors present to police and want to make a statement but do not want immediate action taken as they know it will increase their risk. Police action will very often increase risk of harm, especially if a perpetrator of violence cannot be permanently detained. Intervention orders are rarely a deterrent.

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

In community training is essential for diverse communities. Support needs to start with a trusted community member. Upskilling community leaders and community workers as 'connectors' to service support (like the system for Mates in Construction) would close gaps and improve outcomes.

Feedback for Priority Area 2: Prevention and early intervention

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

Education is always the key. Education that drives cultural change. There needs to be a top down and bottom up approach. Young boys need to be reached through age appropriate education in schools and on social media. Adult men can be reached through their workplace, radio, television, social media, and national ad campaigns.

With the exception of a few, our political leader are not saying enough about the culture of violence in this country, and that we all need to work together to create change.

In the consultation paper it states that; ‘men who grew up with positive father figure role models expressing affection were 48% less likely to become perpetrators of family violence in adulthood’.

Culturally men are not supported to be affectionate towards their son’s. Many men feel shame in showing affection to their sons in public. We still have a culture that thinks resilience is built by telling boys to ‘toughen up’, when in fact resilience comes from consistent safe care and affection. Safety and connection supports emotional regulation and therefore emotional resilience.

I have very good idea for a national ad campaign that addresses this issue in a relatable way, which I think will help to drive the cultural change needed. Ask me about it.

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

Legislate that all workplaces, institutions and community organisations partake in consent and healthy relationships training. Consent and healthy relationship education is being delivered in schools, but it is not going to be as effective if adults are not up to speed on these issues and given the same education. It should be part of health and safety policy in all workplaces.

Legislate (like they did in the UK in 2019) that advertising cannot reinforce harmful gender stereotypes.

I have so many ideas about this. Ask me. Hire me as a consultant.

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

Ideally, governments, communities, schools, workplaces, online platforms would be talking more about how the culture of violence in this country impacts boys and men just as much as it impacts women and girls. A more inclusive approach leading with the harm existing social attitudes cause boys and men, would engage them in the conversation and make them far less susceptible to harmful influencers.

The culture of violence in this country, and it's evident in the way that men and boys interact with each other, talk to each other and are encouraged to be in competition with each other. Our society has been structured in a way that is a very stressful for boys and men. They are all so worried about how they might appear to other boys and men that it deprives them of feeling safe to express their empathy, care, creativity and need for connection. The extremes of these internalised structures manifests in violence to themselves and others.

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

There is a big opportunity being missed to educate pregnant women on the risks of violence during pregnancy and in the first 6 month after birth. This is a high risk period when violent partners often escalate, and the best chance of assessing risk is whilst they are interacting with healthcare professionals.

There is a chance here to upskill health professionals to check risk and to start a conversation about safety and what supports are available in their community if needed.

A DFV & SV Risk Assessment and healthy relationship psychoeducation should be undertaken for all pregnant women, with greater attention given to the at risk groups from the data, like younger mothers and diverse community groups.

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

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

Safety makes the biggest difference. As well as all their basic needs met for housing, food, clothing and community.

Without a consistent safe environment, a child cannot emotionally regulate. Without emotional regulation a child cannot recover. Children need safety, consistency, and a regulated adult to support them to co-regulate their distress in their every aspect of their lives day to day. It is the hundreds of experiences of safe regulated connection, in a safe caring environment, that gives children the best chance of recovery and long term wellbeing outcomes.

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

Believe them, and have clear, easy to follow next steps best practice system in place that any adult could follow when a child is at risk or experiencing harm.

There also needs to be follow up, and someone needs to be responsible for that. So many young people are not followed up. I understand that this is often due to the strain on the existing system, but this is where young people fall through the cracks.

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

Do not dismiss it as a phase. Get a specialist in as quickly as possible; psychologist, social worker, someone who is a men's violence specialist. The defining thing with all adult perpetrators of violence is that they never take responsibility for any of the harm they cause. It is always someone else's fault. If a young person is showing this pattern of behaviour early in life, then it needs to be taken seriously, and action taken.

SUBMISSION: What Victim-Survivors Need to Access Support, Stay Safe and Heal

Submitted by: [redacted] **Location:** Wollongong, NSW **Date:** 30 July 2026

Introduction

I'm writing this as a victim-survivor who has had to navigate Australia's systems while trying to stay safe, protect my family and rebuild my life. What I'm sharing is based on lived experience — what actually makes it easier to get help, what supports healing, and what needs to change so women, children and families can recover.

1. What makes accessing support easier

When you're living with violence or trying to leave, support needs to be **simple, safe and human**.

The biggest enablers are:

- **One clear entry point** instead of multiple services and repeated disclosures.
- **A single navigator** who walks alongside you and coordinates housing, courts, Centrelink, NDIS, schools, health and safety planning.
- **Safe, stable housing**, including medium-term options.
- **Trauma-informed, disability-competent workers** who listen without judgement.
- **Flexible access** (after-hours, outreach, mobile teams, community-based points).
- **Digital safety support** to manage tech-based coercive control.
- **Financial safety supports** like transport, childcare and emergency funds.
- **Clear, simple information** in plain language.

2. What helps people and families recover and heal

Leaving violence is only the beginning. Recovery is long-term and deeply personal.

What helps most:

- **Safe housing + financial stability** so people can move out of survival mode.
- **Long-term trauma-informed therapy** for adults and children.
- **Child-specific recovery pathways** — children are victims too and need their own plans, therapy and advocates.
- **Integrated navigation** so survivors don't have to retell their trauma.
- **Real accountability for people who use violence**, including monitoring coercive control and digital abuse.
- **Community connection and belonging** — healing happens in safe relationships, not isolation.
- **Trauma-informed systems** across courts, child protection, housing and services.

3. What helps prevent violence before it starts

Communities want to help — they just need the structures.

Key actions:

- **Community relationship and safety hubs** for early support and healthy relationship skills.
- **Community accountability circles** for people using violence.
- **Early-intervention pathways** for emerging harmful behaviours.
- **Community-owned norms campaigns** about respect, consent, gender and power.
- **Community mentors and Elders** modelling safe relationships.
- **Digital accountability networks** responding to tech-based harm.
- **Community safety compacts** across schools, sports clubs and local organisations.

4. What Australia is not doing — and needs to start doing

The biggest gaps are:

- No national prevention or recovery framework
- No child-specific or child-designed safety systems
- No integrated navigation
- No medium-term safe housing
- No community-owned prevention ecosystems
- No digital accountability systems
- No consistent consequences for people who use violence
- No long-term trauma-informed recovery pathways
- No simple, clear access pathways

These are the reforms that would change everything.

5. Key recommendations

Immediate (0–6 months)

- One entry point + safety navigators
- Digital safety support
- Trauma-informed and disability-competent workforce uplift
- Child-specific case planning
- Community accountability circles
- Transport, childcare and financial access supports

Medium Term (6–18 months)

- Medium-term safe housing
- Cross-system information-sharing
- Early-intervention hubs
- Long-term therapeutic support

- Child advocates in justice and education
- Community mentors
- Community-owned norms campaigns

Long Term (18+ months)

- National prevention and recovery framework
- Integrated community-service ecosystems
- Culturally grounded healing programs
- Community accountability networks
- Prevention- and recovery-linked funding

Conclusion

As a victim-survivor, I know that safety, access and healing depend on systems being **simple, trauma-informed, child-centred, culturally grounded and community-supported**.

We need real accountability for people who use violence. We need safe housing. We need long-term healing. We need community involvement. We need one clear pathway, not a maze.

These changes are practical, achievable and would make the biggest difference to people's lives.

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

Submission 31 July 2026

Violence against women and children is more than 'not ok'. It is more than attempts to justify it such as 'family tiffs', 'relationship breakdown', 'what else could I do', 'she didn't object', 'she needed protection', 'I was thinking about the kids', 'she is not managing'.

Violence against women of all ages, and children, regardless of the relationship of the perpetrator, is unfair, unkind, unjust, unproductive, and often unlawful.

Many aspects of the way in which people go about their activities of daily living interact and are dependent on the options and resources available. The response of governments to violence against women and children needs to encompass a wide range of factors, provisions and programs. These include comprehensive legal assistance, health care, income security, education opportunities, child care, and accommodation.

The views and suggestions contained in this submission have been formed by my personal experience of violence in the 1970's from my former partner, from which I have recovered. More recently I have been assisting a family member with her recovery from violence from her now ex-husband. I have worked as a social worker in aged care assessment, and chronic and complex care in community health services. I have also drawn on references listed below.

Over the years I have seen very similar patterns of negative attitudes towards women, however, I believe that the increased opportunities for perpetrators to share ways in which to behave violently have somewhat changed the dynamic. Perpetrators also appear to share much more widely the ways in which legal processes can be exploited to meet their own needs at the expense of women and children.

- Women and Whitlam Revisiting the Revolution, Michelle Arrow (ed), New South Publishing, 2023
- Law Report, ABC Radio National, 21 July 2026.
- The final chapter, Melissa Fyfe and Carla Hildebrand, Good Weekend, Saturday Age, 11 July 2026.
- The man in the mask, Ged Kearney, The Saturday Paper, 18 July 2026.
- 2017 National Community Attitudes towards Violence against Women Survey. Attitudes which tend to excuse domestic violence.

Actions governments, workplaces, industries, schools, families and individuals can take to stop violence before it starts

All Government Departments responsible for services and programs must be consistent in promoting the same messages about treating women and children decently. The messages need to say that taking advantage of women and children because they can, is wrong, often illegal and benefits no-one.

Every effort needs to be made by all involved to be careful about the use of language and actions. Token gestures may satisfy the need to do something, but they can leave women and children feeling unheard. Conversations can become side tracked by the use of unnecessary pleasantries and platitudes.

Being aware and assisting women and children in violent situations is not extra work for agencies and services, it is doing their work with awareness and decency.

Knowing whom to trust can be difficult for women subject to violence. When they are not believed it can be like the abuse happening all over again. Families who are themselves abusive are less likely to believe a woman or they may take a rescuing role to meet their own needs.

Women who have mild intellectual and/or cognitive disabilities can be more prone to being deceived by perpetrators of physical violence, sexual violence, and emotional and financial abuse. If they have not been understood or if they have been bullied as children their lack of confidence and low self-esteem can place them in an especially vulnerable position.

A 2017 National Community Attitudes towards Violence against Women survey found the response to several questions ranged from 8% to 33% in holding women responsible for violence towards them. These attitudes are contrary to legal provisions that women are not responsible for violence towards them and that it is harmful and wrong. It is well known that it is likely more dangerous for women and children when they try to leave a violent relationship.

Workplace Health and Safety rules need to include the promotion of respectful behaviour and the prosecution of crimes.

Workplace requirements also apply to schools and early education. They have pivotal roles in promoting appropriate behaviour between children, teachers, staff, volunteers, parents, family members and other community members. All involved have an excellent opportunity to model appropriate behaviour. It is important that the staff and management of schools are up to date with rules and procedural requirements when there are disputes between anyone involved in the students' lives. Confidentiality and privacy are especially important and attitudes of blame are to be avoided.

The public views of elected representatives are significant and can set the tone of community attitudes. These views can be powerful, both positively and negatively and must model decent and lawful messages. Public commentary must not prejudice legal processes.

The perpetrators of violence are mostly men and while they have access to media that advocates this behaviour there is also acknowledgement and encouragement for men to address their health and emotional issues. This must not inadvertently encourage perpetrators to use ill health as an excuse for violence and perpetrators must be held responsible and accountable for their actions.

The fair, just and reasonable allocation of public resources is important. However, if supporting men to care for their mental health is considered to be a preventative approach it is not to take the place of funding programs for women and children.

Governments and their agencies must be clear about where the responsibility for violence lies whilst providing regulation on access to negative influences in all media, especially for younger people.

Financial considerations are paramount for women and children when making decisions about responding in a violent abusive situation. Control of finances by some perpetrators makes this very difficult.

Financial decisions would be made easier if Australia made provisions for a universal basic income (UBI). A UBI removes the need to navigate the complex income support application system while dealing with a crisis. Concern about providing for basic needs independently would be reduced, leaving room for decisions to be made on the basis of safety and well-being.

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

The attitudes and actions of services must avoid blaming people for whom they are providing assistance. Some homes do have very negative attitudes, by men, women and children, towards others. There is a chance of effecting change if people using services, including young people are exposed to positive and assertive ways of communicating.

Staff working in services supporting women and children need to be well supported to be up to date with referral opportunities and to express the difficulties, to management, which they face working with in these situations.

All older children and adults are to be involved in decisions about their care and available options, unless their capacity is reduced due to temporary illness or severe disability. Having as much control over one's life as possible lays the foundation for

wellbeing. Taking away control, consciously or otherwise negatively affects a person's wellbeing. Treating older children and women as if they are children is demeaning and can be used by perpetrators. Services need to be clear about who their client is and not collude with perpetrators.

All services, health, housing and agencies such as Centre Link, the ATO, employment services and legal aid need to have staff who are skilled in the workings of the agency and to relate necessary information to clients at the appropriate times.

Hospitals and other health services need to discuss care, especially discharge arrangements, only with the women herself. If capacity is reduced an appropriate decision-maker needs to be involved.

Accurate diagnosis of conditions such as ADHD and cognitive difficulties is essential. If the capacity of a person is in doubt agencies dealing with guardianship and financial management need to be considered. These agencies need to be well resourced to respond to needs appropriately.

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

Access to education for children and young people where they can get the support they need, if it is not available in their family, is essential. Financial barriers to education such as the purchase of books, uniforms and activities need to be removed as a universal right.

Helping young people to value themselves and other people lessens the potential for them to be targeted and/or to perpetrate violence.

Age-appropriate education promoting no tolerance of violence can be incorporated into all classes. The modelling of appropriate attitudes is essential and effective.

Legal and education services need to be very aware of the strategies some perpetrators will use to remain in control over children even to the extent of preventing them from seeing or communicating with their mother and other family members.

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

Avenues in which to disclose violence need to be freely available and safe. It is essential that all disclosures of violence are taken seriously. Perpetrators of violence can be very skilful in presenting a positive image and it is important that others in the community, (including families, schools, and workplaces) do not collude with perpetrators and that they resist the temptation to do so.

Valuing people encourages them to value themselves and to look after their wellbeing.

The Family Law Act 1975, no-fault divorce, and the Family Court, have been subject to controversy since their inception. (A controversy I would have not dared to mention in my home in the 1970's).

Rather than the Family Court being conciliatory, it now tends to be adversarial. This is especially so where children are involved. A positive shift has been that violence and coercive control are now better understood. This does not prevent perpetrators from extending their violence towards women by keeping mothers and children separated. The Family Court was not set up originally to be an arbiter of family violence and child protection therefore some of the processes need to change.

Keeping children away from or not knowing about a parent defeats the purpose and aim of protection of children.

If the Family Court rules that children are to be made available to spend time with their mother, (supervised or otherwise) parents must be held to this. Perpetrators can actively discourage or at the least not encourage young children to attend spend time. This is punishment for the women and children with an attitude of ' if I cannot have her then she cannot have the children'.

A Family Intervention Order (FIVO or IVO) is intended to protect a family member, usually an estranged spouse, against another, most often an abusive husband or, in rare cases, wife.

It is common for spouses in such disputes to also include their children as parties who need protection against the other spouse. Protection of children is paramount, as separated spouses have often harmed, even killed, children as a way to hurt their former partner.

However, this also opens opportunities for "lawfare", where someone uses legal processes to continue feuding under the cover of protection that the law is supposed to provide.

A parent applying for an IVO against the other parent, their former partner, can also include their children, meaning they cannot be contacted or approached by the other parent either.

If such an order goes unchallenged and lasts for a long time, it amounts to enforced separation of the children from one of their parents.

As already stated, protection of children is paramount which is why the law errs on the side of caution. It prefers to keep children safe rather than risk being sorry. A separated spouse filing an IVO against their former partner could make allegations of child abuse, which are accepted until proven otherwise.

This allows enormous scope for parental alienation: a process of alienating children from one of their parents by the other. A parent could allege their children are in danger or at risk from their separated partner. The children are barred from the company of that parent until the order is legally overturned.

The more time that children are separated from one parent, the more opportunity the other parent has for turning the children against them. Even if the court ultimately decides that the alienated parent is no danger to their children and that the children, for the sake of their own healthy development, must spend adequate time with both parents, it may be too late.

A lengthy time in the care of only one parent may give sufficient time to poison the children against the other parent. The courts may rule that the other parent has right of access to the children, or even of shared care.

But the children may have been sufficiently conditioned to fear or hate the other parent. What happens if the children simply refuse to spend time with their forcibly estranged parent?

As one grieving mother in this situation put it: “What do I do? Drag the children to me kicking and screaming?”

A new approach is needed. Of course we must ensure the safety of the children.

But if an IVO applicant alleges their children are at risk from an estranged partner who is their other parent, the IVO should only forbid *unsupervised* access by that parent.

An estranged parent should be allowed regular access to their children, supervised by a court-approved, trained child welfare worker.

Only if the courts decide that the other parent poses a definite danger, should that parent be denied total access to their children.

Supervised visits by the parent named in the IVO will ensure the children’s safety. The supervisor will have the power to end the visit if they consider the children are at risk or if the supervised parent is acting inappropriately.

It is vital that the bond between a parent and their children be protected, even if the other parent feels it should be broken. It is important that neither parent be allowed the opportunity to turn their children against the other parent, no matter how strongly they feel about each other.

Family Court processes, now a part of general courts, have returned to more formality than originally intended and are under-resourced. Decisions about the protection and well-being of children cannot be made in a pressured environment. Perpetrators are practised in ways in which to present women in a negative light, thus gaining decision-

making and care of children. They sometimes represent themselves with no adherence to ethical practice as legal representatives must do.

Exhausted, unhappy, grieving, women who lack confidence have reduced resources to resist physical violence, sexual violence, emotional and financial abuse. Their confusion is profound. What did I say wrong? What should I say now? Feelings are numbed. They may resort to unhealthy ways of coping which further casts them publicly and to the Family Law Court in the negative terms used by perpetrators and unsupportive family and friends. This also leaves women vulnerable to other wrong-doers/miscreants.

Access to legal services and representation is essential but women are unable to finance this. Legal aid finance needs to be readily available and the owning of assets such as a home, which are not accessible, should not be means tested.

If the Family Court requires assessments and reports by professionals such as psychiatrists they need to be mindful of the wait for such services and to advocate for increased accessibility.

Making the difference in helping people and families to recover and heal after being affected by family, domestic and sexual violence.

Believing people when they relate their experiences, accounts of, and responses to violence is absolutely essential. This belief in itself can go a long way to a woman gaining energy and confidence to pursue further avenues. Failure to believe women can exacerbate feelings of helplessness and lack of confidence.

Responses to high profile cases of violence towards women, often considered by families as not being applicable to them Is to deny the experiences of women. “The stronger I became the scarier he became” a highly publicised experience, is also the experience of many women. This is a distressing situation to be in and one in which there seems to be no way out.

Some women do not have families at all due to various reasons. Sometimes families seem unable to accept any divergence in lifestyles and hold women responsible for violence towards them by linking it with what they consider ‘not normal’ ways of living.

Services, including health, education, and legal, require quality education and support to respond effectively. The general public needs information about how to listen and consider their beliefs. Situations where women and children are not believed, and are excluded from the family circle are especially difficult and painful.

Families and close friends who do listen and believe women, also need to be listened to by services. Balancing the need for women to regain control of decisions is important and necessary in gaining independence. Interventions must always involve the woman.

Listening and believing with follow up action by services and the general community can go a long way in the recovery and healing process. Conversely the inability to listen and believe can hinder the decision making and consequent recovery and healing

Making it easier for people to access support or services related to family, domestic or sexual violence.

A broad range of services such as health care, financial counselling, and emotional support need to be available when people find the courage to contact them. Long waiting lists can miss the moment for change to begin.

All public services require careful planning and funding to ensure access is timely.

Feedback for Priority Area 1: Victim-survivors

Nothing to provide here.

Feedback for Priority Area 2: Prevention and early intervention

I would like to make two key observations and suggest a practical, long-term solution.

1. The term ""violence"" does not adequately describe the lived experience of many victim-survivors

The term domestic violence can unintentionally limit public understanding of what these behaviours look like in practice. Many people who are experiencing coercive control, financial abuse, emotional abuse, isolation, intimidation, or manipulation may not recognise themselves as victim-survivors because they do not associate their experience with the word ""violence"".

Language matters. If people do not see their experience reflected in the terminology being used, they may be less likely to seek help or identify harmful behaviour early. Public messaging and prevention efforts should clearly communicate that domestic and family violence encompasses a broad range of controlling and abusive behaviours, not only physical violence.

2. There is insufficient cross-government collaboration to drive meaningful prevention

Domestic and family violence is a whole-of-society issue, yet prevention efforts can often appear fragmented across government departments and sectors. Sustainable change requires a coordinated national approach that extends beyond individual programs or portfolios.

A particular concern is the focus on training people in primary prevention. Understanding primary prevention is not primarily a technical skill. Too often, prevention activity can become a compliance exercise where people complete training modules and can say they are ""trained in primary prevention"".

The goal should be something different. We want decision-makers, educators, service providers and leaders to routinely ask:

""Have we considered the prevention implications of this decision?""

This is fundamentally a culture change challenge, not a training challenge. While training has a role, it should support cultural change rather than become the end goal.

A proposed solution: Embed respectful relationships throughout the life course

If Australia is serious about preventing domestic and family violence, respectful relationships should be embedded across every stage of life.

Early Childhood and Perinatal Services

The foundations of respectful relationships begin from birth. Parents and caregivers should be supported through perinatal and early childhood services to understand healthy relationships, respectful communication, emotional regulation and gender equality. This presents an important opportunity for the health sector to contribute to primary prevention from the earliest stages of life.

Education

Respectful relationships education should form part of a coordinated, age-appropriate learning pathway from the beginning of schooling through to the completion of secondary education and, where relevant, tertiary education.

At its core, the curriculum could be built around three simple principles:

Safe: Children feel physically and emotionally safe.

Respectful: Children learn empathy, boundaries and healthy relationships.

Equal: Children experience and understand gender equality, inclusion and mutual respect.

As children progress through their education, these principles would be reinforced and expanded through developmentally appropriate content. Achieving this would require coordination between all state and territory education departments to ensure consistent, evidence-based delivery.

Workplaces

Workplaces also have a role to play, but expectations should be realistic. Australia is a nation of predominantly small businesses, many of which are operating under significant economic pressure. Asking employers to continually expand activity beyond their legal obligations may not always be practical or sustainable.

While workplace-based initiatives can be valuable, public investment should prioritise interventions that achieve the greatest impact at a population level. Building healthy attitudes and behaviours early in life is likely to deliver a stronger long-term return on investment than relying heavily on workplace programs to change entrenched beliefs and behaviours in adulthood.

While NGOs and community organisations play an important role, it is worth questioning whether they can achieve the scale required to create population-wide change. Australia is no longer the nation of tightly connected local communities that it once was. Many people have little or no engagement with community organisations, and those who do participate are often already connected and supported. Community-based approaches are valuable, particularly for reaching vulnerable and diverse populations, but they should not be relied upon as the primary mechanism for cultural change.

If the goal is to establish safe, respectful and equal relationships as a societal norm, the systems with the broadest reach must take the lead. Health services reach almost every family through pregnancy and early childhood. Schools reach almost every child for more than a decade. Government services interact with millions of Australians

throughout their lives. These universal systems provide far greater scale and consistency than can realistically be achieved through community organisations alone.

NGOs should therefore be viewed as important partners that complement universal prevention efforts, rather than the primary vehicle for delivering them. Their greatest value is often in providing locally tailored support, reaching specific cohorts, and reinforcing messages that are already embedded through education, health and government systems.

Preventing domestic and family violence requires more than awareness campaigns and training programs. It requires a coordinated national commitment to building a culture of safety, respect and equality from birth onwards. By embedding these principles across health, education and community systems, Australia can move beyond responding to violence and towards preventing it before it occurs.

Primary prevention succeeds when the desired behaviours and values are embedded in the universal systems that reach everyone, not when they are delegated to programs that reach only those who choose to participate.

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

I would like to make two key observations and suggest a practical, long-term solution.

1. The term ""violence"" does not adequately describe the lived experience of many victim-survivors

The term domestic violence can unintentionally limit public understanding of what these behaviours look like in practice. Many people who are experiencing coercive control, financial abuse, emotional abuse, isolation, intimidation, or manipulation may not recognise themselves as victim-survivors because they do not associate their experience with the word ""violence"".

Language matters. If people do not see their experience reflected in the terminology being used, they may be less likely to seek help or identify harmful behaviour early. Public messaging and prevention efforts should clearly communicate that domestic

and family violence encompasses a broad range of controlling and abusive behaviours, not only physical violence.

2. There is insufficient cross-government collaboration to drive meaningful prevention

Domestic and family violence is a whole-of-society issue, yet prevention efforts can often appear fragmented across government departments and sectors. Sustainable change requires a coordinated national approach that extends beyond individual programs or portfolios.

A particular concern is the focus on training people in primary prevention. Understanding primary prevention is not primarily a technical skill. Too often, prevention activity can become a compliance exercise where people complete training modules and can say they are ""trained in primary prevention"".

The goal should be something different. We want decision-makers, educators, service providers and leaders to routinely ask:

""Have we considered the prevention implications of this decision?""

This is fundamentally a culture change challenge, not a training challenge. While training has a role, it should support cultural change rather than become the end goal.

A proposed solution: Embed respectful relationships throughout the life course

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Early Childhood and Perinatal Services

The foundations of respectful relationships begin from birth. Parents and caregivers should be supported through perinatal and early childhood services to understand healthy relationships, respectful communication, emotional regulation and gender equality. This presents an important opportunity for the health sector to contribute to primary prevention from the earliest stages of life.

Education

Respectful relationships education should form part of a coordinated, age-appropriate learning pathway from the beginning of schooling through to the completion of secondary education and, where relevant, tertiary education.

At its core, the curriculum could be built around three simple principles:

Safe: Children feel physically and emotionally safe.

Respectful: Children learn empathy, boundaries and healthy relationships.

Equal: Children experience and understand gender equality, inclusion and mutual respect.

As children progress through their education, these principles would be reinforced and expanded through developmentally appropriate content. Achieving this would require coordination between all state and territory education departments to ensure consistent, evidence-based delivery.

Feedback for Priority Area 4: People who use violence

Nothing to add here

Feedback for Priority Area 5: System Integration and Workforce

Workplaces

Workplaces also have a role to play, but expectations should be realistic. Australia is a nation of predominantly small businesses, many of which are operating under significant economic pressure. Asking employers to continually expand activity beyond their legal obligations may not always be practical or sustainable.

While workplace-based initiatives can be valuable, public investment should prioritise interventions that achieve the greatest impact at a population level. Building healthy attitudes and behaviours early in life is likely to deliver a stronger long-term return on investment than relying heavily on workplace programs to change entrenched beliefs and behaviours in adulthood.

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across health, education and community systems, Australia can move beyond responding to violence and towards preventing it before it occurs.

Primary prevention succeeds when the desired behaviours and values are embedded in the universal systems that reach everyone, not when they are delegated to programs that reach only those who choose to participate.

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

Nothing to add

30 July 2026

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

This submission is authored by [redacted], Professor of Social Work, Department of Social Work, University of Melbourne and Chief Investigator, Centre of Excellence for the Elimination of Violence Against Women (CEVAW) and [redacted], Research Fellow, Department of Social Work, University of Melbourne and CEVAW.

We welcome the opportunity to provide a submission to inform the Second Action plan under the National Plan to End Violence against Women and Children 2022-2032.

Our submission is focused on contributing to the next plan's **priority area 2 prevention and early intervention**. Our submission and five recommendations for action also contribute to **priority area 4 people who use violence**.

We research community contexts to violence against women and the role of civil society, with a specific focus on the role of religion, faith and spirituality informing experiences and understandings of – and responses to – domestic, family and sexual violence. To date we have worked with Christian denominations, religious leaders and community members, to understand men's use of violence, victim-survivor experiences, and ways to support religious and faith community capacity to identify and address risks and harms, and support safety, prevention, response, healing and the accountability of those who use violence.

What we know

It is well established that religious leaders and community members recognise and respond to disclosures of gender-based violence and abuse. Research has evidenced how religion may be used by perpetrators to justify their use of violence and harm and that at times, religious leaders and community members provide inadequate and harmful responses to victim/survivors. It is important to recognise the potential for religious contexts to contribute to both harm and healing. This potential for healing includes strategies to support the prevention and cessation of violence against women, and the accountability of those who use violence.

Increasingly the role of faith leaders, organisations and communities in addressing violence against women, is being considered as a vital and necessary contribution to a whole-of-community response to ending violence against women and children. We acknowledge the efforts by many faith communities and individuals and groups within, working to support safety and address violence against women and children. Religious and faith communities are unique multi-generational and diverse communities in urban, regional, rural and remote Australia and thus have unique reach and influence.

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Religiosity profoundly shapes people's morals, values, family relations and limits on behaviour. Prior research has also established how religious and spiritual beliefs influence understandings and practices of gender, gender relations, sexuality, citizenship and intimate partner relationships (Avishai et al., 2015; Hollier et al., 2022; Nyhagen & Halsaa, 2016). These beliefs also shape understandings and experiences of intimate partner and sexual violence (Ghafournia, 2019, 2024; Nason-Clark et al., 2017). For example, an Australian study found that religious ideas can inform perpetrator justification for their use of violence (Wendt, 2008). There are also examples of religious leader and community silencing, and providing inadequate and unsafe responses to disclosures, of intimate partner violence (Barnes & Aune, 2021; Nason-Clark & Fisher-Townsend, 2015).

We previously completed research in 2023 for the Lutheran Church of Australia exploring religion and domestic violence and men's use of violence (Wendt et al., 2023). The study involved interviews and document analysis including reviewing relevant theological determinations (Wendt et al., 2023, 2024; Clarke et al., 2024, 2025). Our research for the Lutheran Church of Australia (LCA) led to the following recommendations to the Church:

- understand and celebrate gender equality;
- support Bishops, Pastors, and other leaders to understand and respond to domestic violence;
- explore and grow pastoral practice that focuses on men and masculinity (Wendt et al., 2023; see also Wendt et al., 2024).

Regarding the last recommendation the final research report explains:

> Fear and shame act as barriers for men to talk about their use of violence in family life. The LCA has an important role in providing theological and spiritual guidance for men to safely explore their beliefs and assumptions about using violence as well as understand their own fear and shame. However, this exploration cannot compromise women and children's safety. Risk and safety are paramount when working with men. (Wendt et al., 2023, p. 58)

In 2024 we completed research at the request of the Anglican Diocese of Adelaide's Survivor Advocacy Group – and supported by the Diocese – to understand clergy and church worker attitudes and behaviours when responding to child abuse, adult sexual assault and domestic and family violence (Wendt & Clarke, 2024). Survey and interview findings resulted in ten recommendations to support preventing and addressing interpersonal violence and abuse including:

- For consistency of practice, and to increase clergy and church workers' skills and confidence to recognise and safely respond to adult sexual assault and domestic violence, the Diocese extends Safe Ministry training to include responding to disclosures of adult sexual assault and domestic violence.
- Working towards eliminating child abuse, adult sexual assault, and domestic and family violence be of equal priority…
- The Diocese explore how it will recognise and respond to elder abuse as well as supporting older women wanting to share historical abuse for healing.
- The Diocese's Safe Ministry training include increasing clergy and church workers' confidence overall in their pastoral care practice, with a particular focus on responding to perpetrators of interpersonal violence and abuse, and diocesan processes supporting perpetrator accountability – such as the extension of the diocesan policy on managing persons of concern to be inclusive of perpetrators of domestic and family violence.
- The Diocese supports and grow clergy leadership to develop pastoral care resources such as prayer, liturgy, sermon, and theology resources to support victims' healing, perpetrator accountability, gender equality and community member safety.
- The Diocese continues its work of ongoing culture change necessary to support gender equality and safety in its communities, by strengthening its practices through leadership to parish communities, and continually and critically examines its organisational structures and governance that impede supporting inclusiveness and gender equality. (Wendt & Clarke, 2024, p. 52)

Further, our recent research with religious leaders also draws attention to the fact intimate partner sexual violence is rarely discussed or not necessarily well understood. For example, in our research with Pastors in the Lutheran Church of Australia, Wendt et al. (2024) identified that in Pastors descriptions of domestic violence, sexual abuse was not

mentioned. Further, in our research with clergy and church workers with the Anglican Diocese of Adelaide to understand experiences when responding to child abuse, adult sexual assault and domestic violence, Wendt and Clarke (2024) found that there was the need to improve confidence in responding to disclosures of adult sexual assault and domestic violence.

Through CEVAW we are currently undertaking two research projects:

- Faith-based pastoral care: what can it offer in addressing domestic violence?
- Understanding the religious and spiritual context to domestic and family violence and sexual violence – scoping work with specialist and faith-based agencies.

Our current research 'Faith-based pastoral care: what can it offer in addressing domestic violence' involves interviews and focus groups with religious leaders and community-members supporting initiatives in their denominations to address domestic and family violence. This research provides preliminary findings that participants support the role of their church to address domestic violence and seek clear understanding, training and support for the pastoral care role, in responding to domestic violence. Preliminary findings include:

- Many participants identify the power and significance of their role and pastoral care, that can support offering important care, spiritual support and practical resources to victim/survivors and their children.
- Many participants identify that pastoral care practice involves referring victim/survivors to other specialist supports and services.
- Some participants also express concern about how pastoral care has been and may continue to be inadequately practiced with potential risk and safety concerns for victim-survivors, if the role and its limitations are not clearly defined.
- Many participants discuss the need for trauma-informed, consistent and regular training – including education for leadership and lay roles and considering the widespread practice of pastoral care.
- Participants also discuss the role of leaders in providing clear and consistent messaging about domestic violence, and express concern about the use of inappropriate scripture and theology in sermons and pastoral care that are inconsistent with key messaging required to end domestic violence.
- Further, the research has identified the potential for pastoral care to further contribute to supporting the accountability of those who use violence and this needs to be done safely.
- Finally, we note some participants also emphasise the role of the church and pastoral care to support women *and children* who have experienced violence, with emphasis on ensuring children and young people are further included in prevention and response strategies.

All research projects have found that there is concern gender inequality in church organising structures, leadership, theology and religious teachings, contributes to the use of violence against women including in intimate partner relations.

Key opportunities for action

It is encouraging that our research has identified there are examples of, and a willingness to, change the role of the church and practices to support safety, prevention and the cessation of interpersonal violence and abuse.

Through our research we have also found more work needs to be done to support religious and faith community capacity to support and understand safety, the prevention and cessation of violence, recovery and healing and perpetrator accountability.

As we have recently argued:

> • It is important to understand and resource faith-based pastoral care practices aligned with wider community supports and services available to victim-survivors and to perpetrators.
>
> • Effective responses to domestic violence in religious contexts requires addressing the theological beliefs, religious discourses and practices that legitimise gender inequalities. (Clarke & Wendt, 2026, p. 1)

We identify the following key opportunities for action:

- Supporting religious and faith community capacity to understand, prevent and contribute to a whole-of-community effort to address violence against women and children involves recognising and working with the diversity of religious and faith communities in Australia.
- Religious leadership and institutional organising structures have a critical role in legitimising, authorising, regulating and resourcing prevention and response capability within faith communities, to address violence against women and children. Hence there is the opportunity to extend engagement with faith communities and leaders in integrated approaches to addressing violence against women and children noting this requires adequate resourcing.
- There is the opportunity to strengthen the role of religious and faith organisations and communities in responding to those who use violence and to support perpetrator accountability. This is recognised at the same time we understand this opportunity needs to be further explored so is relevant to specific and diverse faiths and supported by research that evidences current practices and opportunities for safety in community-based initiatives and responses.
- Of critical importance is to ensure key prevention messaging about the unacceptability of violence against women and children is not disassociated from religious structures, leadership and pastoral care practices that engender gender-based discrimination and inequality.
- There is the opportunity to continue to support and extend religious and faith community capacity understanding of what is the full extent and types of violence and abuse, including coercive control, spiritual abuse and intimate partner sexual violence.

There are examples of commitments underway in select religious communities, to understand, recognise, prevent and address violence against women. Supporting religious and faith community capacity to further contribute to ending violence against women and children also requires alignment with and shared knowledge about wider specialist supports and services available to support victim-survivors. Our research also shows the potential for faith communities to support the accountability of those who use violence. Supporting faith community capacity involves working with diverse religious leaders and community members to ensure the community-based contribution to prevention is safe, relevant and adequately resourced. It also needs to be victim-survivor centric.

Thank you.

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Veteran Family Commissioner

Submission on the Second Action Plan of the National Plan to End Violence Against Women and Children

Introduction

Thank you for the opportunity to contribute to the development of the Second Action Plan under the National Plan to End Violence Against Women and Children 2022-2032.

As Veteran Family Commissioner, my focus is on the experiences of families of veterans and the systems they interact with every day. Through that work, I hear a great deal about what helps families of veterans feel supported, connected and safe, and how our systems make those things harder to achieve.

Much of the conversation around family, domestic and sexual violence understandably focuses on prevention, crisis responses, specialist services and recovery. These are all critical. However, there is another aspect that deserves attention.

The systems we build matter.

For many families of veterans, government systems, service systems and support systems are a significant part of daily life. They influence how people access information, how they seek help, how they make decisions and how they navigate periods of vulnerability. When those systems work well, they can strengthen safety and autonomy. When they don't, they can unintentionally create barriers, reinforce power imbalances and contribute to real harm.

This submission focuses on the importance of designing systems that are safe, accessible and responsive to the needs of women, children and families of veterans.

Safety by Design

When we talk about violence, we tend to focus on what happens between people. We spend less time talking about what happens around them.

Yet every person experiencing violence is also interacting with systems. They are navigating services, seeking information, completing forms, accessing payments, supporting children and trying to understand what help is available.

Too often, safety is considered after a system has been designed rather than being built into it from the beginning.

When I meet with families of veterans, I see how administrative decisions can have very real impacts on people's lives. Who receives information. Who can access a service. Who is recognised by a system. Who has visibility of a child's support arrangements. Who is expected to act as the intermediary. This is particularly relevant for families of veterans, who often navigate a combination of mainstream government service alongside Defence and DVA-specific systems. The complexity of interacting with multiple systems can amplify the impact of administrative design choices, making transparency, accessibility and family safety critical considerations.

Over nearly a decade working alongside families of veterans, I've seen children primarily living with the veteran parent, children primarily living with the non-veteran parent, and every shared-care arrangement in between. I've seen step parents raising children, grandparents stepping in, and kinship carers providing connection and support.

Many legislative and policy frameworks continue to reflect assumptions about family structures that no longer align with contemporary Australian society. While these assumptions may simplify legislative drafting, they can also create unintended barriers for individuals and families whose circumstances fall outside traditional models.

For many families, this isn’t an issue. Many families of veterans are parenting together, sharing information, making decisions together and doing what's best for their children, regardless of their relationship status.

But I've also seen situations where this is not happening, and where existing systems can unintentionally leave some family members without the information, access, or support they need. I’ve met with parents who aren’t even aware a support or payment exists for them. I've seen situations where access to information sits with only the veteran. And I've seen circumstances where financial security becomes part of the reason somebody feels unable to leave an unhealthy or unsafe relationship.

It is these families that should guide how we think about system design.

Sound public policy requires sufficient flexibility to recognise the diversity of family relationships and caring arrangements that exist in practice. Legislative frameworks that are predicated on a singular or idealised concept of family risk producing inequitable outcomes, limiting access to entitlements and services, and failing to meet their intended policy objectives, sometimes even entrenching harmful power imbalances within families.

When information, access and decision-making are concentrated with one person, systems can unintentionally mirror the very dynamics we are seeking to address through our responses to coercive control and family violence.

As governments increasingly recognise coercive control as a precursor and driver of family violence, there is an opportunity to look beyond individual behaviours and consider the systems surrounding families. Administrative processes, information-sharing arrangements and service access mechanisms can sometimes reinforce patterns of dependency, exclusion or control, even when that is not their intention.

Applying a family safety lens to system design can help ensure these structures support autonomy and access to support, rather than inadvertently concentrating power in the hands of one individual.

This is not because systems are designed to create harm. It's because they are often designed without fully considering how people experience them during separation, conflict, coercive control or family violence.

A process that works perfectly well for one family may create very different outcomes for another.

That is why I believe system design itself should be considered part of violence prevention infrastructure. In my experience, the biggest gaps often appear when systems meet real life. Legislative and policy frameworks are often built around assumptions about how families are expected to function, who has responsibility, and how information, care, and decision making happen within a household.

The challenge is that real life rarely follows those assumptions. Families of veterans come in all shapes and sizes, and caring arrangements change all the time. While assumptions can make policy easier to design, they do not always reflect the realities of family life.

If we are serious about ending violence against women and children, we need to think not only about services and interventions, but about the way systems themselves are designed.

Families of veterans are participants in their own right

One of the strongest themes I hear from families of veterans is the desire to be recognised in their own right.

Historically, many veteran-facing systems have quite understandably been built around the veteran. The veteran is often the claimant, the service user or the primary point of contact. However, families of veterans also interact with these systems and are often deeply impacted by the decisions made within them.

Families of veterans should not be seen simply as an extension of the veteran. They have their own experiences, their own support needs and their own relationship with systems that are intended to support wellbeing.

This becomes particularly important where family violence or coercive control is present. Access to information, communication pathways and service navigation are not neutral issues. Information is a form of power. Access is a form of power. The ability to engage independently with services is often a form of safety.

Where appropriate, families of veterans should have clear pathways to access information, seek support and engage with services directly, rather than relying on the veteran to act as the gatekeeper.

Systems that recognise families of veterans in their own right help strengthen autonomy, increase transparency and reduce the likelihood of unintended harm.

Children and Young People

Children are often the least visible people within service systems, despite being profoundly affected by violence, trauma and family instability.

Many children of veterans experience disruption throughout their childhood. Frequent moves, changing schools and shifting support networks can make it harder to build the trusted relationships that often help children feel safe, supported and able to speak up when something is wrong.

Too often, children are viewed solely through the lens of the adults around them. While parents and carers are critical, children also experience systems in their own way.

A child-centred approach means considering how children access support, how their voices are heard and how systems respond to their needs, not only after harm has occurred but from the very beginning.

If we want to improve outcomes for children, we need to design systems that see them, hear them and support them as individuals in their own right.

Recommendations

The Second Action Plan should consider opportunities to:

1. Embed safety-by-design principles into government systems, policies and programs that support veterans and families of veterans.
2. Review administrative processes, communication pathways and information-sharing arrangements through a coercive control and family safety lens.

3. Strengthen independent pathways for partners, carers, parents and families of veterans to access information, support and service navigation in their own right.
4. Recognise family autonomy as a protective factor within the design of veteran-facing services and programs.
5. Ensure children and young people are considered directly in policy and program design and recognised as participants in systems, not solely as dependants of a service user.

Conclusion

When families tell me about their experiences, they rarely talk about a single service, program or interaction. They talk about navigating a system.

They talk about trying to find information, understand entitlements, access support, advocate for their children and make sense of where responsibility sits.

The National Plan rightly focuses on the actions needed to prevent violence and respond when it occurs. Alongside that work, there is an opportunity to ask a broader question: are the systems surrounding families helping or hindering their safety?

Safety is not only a service response. It is also a design responsibility.

Families shouldn't have to become experts in government systems just to find support. They shouldn't have to rely on the veteran to access information that affects their lives or the wellbeing of their children.

The systems surrounding families of veterans should make it easier to find help, easier to understand what's available and easier to stay connected to support when it's needed most.

For me, this is not about pointing the finger at individuals. It's about reducing risk where we can. Sometimes violence prevention is about services and behaviour change. Sometimes it's about looking at the systems around people and asking whether they're helping or making things harder.

When safety is designed into systems from the beginning, those systems become more than a pathway to support. They become part of the prevention effort itself, helping women, children and families of veterans navigate challenging circumstances with greater confidence, autonomy and dignity.

Formal Submission: Consultation Informing the Second Action Plan of the National Plan to End Violence against Women and Children 2022-2032

[redacted] July 2026

[redacted], Professor of Family & Sexual Violence, Criminology & Justice Studies, *RMIT University*. In addition to her academic role, Anastasia currently works in direct practice as a sexual-assault counsellor-advocate, and has served on the board of directors of *Our Watch* (Australia's national organisation for the prevention of violence against women) since 2016. Anastasia has been an investigator on more than 20 funded research projects and has published over 170 scholarly books, book chapters, articles, industry reports and expert opinion pieces, primarily on family and sexual violence including technology-facilitated abuse.

Most recently, [redacted] has written her ninth book, *The Aftermath of Trauma: Survivor-Informed Practice for Recovery and Healing from Family and Sexual Violence* (Palgrave, forthcoming 2026), which draws on in-depth interviews with survivors. She is also a co-Primary Investigator on an Australian Research Council (ARC) project examining sexualised 'deepfake' and AI-facilitated abuse. As an academic, criminologist and social worker, Anastasia brings over 20 years' combined experience across policy, research, education, and practice concerning prevention, response and recovery from gendered violence.

Submission Summary

This submission draws on my research, practice and lived-experience-informed scholarship across prevention, response and recovery from family and sexual violence. It argues that the Second Action Plan should enhance guidance and funding towards a coordinated continuum its four pillars of prevention, early intervention, response, and recovery and healing; and that both sexual violence and family violence should be prioritised. Specifically, this submission recommends that governments:

1. Expand supported family violence crisis accommodation and pathways to safe, stable and affordable housing;
2. Establish long-term, multidimensional and specialist recovery and healing as a core service-system responsibility for both family and sexual violence;
3. Embed responses to technology-facilitated and emerging AI-facilitated abuse across risk assessment, safety planning, justice responses, recovery systems, and prevention;
4. Scale up sustained, evidence-based prevention, including comprehensive relationships and sexuality education, workplace settings, digital platforms and environments, as well as enabling 'disclosure-ready' communities;
5. Provide child-centred recovery alongside support for protective parents, and accountable interventions with parents who use violence;
6. Establish and expand access to specialist trauma recovery with accountability, for perpetrators of violence; and
7. Strengthen specialist workforce capacity, service integration, implementation accountability and survivor participation.

Priority Area 1: Victim survivors

Safety and Housing Stability

Replace isolated hotel accommodation with supported pathways to safety and housing.
Currently, the Australian crisis response to domestic and family violence includes an untenable reliance on short-term hotel and motel accommodation; due in large part, to the lack of purpose-designed supported refuge accommodation and the broader housing affordability crisis. This short-term hotel and motel accommodation places victim survivors who are fleeing an actively unsafe situation in an isolated, and unsupported, accommodation; which is often not suited to the needs of children, nor to the provision of in-person support (Powell, 2024; Powell & Stockley, 2026). The risks to victim survivors in these settings extend beyond the immediate safety risks of being located by a perpetrator; to risks to physical and mental health; as well as the compounding of trauma through isolation and a lack of trauma-informed care response. While intended as a *very brief* accommodation measure, evidence from family violence services indicates that hotel and motel stays are often of longer duration with some victim survivors remaining in these contexts for several weeks (Powell & Stockley, 2026). A physically safer room without relational support, specialist assistance or a sustainable housing pathway does not provide the stability required for recovery.

The Action Plan should reduce reliance on isolated hotel and motel accommodation and instead expand purpose-designed, 24-hour supported family violence crisis accommodation. Supported models should include on-site family violence casework, specialist children's workers, digital-safety assistance, practical and emotional support, and direct access to health, legal and income-support services. Crisis accommodation must also connect to viable exits, including adequate longer-term refuge options, social and affordable housing, private-rental assistance, and support to remain safely in the family home where appropriate.

Recovery and Healing

Establish long-term recovery and healing as a core service-system responsibility.
The Australian Government should work with State and Territory Governments to establish an appropriately structured and adequately funded recovery and healing system that extends beyond the immediate crisis period. Survivors of both family and/or sexual violence should be able to access recovery support where they need it and when they need it, including through repeated periods of engagement over months or years, rather than being restricted to a single short intervention or a limited number of counselling sessions (Hamilton et al., 2023; Powell et al., 2023; Ridgway et al., 2024). Eligibility should not depend on recency of violence, current police involvement or an immediate risk threshold. Many trauma impacts become further apparent after physical danger has reduced, while survivors may require renewed assistance during later life transitions that can raise renewed trauma impacts such as parenting, new relationships, illness, legal proceedings or renewed perpetrator contact (Powell, forthcoming 2026).

There are currently many barriers to recovery and healing services for both family and sexual violence, for example:

- **prohibitive cost** for private psychological treatment. Even with a GP Mental Health Plan for Medicare subsidised sessions, these remain expensive (often $80 to $120 out-of-pocket) and are typically limited to 10 sessions in a year; leaving many survivors with an untenable cost barrier;
- **a 'postcode lottery'** for survivors accessing free government-funded specialist family and sexual violence trauma counselling, with long waitlists (in some cases over 12 months) in some areas, while others are able to commence counselling within weeks;
- **limits on repeat support periods,** whereby depending on their local service, many survivors seeking to access government-funded specialist family and sexual violence trauma counselling may be denied a subsequent period of therapeutic/counselling sessions if they have received similar support previously, for example within the last five years. This prevents some survivors from being able to access further affordable counselling support at times of renewed trauma-processing such as when expecting a

new baby, entering a new relationship, or facing renewed court proceedings (which themselves can take many years);
- **limited availability of trauma-specialist practitioners**, with many survivors reporting waiting for access to a general psychologist or therapist, only to find that they are not specifically trained or skilled in responding to the complexities of family and/or sexual violence trauma;
- **temporal and legal barriers to compensation schemes,** whereby applications for Victims of Crime financial support to cover the cost of recovery often have lengthy submission requirements and processing times (in some cases, 12 months or more), with many survivors not able to self-fund recovery interventions in the interim. Additionally, not all victim survivors will meet the eligibility criteria for such schemes, including recency of victimisation, reporting to police (which may not be required, but is often encouraged by these schemes), and/or felt safety with government institutions.

The Action Plan should work collaboratively across governments to close these gaps to affordable, timely access to trauma-specialist recovery and healing support for family and/or sexual violence. Addressing these barriers may include:

- **increased and targeted funding** for free government-funded specialist family and sexual violence trauma counselling to reduce waitlists, fund repeated support periods, and stop the 'postcode lottery';
- **increasing the Medicate rebate** for psychiatry, psychology and/or counselling under the Mental Health Plan scheme;
- **improving access to trauma-specialist practitioners,** such as by including registered social workers and registered counsellors with a relevant accredited trauma specialisation (not only a Mental Health specialisation) in the Medicare rebate scheme;
- **Improve timely processing of Victims of Crime compensation scheme applications.**

Recognise and fund multidimensional pathways to recovery.

My own research with survivors has found that there are many pathways to recovery that can include, but are not limited to, individual counselling (Powell, forthcoming 2026). The Action Plan should support a diverse recovery ecosystem that includes a broader range of therapeutic supports such as:

- specialist family and sexual violence counselling;
- survivor peer-support;
- survivor group recovery models;
- physical and somatic health care;
- trauma-informed movement, exercise, yoga and body-based programs;
- creative and narrative programs involving art, writing, music or dance;
- relational, family and parenting support;
- culturally tailored, spiritual and community-led healing.

These should be recognised as legitimate components of recovery rather than optional additions to psychological and/or counselling-based treatments. Survivors should be able to choose and combine pathways according to their priorities, values, cultural contexts and stage of recovery. For most survivors, such multidimensional pathways to recovery are often only subsidised if successfully applied for under a Victims of Crime financial support scheme, reducing their accessibility for other survivors, as well as delaying access to such supports for successful applicants.

Enable access to survivor peer-support and group recovery models.

In my own research, survivors of both family and sexual violence often spoke about the harms of social isolation and a lack of relational connections that understand their lived experience (Powell, forthcoming 2026). Individual and group based peer-support can play a vital role in reducing isolation, as well as other impacts of trauma (which often include shame, and fear of relational connections), while promoting shared experiences of healing. There are many such models for both individual peer-support, survivor-advocacy, and survivor groups (see Lamb et al., 2020), but currently in Australia, specialist family and sexual violence counselling services lack the government-funding to offer therapeutic survivor groups consistently; individual peer or 'lived experience' worker roles remain rare; and many survivor-led support groups and networks in the community run largely on volunteer labour.

The Action Plan should enable wider access to both individual survivor peer-support, and survivor-group recovery models, while promoting quality of trauma-informed care. This may include actions such as:

- **expand individual peer or 'lived experience' worker roles**, while providing adequate workplace support, as well as training and professional progression opportunities;
- **expand recognised survivor-advocate programs**, that offer training and support to survivors who want to contribute to public or individual advocacy;
- **provide regular funding for survivor group-based counselling** and support facilitated by specialist family and sexual assault trauma practitioners;
- **develop a free training module to equip survivor-led network and group facilitators** to run community group networks and programs, within shared standards of trauma-informed and safe practice.

Fund integrated pathways while preserving specialist expertise.
The Action Plan should fund coordinated and, where appropriate, co-located pathways between specialist family violence and sexual assault services. These pathways should include warm referrals, supported handovers, continuity of case management, shared practice protocols and cross-sector professional development, reducing the need for survivors to repeatedly retell their experiences (Hamilton et al., 2023; Ridgway et al., 2024). Integration should not mean collapsing specialist sexual assault services into broader family violence systems or vice versa. Immediate risk and safety casework and longer-term therapeutic responses to sexual harm are distinct but intersecting specialist capabilities. Both require adequate funding, appropriate caseloads and sufficient service periods (Hamilton et al., 2023; Ridgway et al., 2024).

Ensure consistent and more extensive legal protection of counselling records in all jurisdictions.
As much research and recent campaigns by survivor-advocates have identified, despite current professional ethical protections and privacy laws, family and sexual violence counselling notes remain subject to legal subpoena in many criminal, civil, and family proceedings (Dodds et al., 2025; Funnell, 2026; Gilbert, 2025). Additionally, while some counselling services have the resources to challenge such requests, many do not; meaning that victim survivors across Australia arguably have unequal effective protections of their most private and sensitive information.

Embed survivor agency and choice in all recovery services.
The provision of recovery service systems should be designed collaboratively with survivors rather than imposing standardised recovery pathways. Survivors are the primary experts in their own lives. Trauma-informed practice should offer multiple options and pathways for survivors, with flexibility to change direction and re-engage over time, as needs and circumstances evolve (Powell, forthcoming 2026).

Systems Abuse

Enhance attention to preventing and addressing institutional and systems abuse.
Much research has identified the persistent problems of institutional and systems abuse, whereby a perpetrator uses institutions, legal processes, services, or bureaucratic systems to continue their control, harassment, and/or intimidation of the victim survivor (Powell, forthcoming 2026).

The Action Plan should prioritise measures to prevent perpetrators from using family law, protection orders, child protection and other legal or administrative systems to continue coercion, harassment and abuse after separation. Police, courts and institutional processes have clear responsibilities here. Institutional procedures and requirements should be assessed for their potential to reproduce surveillance, powerlessness, financial depletion and repeated re-traumatisation. The Action Plan could consider the need for national minimum standards for identifying cumulative coercive control through systems abuse; trauma-aware and culturally safe police and judicial practice; consistent recognition of non-physical protection-order breaches; and independent monitoring of police and court implementation of measures to address and prevent systems abuse.

Technology-Facilitated Abuse

Recognise technology-facilitated and post-separation abuse as continuing violence.
Risk assessment, safety planning, counselling and legal responses should treat repeated digital messages, surveillance, location tracking, unauthorised account access, image-based sexual abuse, online impersonation and technology-enabled stalking as serious in and of themselves, and as components of broader patterns of coercive control. When in the context of domestic, family and/or intimate partner violence, these behaviours should not be assessed only as isolated incidents, or minimised as 'low-level communications' rather than tactics of abuse (Flynn et al., 2024; Powell, 2023; Powell & Flynn, 2023; Powell & Stockley, 2026).

Enable enhanced digital safety and empowerment in family violence crisis contexts.
The Action Plan should fund technology-safety assessment and assistance as a core function of specialist family violence crisis and post-crisis services. Digital safety work may include securing devices and accounts, disabling unsafe location sharing, identifying malicious software or tracking devices, establishing safe banking and government-service accounts, and removing perpetrators' access to shared systems. This work frequently unfolds iteratively over days or weeks and should not be reduced to advising survivors to switch off their devices or manage complex risks alone (Powell & Stockley, 2026).

Sustainable partnerships between family violence services and specialist technology-safety providers should be funded, together with follow-up digital literacy and confidence-building support after service exit (Powell & Stockley, 2026). The objective should not only be to remove immediate digital risks, but to restore survivors' autonomy and capacity to participate safely in digital life moving forward. This might involve extending funding for specialist organisations such as WESNET's Safety Net Program (WESNET, 2026) to expand currently technology safety offerings to family violence services and provide further training and support for survivors in building safe, digital lives (Flynn et al., 2024).

Address emerging 'AI' and online trends in technology-facilitated abuse.
Artificial intelligence (AI), generative technologies and online communities are rapidly expanding the reach, scale and forms of technology-facilitated abuse through the use of ***digitally-manipulated an/or fabricated sexualised content***. The Action Plan should consider the need for a legislative review into Australia's readiness to address emerging trends in technology-facilitated abuse including: sexualised 'deepfake' abuse (involved digitally altered or fabricated nude or intimate imagery without consent), fabricated sexual messages and screenshots, online impersonation, AI agent-enabled harassment, and coordinated or third-party stalking and abuse (Flynn et al., 2026; Flynn et al., 2025; Flynn et al., 2022; Powell, 2023; Powell, 2022). While some existing legislation offers protections against some aspects of these harms, there are currently gaps in some Commonwealth, State and Territory legislation covering: creation of digitally altered and/or fabricated sexual content (whether still image, video, audio and/or text-based); threats to show or distribute such content; actual showing and/or distribution of such content; and the facilitation of harassment, stalking or abuse of a person via creation and/or deployment of AI-agents or solicitation of third-parties via online platforms or other means.

Rather than creating unnecessary legislative burden through specific provisions for each such form of abuse, policy and legal reform should consider ***how existing image-based abuse, stalking and cybercrime laws might be updated*** to include digitally manipulated, fabricated and/or AI-facilitated tactics of abuse. In further addressing this emerging trend, the Action Plan should consider:

- **adequate resourcing for the Office of the eSafety Commissioner** to strengthening platform accountability, content-removal and redress pathways;
- **enhanced advertising regulation enforcement** to more proactively prevent digital applications and platforms from promoting the use of digital tools for unlawful abuse;
- **legislative guidance** and training for police, legal practitioners, and judicial officers to support legal protections for victim survivors under existing criminal and civil (intervention/protection order schemes) law;
- **school-based prevention education measures** addressing the accessibility and advertising of tools designed or readily misused to create abusive sexualised content;
- **community-based education measures** to improve knowledge and skills to identify and access support in response to technology-facilitated abuse, including resources and information focused on parents, educators, and general community.

Priority Area 2: Prevention and early intervention

Continue to address the intersecting structural conditions that set the foundations for violence.
Prevention must address the underlying drivers of violence in our community, including gender inequality alongside racism, colonialism, ableism, heteronormativity, economic inequality and other structures that shape exposure to violence and access to safety. Prevention involves *more than* intervening directly with individuals to address knowledge, attitudes, and behaviours. While individual-level interventions are important, these will be less effective if the community, institutional and structural conditions that set the foundations for violence remain unaddressed (Our Watch, 2021).

Strengthen and scale-up prevention interventions with individuals and organisations.
Prevention investment should facilitate the scaling-up of prevention interventions across multiple settings to strengthen reach across the broad Australian community, including via: schools, tertiary education, workplaces, sporting organisations, community settings and digital platforms, and should address organisational cultures, policies and institutional practices alongside individual knowledge, attitudes and behaviours (Our Watch, 2021).

In schools in particular, the Action Plan should continue to support and expand comprehensive, whole-of-school relationships and sexuality education from the early years onwards (Vrankovich et al., 2025; Vrankovich et al., 2024). Education should be developmentally sequenced, inclusive and skills-based, addressing consent, communication, sexual agency, pleasure, intimacy, ethics, safety, gendered power, pornography and digital literacy. Teachers require appropriate training and resources; specialist providers should contribute substantive expertise; and young people should participate in program design and evaluation (Vrankovich et al., 2025; Vrankovich et al., 2024). Funding arrangements should support sustained delivery rather than short, precariously funded interventions. Implementation strategies must also address conservative gatekeeping, limited teaching time and inconsistent access between schools and communities (Vrankovich et al., 2025; Vrankovich et al., 2024).

Workplaces too, remain critical settings for primary prevention; not only for directly preventing workplace sexual harassment, but as a key site for reaching the community to address the drivers of gendered violence more broadly. The implementation of the Respect@Work reforms and the positive duty on employers provides a strong foundation for this work, but continued investment is needed to translate these legal obligations into sustained organisational and cultural change. My recent collaborative research on workplace technology-facilitated sexual harassment found that sexual harassment is strongly associated with workplace cultures that minimise or tolerate harmful behaviours, as well as sexist attitudes and harassment myths in which the harms of sexual harassment are minimised, victims disbelieved, and perpetrators excused (Flynn et al., 2024a). Effective prevention therefore requires more than complaint-handling processes after harm has occurred. It should include evidence-based leadership development, organisation-wide training, clear behavioural standards, accountability for people who engage in harassment, and initiatives that actively promote gender equality and respectful workplace cultures. The Action Plan should proactively support more employers across all sectors, particularly small and medium organisations, to implement these evidence-based prevention approaches and strengthen the capacity of workplaces to identify, prevent and respond to both in-person and technology-facilitated sexual harassment. Strengthening workplaces as sites of prevention not only reduces sexual harassment, but also contributes to broader efforts to challenge gender inequality, shift organisational norms, and prevent violence against women before it occurs.

Digital platforms and online spaces should also be recognised as critical settings for primary prevention and early intervention.
Increasingly, social media platforms, messaging applications, gaming environments and emerging AI technologies shape social norms, relationships and opportunities for abuse. Prevention efforts should therefore extend beyond digital literacy campaigns to include a comprehensive approach to safer digital environments. This includes strengthening the accountability of technology companies to implement safety-by-design principles (such as through supporting and extending the work of the eSafety Commissioner, and newly proposed *Duty of Digital Care*), improving detection and disruption of technology-facilitated abuse, limiting the amplification of misogynistic and violent content, and embedding protections against emerging forms of abuse, including AI-enabled image-based abuse and sexual deepfakes (Wijenayake et al., 2026a,b). At the same time, investment is needed in evidence-based

programs that promote respectful online behaviours, challenge harmful gender norms in digital communities, and equip children, young people and adults to recognise and respond to technology-facilitated coercive control and abuse. Preventing violence against women and children increasingly requires preventing harm in the digital environments where people live, learn, work and form relationships.

Create 'disclosure-ready' communities.
It is well established that first responses to a disclosure of victimisation can either help to ameliorate, or seriously compound, experiences of trauma. The quality of the first response in turn, can influence whether a survivor seeks further assistance or returns to silence (Powell, forthcoming 2026). Disclosures of violent victimisation are often first made to trusted family members, friends, and/or colleagues, as well as healthcare professionals (Australian Bureau of Statistics, 2023).

The Action Plan should extend funding to specialist family and sexual violence services to provide accessible education and skills for friends, families, colleagues and other informal supporters. This education and training could empower individuals, organisations and communities to:

- believe and validate disclosures;
- avoid interrogation and victim-blaming;
- place responsibility with the person who used violence;
- listen without taking control;
- offer practical assistance and support options;
- respect privacy and survivor choice; and
- seek their own support without making the survivor responsible for their distress.

Embed safe and remunerated survivor participation in prevention.
Survivor-expertise should be consulted in designing, delivering and evaluating prevention initiatives. Participation of survivor-experts must be voluntary, properly paid and supported, with safeguards against re-traumatisation or expectations that survivors repeatedly disclose personal trauma to establish expertise. Consulting with survivor wisdom in prevention can inform how prevention messages are framed, and whether initiatives reflect the lived realities of coercion, resistance, disclosure and recovery (Powell, forthcoming 2026).

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

Prioritise free, age-appropriate recovery support.
Children and young people should have timely access to free and developmentally appropriate trauma support, independent of whether their protective parent is currently receiving a specialist service (Powell, forthcoming 2026). This could include:

- child-centred counselling;
- play, art and body-based approaches;
- age-appropriate trauma processing;
- peer-support options;
- support within schools and early childhood services; and
- relationship-based work with a safe parent or caregiver.

Support should be available over time and re-accessible as children reach new developmental stages and understand their experiences differently. The Action Plan should additionally ensure adequate funding for dyadic and family-based approaches that strengthen safety, attachment, emotional attunement and repair between children and protective caregivers. Protective caregivers also require their own therapeutic, financial, housing and practical support. Expecting a traumatised and economically depleted parent to carry responsibility for children's recovery without sustained assistance is neither equitable nor effective.

Support digital safety for children and young people experiencing family violence.
In addition to being victim survivors of family and/or sexual violence in their own right, children and young people are often facing multiple threats to their digital safety. Children and young people's digital and

online safety is not restricted to abuse and grooming behaviours by adult strangers online, or by organised crime networks.

In domestic and family violence crisis contexts in particular, perpetrators can target children's devices, accounts and connected technologies to enable monitoring, locating or contacting family members, while children and teenagers may also require support to understand and manage their own digital risks (Powell & Stockley, 2026). The Action Plan should support children and young people in family violence crisis contexts, to receive developmentally appropriate, in-person support to establish their safe digital lives following family violence and other abuse. This should include identifying unsafe access to devices and accounts, location sharing, tracking technologies and contact pathways; establishing safe accounts and devices; and developing skills for safer use of devices, social media, gaming and communication platforms. Depending on age and individualised needs, such digital safety support may be provided alongside the protective parent or caregiver, or as a tailored program for older teens and young people. Relative to developmental stage and age, the objective should be empowering children and young people towards safe digital participation and restored confidence, rather than simplistic technological exclusion.

Embed trauma-informed perinatal care.
Pregnancy, childbirth and early parenting are significant opportunities for both early intervention with new parents, as well as recovery and healing for survivor-parents (Powell, forthcoming 2026). Trauma-informed perinatal and/or early parenting services should:

- conduct sensitive screening in private;
- explain examinations and seek ongoing consent;
- provide meaningful choice and control;
- avoid assuming that non-disclosure means no trauma history;
- ensure continuity of care where possible; and
- establish referral pathways to specialist sexual assault and family violence support.

Trauma-informed perinatal care can prevent medical practices from reproducing experiences of powerlessness and can support safer beginnings for both parents and children (Powell, forthcoming 2026).

Priority Area 4: People who use violence

Maintain clear perpetrator responsibility and accountability.
Policy and practice should consistently locate responsibility for violence with the person choosing to use it. Experiences of childhood trauma, mental ill-health, substance use or social disadvantage may be relevant to understanding intervention needs, but should never function as excuses or shift responsibility to victims, partners or children.

Expand access to specialist trauma recovery at the intersection of accountability.
Not all, but a substantial number of perpetrators also have prior experiences of trauma, violence and/or abuse. Community-based counselling and therapeutic services are rarely trained and specialised in providing counselling at this intersection of recognising and healing from past experiences of harm, while also taking accountability not to use harm in the future. Expanding funding for provision of these specialist recovery services in the community should be a priority for breaking the cycle of violence, and will also require specific workforce development (see further below).

Intervene during pregnancy, transition to fatherhood and early parenting.
Pregnancy and early parenthood should be treated as critical intervention windows. The Action Plan should expand parenting-focused interventions and prevention for fathers and other parents who use violence, or are at risk of using violence, including approaches such as *Caring Dads* (Diemer et al., 2020), *Fathers for Change* (Stover et al., 2022) and *Baby Makes Three* (Coady et al., 2017; Pfitzner et al., 2020).

Such programs should centre:

- children's and partners' safety;
- responsibility for the impacts of violence;
- respectful and equitable co-parenting;

- emotional regulation;
- non-controlling caregiving;
- repair of harm where safe and appropriate; and
- rejection of gendered entitlement and ownership.

Priority Area 5: System Integration and Workforce

Enhance family violence workforce capacity to respond to technology-facilitated abuse.
Currently, there remains inconsistencies in recognition and response to technology-facilitated abuse among service providers and institutional responses (Flynn et al., 2021; Powell & Stockley, 2026). Yet, technology-facilitated abuse should not be minimised as without risk, but rather recognised as a core contemporary tactic of coercive control that is often linked to co-occurring forms of violence including physical violence, when used in family violence contexts (Powell & Flynn, 2023).

The Action Plan should recognise and sustainably fund the specialist national capability developed by WESNET and other technology-safety providers, while ensuring that knowledge is not confined to a small number of specialists, volunteers or individual "technology champions" within services. A national workforce strategy should establish minimum technology-facilitated abuse competencies for family violence practitioners, supported by induction training, annual refresher training, risk-assessment prompts, practice guidance and access to advanced technical consultation. Services, including those in rural and remote communities, should have access to appropriately trained and accredited technology-safety specialists for complex matters involving malicious software, hidden devices, account security or evidentiary issues. Training in recognising and responding to technology-facilitated abuse should also extend to police, courts, legal services, health and mental health practitioners, schools, child protection and maternal and child health services.

Properly recognise and resource the specialist and lived-experience workforce.
The Action Plan should provide sustainable, long-term funding rather than relying on short pilots, insecure contracts or unpaid survivor labour. Workforce strategies should include manageable caseloads, reflective supervision, access to specialist consultation and organisational measures addressing vicarious trauma and burnout. Lived-experience practitioners and survivor advisers should be paid for their expertise and provided with genuine authority, role clarity, privacy, support and the option not to disclose personal details. Survivor knowledge should not be treated as an endlessly available institutional resource.

Protect pay and work conditions of specialist trauma workforces.
Australia's specialist family and sexual violence workforce undertakes highly skilled, emotionally demanding and safety-critical work. The Action Plan should support workforce conditions towards secure employment, competitive remuneration, manageable caseloads, paid professional development and study leave, protected reflective supervision, access to specialist consultation, and organisational strategies to prevent and respond to vicarious trauma and burnout (Flynn et al., 2024; Hamilton et al., 2023; Powell et al., 2024). Workforce wellbeing should be treated as a service-quality and survivor-safety responsibility, rather than an individual obligation to practise greater 'self-care'. Government funding agreements should meet the actual cost of safe and sustainable employment conditions, and reduce reliance on short-term contracts, chronic understaffing and workers routinely performing beyond their specialist role or capacity.

Conclusion

The next Action Plan should recognise that ending violence and addressing its aftermath are not separate projects. Effective recovery can interrupt intergenerational harm, strengthen children and protective parents, increase community capacity to reject violence and reveal where institutions continue to enable abuse. Likewise, prevention requires not only changing individual attitudes, but reforming the material, normative, and institutional conditions that simultaneously drive violence, and constrain safety and recovery.

Responsibility for healing cannot rest solely with individual survivors. Governments and institutions must create the conditions in which recovery is possible: sustained safety, stable housing and income, accessible care, supportive relationships, cultural connection, perpetrator accountability and freedom from institutional harm. Supporting recovery and creating conditions in which survivors can not only survive, *but thrive,* remains unfinished business for Australian communities, institutions, and society; and it is well beyond time that we take it seriously.

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Feedback for Priority Area 1: Victim-survivors

Families experiencing high-conflict separation represent a significant and under-resourced cohort within the family safety system. While the majority of family law matters resolve without ongoing court involvement, a persistent minority of separated parents remain in entrenched conflict for years, repeatedly returning to court and exposing children to sustained interparental hostility. The evidence is clear that this ongoing conflict is itself a form of harm to children, and in many cases it also functions as a continuing vector for coercive and controlling behaviour between former partners, expressed through parenting disputes, non-compliance with orders, and repeat litigation.

A service gap in the post-order, high-conflict (not high-danger) space

Current system responses are heavily weighted toward either front-end family dispute resolution (before orders are made) or crisis-driven legal enforcement (after orders are breached). There is a significant gap in structured, post-order support for families who continue to experience high conflict but do not present with acute safety risk. Based on my research into parenting coordination practice across seven countries, jurisdictions including the USA, Canada, and more recently Israel and South Africa have developed parenting coordination (PC) as a distinct, non-legal, dispute-resolution service to fill exactly this gap — helping high-conflict (but appropriately screened) separated parents implement parenting orders, reduce day-to-day conflict, and avoid repeat litigation, without displacing the court's role in matters involving genuine safety risk.

I would encourage the Second Action Plan to consider parenting coordination as one option worth investing in and properly regulating in Australia, for the following reasons:

1. International evidence shows measurable reductions in harmful parental conduct — with appropriate screening

Israel's formative evaluation of its parental coordination pilot program (Sharvit, Kapranov & Sorek, 2020, Myers-JDC-Brookdale Institute) is directly relevant here. The evaluation found that among high-conflict families who participated in coordination, there was a measurable decrease in harmful and violent behaviours towards each other and towards children, alongside improved communication and a significant reduction in applications to court. Importantly, this outcome was achieved within a program that

explicitly screened for and excluded the most severe conflict and family violence presentations — the evidence showed that outcomes worsened as conflict severity increased, reinforcing that PC is a tool for a specific band of conflict, not a substitute for family violence intervention.

This distinction matters for policy design. Parenting coordination is not proposed as a response to coercive control or acute risk — those matters properly belong within specialist family violence and justice responses. Its value lies in a different but related problem: the sustained, lower-grade (but still harmful) conflict that consumes court resources, exposes children to ongoing distress, and can itself be a continuing mechanism of post-separation control when left unaddressed.

2. Australia currently has no standards, regulation, or legislative framework for this service

My Churchill Fellowship research (2020 Churchill Fellow, To Investigate Best Practice in Parenting Coordination as a Dispute Resolution Tool after Divorce/Separation) found that while parenting coordination is gaining traction among Australian family law professionals and judges, it remains entirely unregulated. There are no Australian Standards of Practice, no mandated training or qualification requirements, and no consistent screening protocols for family violence or power imbalance before a PC is appointed. This is a significant gap given that jurisdictions with mature PC practice (the AFCC Guidelines internationally, and legislated models in Colorado, British Columbia, and Saskatchewan) treat rigorous, mandatory screening for domestic violence and coercive control as foundational — not optional — before any coordination process begins.

Without nationally consistent standards, there is a real risk of the service being used inappropriately: applied to matters involving genuine safety risk where it is contraindicated, or delivered by practitioners without the specialised training to recognise coercive control patterns. I would recommend the Second Action Plan support:

development of national Standards of Practice for parenting coordination, including mandatory, validated family violence and power-imbalance screening prior to and throughout any engagement;

mandatory training requirements for practitioners covering family violence dynamics, coercive control, and trauma-informed practice, not just conflict management skills;

clear exclusion criteria written into any national framework, consistent with international guidance (e.g. Fidler's AFCC-endorsed contraindications), so PC is never used as a substitute for appropriate family violence response; and

consideration of legislative backing, similar to models in Colorado and British Columbia, so parenting coordinators operate with clear authority, accountability, and court oversight rather than as an unregulated private arrangement.

3. Earlier, structured post-order support could reduce the number of families cycling through repeat litigation and crisis-point intervention

Access to a properly regulated, safety-screened parenting coordination service could help intervene earlier in the escalation cycle — before unresolved day-to-day conflict hardens into repeat contravention applications, further litigation, and heightened risk. Evidence from the Relationships Australia Western Australia pilot (referenced in my Fellowship report) showed a reduction in court applications and more timely resolution of disputes for families engaged in a properly run PC program. This kind of structured, monitored support is a promising complement — not an alternative — to existing family violence and family law responses, and could ease pressure on an overburdened court system while keeping children shielded from ongoing conflict.

In summary, I'd encourage the Second Action Plan to recognise parenting coordination as a legitimate but currently unregulated part of the service landscape for high-conflict (not high-danger) separated families, and to prioritise the development of national standards, training, screening protocols, and consideration of legislative backing to ensure it is delivered safely and does not become a vehicle for continued control where genuine family violence is present.

Feedback for Priority Area 2: Prevention and early intervention

Early intervention in the post-separation period is a critical, under-recognised window

Much of the prevention and early intervention conversation understandably focuses on primary prevention — shifting attitudes and behaviours before harm occurs. But separation and divorce represent a distinct and high-risk transition point that deserves

specific attention within this priority area. Research consistently shows that separation is one of the periods of greatest risk for escalation of violence and controlling behaviour, and that unresolved interparental conflict in the post-separation period can itself become an ongoing mechanism through which control and harm continue, particularly where children are used as a means of maintaining contact, leverage, or distress.

Early, structured intervention at this transition point — before conflict entrenches into years of repeat litigation — is one of the most promising and currently under-resourced opportunities in the system.

What the evidence shows works

My Churchill Fellowship research into parenting coordination practice across seven countries, together with Israel's formative evaluation of its parental coordination pilot (Sharvit, Kapranov & Sorek, 2020), points to several early intervention approaches worth strengthening or expanding in Australia:

1. Structured, skills-based coparenting support delivered early and consistently

The Israeli pilot found that families who engaged in coordination without delays or postponements, and who completed a sufficient course of sessions (around 15), had significantly better outcomes than those whose engagement was disrupted or cut short. This points to a broader early-intervention principle: brief, sporadic, or crisis-driven contact with support services is far less effective than sustained, structured engagement offered early and consistently. Currently in Australia, post-separation support is heavily weighted toward one-off mediation before orders are made, with very little structured follow-up support once orders are in place — precisely the period when conflict often re-emerges or escalates.

2. Parent education and communication-skills coaching as a genuine protective factor

Across the jurisdictions I researched, parenting coordination programs consistently identified parent education — teaching separated parents how conflict affects children, and building basic skills in respectful, child-focused communication — as one of the most effective components of early intervention, often more effective than formal decision-making authority itself. Divorce coaching (working with one parent individually to build conflict-de-escalation and communication skills) was similarly identified as a

valuable, lower-intensity early intervention that can be delivered before conflict escalates to the point of requiring formal coordination or court involvement. Expanding access to affordable, early parent education and coaching — not just mediation — could meaningfully reduce the number of families who go on to experience entrenched, high-conflict separation.

3. Trauma-informed practice as a foundational early-intervention principle

Across every system I examined, embedding trauma-informed understanding into how professionals engage with separating parents — recognising that many arrive exhausted, hypervigilant, or reactive after prolonged conflict or litigation — made a measurable difference to engagement and outcomes. This principle applies well beyond parenting coordination: it is directly relevant to how family law professionals, court staff, mediators, and even local government and community-facing services interact with people in the early stages of separation, and could be more consistently embedded across the system rather than treated as a specialist add-on.

4. Screening as an early-intervention safeguard, not just a risk-management tool

Robust, mandatory screening for family violence and power imbalance — done well before any coparenting intervention begins, and repeated throughout — was identified across every jurisdiction I researched as essential to both safety and effectiveness. Done properly, screening is itself an early intervention mechanism: it is often the first structured opportunity for a professional to identify coercive control that may not yet have been named or disclosed, and to redirect that family toward an appropriately specialised response rather than a generic coparenting service. Strengthening screening standards and training across all post-separation services — not only specialist family violence services — would help ensure earlier identification of risk.

Emerging issue: the absence of a regulated ""middle tier"" of post-separation support

At present, Australia's post-separation system offers primary dispute resolution (mediation) before orders are made, and then very little structured support until conflict has escalated enough to warrant a return to court. This creates a gap where early-stage, escalating conflict has few appropriately scaled, evidence-based interventions available to it. Establishing a properly regulated, nationally consistent parenting coordination sector — with mandatory training, screening, and standards of practice — would help fill this gap as a genuine early-intervention tool, catching families before

conflict entrenches, without displacing specialist family violence responses for those who need them

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

Grounding this response in the ACEs evidence base

The Adverse Childhood Experiences (ACEs) research (Felitti et al., 1998, and the substantial body of replication and extension studies since) provides one of the strongest evidence bases available for why the Second Action Plan must treat children and young people as victim-survivors in their own right, not as bystanders to adult violence. Exposure to interparental violence and high, chronic conflict is itself a recognised ACE, and the research is unambiguous that the cumulative exposure to multiple adversities — rather than any single incident — is what predicts long-term harm to physical health, mental health, and social functioning across the lifespan. This has two direct implications for the Second Action Plan.

First, it reframes ""ongoing high-conflict separation"" as a genuine adversity in its own right, not merely an unfortunate byproduct of family breakdown. My Churchill Fellowship research into parenting coordination internationally found consistent evidence, echoed in Garrity and Baris's foundational work on high-conflict divorce, that it is not custody arrangements or parenting time that most affects children's development, but rather the parents' ability to minimise ongoing conflict. Children exposed to chronic, unresolved parental conflict experience it as a direct threat to their sense of safety, and are placed in the impossible position of feeling they must choose a side or absorb the role of peacemaker.

Second, it means that reducing a child's cumulative ACE exposure — including the compounding harm of prolonged litigation, repeat court involvement, and unresolved coparenting conflict — is itself a legitimate and measurable child safety outcome, distinct from (but connected to) responding to any single violent incident.

What this means for service design: trauma-responsive, not just trauma-aware

There is an important distinction between services that are trauma-aware (understanding that trauma exists and may be present) and those that are genuinely

trauma-responsive (actively structuring practice, environments, and professional conduct to avoid re-traumatisation and to support recovery). This distinction is central to my current postgraduate research and is, in my view, an area the Second Action Plan should invest in more deliberately. A trauma-responsive approach for children affected by family violence and high-conflict separation would:

shift the operating question from ""what's wrong with this child/family?"" to ""what happened to this child/family?"";

recognise that new processes, professionals, and environments (courts, interviews, coordination sessions) can themselves feel unsafe to a child who has already experienced instability, and design accordingly;

build safety, choice, collaboration, and trustworthiness into every point of contact, not just specialist therapeutic services; and

extend this lens to the professionals and systems around the child — including court staff, family report writers, and coordinators — who are also absorbing high-conflict, high-distress interactions and need trauma-responsive support themselves to sustain quality practice.

Including the voice of the child — a significant, evidenced gap

A consistent finding across my international research was that children are frequently excluded from processes that materially affect their lives post-separation, despite near-universal guidance (and Australia's obligations under the UN Convention on the Rights of the Child) that children have a right to express views on matters affecting them. Research I reviewed from South Africa found that only about half of parenting coordinators with a social work background regularly consulted children directly, and this dropped substantially among coordinators from psychology and legal backgrounds — meaning a child's actual views were, in many cases, being filtered entirely through the reporting of their parents.

This is a genuine and addressable gap. Where children's voices were meaningfully included in coordination processes — for example, through a child specialist or therapist who could relay the child's perspective without placing the child in the middle of the parental conflict — jurisdictions reported better-targeted and more durable outcomes. I would encourage the Second Action Plan to:

mandate structured, age-appropriate mechanisms for children's voices to be heard across all post-separation and family violence response processes, not only formal court proceedings;

require that this be done through appropriately trained child specialists, so the child is never placed in a position of reporting on or against a parent directly; and

ensure children are meaningfully involved in shaping the policies and services themselves — through youth advisory mechanisms, co-design processes, and routine, structured feedback loops — rather than only being consulted about their individual case.

A note on children using violence or displaying harmful behaviours

While this sits somewhat outside my direct area of expertise, the ACEs research is again instructive: children who use violence or display harmful sexual behaviours very frequently have their own significant, often unaddressed adversity histories. A trauma-responsive lens — accountability paired with understanding of what happened to the child, rather than punitive responses alone — is consistent with best-practice approaches internationally and should underpin whatever therapeutic and behavioural response models the Second Action Plan develops in this space.

Feedback for Priority Area 4: People who use violence

Trauma-informed does not mean excusing — it means intervening earlier and more effectively

A trauma-informed lens on people who use violence is sometimes met with understandable caution, given the risk that it could be read as minimising accountability or centring the perpetrator's experience over the victim-survivor's safety. That is not the argument I am making here. Accountability and safety must remain the non-negotiable centre of any response. But the evidence base on trauma and violence — including the ACEs research and models such as NHS Scotland's Trauma Informed Justice Knowledge and Skills Framework (National Trauma Transformation Programme, NHS Education for Scotland) — points to a genuine opportunity: many people who go on to use violence have their own significant, often unaddressed histories of childhood adversity, victimisation, or trauma exposure. Recognising this is not about excusing

behaviour; it is about identifying the earliest, most effective points of intervention, and about designing responses — including accountability-based ones — that are more likely to actually change behaviour rather than simply confirm a person's existing narrative of being unfairly treated by ""the system.""

Why this matters for effectiveness, not just compassion

The NHS Scotland framework was developed specifically because victims and witnesses were experiencing the justice system itself as re-traumatising, undermining both their capacity to participate and their recovery. The same principle has a parallel application to people who use violence: purely punitive or purely procedural responses, delivered without any understanding of the person's own regulation capacity, history, or triggers, often produce compliance-to-rebellion dynamics rather than genuine behaviour change. This is a pattern I've observed directly in the family law and coparenting space — where a parent's entrenched, sometimes controlling behaviour is frequently rooted in unprocessed grief, shame, fear of loss, or their own earlier trauma, and where interventions that only instruct or reprimand (""you must communicate better,"" ""stop doing that"") tend to produce far less durable change than those that build genuine insight and skill.

What this means for service design

Trauma-informed training as standard, not specialist, practice — Following the NHS Scotland model, Australia would benefit from a comparable knowledge and skills framework for the family violence and justice workforce broadly (police, court staff, men's behaviour change program facilitators, family law professionals) — one that builds shared understanding of how trauma shapes both victim-survivors' and perpetrators' presentation and engagement, while keeping accountability and victim safety as the explicit organising principle throughout.

Earlier identification and intervention points — Recognising the intergenerational and cyclical nature of trauma and violence exposure means the earliest opportunities for intervention often sit well before an adult behaviour-change program — in child and adolescent mental health services, school-based responses to children exhibiting harmful behaviours, and family services engaging with high-conflict separating families. Strengthening trauma-informed screening and response at these earlier points could reduce the pipeline of people who go on to use violence in adult relationships.

Coaching and skills-based approaches alongside accountability programs — In my work observing coparenting and conflict-management interventions internationally, coaching-based approaches that build genuine self-awareness and new behavioural skills consistently outperformed purely directive or educational approaches in producing lasting change. A coach-style approach — helping a person identify their own triggers, the cost of their behaviour to their relationships and children, and concrete alternative responses — is not a replacement for structured behaviour-change programs, but the underlying principle (genuine insight drives more durable change than instruction alone) is directly transferable and worth building more explicitly into program design.

Workforce vicarious trauma and burnout — The professionals delivering these responses — behaviour change facilitators, family violence practitioners, family law professionals working with high-conflict families — are themselves regularly exposed to high-distress, high-conflict material. The NHS Scotland framework explicitly names reducing vicarious traumatisation for staff as a core aim. Sustaining a skilled, high-quality workforce in this space requires equivalent investment in supervision, caseload management, and burnout prevention here in Australia.

Culturally safe delivery — Trauma-informed frameworks must be adapted, not simply imported. Effective responses for Aboriginal and Torres Strait Islander communities, migrant and refugee communities, and other diverse cohorts require culturally specific understandings of trauma, healing, and accountability, developed in partnership with those communities rather than applied as a generic model.

Emerging opportunity for the Second Action Plan

I would encourage the Second Action Plan to consider commissioning or adapting a trauma-informed knowledge and skills framework for the Australian family violence and family law workforce, modelled on the structure of the NHS Scotland approach — one that is explicit that trauma-informed practice sits alongside, and never in place of, robust accountability mechanisms and unwavering primacy of victim-survivor safety.

Feedback for Priority Area 5: System Integration and Workforce

Parenting coordination as a case study in the cost of poor system integration

My work researching and advocating for parenting coordination in Australia offers a concrete, current example of the exact system integration and workforce challenges

this priority area is seeking to address. Parenting coordination sits at the intersection of the family law system, family violence response, and mental health/coparenting support — and precisely because it falls between these systems rather than squarely within one, it has developed in Australia without national standards, coordinated oversight, consistent screening protocols, or a defined workforce pathway. The result is a service that is being adopted informally by family law professionals because the need is real and evident, while the infrastructure to ensure it is delivered safely and effectively lags well behind. This is not a problem unique to parenting coordination — it is illustrative of a broader pattern where responses developed to address complex, cross-system family harm fail to gain a clear ""home,"" clear standards, or a properly resourced workforce, precisely because they don't sit neatly within a single portfolio.

What would make the biggest difference: a single national practice and workforce standard-setting mechanism for cross-system family safety roles

Australia currently has separate, siloed accreditation and standards pathways for family dispute resolution practitioners, mediators (under the Mediator Standards Board/AMDRAS), family report writers, and family violence practitioners — but no clear home for hybrid or emerging roles that sit across family law, mental health, and family violence, such as parenting coordination, family violence-informed coparenting coaching, or trauma-responsive case coordination roles. I would recommend the Second Action Plan prioritise:

A cross-system standards and workforce body, or an expanded mandate for an existing body (such as the Mediator Standards Board under AMDRAS, which is already developing ""Specialist Practitioner"" accreditation categories), with explicit authority to set standards for emerging, cross-system family safety roles — rather than leaving each new practice area to develop informally, jurisdiction by jurisdiction, as parenting coordination has.

Mandatory, shared family violence and coercive control screening training as a baseline competency across all professionals working with separating and separated families — family lawyers, mediators, parenting coordinators, family report writers, court staff — not confined to specialist family violence services. Consistent screening literacy across the whole system is one of the most effective and achievable ways to improve early identification and appropriate referral, and it doesn't require inventing a new workforce, only upskilling the existing one.

Information sharing and case continuity

A recurring theme in my international research was the value of a single point of judicial or case oversight for a family moving through a coordinated response — rather than a family's history and risk profile needing to be re-established each time they move between services or re-enter the court system. Models I researched internationally (for example, Quebec's use of a single judge seized of a case throughout the parenting coordination process) demonstrated that continuity of oversight materially improved both safety and efficiency, because the professional overseeing the case had a fuller, more accurate picture of the family's dynamics over time rather than a series of disconnected snapshots. Within an Australian context, this points to the value of investing in genuine case-level information sharing between family law, family violence, and child protection systems — not just referral pathways, but shared visibility of risk and history — so that a family's story does not need to be reconstructed from scratch at every service transition point.

Workforce capability, sustainability, and burnout

Across every jurisdiction I researched, professionals working in high-conflict, high-distress family roles — parenting coordinators, family violence practitioners, mediators — consistently reported the work as demanding and prone to burnout, and consistently identified the following as protective factors worth building into workforce design:

structured peer consultation and supervision groups, not just initial training, delivered on an ongoing basis;

coaching-informed practice models, which several experienced practitioners identified as reducing their own emotional exhaustion by shifting responsibility for solutions back to the parents/clients rather than the practitioner carrying it alone; and

realistic caseload management that accounts for the intensity of this work, rather than treating it as equivalent to lower-conflict caseloads.

The Second Action Plan should treat workforce sustainability not as a secondary HR consideration but as a direct driver of system effectiveness — a burnt-out, under-supported workforce cannot deliver a trauma-informed, safety-focused response consistently, regardless of how well-designed the policy framework above it is.

Evidence gap worth prioritising

Australia lacks a comprehensive, government-commissioned evaluation of emerging cross-system family safety interventions — comparable to Israel's formative evaluation of its national parental coordination pilot (Sharvit, Kapranov & Sorek, 2020, Myers-JDC-Brookdale Institute), which tracked outcomes, dropout rates, predictors of success, and workforce experience over several years across multiple sites. Without equivalent Australian evidence, policy decisions about where to invest in new or emerging system roles are being made with limited local data. I would recommend the Second Action Plan commission a similar staged evaluation model — piloting emerging cross-system roles (including parenting coordination) through a small number of sites with built-in formative evaluation from the outset, rather than allowing practices to spread informally and only evaluating retrospectively once they are already widespread

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

1. Legislated national standards for parenting coordination

Building on the points raised across Priority Areas 1, 2, and 5, I would recommend the Second Action Plan explicitly commit to developing an Australian legislative and regulatory framework for parenting coordination, rather than leaving it to continue developing informally. Based on my research across seven countries, jurisdictions with legislated frameworks (Colorado, British Columbia, Saskatchewan) consistently produced more consistent, safer, and better-evidenced practice than those relying on informal agreement between parents and practitioners alone. Given family courts across Australia are already appointing parenting coordinators without a national standard to guide them, this is a discrete, achievable action with a clear evidence base and a defined pathway (a steering committee to adapt existing AFCC guidelines to the Australian legal context would be a realistic first step, not a multi-year undertaking).

2. Civility and conduct standards within institutions that intersect with family safety

My work in local government governance has shown me how much institutional culture affects the people who pass through it — including separating families whose primary

contact with ""the system"" is often a local council, a school, or a community service rather than a specialist family violence service. Councillors, local government staff, and community-facing public servants are frequently the first point of contact for community members in distress, yet very few receive any training in trauma-informed or de-escalation practice. I'd encourage the Second Action Plan to consider extending trauma-informed and family-violence-aware training beyond specialist and justice-system workforces into local government and universal community services, which are often the least-resourced but most frequently encountered parts of the system.

3. A national community of practice connecting family violence and family law professionals

Currently, professionals working in family violence response and those working in family law/coparenting dispute resolution operate largely in parallel systems, with limited structured opportunity to share practice knowledge, case learnings, or emerging risk patterns. A national community of practice — bringing together family violence practitioners, family lawyers, parenting coordinators, mediators, and family report writers — would help close the knowledge gap between these systems and support more consistent, cross-informed practice, particularly around recognising coercive control that may present differently in a family law context than in a crisis-response context.

4. Funding certainty for pilot and emerging-practice evaluation

As raised in Priority Area 5, well-designed pilots (such as Israel's parental coordination program and Relationships Australia WA's earlier parenting coordination pilot) generate genuinely useful evidence — but both were vulnerable to funding discontinuity, and the RAWA pilot ultimately ended when anticipated ongoing court funding did not eventuate, despite positive outcomes. I'd encourage the Second Action Plan to build funding continuity provisions into how it commissions future pilots in this space, so promising, evidence-generating programs aren't lost simply because a funding cycle ends before a proper evaluation can be completed.

5. Support for practitioner wellbeing as a system safeguard, not an afterthought

Raised throughout my submissions, but worth stating plainly as a standalone priority: the sustainability of the family violence and family law workforce is itself a determinant of victim-survivor and child safety outcomes. Burnt-out, under-supervised, or under-resourced practitioners are less able to identify risk, sustain trauma-informed practice, or avoid compassion fatigue. This deserves dedicated attention and funding in its own right within the Second Action Plan, not only as a component of individual service models.

Feedback for Priority Area 1: Victim-survivors

Every domestic or unexpected death involving a cohabiting partner must be investigated as a suspected homicide by default until comprehensively disproven by forensic and structural evidence.The Federal Government must mandate through the Second Action Plan that police services and coronial agencies across all Australian states and territories cease utilising "suicide" or "misadventure" as an immediate default determination. Australia urgently requires a nationally consistent, legally enforced, and federally overseen framework for domestic violence death reviews. This framework must strip state authorities of the power to suppress files, ignore financial or interpersonal motives, exclude maternal biological families, or summarily close cases based on the structural illusions and psychological framing manufactured by perpetrators.2. Lived Experience Statement"Families carry the truth of what was missed, ignored, and hidden behind closed doors. A death review process that shuts out the bereaved—or relies on partial police files rather than full, transparent accountability—will only ever tell half the story and repeat the same fatal mistakes. We are willing to speak at a national level to ensure this case is the catalyst for this vital change."3. Case Study of Systemic Failure: Deceased Victim (SA)The structural necessity for federal intervention and national oversight is starkly illustrated by our family's ongoing battle with the South Australia Police (SAPOL) and the Coroner's Court regarding the death of my sister, the deceased victim. This case has been formally investigated by Ombudsman SA, with active civil and structural elements currently under review by the South Australian Civil and Administrative Tribunal (SACAT).Our experience exposes severe institutional blind spots, systemic vulnerabilities, unscrutinised financial opportunism, and the weaponisation of legal systems by a perpetrator to control a victim's memory, workplace, and surviving children post-mortem.A. The Genesis of Physical Vulnerability and Hospital Non-InterventionThe pattern of physical vulnerability began 10 months prior to the victim's death, when she suffered a highly suspicious, severe [redacted][injury.Medical Vulnerability: Doctors explicitly stated that if her bones shifted, she faced permanent disability. She required heavy physical assistance for basic daily mobility, intimate hygiene, and showering, rendering her completely dependent on her cohabiting husband.Institutional Blind Spots: The victim had two separate admissions/visits to [redacted] Medical Centre: the first for the severe [redacted] injury, and the second 5 months prior to her death for a highly suspicious overdose. Despite clear, repeated indicators of acute physical dependence, control, and distress across both presentations, hospital staff failed to trigger any domestic violence intervention, screening protocols, or coercive control assessments.The Care Conflict and Financial Motives: A 6-week NDIS-funded respite stay was organized to support her recovery. The husband aggressively lobbied for their daughter's nanny to live privately at the home of a close family friend/support worker, rather than an official, regulated facility.Financial Conflict of Interest: The victim

uncovered that her husband was employed part-time by the very lifeskills company managing the respite funding. The husband's company and the support worker stood to collect the NDIS payout directly if the nanny resided at the private residence, bypassing standard institutional oversight.Boundary Violations and Coercion: The victim documented that while she was physically incapacitated and bedridden upstairs, her husband and the support worker were acting like a couple downstairs. The husband then used logistical leverage, threatening to withhold assistance for the victim's basic morning showering needs depending on her compliance with these private care arrangements.B. Digital Identity Theft & ManipulationOnce the victim established boundaries—banning the support worker from the property and terminating her involvement—the husband escalated his tactics to digital containment 6 months prior to the victim's death:The Impersonation: The victim discovered her husband was secretly accessing her personal mobile device to impersonate her, text the support worker, and re-invite her into the household under false pretenses.Documented Texts: The husband sent unauthorized texts directly to the NDIS carer of their daughter. These messages were executed from the victim’s phone, establishing a secretive communication loop specifically designed to hide and deflect from his extramural activities.Systemic Subversion: Messages confirmed that 6 months prior to the victim's death, the support worker was already residing in a property managed or occupied within the husband's network while the victim remained isolated and physically vulnerable.C. First Suspicious Overdose and Institutional Isolation5 months prior to her death, the victim was hospitalised at the same medical centre following a highly suspicious medical crisis.The Two-Hour Medical Delay: The victim explicitly stated to her family—after being alerted by a close friend who informed her that her husband had left her alone during the crisis—that her husband deliberately delayed calling an ambulance [redacted] while she lay in acute, life-threatening distress.The Predicted Intent: The victim firmly believed she had been intentionally drugged, revealing to a family member her fear that her husband wanted her dead specifically to move the NDIS carer into the home to replace her. During this emergency presentation, the victim explicitly stated to medical staff and directly to her sister: "He wants me dead to move the NDIS carer in to replace me."Concealment of Evidence & Cover-Up: While the victim was incapacitated in the emergency department, the husband accessed her phone again to send an incriminating, tactical text to the support worker to hide the digital footprint. Despite the victim's explicit disclosures of lethal intent and a history of substance access (the husband had unmonitored access to her heavy controlled discharge medications [redacted]), the medical and police systems treated the event in absolute isolation. The husband aggressively policed her interactions with medical staff during this 5-day stay, staying physically present during physician rounds to prevent uninhibited disclosure. She was returned directly back to the unsafe environment.

Feedback for Priority Area 2: Prevention and early intervention

D. Immediate Financial Opportunism and Lack of Workplace NotificationThe victim subsequently died at her home. The husband claimed he was entirely "asleep" during the window of her death and was unaware of the circumstances. However, because the system granted him Senior Next of Kin status, crucial information regarding the final timeline and the series of surrounding events has been actively withheld from the victim's biological family.His immediate actions demonstrate clear financial motivation and a complete disregard for her community. The victim was a highly respected educator who had taught at her school for a long period of time. The school community only discovered she had passed away via a public social media post written by a coworker. Rather than formally or respectfully notifying her long-term employer of her tragic passing, the husband phoned the school administration specifically to demand why her standard salary payment had not processed into the account. The school administration was forced to respond, "We believe she is dead."E. Hostility Toward the Victim's Legacy and CommunityTo honour her years of teaching dedication, the school community, teachers, and students erected a memorial mural in the victim's honour. Upon discovering this tribute, the husband contacted the school in a state of rage, subjected the principal to verbal hostility, hung up the phone, and aggressively claimed he should have been consulted. He subsequently refused to permit the victim's two children to see the mural, actively denying them the opportunity to witness their mother's positive legacy and further isolating them from her community.F. Post-Death Coercive Control and Family IsolationThe pattern of coercive control has directly extended post-mortem to isolate the victim's children from her biological family. The sister has been forced to engage Relationships Australia to seek formal mediation simply to allow the children to maintain basic contact with their maternal cousins and aunts. The husband completely refused to engage in mediation and entirely ignored subsequent direct correspondence requesting a brief meeting for the children's sake while the family visited Adelaide. The sister currently holds a Section 60I Certificate under the Family Law Act 1975, proving his ongoing use of structural systems to socially isolate the children from their mother's biological line.G. Ignoring Clear Indicators of Escape, Agency, and Exit PlanningCoronial and police investigators completely ignored classic signs of a victim exit plan, which directly contradicted the perpetrator's narrative of suicide:Professional and State of Mind: On the morning of 19 December 2024, the victim spoke directly with her sister. She was clear-headed, lucid, and actively planning for their upcoming family Christmas. There were zero indicators of suicidal ideation. That night, the children were home and actively searching the house for their mother, indicating a major disruption in the household routine.Independence Milestones: The victim had recently opened a separate, secure, independent bank account and had successfully secured permanent, full-time employment status at her school. She was finalizing her formal portfolio submission for national teaching accreditation.Relocation

Strategy: Two months prior to her death, the victim was actively researching real estate and relocation logistics to move to another state to escape her husband and establish physical safety.H. Overlooking Explicit Financial Motives and Destruction of EvidenceThe initial state investigation completely failed to scrutinise or audit active life insurance policies held on the victim’s life, ignoring a severe and immediate financial conflict of interest.Furthermore, the current state legal framework allowed the primary suspect to claim "Senior Next of Kin" status. He utilised this status to bypass her biological family, override the victim's lifelong religious faith, and rush through a cremation. This was authorised and executed while her official death certificate still listed the cause of death as "unknown," resulting in the permanent, irreversible destruction of forensic physical evidence.I. Defunct Specialist Roles and Active Suppression of EvidenceThe Coroner's Court summarily closed the file asserting there was "no formal documented evidence" of domestic violence in the initial SAPOL report. However, a subsequent Freedom of Information (FOI) request proved that the official Document Schedule actively omitted 10 firsthand witness statements, audio recordings, and unedited files detailing severe intimate partner violence previously compiled by the Child and Family Investigation Section. Furthermore, when the family sought specialist systemic intervention, we were informed that South Australia's Senior Research Officer (Domestic Violence) position within the Coroner's Court was no longer operational due to structural defunding.

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

4. Actionable Reforms Demanded in the Second Action PlanTo stop state jurisdictions from quietly closing domestic violence deaths without rigorous, independent investigation, the Federal Government must mandate the following structural reforms:The "Homicide-by-Default" Protocol: Mandate that any unexpected or sudden death of a person cohabiting with a partner where prior allegations of coercive control, domestic abuse, substance abuse, or relationship breakdown exist must be investigated as a suspected homicide by default. A determination of suicide or misadventure must never be legally registered solely on the uncorroborated timeline, statement, or psychological framing provided by the surviving partner.Mandatory Medical and Coercive Control Screening at Presentation: Enact mandatory, non-waivable domestic violence and coercive control screenings across all public health systems for any patient presenting to emergency or orthopedic departments with severe injuries or medical crises causing acute physical dependence on a cohabiting partner.Mandatory Cross-Referencing of NDIS and Emergency Medical Disclosures: Establish an automated, federally mandated legal trigger requiring coroners and police to audit all recent emergency hospital admissions, triple-zero (000) delay logs, toxicology logs, and NDIS employment/funding history where a victim has previously

flagged a fear of being poisoned, drugged, harmed, or replaced by a partner or care worker.Mandatory Workplace and Community Vulnerability Audits: Investigators must be legally compelled to contact the deceased's long-term employer, professional colleagues, and biological family to independently assess immediate post-death behaviors, sudden changes in banking, or active exit planning (such as new bank accounts, relocation searches, or professional advancement).Automatic Suspension of "Senior Next of Kin" Status: Prevent any cohabiting partner from exercising "Senior Next of Kin" rights—including the capacity to order swift cremation or burial against the wishes of the biological family—if that partner is the subject of open domestic violence allegations, a completed Ombudsman review, or an active tribunal review (such as SACAT), or if the official cause of death remains legally registered as "unknown."National Standardization of Independent Death Review Boards: Remove sole death-review power from local state police commands. Mandate a fully funded, multi-disciplinary National Domestic Violence Death Review Board with federal legislative powers to subpoena unedited police records, reinstate defunded Domestic Violence Research positions, and ensure maternal biological families have standing to submit evidence before a case can be closed.ConclusionThe Second Action Plan cannot achieve its objective of ending violence against women if state authorities continue to allow perpetrators to write the final chapter of their victims' lives. This case exposes a dangerous, multi-layered roadmap by which physical injury, digital identity theft, and coercive control can be successfully converted into an uninvestigated death. The Federal Government has a moral and systemic obligation to enact these reforms, close these institutional blind spots, and ensure transparent, national accountability for every domestic death.

Feedback for Priority Area 4: People who use violence

The husband’s actions—declaring the victim would never walk again after a suspicious injury, interrupting her return-to-work conversation, and demanding full-time hours for his own financial security—constitute severe patterns of non-physical domestic abuse known as coercive control and economic abuse.Under South Australian law, this behavior directly triggers both workplace safety and anti-discrimination legal protections.1. Coercive Control and Economic AbuseMedical Subversion: Declaring an injured worker "would never walk again" isolates the victim, undermines her psychological recovery, and creates learned helplessness.Economic Abuse: Demanding full-time hours for his own financial security leverages the victim's employment as a personal revenue stream, a core tactic of financial entrapment.Criminality: Coercive control is recognized under Australian legal frameworks as a dangerous precursor to severe physical violence and a profound violation of personal autonomy.2. Employer Failure: Psychosocial and Physical SafetyBy

allowing the husband to interrupt and dictate a formal return-to-work meeting, the employer failed multiple statutory duties:Failure to Secure the Environment: The employer allowed a known threat to breach a confidential HR/medical rehabilitation setting.Psychosocial Hazard Escalation: Under the Work Health and Safety Act 2012 (SA), allowing a perpetrator to control an injured worker's rehabilitation parameters exposes the worker to severe psychological injury.Hostile Work Environment: The school administration or department failed to implement basic safety boundaries, such as barring the husband from the meeting or terminating the conversation when he intervened.3. Discrimination and Equal Opportunity ViolationsUnder the Equal Opportunity (Domestic Abuse) Amendment Act in South Australia, employers have a strict obligation to ensure domestic abuse survivors are not disadvantaged at work.Exploitation of Hours: By permitting the husband to mandate "full-time hours" for his financial benefit, the employer failed to protect the victim's right to safe, flexible, or medically appropriate rehabilitation adjustments.Workplace Disadvantage: Forcing an employee to comply with a perpetrator's financial demands during a state-managed recovery process directly subverts the legislative intent of domestic violence workplace protections.

Feedback for Priority Area 5: System Integration and Workforce

In South Australia, third-party interference, harassment, and domestic violence spilling into a workplace are regulated under strict statutory frameworks overseen by SafeWork SA.The primary legal mechanisms that protect workers from third-party disruption include:1. The Primary Duty of CareUnder Section 19 of the Work Health and Safety Act 2012 (SA), a Person Conducting a Business or Undertaking (PCBU)—such as a school administration or government department—holds an absolute primary duty of care.Scope: They must ensure, so far as is reasonably practicable, the health and safety of workers while they are at work.Third-Party Application: This duty explicitly requires employers to protect workers from external threats, including members of the public, clients, or intrusive family members who enter or disrupt the workplace.2. Psychosocial Hazard RegulationsThe Work Health and Safety (Psychosocial Risks) Amendment Regulations 2023 mandates that employers identify and eliminate or minimise psychological risks. Under SafeWork SA's Codes of Practice:Workplace Violence & Aggression: Employers must actively manage the risk of third-party threats, stalking, and intimidation.Domestic Violence Spillover: If an employer is aware that an employee's partner is using work infrastructure (e.g., calling, emailing) or physically entering premises to cause distress, it is classified as a known psychosocial hazard. Failure to implement safety controls (such as screening contact info, changing work locations, or controlling building entry) constitutes a direct regulatory breach.3. Workplace Protection Orders (WPOs)Under South Australian Workplace Protection

Laws, individual employees cannot apply for a WPO, but their employer or a health and safety representative (HSR) can.Action: An employer is legally empowered to apply directly to the Magistrates Court for an intervention order to bar an abusive third party from entering or coming within a specific distance of the workplace.Failure to Act: If an employer has documented evidence of a third party harassing a staff member on-site and refuses to leverage these statutory tools, they fail their legislative mandate to maintain a safe working environment.

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

ReturnToWorkSA Malpractice & Injury ExploitationSuspicious injuries: Permitted the cohabiting husband to intervene while she recovered from unexplained or suspicious physical harm.Third-party breach: Allowed the husband to manipulate and obstruct her physical and psychological rehabilitation parameters.Privacy failure: Ignored standard case-management boundaries, exposing her medical recovery process to the perpetrator.SafeWork SA InactionPsychosocial hazards: Failed to investigate chronic workplace disruption and psychological distress linked to her situation.Regulatory gap: Left the injured worker unprotected from external coercion while performing her teaching duties.Education Department Non-ComplianceInterference: Failed to block the spouse from disrupting the school environment during her recovery.Legal violation: Breached statutory protections against discrimination and workplace disadvantage tied to domestic abuse experiences.Legislative SafeguardsStatutory breach: Violated South Australian frameworks designed to safeguard an abuse survivor's economic activity, professional safety, and medical rehabilitation.If you would like to proceed, I can help you find:Contact details for external oversight bodies like the South Australian OmbudsmanLegal advocacy services specializing in workplace safety, injury management, or domestic abuse discrimination

VICTIM MISIDENTIFICATION: Closing the National Gap in Australia's Response to Family Violence

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

[redacted]
Lived Experience Consumer Consultant
July 2026

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Executive Summary

Australia's National Plan to End Violence against Women and Children 2022–2032 sets an ambitious vision of ending gender-based violence through prevention, early intervention, effective response, recovery and healing. It recognises that family, domestic and sexual violence are complex, gendered issues requiring coordinated action across governments, justice systems, health services and community organisations.

An essential component of achieving these objectives is the accurate identification of victim-survivors and perpetrators of family violence. When this process fails, the consequences can be profound.

Victim misidentification occurs when a person experiencing family violence is incorrectly identified by authorities as the predominant aggressor or perpetrator. Although often originating from a single frontline decision, the effects rarely remain confined to that initial interaction. Information recorded by police may be relied upon by courts, child protection, housing providers, health services, mental health services, income support agencies, legal assistance services and victim support organisations. An incorrect determination can therefore become embedded across multiple government systems, influencing decisions for years after the original incident.

Australian research increasingly recognises victim misidentification as a significant systemic issue. Studies have identified numerous contributing factors, including limited understanding of coercive control, reliance on incident-based rather than pattern-based assessments, trauma responses, systems abuse by perpetrators, implicit bias, and barriers experienced by Aboriginal and Torres Strait Islander women, women with disability, culturally and linguistically diverse communities, and other marginalised groups. These findings have informed improvements in police training, risk assessment frameworks and professional practice across several jurisdictions.

Despite this growing body of evidence, one critical gap remains.

Current reforms are overwhelmingly directed towards preventing future misidentification. While these initiatives are essential, they provide little assistance to victim-survivors who have already been incorrectly identified and who continue to experience the long-term consequences of those decisions. Once inaccurate records have been created and shared

across government systems, there is no nationally consistent mechanism to independently review, correct or remove those records, restore access to services, or address the cumulative harms that result.

This submission argues that Australia has developed increasingly sophisticated approaches to identifying family violence, yet has not developed an equivalent framework for correcting errors when they occur.

As a result, many victim-survivors remain trapped in a cycle where an initial misidentification continues to influence subsequent decisions across multiple service systems. Rather than promoting safety and recovery, these cumulative effects can reinforce disadvantage, increase vulnerability and undermine confidence in the very institutions intended to provide protection.

The absence of an effective remedy also presents a significant accountability gap. Contemporary family violence policy rightly emphasises perpetrator accountability; however, where victim-survivors are incorrectly identified as perpetrators, accountability is effectively reversed. The true perpetrator may avoid intervention, while the victim-survivor experiences ongoing legal, social and administrative consequences.

This submission proposes that victim misidentification be formally recognised as a national systemic issue within the National Plan and future Action Plans. It further recommends the development of a nationally consistent Victim Misidentification Remedy Framework, incorporating independent review mechanisms, record correction processes, coordinated information-sharing protocols, restorative measures and transparent national reporting.

These reforms would complement existing prevention initiatives by ensuring that when systems fail, victim-survivors have access to a meaningful pathway for correction and recovery.

The National Plan seeks to ensure that all women and children are safe, respected and supported. Achieving that vision requires not only preventing violence and improving responses, but also recognising and addressing the lasting consequences of systemic errors that perpetuate harm.

Victim misidentification is no longer an emerging issue. The evidence is well established. The next stage of reform is to ensure that Australia has an effective remedy when misidentification occurs.

1. Introduction

The National Plan to End Violence against Women and Children 2022–2032 represents Australia's overarching national strategy for preventing and responding to family, domestic and sexual violence. It recognises that violence against women is both a cause and consequence of gender inequality and commits governments to coordinated, evidence-informed action that improves prevention, early intervention, response, recovery and healing.

The National Plan reflects substantial progress in Australia's understanding of family violence. Over recent years, governments have increasingly recognised the significance of coercive control, systems abuse, trauma-informed practice and integrated service responses. These developments have strengthened the capacity of frontline services to better identify risk, support victim-survivors and hold perpetrators accountable.

However, one significant systemic issue remains largely absent from national policy.

Victim misidentification—the incorrect identification of a victim-survivor as the predominant aggressor or perpetrator—has been consistently identified within Australian research, legal practice, oversight bodies and frontline services. While considerable effort has focused on improving initial identification, comparatively little attention has been given to the long-term consequences when those decisions are wrong.

This omission has significant implications for the objectives of the National Plan.

When victim-survivors are misidentified, the effects frequently extend far beyond the original police response. Incorrect information may be relied upon across multiple government systems, influencing decisions relating to court proceedings, housing, child protection, health care, mental health services, income support, employment, legal assistance and victim support. These cumulative impacts may persist long after the original incident, affecting safety, wellbeing and opportunities for recovery.

Importantly, victim misidentification also undermines one of the National Plan's central objectives: perpetrator accountability. When the person subjected to violence is identified as the aggressor, responsibility for the abuse is effectively reversed. This not only compounds harm to victim-survivors but may enable perpetrators to continue using systems as a means of coercion and control.

This submission contends that victim misidentification should be recognised not simply as an operational policing issue, but as a whole-of-government systems issue requiring a coordinated national response. It argues that preventing future misidentification, while essential, is insufficient on its own. Australia also requires a nationally consistent framework for reviewing, correcting and remedying the consequences of historical and ongoing misidentification.

Only by addressing both prevention and remedy can the National Plan fully realise its commitment to improving safety, justice and recovery for victim-survivors of family violence.

2. The National Policy Context

The National Plan to End Violence against Women and Children 2022–2032 represents Australia's primary national framework for preventing and responding to family, domestic and sexual violence. It recognises that violence against women is a complex social issue requiring coordinated action across governments, justice systems, health services, education, housing, community organisations and the broader public.

The National Plan is built around four interconnected domains:

1. **Prevention**
2. **Early Intervention**
3. **Response**
4. **Recovery and Healing**

These domains are supported by a shared commitment to improving safety for victim-survivors, strengthening perpetrator accountability, promoting trauma-informed and culturally safe practice, and ensuring systems work together to provide coordinated support.

Since the introduction of the National Plan, Australia has made significant progress in recognising the dynamics of family violence. National reforms have increasingly acknowledged the role of Coercive Control, the importance of understanding patterns of abusive behaviour rather than isolated incidents, and the need to recognise Systems Abuse as a tactic used by perpetrators to extend and reinforce their control.

These developments have informed substantial investments in police training, risk assessment frameworks, information sharing arrangements, integrated service responses and professional education across multiple jurisdictions.

Collectively, these reforms represent an important shift away from viewing family violence as a series of isolated incidents and towards recognising it as a pattern of behaviour designed to dominate, intimidate and control another person.

Despite these important advances, one significant issue remains largely absent from the National Plan.

While considerable attention has been given to improving the identification of victim-survivors and perpetrators, comparatively little attention has been given to the consequences when those identification processes fail.

When Victim Misidentification occurs, the impacts extend well beyond the original incident. An incorrect determination regarding the Predominant Aggressor may influence decisions across numerous government systems, often without any independent review of the original decision.

- These consequences may include:
- Police databases recording the victim-survivor as the perpetrator.
- Applications for Family Violence Intervention Orders.
- Criminal investigations and prosecutions.
- Child protection assessments.
- Housing eligibility and tenancy decisions.
- Income support and government assistance.
- Health and mental health records.
- Victims' services eligibility.
- Employment screening and professional registration.
- Future police responses to subsequent incidents.

Rather than representing a single administrative error, Victim Misidentification frequently becomes a systemic issue that is reinforced as information is shared between agencies. Each subsequent decision may rely upon the previous record, creating a cumulative cycle in which the original error becomes increasingly difficult to identify and correct.

This phenomenon is particularly significant in jurisdictions that have introduced extensive information-sharing frameworks to improve family violence responses. While these reforms have delivered substantial benefits by enabling agencies to better assess and manage risk, they also increase the potential for inaccurate information to be disseminated more widely when incorrect decisions are entered into the system.

Consequently, improvements in information sharing must be accompanied by equally robust mechanisms for reviewing, correcting and updating inaccurate information. Without these safeguards, information-sharing systems may unintentionally amplify the consequences of Victim Misidentification, allowing errors to influence decisions across multiple sectors for many years.

The National Plan appropriately recognises that integrated systems are essential to improving victim safety. However, integration also creates shared responsibility. When information flows between agencies, so too should responsibility for ensuring that information is accurate, capable of review, and capable of correction.

At present, no nationally consistent framework exists to achieve this objective.

While individual agencies may have internal complaint processes or review mechanisms, these generally operate in isolation and are not designed to address the cumulative effects of Victim Misidentification across multiple government systems. A correction made within one agency does not necessarily result in corresponding corrections across police, courts, housing, health, child protection or other agencies that may already have relied upon the original information.

This creates a significant gap between Australia's commitment to integrated service delivery and its capacity to remedy systemic errors once they occur.

The National Plan consistently emphasises accountability, continuous improvement and evidence-informed reform. These principles provide an appropriate foundation for recognising Victim Misidentification as a national policy issue requiring coordinated action. Addressing this gap would strengthen each of the National Plan's four domains by improving the accuracy of responses, reinforcing perpetrator accountability, reducing cumulative harm to victim-survivors, and supporting genuine recovery.

As Australia's understanding of family violence continues to evolve, the next stage of reform should extend beyond preventing future errors to ensuring that effective mechanisms exist to identify, review and remedy historical and ongoing Victim Misidentification wherever it occurs.

3. Understanding Victim Misidentification

Family violence rarely consists of a single incident. It is more commonly characterised by a pattern of behaviours through which one person seeks to dominate, intimidate or control another. These behaviours may include physical violence, sexual violence, emotional and psychological abuse, financial abuse, intimidation, stalking, technology-facilitated abuse and other forms of Systems Abuse. Increasingly, Australian policy and legislation recognise Coercive Control as the organising framework through which many of these behaviours occur.

Within this context, accurately identifying the person using violence and the person experiencing violence is fundamental to an effective family violence response.

When that process fails, Victim Misidentification occurs.

Victim Misidentification refers to circumstances in which a person experiencing family violence is incorrectly identified as the perpetrator or Predominant Aggressor, while the actual perpetrator is identified as, or perceived to be, the victim. Although the error may initially arise during a police response, its consequences frequently extend well beyond the criminal justice system and become embedded across multiple government and community service systems.

Australian researchers have increasingly identified Victim Misidentification as a significant systemic issue. Rather than representing isolated mistakes, research demonstrates that misidentification often results from predictable factors within frontline responses to family violence. These include limited understanding of Coercive Control, reliance on incident-based assessments rather than patterns of behaviour, the misinterpretation of trauma responses, and perpetrators' deliberate manipulation of legal and service systems.

Importantly, Victim Misidentification does not occur because victim-survivors always appear passive or immediately disclose abuse. Family violence affects individuals differently. Trauma may influence memory, communication, emotional expression and behaviour. Victim-survivors may appear angry, distressed, defensive, confused or inconsistent when interacting with authorities. Some may actively resist violence or use force in self-defence or in defence of their children. Others may minimise abuse, attempt to protect the perpetrator or be reluctant to engage with police because of previous experiences or concerns about the consequences of intervention.

Without an understanding of these dynamics, behaviours that are consistent with trauma or survival may be incorrectly interpreted as indicators of aggression.

Research has also demonstrated that perpetrators frequently exploit institutional processes to reinforce their abuse. False allegations, strategic applications for intervention orders, manipulation of child protection processes, misuse of complaint mechanisms and deliberate attempts to portray themselves as victims are increasingly recognised as forms of Systems Abuse. In these circumstances, the legal and administrative systems themselves may become tools through which Coercive Control is continued.

This presents a significant challenge for frontline practitioners.

Police officers, courts and service providers are often required to make decisions in rapidly evolving situations with limited information. Those decisions may have profound consequences for all parties involved. For this reason, Australian jurisdictions have increasingly adopted the concept of the Predominant Aggressor, recognising that identifying the person who used force during a single incident is not necessarily the same as identifying the person responsible for the broader pattern of abuse.

Determining the Predominant Aggressor requires consideration of the history of the relationship, patterns of intimidation and control, previous incidents of violence, the relative severity of injuries, the use of threats or fear, evidence of Coercive Control, acts of self-defence or violent resistance, and the ongoing context in which the incident occurred. This approach recognises that family violence cannot be understood by examining isolated events in isolation from the broader relationship.

Australian reforms increasingly reflect this understanding. Police training, risk assessment frameworks and professional guidance have progressively moved towards recognising patterns of abuse rather than individual incidents. Nevertheless, implementation remains inconsistent, and research indicates that Victim Misidentification continues to occur despite these improvements.

The consequences of Victim Misidentification extend far beyond the immediate police response. Once an individual is incorrectly identified as the perpetrator, that information may influence decisions across numerous government systems. Police records may inform court proceedings; court outcomes may influence child protection assessments; information-sharing arrangements may affect housing decisions, health services, income support, employment opportunities and access to specialist victim services. Each

subsequent decision may rely upon the accuracy of the original record, creating a cumulative cycle of disadvantage that becomes increasingly difficult to reverse.

This cumulative effect distinguishes Victim Misidentification from many other administrative errors. Rather than remaining confined to a single agency, the error may propagate across interconnected systems, reinforcing itself each time information is shared or relied upon by another decision-maker. In practice, the original misidentification may become accepted as established fact, even where it was never independently reviewed or tested.

The impacts of Victim Misidentification are not experienced equally across the community. Research consistently demonstrates that certain groups face an increased risk of being misidentified, including Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse communities, women with disability, women experiencing mental ill-health, and women whose responses to trauma do not align with common expectations of victim behaviour. These intersecting vulnerabilities highlight the importance of culturally safe, trauma-informed and evidence-based decision-making at every stage of the family violence response.

Ultimately, Victim Misidentification represents more than an operational error. It undermines victim safety, weakens perpetrator accountability, compromises confidence in public institutions and can prolong the effects of family violence through the actions of the very systems intended to provide protection.

Recognising Victim Misidentification as a systemic issue is therefore essential to achieving the objectives of the National Plan to End Violence against Women and Children 2022–2032. Preventing these errors must remain a priority, but equal attention must also be given to ensuring that effective mechanisms exist to identify, review and remedy the consequences when they occur.

4. The Australian Evidence Base

Over the past decade, Australian researchers, legal practitioners, oversight bodies and family violence specialists have increasingly recognised Victim Misidentification as one of the most significant and complex challenges facing Australia's family violence response.

Although awareness of Coercive Control has grown considerably, research consistently demonstrates that identifying the person most at risk of harm remains challenging in many circumstances. Victim Misidentification continues to occur across jurisdictions despite significant investments in police training, legislative reform and integrated service responses.

Importantly, this evidence does not suggest that Victim Misidentification is the result of isolated errors or individual failings. Rather, it demonstrates that misidentification arises from systemic factors that can affect any stage of the family violence response. These include limitations in incident-based assessments, incomplete understanding of Coercive Control, inconsistent application of the Predominant Aggressor framework, the misuse of legal processes by perpetrators, and the increasing complexity of information sharing between agencies.

Collectively, Australian research presents a consistent picture: while governments have invested significantly in improving responses to family violence, comparatively little attention has been given to the long-term consequences when victim-survivors are incorrectly identified as perpetrators.

Growing Recognition Across Australia

One of the most significant developments in recent years has been the growing body of Australian research examining Victim Misidentification from multiple disciplinary perspectives. Researchers in law, criminology, policing, social work and family violence practice have reached remarkably consistent conclusions.

The literature demonstrates that Victim Misidentification is not confined to a single jurisdiction, profession or service system. Instead, it has been identified across police responses, court proceedings, child protection systems, legal assistance services and specialist family violence organisations.

This consistency is important. It indicates that Victim Misidentification is not merely a matter of individual decision-making but reflects broader systemic challenges in recognising patterns of abuse, understanding trauma and responding appropriately to Coercive Control.

Understanding the Context of Abuse

Australian research increasingly emphasises that family violence cannot be understood by examining isolated incidents.

Instead, effective responses require consideration of:

- patterns of intimidation and fear;
- histories of abuse;
- power imbalances within relationships;
- ongoing Coercive Control;
- violent resistance and self-defence;
- the broader context in which violence occurs.

This shift represents one of the most significant developments in Australian family violence reform.

Historically, responses often focused on identifying who committed the most recent physical act of violence. Contemporary research demonstrates that such an approach may incorrectly identify the person experiencing prolonged abuse, particularly where they have acted in self-defence or resisted ongoing violence.

Consequently, Australian jurisdictions increasingly encourage practitioners to assess the overall pattern of behaviour rather than isolated incidents.

The Work of Dr Ellen Reeves

Among the most influential Australian researchers examining Victim Misidentification is Dr Ellen Reeves, whose research has significantly advanced understanding of how victim-survivors become incorrectly identified within family violence systems.

Dr Reeves' work demonstrates that Victim Misidentification is rarely the result of a single error. Rather, it often reflects the interaction of multiple systemic factors operating simultaneously.

Her research highlights how trauma responses, defensive violence, fear, inconsistent disclosures, perpetrator manipulation and institutional assumptions can combine to create circumstances in which victim-survivors are incorrectly identified as perpetrators.

Importantly, Dr Reeves also demonstrates that the consequences of Victim Misidentification frequently extend well beyond the initial police response. Once inaccurate records are created, they may continue influencing decisions across courts, child protection, housing, health services and other government systems, reinforcing the original error over time.

Her work also draws attention to the disproportionate impact on women experiencing multiple forms of disadvantage, including Aboriginal and Torres Strait Islander women, women with disability, culturally and linguistically diverse women and women whose trauma responses do not align with stereotypical expectations of victim behaviour.

Dr Reeves' research provides an important evidence base for recognising Victim Misidentification as a systemic issue requiring coordinated reform rather than isolated operational improvements.

ANROWS and National Research

Research commissioned by Australia's National Research Organisation for Women's Safety (ANROWS) similarly identifies Victim Misidentification as a significant concern within Australia's family violence response.

ANROWS publications emphasise that effective identification of victim-survivors requires an understanding of Coercive Control, patterns of abuse and the broader context of violence.

This research also recognises that perpetrators may deliberately manipulate institutional systems by making false allegations, presenting themselves as victims, or exploiting legal and administrative processes to continue exerting control over victim-survivors.

These findings reinforce the growing recognition of Systems Abuse as a component of family violence and demonstrate the need for frontline practitioners to carefully distinguish between genuine victimisation and strategic manipulation.

Family Violence Reform Implementation Monitor

The Family Violence Reform Implementation Monitor has also identified Victim Misidentification as an ongoing implementation challenge.

Its reports acknowledge that improvements in police training and risk assessment have strengthened responses but also recognise that consistent identification of the Predominant Aggressor remains essential to achieving the objectives of Victoria's family violence reforms.

Importantly, the Monitor has recognised that continued professional development, organisational learning and systemic evaluation remain necessary to reduce the incidence of Victim Misidentification and improve outcomes for victim-survivors.

Women's Legal Services and Frontline Practice

Women's Legal Services across Australia have consistently reported that Victim Misidentification is encountered in legal practice.

Lawyers representing victim-survivors have described circumstances in which women subjected to prolonged abuse have been incorrectly identified as perpetrators following isolated incidents of defensive violence or trauma-related responses.

These experiences reinforce research demonstrating that legal responses must consider the broader context of abuse rather than relying exclusively on the circumstances of a single event.

Specialist family violence practitioners similarly report that correcting Victim Misidentification after records have been created is often significantly more difficult than preventing it in the first instance.

A Consistent National Picture

When considered collectively, Australian research presents a remarkably consistent narrative.

Across policing, legal services, academic research, oversight bodies and specialist family violence organisations, there is growing recognition that:

- Victim Misidentification occurs across Australia.
- It is closely linked to misunderstandings of Coercive Control and Systems Abuse.
- It disproportionately affects women experiencing intersecting forms of disadvantage.
- Its impacts frequently extend across multiple government systems through information sharing.
- Current reforms have focused primarily on prevention rather than remedy.
- No nationally consistent mechanism exists to review and correct the long-term consequences once Victim Misidentification has occurred.

This evidence demonstrates that Australia has reached an important point in the evolution of family violence policy. The question is no longer whether Victim Misidentification exists, but whether existing policy frameworks adequately respond to its consequences.

The growing body of Australian research strongly suggests they do not.

The next chapter

The evidence establishes that Victim Misidentification is a recognised systemic issue. The next question is what happens after a victim-survivor has been incorrectly identified.

The following chapter examines the cumulative consequences of Victim Misidentification, demonstrating how an initial error can propagate through interconnected government systems and continue affecting victim-survivors for years or even decades. This "cascade of harm" is central to understanding why prevention alone is insufficient and why Australia requires an Effective Remedy.

5. The Cumulative Consequences of Victim Misidentification

The consequences of Victim Misidentification extend far beyond the initial police response.

While the original decision may occur within minutes or hours of an incident, its effects frequently continue for years, and in some cases decades. Unlike many administrative errors, Victim Misidentification rarely remains confined to the agency in which it originated. Instead, it may be reinforced through information sharing, repeated reliance on historical records, and successive decisions made by agencies that assume the original determination was accurate.

As a result, Victim Misidentification is not simply an isolated error. It can become a cumulative systems issue that affects almost every aspect of a victim-survivor's life.

The Cascade of Harm

Modern family violence responses rely on information sharing to improve victim safety and coordination between agencies.

This represents an important reform. Timely information sharing enables agencies to identify risk, coordinate interventions and reduce the likelihood that victim-survivors must repeatedly recount traumatic experiences.

However, information-sharing systems depend upon the accuracy of the information being shared.

Where an incorrect determination has been made regarding the Predominant Aggressor, inaccurate information may be disseminated across multiple organisations. Each subsequent decision-maker may reasonably rely on the previous record, often without access to the evidence upon which the original decision was based.

Consequently, one incorrect determination may influence numerous future decisions.

The result is a cascade of harm in which the effects of Victim Misidentification become progressively more difficult to identify, challenge and correct.

THE CASCADE EFFECT OF VICTIM MISIDENTIFICATION

[redacted]

ONE WRONG IDENTIFICATION. MANY SYSTEMS. A LIFETIME OF IMPACT.

A single incorrect identification of a victim-survivor as the predominant aggressor can trigger a cascade of decisions across multiple systems, creating cumulative and compounding disadvantage over years.

DEFINITION

Victim Misidentification occurs when a person experiencing domestic or family violence is incorrectly identified by police, courts or other agencies as the predominant aggressor or perpetrator, while the actual perpetrator is incorrectly identified as the victim or is not identified as the primary source of violence, coercive control or intimidation.

The consequences often extend across multiple government systems, creating ongoing barriers to safety, justice, recovery and support.

[redacted]

EARLY ACCURATE IDENTIFICATION CAN PREVENT THE CASCADE

- ☑ Trauma-informed policing and assessments
- ☑ Understanding coercive control and context
- ☑ Application of best practice guidance
- ☑ Critical reflection and supervision
- ☑ Access to independent advocacy and support
- ☑ Timely review and correction of errors

[redacted]

GETTING IT RIGHT FIRST TIME CHANGES LIVES

[redacted]

THE CASCADE

1. **FAMILY VIOLENCE INCIDENT** — Violence, coercive control, or abuse occurs
2. **POLICE RESPONSE** — Police attend and make initial assessments
3. **VICTIM MISIDENTIFICATION** — Victim is incorrectly identified as the predominant aggressor
4. **POLICE RECORDS** — Misidentification recorded in police systems
5. **COURT PROCEEDINGS** — Charges, bail decisions, protection orders and findings influenced by incorrect information
6. **INFORMATION SHARING** — Information shared across systems and agencies
7. **CHILD PROTECTION** — Parental capacity and risk assessments impacted by incorrect information
8. **HOUSING** — Access to housing, priority status and tenancies affected
9. **CENTRELINK / INCOME SUPPORT** — Payments, exemptions and compliance decisions affected
10. **HEALTH** — Health professionals rely on existing records and risk assessments
11. **MENTAL HEALTH** — Diagnosis, risk assessments and treatment influenced by inaccurate history
12. **EMPLOYMENT** — Job prospects, workplace checks and professional registrations impacted
13. **VICTIMS SERVICES** — Access to support, referrals and risk assessments affected
14. **GOVERNMENT COMPLAINTS** — Complaints dismissed or not investigated due to recorded information
15. **REDUCED TRUST IN INSTITUTIONS** — Loss of faith in police, courts and government services
16. **FINANCIAL HARDSHIP** — Fines, loss of income, debt and cost of legal and housing insecurity
17. **HOMELESSNESS** — Loss of housing, instability and unsafe living situations
18. **FURTHER TRAUMA** — Re-traumatisation and worsening mental and physical health
19. **REDUCED RECOVERY** — Barriers to safety, healing and rebuilding independence
20. **ONGOING SYSTEMIC DISADVANTAGE** — Long-term, cumulative impact across all areas of life

THE IMPACT

Creates a false narrative that follows the victim-survivor through multiple systems.

Consequences can last for many years, even after the abuse has ended.

Limits access to safety, justice, housing, health, financial security and support.

Causes additional trauma, stress and harm.

Undermines public confidence in institutions and the justice system.

TIME DOES NOT ERASE THE ERROR

Without correction, the cascade continues. With correction, lives can change.

[redacted]

OUR GOAL

Systems that recognise the truth, protect victim-survivors and promote safety, justice and recovery.

[redacted]

BREAK THE CASCADE – BUILD SYSTEMS THAT GET IT RIGHT

- Accurate identification at first contact
- Best practice guidance and training
- Effective review and correction mechanisms
- Information sharing safeguards and quality data
- Lived experience leadership and accountability
- Whole-of-government responsibility

The Cascade Effect of Victim Misidentification is preventable. Early accuracy, accountability and coordinated reform can stop harm at the beginning and support survivor-victims to rebuild their lives.

Justice System Consequences

Within the justice system, Victim Misidentification may affect:

- police intelligence records;
- applications for Family Violence Intervention Orders;
- criminal investigations;
- bail considerations;
- prosecutorial decisions;
- court proceedings;
- sentencing outcomes; and
- future police responses to subsequent incidents.

Once an individual has been recorded as the perpetrator of family violence, subsequent incidents may be interpreted through that existing lens. This creates a risk that future assessments will reinforce the original determination rather than independently evaluate the circumstances of each incident.

In effect, the original error may become self-validating.

Child Protection and Parenting

Research has demonstrated that family violence allegations frequently influence child protection assessments and parenting proceedings.

Where Victim Misidentification has occurred, the victim-survivor may be incorrectly viewed as presenting a risk to their children, while the actual perpetrator may be perceived as the protective parent.

This reversal of roles has the potential to influence:

- child protection interventions;
- parenting arrangements;
- family court proceedings;
- supervised contact decisions;
- reunification planning; and
- long-term family relationships.

Rather than protecting children from family violence, Victim Misidentification may expose them to ongoing harm by obscuring the actual source of risk.

Housing and Homelessness

Housing security is recognised nationally as a critical component of recovery from family violence. However, Victim Misidentification may significantly compromise access to safe and stable housing.

Victim-survivors who are incorrectly identified as perpetrators may experience:

- exclusion from crisis accommodation;
- difficulties accessing family violence housing services;
- tenancy disruption;
- public housing complications;
- homelessness; and
- reduced eligibility for support programs.

Loss of housing frequently creates additional risks, including financial hardship, social isolation, increased vulnerability to further violence and poorer health outcomes.

These impacts may persist long after the original family violence incident has ended.

Health and Mental Health

Family violence is associated with significant physical and psychological consequences.

When Victim Misidentification occurs, victim-survivors may also experience:

- retraumatisation;
- moral injury;
- loss of trust in institutions;
- anxiety;
- depression;
- symptoms associated with post-traumatic stress;
- reluctance to seek future assistance; and
- deterioration in overall wellbeing.

For many victim-survivors, the distress arises not only from the original abuse but from experiencing disbelief, institutional betrayal and repeated exposure to systems that continue to reinforce an inaccurate narrative. The cumulative psychological burden of repeatedly attempting to correct inaccurate records should not be underestimated.

Employment and Economic Security

Economic independence is widely recognised as an essential factor in recovery from family violence.

However, Victim Misidentification may create barriers to employment through:

- reputational damage;
- difficulties obtaining occupational registrations;
- adverse employment screening outcomes;
- reduced confidence;
- interrupted education;
- lost career opportunities; and
- prolonged financial hardship.

These consequences may significantly reduce a victim-survivor's capacity to rebuild independence and recover from violence.

Access to Support Services

Many specialist services rely upon assessments regarding family violence risk.

Where Victim Misidentification has occurred, victim-survivors may encounter barriers accessing:

- specialist family violence services;
- victims' assistance programs;
- financial assistance;
- legal services;
- counselling;
- advocacy programs; and
- recovery supports.

This creates a particularly concerning outcome.

The systems established to assist victim-survivors may inadvertently exclude those who have been incorrectly identified by other parts of the service system.

Institutional Trust

Perhaps one of the least visible—but most significant—consequences of Victim Misidentification is the erosion of trust in public institutions.

Victim-survivors who have experienced Victim Misidentification frequently describe reluctance to:

- contact police;
- report future violence;
- engage with government agencies;
- seek legal assistance;
- disclose abuse to health professionals; or
- participate in justice processes.

This reluctance has implications extending well beyond the individual case.

Public confidence in family violence systems depends not only on effective responses but also on confidence that errors will be recognised and corrected when they occur.

A Whole-of-Government Issue

Taken individually, each consequence of Victim Misidentification is significant.

Taken together, they reveal something more profound.

Victim Misidentification is not merely a policing issue.

It is not solely a court issue.

It is not simply a child protection issue.

Nor is it confined to housing, health, employment or income support.

Rather, Victim Misidentification is a whole-of-government issue because its consequences extend across multiple interconnected systems that collectively shape the safety, wellbeing and recovery of victim-survivors.

Recognising this reality has important policy implications.

If the harm is systemic, the remedy must also be systemic.

Correcting a police record alone may not reverse decisions already made by housing providers, child protection agencies, courts, health services or other organisations that relied upon the original information.

Similarly, correcting information within one agency does not necessarily trigger corresponding corrections elsewhere.

This fragmentation creates an accountability gap in which no single agency possesses responsibility for remedying the cumulative consequences of Victim Misidentification across government systems.

It is this gap that represents one of the most significant omissions within Australia's current family violence response.

Without a coordinated mechanism for reviewing and correcting systemic errors, victim-survivors may continue experiencing the consequences of Victim Misidentification long after the original violence has ended.

The next stage of Australia's family violence reform must therefore move beyond prevention alone and address the question that has received comparatively little policy attention:

What happens when the system gets it wrong?

6. Australia's Missing Effective Remedy

Australia has made significant progress in strengthening its response to family violence. Legislative reform, improved risk assessment, enhanced information sharing, specialist police units, recognition of Coercive Control, and greater investment in integrated service responses have all contributed to a more sophisticated understanding of family violence.

These reforms have focused, appropriately, on preventing violence, improving early intervention, supporting victim-survivors and increasing perpetrator accountability.

However, an important question remains largely unanswered:

What happens when the system gets it wrong?

When Victim Misidentification occurs, there is currently no nationally consistent mechanism for reviewing the original decision, correcting inaccurate records across multiple agencies, restoring access to services, or repairing the cumulative harm that may follow.

This represents a significant gap within Australia's family violence response.

Prevention Without Remedy

Most contemporary reforms are preventative in nature.

- Police receive additional training.
- Risk assessment tools are refined.
- Professional practice guidelines are updated.
- Information sharing arrangements are strengthened.

These reforms are essential and should continue.

However, prevention alone cannot assist people who have already experienced Victim Misidentification.

Thousands of victim-survivors may already be living with the consequences of incorrect identification.

For these individuals, like myself, improved future practice does not correct historical records, reverse previous decisions, or restore lost opportunities.

A family violence response that focuses exclusively on prevention risks overlooking those who continue to experience the enduring consequences of earlier systemic failures.

Fragmented Complaint Processes

Individuals seeking to challenge Victim Misidentification often encounter a complex network of separate complaint, review and oversight processes.

Depending on the circumstances, they may need to engage with:

- police complaint bodies;
- internal police review processes;
- courts and tribunals;
- child protection agencies;
- housing providers;
- health services;
- information commissioners;
- ombudsmen;
- professional regulators; and
- victims' services.

Each organisation generally examines only its own decisions.

Few possess authority to review decisions made by other agencies.

Fewer still can coordinate corrections across multiple government systems.

As a result, responsibility for resolving Victim Misidentification frequently falls upon the victim-survivor.

Individuals who have already experienced family violence may be required to repeatedly explain traumatic events, obtain historical records, navigate complex legal processes and advocate for corrections across multiple agencies, often over many years.

This places an unreasonable burden on those least equipped to carry it.

The Information Sharing Challenge

Integrated information sharing has become a cornerstone of contemporary family violence reform.

The objective is sound.

Relevant agencies should have access to information necessary to assess risk, improve safety and coordinate responses.

However, integration also creates a corresponding responsibility.

If inaccurate information can be shared quickly, there must also be an effective mechanism for correcting inaccurate information once errors are identified.

At present, this safeguard is largely absent.

Corrections made within one organisation do not necessarily trigger corrections within every agency that previously received or relied upon the inaccurate information.

Consequently, the effects of Victim Misidentification may continue even after concerns have been identified.

The more integrated Australia's systems become, the greater the importance of ensuring that correction mechanisms evolve alongside information sharing arrangements.

Accountability Gaps

Australia's family violence reforms appropriately emphasise perpetrator accountability.

Yet Victim Misidentification creates a paradox.

The victim-survivor may become the person held accountable within institutional systems, while the actual perpetrator avoids scrutiny or continues using legal and administrative processes as instruments of Systems Abuse.

This reversal undermines one of the National Plan's fundamental objectives.

True accountability requires not only identifying perpetrators correctly in the first instance but also correcting institutional errors when they occur.

Without effective correction mechanisms, institutional decisions may unintentionally reinforce the abuse they were intended to prevent.

Learning From Other Areas of Public Administration

Across Australian public administration, mechanisms exist to review and correct significant administrative errors.

- Courts may overturn convictions.
- Tribunals review government decisions.
- Integrity agencies investigate misconduct.
- Ombudsmen examine maladministration.
- Information commissioners oversee privacy and information-sharing obligations.

These review mechanisms recognise an important principle:

1. ***No decision-making system is infallible.***
2. ***Errors will occur.***

Good governance therefore requires accessible, transparent and independent mechanisms to identify, review and correct those errors.

The same principle should apply to Victim Misidentification.

Acknowledging that mistakes can occur does not diminish confidence in frontline practitioners.

Rather, it strengthens confidence by demonstrating that systems are capable of recognising and correcting errors when evidence supports doing so.

Why an Effective Remedy Matters

An Effective Remedy is not simply about correcting records.

It is about restoring justice.

For victim-survivors, an Effective Remedy may mean:

- having inaccurate records independently reviewed;
- correcting information shared across agencies;
- restoring access to support services;
- rebuilding confidence in public institutions;
- reducing the risk of future misidentification;
- strengthening perpetrator accountability; and
- promoting genuine recovery.

For governments, an Effective Remedy provides opportunities for organisational learning, continuous improvement and increased public confidence.

Errors that are identified and transparently addressed become valuable sources of learning.

Errors that remain embedded within systems continue generating avoidable harm.

An Opportunity for National Leadership

The National Plan to End Violence against Women and Children 2022–2032 provides an opportunity to address this longstanding gap.

Australia has already demonstrated national leadership in recognising Coercive Control, improving integrated responses and strengthening information sharing.

The next logical stage of reform is to ensure that when Victim Misidentification occurs, victim-survivors have access to a nationally consistent pathway for review, correction and restoration.

Such a framework would not replace existing complaint mechanisms.

Rather, it would complement them by providing a coordinated approach to addressing the cumulative consequences of Victim Misidentification across interconnected government systems.

In doing so, Australia would move beyond preventing future harm and begin addressing the enduring consequences of historical and ongoing systemic errors.

Ultimately, a family violence response cannot be considered fully trauma-informed or victim-centred if it lacks an effective means of correcting institutional decisions that continue to perpetuate harm.

An Effective Remedy is therefore not an optional addition to the National Plan.

It is a necessary component of a system committed to safety, accountability, justice and recovery.

7. A National Victim Misidentification Remedy Framework

Australia has developed increasingly sophisticated frameworks for identifying and responding to family violence. Risk assessment frameworks, information sharing schemes, Predominant Aggressor principles and Coercive Control reforms have significantly strengthened frontline responses.

However, these reforms are primarily designed to improve future decision-making.

There remains no nationally consistent framework for identifying, reviewing and remedying historical or ongoing Victim Misidentification.

This submission proposes the development of a National Victim Misidentification Remedy Framework (NVMRF) to complement existing family violence reforms.

The proposed framework would not replace existing police, court or complaints processes. Rather, it would provide a coordinated mechanism for recognising Victim Misidentification, reviewing evidence, correcting inaccurate records, restoring access to services and promoting continuous improvement across Australia's family violence systems.

The framework should be guided by six core principles.

Principle 1 — Victim Safety

The primary purpose of the framework must always be improving victim safety.

Every review should consider whether an incorrect identification has increased ongoing risk through continued exposure to the perpetrator, exclusion from support services or the continuation of Systems Abuse.

The review process should seek not only to correct historical records but also to reduce future risk.

Principle 2 — Trauma-Informed Practice

Reviews should recognise the effects of trauma on memory, behaviour, communication and decision-making.

A victim-survivor's presentation during a crisis should never be interpreted in isolation from the broader context of abuse.

Assessment processes should be informed by contemporary understandings of trauma and Coercive Control.

Principle 3 — Context Before Incident

Decision-makers should assess the entire relationship rather than relying solely on the incident that resulted in police attendance.

This includes consideration of:

- patterns of intimidation;
- previous incidents;
- fear;
- Coercive Control;
- violent resistance;
- self-defence;
- help-seeking history; and

- evidence of Systems Abuse.

Consistent with Predominant Aggressor principles, the broader pattern of behaviour is often more informative than any single event.

Principle 4 — Independent Review

Where significant indicators of Victim Misidentification exist, review should be undertaken independently of the original decision-maker wherever practicable.

Independent review promotes procedural fairness, strengthens public confidence and reduces the perception that agencies are reviewing their own decisions without impartial oversight.

Principle 5 — Whole-of-Government Correction

Where Victim Misidentification is substantiated, correction should not be confined to one agency.

A coordinated process should ensure that inaccurate information is reviewed wherever it has been shared or relied upon, including by police, courts, housing, child protection, health services, income support agencies and other relevant organisations.

Without coordinated correction, the consequences of Victim Misidentification may continue despite recognition that the original decision was incorrect.

Principle 6 — Continuous Improvement

Every substantiated case of Victim Misidentification should contribute to improving Australia's family violence response.

De-identified findings should inform:

- Police education;
- Judicial education;
- Policy development;

- Research;
- Risk assessment tools;
- Service improvement; and
- Future reforms.

An Effective Remedy should therefore benefit both the individual victim-survivor and the broader community.

A National Assessment Tool

To support consistent decision-making, this submission proposes the development of a Victim Misidentification Indicator Framework (VMIF) as a structured practitioner assessment tool.

The proposed framework provides a systematic method for identifying indicators that a person recorded as a respondent, accused person or Predominant Aggressor may in fact have been a victim of family violence. It is intended to support professional judgement rather than replace it.

The framework assesses multiple domains, including:

- Identification event;
- Family violence history;
- Help-seeking history;
- Police response;
- Incident context;
- Pattern analysis;
- Counter-allegation indicators;
- Corroborating evidence; and
- System harm.

Importantly, the framework expressly recognises that no numerical score can determine whether Victim Misidentification has occurred. Professional judgement, documentary evidence and contextual assessment remain essential components of every review.

Rather than functioning as a diagnostic instrument, the VMIF is best understood as a structured decision-support tool that assists practitioners to identify cases requiring more comprehensive review.

8. Why Addressing Victim Misidentification Strengthens the National Plan

The National Plan to End Violence against Women and Children 2022–2032 sets out an ambitious vision of ending gender-based violence through coordinated national action. Its objectives include preventing violence, improving responses to victim-survivors, increasing perpetrator accountability, promoting recovery and healing, and strengthening systems that operate in a trauma-informed and evidence-based manner.

Addressing Victim Misidentification is not a separate objective from these commitments.

Rather, it is fundamental to achieving them.

Failure to recognise and remedy Victim Misidentification undermines each of the National Plan's core objectives. Conversely, addressing Victim Misidentification would strengthen every domain of the National Plan and improve outcomes for victim-survivors, governments and the broader community.

Prevention

Effective prevention depends upon understanding how family violence occurs and responding appropriately when it is identified.

When Victim Misidentification occurs, opportunities to intervene with the actual perpetrator may be missed. The person using violence may avoid accountability, while the victim-survivor becomes the focus of legal and administrative action.

This not only fails to prevent future violence but may enable abuse to continue unchecked.

Improving the identification and correction of Victim Misidentification therefore strengthens prevention by ensuring that interventions are directed towards the person responsible for the abuse.

Early Intervention

The National Plan emphasises the importance of early identification and coordinated intervention.

However, early intervention is only effective if the correct person is identified as requiring protection.

Where Victim Misidentification occurs, services may be directed away from the victim-survivor and towards the perpetrator.

The result may include delayed support, increased risk, prolonged exposure to violence and missed opportunities to interrupt patterns of Coercive Control.

Strengthening mechanisms for recognising and correcting Victim Misidentification improves the accuracy of early intervention and increases the likelihood that support reaches those who need it most.

Response

The National Plan seeks to ensure that victim-survivors experience consistent, coordinated and trauma-informed responses across government systems.

This objective cannot be fully achieved while Victim Misidentification remains unrecognised or uncorrected.

Trauma-informed practice requires acknowledging that institutions can contribute to harm when their processes fail.

An effective response therefore includes not only appropriate initial decision-making but also accessible mechanisms for reviewing and correcting errors when they occur.

Developing an Effective Remedy is entirely consistent with trauma-informed practice because it acknowledges institutional responsibility, promotes procedural fairness and seeks to minimise further harm.

Recovery and Healing

Recovery from family violence is influenced by far more than physical safety.

It also depends upon access to stable housing, financial security, health care, employment, legal assistance, education, community participation and confidence in public institutions.

As demonstrated throughout this submission, Victim Misidentification may compromise each of these factors.

Without effective review and correction processes, victim-survivors may continue experiencing the consequences of Victim Misidentification long after the original violence has ceased.

An Effective Remedy therefore becomes an essential component of recovery.

Correcting records, restoring access to services and acknowledging institutional errors can contribute significantly to rebuilding safety, stability and trust.

Perpetrator Accountability

One of the National Plan's central principles is that perpetrators should be held accountable for their use of violence.

Victim Misidentification fundamentally undermines this objective.

Where the victim-survivor is identified as the perpetrator, accountability is effectively reversed.

The person subjected to violence may become the focus of legal action, while the actual perpetrator may avoid intervention or continue exploiting institutional systems through Systems Abuse.

Correcting Victim Misidentification therefore strengthens—not weakens—perpetrator accountability.

Ensuring that responsibility is accurately attributed is essential to achieving justice, improving safety and reducing the likelihood of ongoing abuse.

Information Sharing

Australia has invested heavily in integrated information-sharing systems designed to improve family violence responses.

These reforms recognise that agencies make better decisions when relevant information is available.

However, integrated systems also require integrated correction mechanisms.

Where inaccurate information has been shared, there must be corresponding processes for correcting that information across every agency that has relied upon it.

Without such mechanisms, information-sharing reforms may unintentionally amplify the consequences of Victim Misidentification rather than improving victim safety.

Addressing this issue strengthens the integrity, reliability and effectiveness of integrated service systems.

Public Confidence

Community confidence is fundamental to the success of Australia's family violence response.

Victim-survivors must have confidence that reporting violence will improve their safety.

Equally, the broader community must have confidence that institutions are capable of recognising and correcting errors when they occur.

An Effective Remedy demonstrates organisational maturity.

It acknowledges that no decision-making system is perfect while affirming a commitment to transparency, accountability and continuous improvement.

Far from diminishing public confidence, accessible review mechanisms strengthen trust by demonstrating that justice systems remain responsive to evidence and committed to fairness.

A National Opportunity

Australia has become an international leader in recognising Coercive Control, improving integrated responses and strengthening collaboration across governments.

The next stage of reform is clear.

National leadership now requires recognising that Victim Misidentification is not merely an operational issue but a systemic challenge requiring coordinated national action.

Doing so would not represent a departure from the National Plan.

It would represent its logical progression.

By incorporating Victim Misidentification within future Action Plans and establishing a nationally consistent Effective Remedy, Australia can ensure that its family violence response is not only capable of preventing harm but also capable of recognising, correcting and learning from institutional error.

Only then can the National Plan fully realise its vision of a system that promotes safety, accountability, justice, recovery and healing for all victim-survivors.

9. Recommendations

This submission recommends that Australian governments formally recognise Victim Misidentification as a national systemic issue requiring coordinated action across jurisdictions and service systems.

The following recommendations are intended to strengthen implementation of the National Plan to End Violence against Women and Children 2022–2032 while improving safety, justice, accountability and recovery for victim-survivors.

Recommendation 1

Recognise Victim Misidentification as a National Policy Issue

Formally recognise Victim Misidentification within future National Plan Action Plans as a significant systemic issue affecting victim safety, perpetrator accountability and service delivery.

Recognition should extend beyond policing and acknowledge its impacts across justice, housing, child protection, health, mental health, education, employment and income support systems.

Recommendation 2

Adopt a National Definition of Victim Misidentification

Develop and endorse a nationally consistent definition of Victim Misidentification to support consistency across jurisdictions, legislation, policy, training and research.

Recommendation 3

Develop National Practice Principles

Develop nationally agreed practice principles for identifying, reviewing and responding to Victim Misidentification, consistent with existing Predominant Aggressor principles and contemporary understandings of Coercive Control.

Recommendation 4

Establish a National Framework for the Prevention, Review and Remedy of Victim Misidentification

Develop a nationally coordinated framework supporting:

- prevention;
- early identification;
- independent review;
- record correction;
- restorative responses;
- continuous improvement.

Recommendation 5

Introduce Independent Review Mechanisms

Establish accessible and independent pathways through which individuals may seek review where significant indicators of Victim Misidentification exist.

Reviews should be trauma-informed, evidence-based and procedurally fair.

Recommendation 6

Develop National Record Correction Procedures

Where Victim is substantiated, governments should establish nationally consistent procedures for correcting inaccurate records.

Correction should extend beyond the originating agency wherever inaccurate information has been shared or relied upon.

Recommendation 7

Strengthen Information Sharing Safeguards

Review existing information-sharing legislation and administrative arrangements to ensure that correction mechanisms operate alongside information-sharing mechanisms.

Where inaccurate information is corrected, corresponding updates should be communicated to relevant agencies wherever lawful and appropriate.

Recommendation 8

Implement the Victim Misidentification Indicator Framework (VMIF)

Pilot and evaluate the Victim Misidentification Indicator Framework (VMIF) as a structured practitioner assessment tool to assist in identifying cases requiring further review. The framework should complement, rather than replace, professional judgement and contextual assessment.

Recommendation 9

Strengthen Training on Coercive Control

Expand multidisciplinary education on:

- Coercive Control;
- Systems Abuse;
- trauma responses;
- violent resistance;
- self-defence;
- Predominant Aggressor assessment; and
- Victim Misidentification.

Training should extend across policing, courts, legal services, child protection, health, housing and community services.

Recommendation 10

Improve Data Collection

Develop nationally consistent methods for collecting and reporting data relating to Victim Misidentification.

Reported information should include:

- prevalence;
- review outcomes;
- systemic causes;
- demographic patterns;
- organisational learning.

Recommendation 11

Commission Ongoing Research

Support ongoing research examining:

- prevalence;
- contributing factors;
- effective interventions;
- correction mechanisms; and
- lived experience.

Recommendation 12

Recognise Systems Abuse Within Assessment Processes

Ensure all family violence assessment frameworks explicitly recognise Systems Abuse, including false allegations, misuse of legal processes and strategic manipulation of government agencies.

Recommendation 13

Strengthen Responses for Aboriginal and Torres Strait Islander Women

Work in partnership with Aboriginal Community Controlled Organisations to reduce the disproportionate risk of Victim Misidentification experienced by Aboriginal and Torres Strait Islander women.

Responses should be culturally safe, community-led and informed by self-determination.

Recommendation 14

Improve Responses for Women with Disability

Review assessment frameworks to ensure they appropriately recognise communication differences, cognitive disability, psychosocial disability and other factors that may increase the risk of Victim Misidentification.

Recommendation 15

Improve Responses for Culturally and Linguistically Diverse Communities

Strengthen interpreter services, cultural capability and specialist support to reduce barriers contributing to Victim Misidentification.

Recommendation 16

Improve Access to Specialist Legal Assistance

Ensure individuals seeking review of potential Victim Misidentification have timely access to appropriately trained legal assistance and advocacy services.

Recommendation 17

Develop National Guidance for Cross-Agency Review

Develop protocols enabling coordinated review where Victim Misidentification has affected multiple government systems.

The objective should be reducing fragmentation and preventing victim-survivors from repeatedly navigating separate review processes.

Recommendation 18

Establish National Oversight

Assign responsibility for monitoring implementation of reforms relating to Victim Misidentification through an appropriate national oversight mechanism.

Annual public reporting should include progress, challenges and opportunities for continuous improvement.

Recommendation 19

Promote Lived Experience Leadership

Ensure victim-survivors with lived experience of Victim Misidentification are meaningfully involved in policy development, service design, evaluation, education and research.

Nothing about victim-survivors should be developed without victim-survivors.

Recommendation 20

Recognise Access to an Effective Remedy as a Core Principle

Future Action Plans should explicitly recognise access to an Effective Remedy as an essential component of Australia's response to Victim Misidentification.

An Effective Remedy should include:

- independent review;
- correction of inaccurate records;
- restoration of access to services;
- coordinated information correction;
- acknowledgement of institutional error where appropriate; and
- mechanisms supporting recovery and organisational learning.

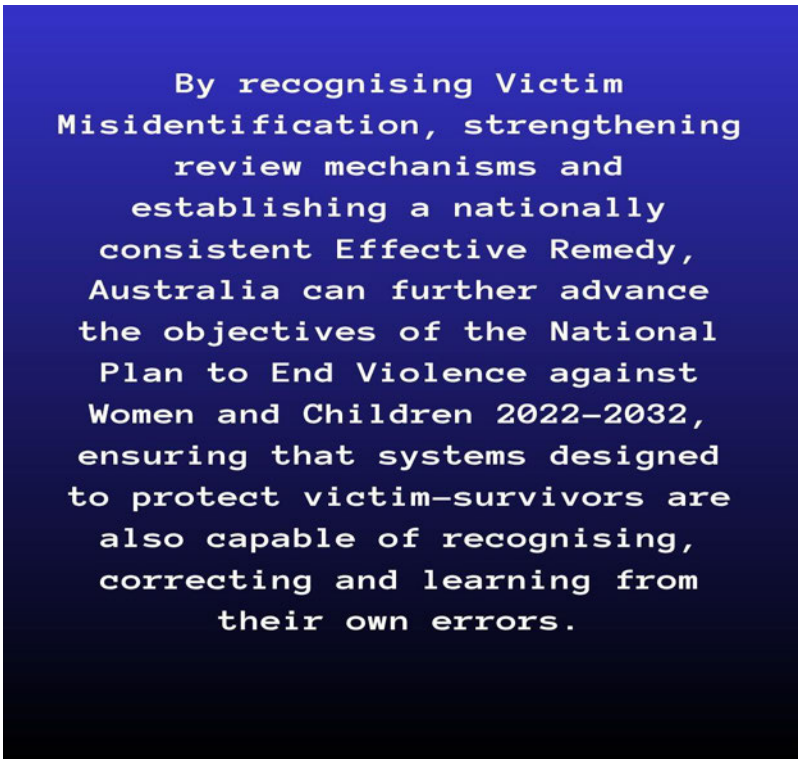
In Conclusion..

Australia has invested significantly in preventing family violence and improving responses to victim-survivors.

The evidence now demonstrates that Victim Misidentification represents one of the remaining systemic gaps within Australia's family violence framework.

Addressing that gap does not require replacing existing reforms.

It requires completing them.



Feedback for Priority Area 1: Victim-survivors

One of the most significant yet under-recognised barriers to victim-survivors' safety, wellbeing, recovery and healing is Victim Misidentification. When a person experiencing family violence is incorrectly identified as the predominant aggressor, the consequences extend far beyond the initial police response. Police records may influence decisions across courts, child protection, housing, health, mental health, income support, employment and specialist victim services, creating cumulative disadvantage that can persist for years.

Australia has invested significantly in improving the identification of coercive control, strengthening police responses and expanding information sharing. However, comparatively little attention has been given to what happens when those systems make an incorrect determination. There is currently no nationally consistent mechanism to independently review, correct or remedy Victim Misidentification across multiple government systems.

The Second Action Plan should recognise Victim Misidentification as a national systemic issue and establish an effective remedy framework incorporating independent review, coordinated record correction, restorative responses and organisational learning. Doing so would improve victim safety, strengthen perpetrator accountability and increase confidence in Australia's family violence response.

Feedback for Priority Area 2: Prevention and early intervention

Preventing family violence requires more than preventing abusive behaviour. It also requires preventing institutional responses from compounding the harm experienced by victim-survivors.

Training across policing, courts, health, education and community services should continue to strengthen understanding of coercive control, systems abuse, trauma and predominant aggressor principles. Equally important is recognising that prevention includes learning from institutional mistakes. Every substantiated case of Victim Misidentification should contribute to improving policy, training and practice nationally.

Early intervention is only effective when the correct person is identified as requiring protection. Improving assessment of coercive control and patterns of abuse, while recognising systems abuse used by perpetrators, will improve the accuracy of interventions and reduce ongoing harm.

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

Children experience significant harm when family violence responses incorrectly identify the parent requiring protection. Victim Misidentification may influence child protection assessments, parenting arrangements and family court decisions, sometimes placing children at greater risk by obscuring the true source of violence.

The Second Action Plan should strengthen child-centred assessment by ensuring practitioners consider patterns of coercive control, family violence history and predominant aggressor principles rather than relying on isolated incidents. Supporting children also requires recognising that correcting institutional errors affecting parents may be essential to improving children's long-term safety, wellbeing and recovery.

Feedback for Priority Area 4: People who use violence

Holding people who use violence accountable depends on accurately identifying who is using violence.

Research increasingly recognises that perpetrators may engage in systems abuse through false allegations, strategic use of legal processes and manipulation of institutional responses. Strengthening understanding of coercive control and systems abuse will improve the capacity of practitioners to distinguish genuine victimisation from strategic manipulation.

Improved perpetrator accountability requires both accurate initial identification and effective mechanisms to correct institutional errors where they occur. This protects victim-survivors while ensuring interventions are directed towards those responsible for the abuse.

Feedback for Priority Area 5: System Integration and Workforce

Australia has made significant progress in integrating police, courts, housing, health and specialist family violence services. However, integration should extend beyond sharing information—it should also include shared responsibility for correcting inaccurate information.

At present, no nationally consistent mechanism exists to coordinate review and correction of Victim Misidentification across agencies. As information sharing increases, so too does the need for integrated correction processes.

The Second Action Plan should support a National Victim Misidentification Remedy Framework incorporating independent review, coordinated record correction, national practice principles, workforce training, structured assessment tools and continuous organisational learning. This would strengthen system integrity while improving outcomes for victim-survivors.

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

The most significant opportunity for reform is to recognise access to an Effective Remedy as a core component of Australia's response to family, domestic and sexual violence.

Australia has invested heavily in preventing violence and improving responses, but there remains no nationally consistent mechanism to review and remedy Victim Misidentification once it has occurred. This creates a significant accountability gap. A victim-survivor may continue experiencing harm across multiple government systems long after the original violence has ended, despite growing recognition that Victim Misidentification is a systemic issue.

The Second Action Plan presents an opportunity to close this gap by establishing a nationally coordinated framework for prevention, review, correction and restoration. Such a reform would complement existing initiatives on coercive control, systems abuse and integrated service delivery, ensuring that Australia's family violence response is capable not only of preventing harm, but also of recognising, correcting and learning from institutional error.

Submission to the National Plan to End Violence Against Women and Children Consultation

Introduction and Background

I have lived and worked in [redacted] Aboriginal Shire for nine years as a teacher. During this time, I [REDACTED] have worked closely with students, families, local staff, community members and external support services. [redacted] is not just where I work, it is where I have built my life. [REDACTED]. This is our home.

The observations in this submission are based on my direct professional experiences over nearly a decade working with children and young people in the community. They are not intended to represent every person's experience but rather to provide insight into some of the challenges, strengths and opportunities that I have observed.

[redacted] Aboriginal Shire is a remote Aboriginal community in Cape York with strong family, kinship and cultural connections. It is a close-knit and highly interconnected community where relationships extend far beyond immediate family structures. Children are often raised alongside cousins, extended family members and community members who play significant roles in their lives.

Because of these interconnected relationships, the impacts of trauma, violence, grief and loss are rarely experienced by individuals alone. They often affect entire family networks, peer groups and generations of young people. It is important that any discussion about violence against women and children in [redacted] Aboriginal Shire is understood within this context.

I have watched many young people thrive, pursue opportunities, gain scholarships, complete secondary education and build positive futures. However, I have also watched another group of young people follow a very different path. This submission attempts to highlight the importance of supporting the needs of future generations and specifically a group of more than 30 young people disengaged from education that we can identify at this time.

This group of young people ranges in age from 10 to 16 and are affected by a range of factors including domestic and family violence, complex trauma, grief substance misuse, housing overcrowding and education disengagement. Some of these children have never attended school regularly, and we are now seeing similar patterns in an increased number of young children who are experiencing comparable adversity.

While 30 students can be identified as chronically disengaged from education (not enrolled, not attending or attending very little), we must also consider the younger siblings and families connected to these young people. In a community the size of [redacted] (approx. 1,000), this is a significant proportion of the adolescent population and should be viewed as a matter requiring urgent attention.

Understanding the Reality for Children and Young People

Domestic and Family Violence

Domestic and family violence remains a significant issue affecting many children and families within the community. Children exposed to domestic and family violence are often expected to continue attending school and engaging in learning while navigating fear, instability, trauma and uncertainty in their home lives.

In many situations, for safety reasons, women and children are relocated to Cooktown to the Family Centre. While relocation may be necessary, it can result in children being removed from their school, support networks, friendships, sporting activities and community connections at a time when stability is most needed. These disruptions can have significant impacts on educational engagement and wellbeing.

While domestic and family violence is often discussed as an issue affecting adults, I believe it is equally important to recognise its impact on children. Many of the educational, behavioural and wellbeing concerns observed in schools cannot be separated from the experiences children are having outside the classroom.

Intergenerational Trauma

Many families in [redacted] Aboriginal Shire are carrying the impacts of intergenerational trauma alongside current challenges such as domestic and family violence, grief, mental health concerns, housing shortage and overcrowding, alcohol

and substance abuse, and economic disadvantage. These issues do not occur in isolation. Based on my observations over nine years living and working in [redacted], many families are affected by one or more of these challenges, either directly or indirectly.

The children and young people we work with are often navigating multiple challenges simultaneously, and these challenges can significantly affect educational participation, wellbeing and future opportunities. Any meaningful response to violence against women and children must acknowledge the broader context in which many families are living.

Children Carry More Than We See

An important lesson I have learned during my time in [redacted] is that children often carry far more than adults realise. As educators, we may see poor attendance, behavioural concerns or disengagement from learning. What we often do not see are the experiences occurring outside school hours.

Many students appear happy, engaged and connected when they are at school. However, children and young people may be carrying grief, trauma, exposure to violence, family stress, housing instability, mental health challenges and responsibilities beyond their years. It is important that systems recognise these realities when designing responses for vulnerable young people.

Furthering this, some children carry their grief, loss and trauma more obviously, and signs of needing further help is clear. Many of our children have trouble staying in class for extended periods of time, feeling as though they need to exit/run from the class, and struggle to make strong/safe relationships with educators. In my time, I can also see an increase in these types of behaviour from young people being more prevalent in early primary.

Educational Disengagement

Attendance remains a significant challenge for many young people. In my experience, a substantial challenge is often not what happens once students arrive at school but rather getting them through the school gate consistently.

Schools work closely with families and agencies such as FRC to encourage attendance, often over many years. However, attendance is influenced by a wide range of factors including trauma, grief, family circumstances, domestic and family violence, mental health concerns and previous negative experiences of education. Educational disengagement should not be viewed simply as a matter of choice or motivation as it is a much more complex issue.

Several years ago, it was uncommon to encounter primary school aged-students openly discussing regular cannabis use or presenting at school with obvious signs of use. Approximately three years ago, I observed a group of students begin regularly using cannabis, disengaging from school and spending increasing amounts of time outside educational settings. Many of those young people now form part of the vulnerable cohort described in this submission. This is why intervention must occur earlier. I have experiences firsthand that by the time a young person has completely disengaged from education, opportunities for successful re-engagement become increasingly limited.

The Missing Adolescent Years

One of the most significant gaps I have observed during my time in [redacted] Aboriginal Shire relates to adolescents who become disengaged from education. There are strong efforts made during primary school to support vulnerable students. Some students successfully transition to boarding school and thrive. Others attend secondary school in Cooktown and engage well. However, there remains this significant group of young people for whom current pathways are not working.

At present, I can identify approximately 30 young people aged between 10 and 16 who are significantly disengaged from education and considered at risk due to a combination of chronic non-attendance, complex trauma, substance use (or exposure to), family challenges and other social factors. Many of these young people did not suddenly become disengaged in adolescence. In most cases, concerns were visible years earlier. Some began refusing school during upper primary while others experienced chronic absenteeism from a young age.

These young people are often too young for employment, disengaged from school and lacking access to alternative pathways or meaningful opportunities. Some remain

enrolled in Cooktown-based education programs; however, based on regular observations within community during school hours, school attendance appears to remain very limited. The existence of this young group of disengaged youth demonstrates that current educational pathways are not meeting the needs of all adolescents.

It deeply concerns me that many of the young people we are most worried about today are the same young people we were worried about three, five or even seven years ago. Their vulnerabilities and strengths were visible. Yet too many young people continue to fall further from education, support and opportunity. Many of these young people are known to schools and services. The challenge is not identifying vulnerability. The challenge is ensuring there are appropriate pathways available before young people become completely disconnected, which is what we are experiencing now.

[REDACTED]. The challenge was not their ability to participate when at school but maintaining consistent engagement over time. Their experiences highlight the complexity of educational disengagement and reinforce the need for earlier and more sustained support for vulnerable young people and their families.

The Impact of Recent Youth Suicides

In my nine years living and working in [redacted] Aboriginal Shire, I had never experienced the community lose young people to suicide until these recent events. The impact of these losses has been profound and unprecedented. These tragedies have affected not only immediate family members but large networks of siblings, cousins, friends, classmates and community members.

The interconnected nature of [redacted] Aboriginal Shire means that the effects of these losses extend far beyond immediate families. Many young people affected by these losses were raised together, attended school together, played sport together and viewed one another as brother (yuppa) and sister (sissy) regardless of exact family relationships.

The impacts have been felt by siblings, cousins, close friends, students currently attending school and young people who were directly exposed to the traumatic

circumstances surrounding these events. In a community such as [redacted] Aboriginal Shire, the effects of a single loss can ripple across entire peer groups and family networks. The loss of multiple young people is devasting.

Many of the young people identified as currently experiencing educational disengagement have been directly affected by these recent losses through family, friendship and kinship connections. Based on current observations, a significant proportion of the disengaged young people causing concern within the community have direct connections to one or multiple of the recent tragedies.

These young people are navigating grief alongside existing challenges including trauma, family violence, educational disengagement, drugs and other risk-taking behaviours and mental health concerns. This highlights the urgent need for long-term support rather than short-term responses following community tragedies.

Relationships Work

One of the strongest lessons I have learned is that relationships matter. Trust and consistency are key. Over my time in [redacted], I have developed positive and strong, long-term relationships with families, students and siblings. Based on these relationships, families have felt comfortable approaching me directly to discuss concerns they had not previously shared elsewhere. These parents were able to speak openly about their own struggles and concerns about their children. These experiences have reinforced my belief that families often want help but do not always feel safe or confident accessing support through unknown services. Trust-based relationships create opportunities for early intervention that formal systems sometimes miss.

Evidence That Engagement Is Possible

Importantly, I have seen evidence that highly disengaged young people can be engaged. One youth worker in our region was able to build strong and meaningful relationships with several highly disengaged boys. He met them where they were, invested time, demonstrated genuine care and he was able to successfully engage with them on a regular basis. However, despite these successful relationships, there were limited options available once engagement had occurred. There was no dedicated alternative

learning environment where these disengaged youth felt safe or welcome. No local secondary pathway or flexible educational hub designed around their needs. This experience reinforced my belief that the problem is not that vulnerable young people refuse all support. The problem is that there are too few pathways available once trust has been established. The same youth worker recently supported [REDACTED] who had refused school for an extended period, to successfully reengage [REDACTED]. I had personally attempted to support this transition years earlier, as had numerous others. Success came because this person consistently demonstrated care and empathy, the young people and family trusted him.

Lessons from a Senior Intervention Class

In [REDACTED], I taught a senior intervention class consisting of [REDACTED] highly disengaged students identified as being at risk of poor educational outcomes. The students in this class faced a range of challenges including chronic absenteeism, social and emotional difficulties, complex trauma, substance abuse, and barriers to educational engagement.

The approach used was relationship-based and trauma-informed. Alongside literacy and numeracy instruction, considerable time was invested in building trust, strengthening relationships and creating positive experiences of school. Activities such as cooking, sport, practical learning opportunities and hands-on experiences were used as engagement tools.

While these approaches were sometimes viewed as unconventional, they were designed to create connection and re-engage students who had already become disconnected from traditional approaches. The outcomes from this class demonstrated both the potential and limitations of intervention.

[REDACTED]. Multiple other students now regularly attend secondary school in Cooktown and have maintained stronger engagement with learning. However, many students from the same cohort remain among the young people currently experiencing significant disengagement. Some are enrolled at in education programs in Cooktown however it is evident from regular sightings within community during school hours, that attendance remains limited.

The most important lesson from this experience was that vulnerable young people can succeed when provided with the right support, relationships and opportunities. It also demonstrated that early intervention must be accompanied by sustained support throughout adolescence. Educational disengagement should not be viewed solely as an educational issue. Many of the risk factors affecting young people, including exposure to domestic and family violence, trauma, substance misuse and poor mental health, are risk factors associated with future experiences of violence, victimisation and offending. Early intervention with vulnerable adolescents is therefore an important violence prevention strategy.

Trauma-Informed Practice

Over recent years, schools have invested significant time and resources into professional learning around trauma-informed practice, including the Berry Street Education Model. These approaches are important and necessary; however, training alone is not enough. There remains a need for ongoing coaching, support and accountability to ensure trauma-informed approaches are implemented consistently across all settings.

The young people in our community require adults who understand the impacts of trauma, grief and adversity and who can respond in ways that maintain connection and engagement. One of the ongoing challenges I have faced when working with vulnerable young people is differing understandings of fairness. Supporting highly vulnerable students often requires additional time, flexibility and resources. While this can sometimes be perceived as unfair, treating every student identically does not always provide equitable access to education.

Many of the young people who are struggling require different supports to access the same opportunities as their peers. A shared understanding of equity is essential if schools are to effectively support students experiencing significant disadvantage.

The Need for a Flexible Learning Secondary Program in [redacted] Aboriginal Shire

The establishment of a flexible learning secondary program is my strongest recommendation. Current educational pathways work well for many students, as young people successfully complete secondary school at a range of prestigious boarding schools across the state, alternatively they can attend secondary school in Cooktown which is 30km away. Clearly, these pathways are not adequate for all students, as we can now identify a group of more than 30 youth disengaged from education. Many of the young people I am concerned about today were vulnerable before the transition to secondary school occurred. They were already struggling with attendance, already experiencing trauma and falling behind academically.

For these students, the transition to secondary education outside the community often becomes another barrier rather than a solution. Travelling each day via family transport or school bus poses more challenges for many of these young people. As a result, some become completely disconnected from education at a very young age.

Young people are spending extended periods of time disengaged from both education and employment, with few structured opportunities available to support re-engagement once they leave the local primary school. For these young people, the choice is often not between mainstream school and a flexible learning program. The reality is often a choice between mainstream school and no meaningful engagement at all.

A flexible learning secondary program could provide:

A flexible learning secondary program within [redacted] would provide an alternative pathway for students who are unable to engage successfully in traditional schooling environments while maintaining connections to family, culture, community, and support networks.

- Smaller class sizes.
- Trauma-informed practice.
- Strong wellbeing support.
- Cultural learning opportunities.
- Practical and vocational pathways.
- Mentoring and relationship-based support.
- Flexible attendance pathways.

- Community connection.
- Support for transitions back into mainstream education where appropriate.

Importantly, this would not be a lower-standard educational option. It would be a different pathway designed to meet the needs of students who are currently falling through the gaps. A flexible learning secondary program is not simply an educational initiative. It is also a youth wellbeing initiative, a violence prevention initiative, a suicide prevention initiative and a community connection initiative. For many vulnerable young people, maintaining connection to trusted adults, structured environments and future pathways can be a critical protective factor.

Community Matters

The challenges facing vulnerable young people affect the entire community. Community may hold different views about why these challenges exist or how they should be addressed, but most people want the same outcome. We all want young people to be safe, and to have food and support. We all want fewer break-ins and less property damage. We all want young people attending school, stronger families and better futures. Investing in vulnerable young people is not simply an education strategy. It is a community wellbeing strategy, a community safety strategy, and an investment in the future of [redacted].

Keeping Women and Children Connected to Community

Responses to domestic and family violence should prioritise enabling women and children to remain safely connected to their homes, schools, support networks and community wherever possible.

Educational disruption caused by relocation can have long-term consequences for children. Where safe and appropriate, community responses should seek to minimise disruption and maintain stability for children experiencing family violence.

Community Strengths

While this submission focuses on significant challenges, it is equally important to acknowledge the strengths of [redacted] Aboriginal Shire. The community is rich in

culture, family connection, resilience and leadership. There are many dedicated parents, carers, Elders, local staff, educators and community members working tirelessly to support young people. There are also many young people with enormous potential.

Throughout my time in [redacted], I have seen students gain scholarships, reconnect with education, overcome adversity and achieve success despite significant challenges. These successes demonstrate what is possible when young people are provided with the right support and opportunities.

Actions

Establish a flexible learning secondary program within [redacted] Aboriginal Shire.

- Fund and establish a permanent flexible learning secondary campus and learning program within [redacted].
- Appoint a dedicated program lead with expertise in flexible learning, trauma-informed education and youth engagement to design and implement the program in partnership with the [redacted] community.
- Develop the program over a two-year implementation period with independent evaluation and ongoing community consultation.

Learning Program should include:

- Individual learning plans tailored to each student's academic, social and emotional needs.
- Trauma-informed teaching practices.
- Small class sizes and flexible delivery models.
- On-site wellbeing staff, including access to youth mental health professionals.
- Cultural learning delivered by Elders and local community members.
- Vocational education, life skills and employment pathways.
- Flexible attendance options to gradually re-engage young people.

- Intensive family engagement and case management.
- Transport assistance where required.
- Clear pathways back into mainstream education, training or employment.

Increase access to youth mental health and wellbeing services.

- Establish a permanent youth mental health and family wellbeing service within [redacted].
- Provide a dedicated youth-focused space that is separate from the traditional clinical model and designed to encourage young people to seek support.
- Ensure services are available outside standard business hours to improve accessibility.
- Employ youth workers, psychologists, social workers and Aboriginal and Torres Strait Islander mental health workers.
- Offer outreach services to schools, homes and community settings.
- Provide evidence-informed parenting and family support programs that strengthen family relationships, emotional connection and safe home environments.
- Deliver regular community education sessions on child development, trauma, emotional regulation, positive parenting and healthy relationships, with opportunities for separate sessions for women and men where appropriate.

Provide long-term grief, healing and recovery support following community tragedies.

- Establish a dedicated community healing and wellbeing program that remains in place after emergency response teams leave.
- Develop a long-term postvention framework for remote Aboriginal and Torres Strait Islander communities.

- Provide guaranteed funding for at least three to five years following significant community tragedies.
- Ensure schools receive additional wellbeing staffing and resources to support students and staff affected by grief.
- Support culturally informed healing activities led by local Elders and respected community members alongside clinical services where appropriate.
- Monitor community wellbeing over time and provide additional support where there are signs of ongoing distress or increased suicide risk.
- Provide ongoing grief education and support groups for children, young people, families and community members to strengthen understanding of grief and recovery.

Increase support for children and young people impacted by domestic and family violence.

- Increase funding for specialist domestic and family violence support services in remote communities.
- Provide coordinated case management for children and families experiencing domestic and family violence.
- Expand access to counselling, therapeutic support and safe spaces for children and young people.
- Strengthen collaboration between schools, health services, child protection and community organisations to provide coordinated early support.
- Deliver culturally appropriate programs that support healing, healthy relationships and family safety.

Strengthen transition support between primary school, secondary school, boarding school and post-school pathways.

- Increase collaboration between primary schools, secondary schools, boarding schools, families and support services.
- Provide dedicated transition coordinators to support students and families during key education transitions.
- Maintain regular contact with students attending boarding school and provide coordinated support when students return to community.
- Strengthen pathways into vocational education, apprenticeships, employment and further education.

Develop community-based youth engagement programs for disengaged and at-risk adolescents.

- Fund community-led youth engagement programs operating after school, on weekends and during school holidays.
- Employ local youth workers, mentors and respected community members to build positive relationships with young people.
- Provide structured recreational, cultural, educational and life-skills activities that encourage positive engagement.
- Ensure programs include transport, meals and referral pathways to education, health and support services.

Strengthen trauma-informed practice through ongoing coaching, mentoring and accountability.

- Fund mandatory, ongoing trauma-informed coaching and reflective supervision for education, health and community service staff working in remote communities.
- Develop a consistent trauma-informed practice framework across government agencies.

- Require regular evaluation and accountability measures to ensure trauma-informed approaches are embedded in everyday practice rather than delivered as one-off professional development.
- Support staff wellbeing initiatives that reduce burnout and improve the quality of support provided to children and families.

Invest in workforce retention to support long-term relationships between young people and trusted adults.

- Develop incentives to attract and retain experienced staff in remote communities, including housing support, retention incentives and professional development opportunities.
- Prioritise longer-term employment arrangements to reduce workforce turnover.
- Invest in mentoring, supervision and staff wellbeing programs to improve workforce sustainability.
- Increase opportunities for local Aboriginal and Torres Strait Islander people to enter and progress within education, youth work and community support roles.

Prioritise responses that enable women and children to remain safely connected to community where possible.

- Increase access to safe accommodation and culturally appropriate support within or close to community where it is safe to do so.
- Expand outreach family support services that assist women and children experiencing domestic and family violence.
- Strengthen practical supports, including safety planning, transport, financial assistance and legal advocacy.
- Develop responses in partnership with local Aboriginal and Torres Strait Islander communities to ensure services are culturally safe and community led.

Increase investment in early intervention and alternative pathways for vulnerable adolescents before they reach crisis point.

- Fund multidisciplinary early intervention teams to identify and support children and young people showing early signs of trauma, disengagement or vulnerability.
- Expand alternative education pathways and flexible engagement options before young people disengage completely from school.
- Increase access to mentoring, youth development and life-skills programs that build resilience and strengthen protective factors.
- Improve coordination between education, health, child protection, justice and community services to provide timely, integrated support for young people and their families.
- Prioritise early intervention funding for children displaying chronic school non-attendance, recognising this as an early indicator of vulnerability rather than waiting until more complex issues emerge.

Looking forward

I am not making this submission simply to highlight a problem. I am making it because I believe there is a solution. I believe [redacted] has the people, knowledge, culture, relationships and community strengths needed to create meaningful change. I believe in the Elders, families, educators, youth workers, organisations and service providers who care deeply about the future of our young people. I am prepared to contribute to and help lead this work. What is needed is the support, investment and flexibility to bring the right people together around a shared vision.

Schools, families and services often know which young people are at risk years before crisis occurs. The challenge is ensuring there are appropriate and sustained pathways available once those vulnerabilities have been identified.

Final Reflection

After nine years living and working in [redacted] Aboriginal Shire, I remain hopeful about the future of our young people. I have seen students overcome significant adversity, gain scholarships, reconnect with education and achieve success. I have also seen the profound impacts of domestic and family violence, trauma, grief and educational disengagement and witnessed young, engaged learners completely disengage from learning and education.

Most recently, I have witnessed the devastating loss of young people to suicide and the ripple effects these tragedies have had throughout the community. My greatest concern is for the vulnerable young people who remain disconnected from education and support. Many are carrying burdens that are not immediately visible, and many have been directly affected by recent community tragedies.

The purpose of this submission is not to focus on problems alone. It is to advocate for the pathways, supports and opportunities that I believe are necessary to ensure every young person in [redacted] Aboriginal Shire can thrive.

This large group of young people we are most concerned about are not strangers. They are our students, siblings, cousins, grandchildren, nieces, nephews and friends. We know them by name. The challenge before us is ensuring that we act early enough, invest deeply enough and care consistently enough that they remain connected to education, community, culture and hope for the future.

I thank you for your time in reading this. Please reach out if you require any further information.

Domestic Violence Policy Submission: Evidence-Based Reform, Equality and Better Research

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Improving Domestic Violence Prevention Through Better Cultural Research

Current domestic violence research in Australia records factors such as the country of birth of offenders and victims. While this information has some value, it is insufficient to understand how cultural values influence domestic violence across generations.

A person's country of birth is not necessarily the same as their cultural background. Many migrant families maintain their cultural traditions and values after arriving in Australia, and these values are often passed on to their children, even when those children are born in Australia. As a result, statistics based solely on country of birth become less useful over time because second- and third-generation Australians are recorded simply as Australian-born.

If the objective is genuinely to reduce domestic violence and save lives, Australia should consider collecting voluntary information about cultural background, alongside other relevant factors, for research purposes. This would allow researchers to examine whether any cultural practices, beliefs or family norms are associated with either higher or lower rates of domestic violence, while controlling for other important influences such as socioeconomic status, education, alcohol and drug abuse, mental illness, childhood exposure to violence, and other recognised risk factors.

The purpose of such research would not be to stigmatise any community. Rather, it would be to identify evidence-based risk factors and protective factors so that prevention programs can be better targeted.

Research should also examine cultures that have comparatively low rates of domestic violence. If certain cultural values or family practices are associated with lower levels of intimate partner violence, Australia could learn from those positive examples and incorporate those lessons into prevention strategies. Effective public policy should identify both risk factors and protective factors wherever they exist.

As Australia's population becomes increasingly multicultural, understanding how different cultural values interact with Australian society may become increasingly important. In some families, children grow up with one set of expectations at home while experiencing different social norms in the wider Australian community. Researchers should investigate whether this transition creates particular stresses or conflicts that may contribute to relationship problems, or whether other factors are more significant.

If governments state that protecting women is their highest priority, then they should be willing to investigate all plausible evidence-based avenues that could improve prevention. Research should not avoid legitimate questions simply because they are politically sensitive. At the same time, conclusions should only be drawn where supported by robust evidence, and findings should never be used to stereotype individuals or communities.

The goal of this proposal is straightforward: collect better data, conduct better research, identify both risk and protective factors, and use the findings to develop more effective domestic violence prevention policies that protect all Australians.

Equal Treatment, Individual Justice and Evidence-Based Domestic Violence Policy

Discrimination occurs when people are treated differently because they are assumed to belong to a particular group, rather than being assessed as individuals.

In the context of domestic violence, public discussion and government policy have increasingly focused on violence committed by men against women. While violence against women is a serious issue that deserves attention, there is a risk that public policy can unintentionally treat all men as though they share responsibility for the actions of a very small minority of offenders.

The overwhelming majority of men are not violent. They work, pay taxes, raise families, volunteer in their communities and contribute to society in countless ways. Men build and maintain much of Australia's infrastructure, work in many dangerous occupations, protect their families, and contribute significantly to the wellbeing of their communities. Society as a whole benefits from these contributions.

Government policy should therefore avoid creating systems that implicitly assume men are perpetrators or that women are always victims. Every allegation of domestic violence should be taken seriously, but every allegation should also be investigated fairly, with decisions based on evidence rather than assumptions or stereotypes.

Justice requires that each case be assessed on its own facts. Policies should recognise that domestic violence can have male victims, female victims, and occur in same-sex relationships. Support services and legal protections should be available to all victims, regardless of sex.

Where government assistance is available for people leaving violent relationships, appropriate safeguards should exist to ensure that support reaches genuine victims while protecting the integrity of the system. Maintaining public confidence requires both compassion for victims and appropriate accountability where fraud or deliberate false claims are proven.

Public debate should also acknowledge that domestic violence can have serious consequences beyond physical injury. Allegations may affect child custody, family law proceedings, housing, employment and reputation. For that reason, both victim protection and procedural fairness are essential.

Policies should be driven by reliable evidence rather than broad assumptions about men or women as groups. The objective should not be to favour one sex over the other but to protect every genuine victim while ensuring every person accused of wrongdoing receives fair treatment and due process.

A society committed to equality should reject discrimination in all forms. Individuals should be judged by their own actions—not by the actions of others who happen to share the same sex. Domestic violence policy should reflect this principle by protecting victims, respecting due process, and ensuring that laws and public institutions operate fairly for everyone.

Recommendation: Review the Domestic Violence Financial Assistance Program

Financial assistance for people escaping domestic violence serves an important purpose. Genuine victims should have access to immediate support to help them leave dangerous situations and establish a safe life.

However, like any publicly funded program, it should be regularly evaluated to ensure it is achieving its intended objectives and that public funds are being used effectively.

One area that warrants research is whether recipients are receiving assistance on multiple occasions over a number of years. If repeat claims occur, researchers should examine the circumstances surrounding those claims.

For example:

- How many individuals receive domestic violence leaving payments more than once?
- How many receive assistance multiple times with different partners?
- Over what period do repeat claims occur?
- What factors contribute to repeated claims?
- Are there identifiable patterns that suggest the program is successfully helping people permanently escape violence, or are some recipients becoming trapped in repeated cycles?

If a small number of individuals are making repeated claims, this does not automatically indicate wrongdoing. There may be genuine reasons why someone experiences multiple abusive relationships. Equally, there may be cases where the program is being misused or manipulated. The purpose of research is to determine which explanation is supported by evidence, rather than making assumptions.

Where evidence identifies repeated use of the program, governments should investigate whether additional interventions—such as counselling, behavioural support, case management, or improved risk assessment—would be more effective than simply providing repeated financial assistance.

If there are cases where the same individual repeatedly accesses the payment over many years with different partners, it would also be appropriate to examine whether that person is solely a victim, whether they may also contribute to relationship conflict, or whether other underlying issues are preventing the cycle from being broken. The aim should not be to blame victims, but to understand why repeated crises occur and whether different interventions could produce better outcomes.

Effective domestic violence policy should be measured not only by the number of payments made, but by whether those payments lead to long-term safety and a reduction in repeated violence. Every government-funded program should be subject to evidence-based review to determine whether it is meeting its objectives, whether improvements are needed, and whether additional safeguards or support services would produce better outcomes for both individuals and the community.

Recommendation: Address Substance Abuse as Part of Domestic Violence Intervention

Substance abuse is a recognised risk factor associated with many incidents of domestic violence. While drugs and alcohol do not excuse violent behaviour, they can contribute to relationship instability, impaired judgment, financial hardship and repeated cycles of violence.

For this reason, governments should examine whether substance dependence is being adequately addressed within domestic violence support services.

There are reports from some former domestic violence workers that a proportion of clients accessing crisis accommodation have significant drug or alcohol dependency. If these reports are accurate, then governments should investigate the extent of the issue through independent research rather than relying on assumptions or anecdotal evidence.

Where substance dependence is identified, support should not be limited to emergency accommodation and financial assistance alone. Recovery from addiction may be essential if the goal is to break the cycle of repeated domestic violence.

Governments should therefore consider whether clients entering domestic violence accommodation should be offered comprehensive alcohol and drug assessments, together with access to appropriate treatment and rehabilitation services where needed. The objective should be to identify underlying issues that may contribute to repeated crises and ensure that support addresses the whole situation rather than only its immediate consequences.

Program evaluations should also examine outcomes such as repeat presentations to shelters, repeat applications for financial assistance, ongoing substance dependence, and whether integrated addiction treatment reduces future domestic violence incidents.

The purpose of this recommendation is not to suggest that people experiencing addiction are responsible for the violence committed against them, nor to deny assistance to those in need. Rather, it recognises that addiction may be one of several factors preventing individuals and families from escaping repeated cycles of violence.

An evidence-based domestic violence system should be willing to investigate every significant contributing factor—including substance abuse—if doing so has the potential to reduce repeat violence and improve long-term outcomes for victims and their families.

Recommendation: Equal Access to Early Intervention Services

Domestic violence prevention should focus not only on responding after violence has occurred, but also on preventing violence before it happens.

In many public places, including men's public toilets, government-funded advertising encourages men who are concerned about their behaviour or who fear they may become violent to seek help through dedicated telephone support services. These campaigns acknowledge that early intervention can prevent harm before it occurs.

If governments believe that early intervention is an effective strategy, then equivalent services should be available and promoted for everyone, regardless of sex.

Women who recognise that they are becoming abusive, controlling, or violent, or who are experiencing thoughts that they may harm someone close to them, should also have access to confidential, non-judgmental support designed to help them change their behaviour before violence occurs.

Domestic violence prevention should not assume that only one sex requires behavioural intervention. While the patterns of offending may differ between men and women, individuals of either sex can benefit from early support, counselling and behavioural intervention.

Governments should therefore review whether existing early-intervention services are equally accessible to women who wish to seek help for their own behaviour. If equivalent services already exist, they should be promoted as prominently as those available to men. If they do not exist, governments should consider establishing them.

The objective should be simple: anyone who recognises that they may become violent should know where to seek help before someone is harmed. Equal access to preventative services would

strengthen domestic violence prevention by ensuring that support is available to every person willing to seek assistance, regardless of sex.

Preventing violence before it occurs is more effective than responding only after victims have been harmed. A truly evidence-based and equitable domestic violence strategy should encourage early intervention wherever the risk of violence exists.

Recommendation: Distinguish Between the Frequency of Violence and the Severity of Violence

Domestic violence policy should clearly distinguish between different forms of violence rather than treating all violence as though it is the same.

One important question is whether domestic violence is inherently gendered, or whether the key difference between men and women is the capacity to inflict severe physical injury due to average differences in physical strength.

Research should examine several separate questions:

- Are men and women equally likely to engage in acts of physical aggression within intimate relationships?
- If differences exist, how large are they?
- To what extent do average differences in physical strength influence the severity of injuries?
- How do patterns differ across heterosexual and same-sex relationships?
- Which factors are most strongly associated with serious injury and homicide?

Understanding these distinctions is important because the frequency of violence and the seriousness of violence are not necessarily the same. Two people may engage in similar acts of physical aggression, yet the consequences may differ substantially because of differences in physical strength, size, the use of weapons, or other factors.

Research into same-sex relationships, including both male and female couples, may also provide valuable insights into the causes and dynamics of intimate partner violence. Comparing different relationship types may help identify which factors are related to sex, which are related to relationship dynamics, and which are influenced by other social or psychological factors.

The purpose of this research would not be to minimise violence committed by any group, nor to suggest that one form of violence is acceptable. Every act of domestic violence should be treated seriously, regardless of who commits it.

However, public policy should be based on accurate evidence. If governments wish to describe domestic violence as a gendered issue, they should clearly identify whether they are referring to the prevalence of violent behaviour, the severity of injuries, the risk of homicide, or another specific measure. These concepts should not be treated as interchangeable.

A more precise understanding of the nature of domestic violence would allow governments to develop policies that better protect all victims while ensuring that prevention strategies are based on evidence rather than broad generalisations.

Recommendation: Research Mutual Violence and Violence Across Different Relationship Types

Domestic violence research should recognise that intimate partner violence does not always follow a single pattern. While some relationships involve one primary perpetrator and one primary victim, other relationships involve violence being committed by both partners. Understanding these different patterns is essential if policy is to be evidence-based.

Research should distinguish between:

- Violence committed primarily by one partner.
- Mutual violence, where both partners engage in violent behaviour.
- Male perpetrators and female victims.
- Female perpetrators and male victims.
- Violence in same-sex relationships.
- The factors associated with serious injury and homicide.

Violence is a two-way street.

Where mutual violence occurs, it should be recognised as a distinct pattern requiring its own research and intervention strategies. A relationship in which one partner assaults the other and the violence is retaliated against differs from one in which both partners repeatedly engage in violent behaviour. Understanding these differences is important for developing effective prevention and treatment programs.

Research into same-sex relationships may also provide valuable insights into the dynamics of intimate partner violence. Comparing heterosexual and same-sex relationships may help researchers identify which aspects of domestic violence are influenced by sex, which are influenced by relationship dynamics, and which are associated with other factors such as substance abuse, mental health, trauma or socioeconomic circumstances.

Public discussion often focuses on domestic violence resulting in the death of women, and preventing these deaths must remain a priority. However, serious public policy should also recognise that domestic violence can involve male victims, female victims, male perpetrators, female perpetrators, and relationships where both partners engage in violence.

Public debate should allow discussion of the full range of domestic violence patterns without assuming that acknowledging one form of violence diminishes another. Recognising that some relationships involve mutual violence, or that women can also be perpetrators, does not minimise violence against women. Instead, it acknowledges that domestic violence is a complex issue that requires responses tailored to the circumstances of each case.

Government policy should therefore be based on comprehensive evidence that examines all forms of domestic violence rather than focusing exclusively on a single pattern. Every victim deserves protection, every perpetrator should be held accountable for their own actions, and every case should be assessed on its individual facts.

Recommendation: Consistent Standards on Violence Against Women

Governments, public broadcasters and publicly funded organisations frequently promote campaigns condemning violence against women, misogyny and the normalisation of violent attitudes. If these

principles are to have credibility, they must be applied consistently, regardless of a woman's political views, public profile or personal beliefs.

The broadcast by the ABC of the short film *A Very Relaxing Video*, which depicted graphic violence directed at Gina Rinehart, raises serious questions about whether these standards are being applied consistently.

The issue is not whether people agree or disagree with Ms Rinehart's political views or public statements. In a democratic society, people are entitled to hold differing political opinions. The issue is whether graphic violent fantasies directed at a real woman should be treated differently because of her political beliefs or public profile.

If governments and public institutions promote the message that violence, misogyny and abusive attitudes towards women are unacceptable, then that principle should apply equally to every woman. Respect for women should not depend upon whether a person agrees with their politics, ideology or public commentary.

Permitting or defending violent depictions of women because they are politically unpopular risks sending an inconsistent message to the community. It suggests that violence or degrading treatment towards women is unacceptable in some circumstances but more acceptable when directed at women whose views are controversial or unpopular.

Public messaging is most effective when it is consistent. If society expects people to reject violent or misogynistic language towards women, then publicly funded organisations should demonstrate the same standard in the content they commission or broadcast.

Governments should also consider whether publicly funded campaigns against domestic violence and misogyny are undermined when publicly funded institutions appear to tolerate or broadcast violent depictions of real women based on political disagreement.

Domestic violence prevention is built upon the principle that every person deserves dignity, safety and respect. Those principles should apply equally to every woman, regardless of her political beliefs, occupation, wealth, influence or public profile. A consistent standard strengthens public confidence in domestic violence prevention; selective application risks undermining that confidence.

Recommendation: Consistent Investigation of Coercive Control in Suicide Cases

The recognition of coercive control as a serious form of domestic abuse has expanded the understanding of how abusive relationships can affect mental health and, in some cases, contribute to suicide.

If coercive control is capable of contributing to a person's decision to take their own life, then this principle should be applied consistently regardless of the victim's sex.

Australia experiences a significant number of male suicides each year. Where there is evidence that a deceased person was subjected to prolonged coercive control, psychological abuse, intimidation or other forms of domestic abuse before their death, investigators should consider whether those factors contributed to the suicide in the same way they would in any comparable case involving a female victim.

The question is not whether coercive control affects women—it clearly can. The question is whether the same investigative approach is applied when the deceased is a man.

Governments should commission research into the relationship between coercive control and suicide for both male and female victims. This research should examine:

- How often coercive control is identified as a contributing factor in suicides.
- Whether investigations are conducted consistently regardless of the victim's sex.
- Whether existing investigative guidelines adequately recognise male victims of coercive control.
- Whether legislative reforms or investigative protocols require amendment to ensure equal treatment.

Every suicide occurring in the context of an intimate relationship should be assessed on its own facts. Where there is credible evidence that coercive control or sustained domestic abuse may have contributed to the death, investigators should consider that evidence regardless of whether the deceased was a man or a woman.

A justice system committed to equality should ensure that coercive control laws are applied consistently. If coercive control is recognised as capable of contributing to suicide, then every victim deserves the same level of investigation and legal consideration, irrespective of sex. Equal application of the law strengthens public confidence in both domestic violence policy and the justice system.

Recommendation: Improve Research into Domestic Violence in Same-Sex Relationships

Domestic violence research should ensure that data collected on same-sex relationships is sufficiently detailed to support reliable conclusions.

Some studies have reported higher lifetime rates of intimate partner violence among women in same-sex relationships than among women in heterosexual relationships. Researchers have suggested a number of possible explanations for these findings, including violence experienced in previous heterosexual relationships. However, unless this information has been directly collected through gender-specific questions, these explanations remain hypotheses rather than established facts.

Public policy should not rely on assumptions where more precise data can be obtained.

Future research should distinguish clearly between:

- Violence committed by a current same-sex partner.
- Violence committed by a previous same-sex partner.
- Violence committed by a previous opposite-sex partner.
- The timing and frequency of each incident.
- Whether violence was one-sided or mutual.

If lesbian relationships are more violent than heterosexual relationships that would be a very strong indicator that the heterosexual DV stats and narrative are majorly flawed. That might be the reason for the reluctance to investigate this more thoroughly?

Collecting this information would allow researchers to determine whether the reported rates of domestic violence in same-sex relationships are primarily attributable to violence within those relationships or whether they reflect experiences from previous relationships. Without these distinctions, the available data may be open to differing interpretations.

If same-sex female relationships are found to have comparatively high rates of intimate partner violence after more detailed research, that finding should be investigated objectively rather than explained away without supporting evidence. Conversely, if more detailed research shows that earlier findings were influenced by experiences from previous relationships, that conclusion should also be accepted.

The purpose of collecting more detailed data is not to support any predetermined conclusion. It is to ensure that domestic violence policy is based on evidence rather than assumptions. Where significant statistical findings or apparent outliers exist, governments should seek better data to understand them rather than relying on explanations that have not been directly tested.

Evidence-based policy requires accurate, comprehensive and transparent research. Better data on same-sex relationships would improve understanding of domestic violence across all relationship types and help ensure that prevention and support strategies are based on demonstrated facts rather than inference.

Recommendation: Strengthen Safeguards Against False Allegations While Protecting Genuine Victims

Domestic violence laws and support systems exist to protect people from harm, and genuine victims must always be encouraged and supported to come forward.

However, a fair justice system must also recognise that deliberately false allegations of domestic violence can cause serious harm. When false allegations are made, the consequences can extend beyond the immediate complaint and affect intervention orders, family law proceedings, relationships with children, employment, reputation and a person's ability to access justice.

The principle that people should be protected from violence must apply equally to people who are falsely accused of committing it.

There is concern that inadequate attention is given to the issue of false allegations and the consequences for those who make them deliberately. Any system that investigates domestic violence allegations should have clear processes to identify where claims are unsupported, inconsistent or intentionally false.

False allegations of domestic violence are a serious issue because they can have major consequences for the accused person, family relationships and the justice system. While genuine victims must always be supported, there should also be research into whether any incentives exist that could influence false or exaggerated claims.

Potential incentives that should be examined include the advantage a domestic violence allegation may provide in Family Court proceedings, access to the $5,000 leaving domestic violence payment, and other financial benefits such as stamp duty concessions that may provide significant savings when purchasing a home in South Australia.

Social factors should also be considered. In some situations, a person leaving a relationship may receive greater understanding and support from family and friends if they are seen as leaving because of domestic violence, rather than being viewed as leaving for another partner, financial reasons or personal circumstances.

These issues do not mean that genuine victims should not be believed or supported. However, any fair system must recognise that incentives can influence human behaviour and ensure there are proper safeguards so genuine victims are protected while deliberate false allegations are identified and addressed.

Safeguards must be designed carefully so that genuine victims are not discouraged from reporting abuse. The solution is not to create barriers for people who need protection, but to ensure that investigations are thorough, evidence-based and fair to all parties.

Governments should collect accurate data on:

- The number of domestic violence allegations made.
- The number found to be substantiated.
- The number found to be deliberately false.
- The circumstances in which false allegations occur.
- The impact of false allegations on accused persons and families.

Where a person is proven to have knowingly made a false allegation, there should be appropriate consequences. Accountability for deliberate false claims does not undermine support for genuine victims; rather, it protects the credibility of the entire domestic violence system.

This is particularly important where allegations affect family law matters. Findings or allegations of domestic violence can have significant consequences for parenting arrangements and a person's relationship with their children. These decisions must be based on reliable evidence and not simply on untested claims.

A justice system must be capable of doing two things at the same time: protecting genuine victims and protecting innocent people from false accusations.

Public confidence in domestic violence laws depends on fairness, transparency and evidence-based decision-making. Ensuring that deliberately false allegations are properly identified and addressed strengthens the system for everyone.

Recommendation: Use Evidence-Based Language Rather Than Divisive Slogans in Domestic Violence Policy

Public awareness campaigns play an important role in educating communities about domestic violence and encouraging people to seek help. However, the language used in these campaigns must be carefully considered because terminology can influence public understanding, policy debate and community attitudes.

Terms such as "gender-based violence" have been increasingly used in discussions about domestic violence. While gender may be a relevant factor in some cases, applying a broad label to all domestic violence risks oversimplifying a complex issue.

Domestic violence occurs across different relationship types, including heterosexual relationships, same-sex relationships, and relationships involving male and female victims and perpetrators. This complexity means that governments should be cautious about using terminology that suggests a single explanation applies to all cases.

The promotion of the term "gender-based violence" also demonstrates the risks of relying on slogans rather than clear evidence-based explanations. The term was promoted heavily in public debate, yet it did not gain broad acceptance among the community. The fact that some politicians and public figures have since reduced their use of the term raises questions about whether these slogans are being chosen because they genuinely improve understanding, or whether they are simply short-term political messaging.

Public policy should not be built around language that changes depending on political trends. If a term is introduced to describe a serious social issue, it should be supported by clear evidence and should improve understanding rather than create further division.

Before adopting broad labels, governments should ensure that the evidence clearly supports the terminology being used. Research should continue to examine the different patterns of domestic violence, including:

- Violence involving male victims and female perpetrators.
- Violence involving female victims and male perpetrators.
- Violence in same-sex relationships.
- The role of factors such as physical strength, relationship dynamics, mental health, substance abuse and social circumstances.

A particular concern with slogan-based approaches is that they can create division rather than understanding. When public debate becomes focused on defending or attacking a slogan, attention can move away from the practical question of how to prevent violence and support all victims.

Public messaging should focus on shared goals rather than labels that may divide communities. Everyone can agree that violence in relationships is unacceptable and that victims deserve support, regardless of their sex, sexuality or circumstances.

Language such as "scourge" and other highly emotive terms should also be used carefully. While strong language may be intended to highlight the seriousness of an issue, repeated use of dramatic slogans can sometimes reduce complex social problems into political messages rather than encouraging evidence-based discussion.

The objective of domestic violence policy should be to understand the causes of violence and develop effective prevention strategies. This requires accurate research, honest discussion and terminology that reflects the complexity of the issue.

Governments should avoid relying on slogans that create conflict and instead use language that promotes understanding, encourages reporting, supports victims and addresses the underlying causes of domestic violence in all forms.

A successful domestic violence strategy should not depend on which slogan is currently popular. It should depend on evidence, fairness and policies that protect every victim while addressing the causes of violence wherever they occur.

Recommendation: Ensure Domestic Violence Terminology Does Not Minimise Accountability

Domestic violence policy relies heavily on terminology and definitions. The words used to describe different forms of violence influence public understanding, research priorities and government responses. For this reason, terms used in domestic violence research must be clearly defined and applied consistently.

The term "situational violence" has been used in some domestic violence research to describe violence that may arise from relationship conflict, arguments, stress or particular circumstances rather than being part of an ongoing pattern of coercive control.

However, policymakers must carefully consider whether these distinctions risk creating confusion about the nature of violence itself.

When one person uses physical violence against another person during an argument or conflict, an important question must be examined: what is the purpose and effect of that violence?

Violence is an action used to influence another person's behaviour. When someone chooses to hit, threaten or intimidate another person during a disagreement, they are attempting to impose their will on the situation through force. Even if the violence occurs in response to a particular argument or emotional situation, it can still involve an attempt to gain power over the outcome of that conflict.

The fact that violence may be triggered by a specific situation does not mean that power and control are irrelevant. A person who uses violence is using physical force to change the balance of the situation in their favour rather than resolving the disagreement through communication or other non-violent means.

For this reason, research should carefully examine whether the distinction between "coercive controlling violence" and "situational violence" accurately captures the role that power and control play in all acts of domestic violence.

Understanding different patterns of violence can be valuable, but terminology should not create the impression that some forms of violence are less serious or less harmful simply because they occur during an argument or under certain circumstances.

A comprehensive approach should recognise that domestic violence can occur through different patterns, including:

- Ongoing coercive control and intimidation.
- Violence used as a method of controlling another person.
- Violence occurring during relationship conflict.
- Mutual patterns of violence.
- Violence associated with factors such as substance abuse, mental health issues, trauma or other circumstances.

Regardless of the pattern, the responsibility for choosing violence remains with the person who commits it. The circumstances surrounding an act of violence may be relevant to understanding why it occurred, but they should not be used to reduce accountability.

The goal of domestic violence policy should be to prevent all forms of violence, support all victims and hold all perpetrators accountable. Clear language and evidence-based definitions are essential to achieving that goal.

Recommendation: Research Relationship Power Dynamics Without Gender Assumptions

Domestic violence research and policy should examine relationship dynamics based on evidence rather than beginning with the assumption that one sex is always the controller and the other is always controlled.

Power and control can exist in different forms and can occur in different directions within relationships. A complete understanding of domestic violence requires research into all forms of controlling behaviour, regardless of whether it is committed by a man or a woman.

There is a concern that some public discussions begin with the assumption that men are primarily the source of control in relationships, while overlooking ways that control may be expressed by women or may occur through relationship expectations, emotional pressure, social expectations or other forms of behaviour.

Language and common expressions within society may provide important areas for research because they reflect long-standing social attitudes about relationships.

Expressions such as "happy wife, happy life," "I'll have to ask the boss," or jokes about a man needing permission from his partner are commonly used in everyday conversation. These expressions may reflect humour, relationship negotiation, or social expectations, but they also raise questions about how control and influence within relationships are understood.

For example, it is common to hear a man in a social setting, such as a pub with friends, say something like, "I better get home before I get in trouble." Often this comment is treated as a joke and accepted as normal conversation. The people around him may laugh and move on without questioning what it means about the relationship dynamic.

However, if a woman in the same situation stood up and said, "I better get home before I get in trouble," would society interpret that comment in the same way? Would people be as accepting, or would there be a greater tendency to assume she was being controlled or treated unfairly?

This raises an important research question: are the same behaviours and relationship dynamics interpreted differently depending on whether the person experiencing them is male or female?

Research should examine whether social attitudes sometimes normalise certain behaviours when directed towards men while identifying those same behaviours as problematic when directed towards women. Understanding these differences in perception is important because social expectations can influence how people recognise, report and respond to controlling behaviour.

A comprehensive understanding of relationship dynamics should examine:

- Emotional control and manipulation.
- Financial control.
- Social isolation.
- Expectations around decision-making.
- Use of threats, intimidation or fear.

- How both men and women experience controlling behaviour.
- How cultural expectations influence perceptions of control.

Recognising that women can engage in controlling behaviour does not minimise the experiences of women who suffer abuse. Rather, it acknowledges that accurate research requires examining all forms of behaviour and all victims.

Domestic violence prevention will be more effective when it focuses on identifying harmful behaviours wherever they occur, rather than relying on assumptions based solely on gender.

A fair and evidence-based approach should ask a simple question: is a behaviour harmful because of who performs it, or because of what the behaviour actually does within the relationship?

Policies designed to protect people should be based on the answer to that question.

Recommendation: Research the Role of Online Behaviour After Separation in Domestic Violence Cases

Domestic violence discussions should consider the full range of behaviours and circumstances that occur after a relationship ends, including the role of social media.

It is common to see people publicly share their experiences online, describing themselves as survivors of domestic violence and explaining how they have left an abusive relationship. These posts can provide support and encouragement to others, but they also raise important questions that should be examined through research.

Leaving a relationship involving domestic violence is often described as a period of increased risk. For this reason, researchers should investigate how post-separation behaviour, including public social media activity, relates to different types of domestic violence situations.

Research should examine questions such as:

- Why would someone who reported fearing a former partner choose to publicly discuss the relationship online? These violent partners don’t disappear after separation and may see or be told about what was written about them.

The purpose of examining these issues is not to assume that someone is not a genuine victim because they speak publicly. People respond to difficult experiences in different ways, and some may choose to share their stories as part of their recovery or to support others.

However, a comprehensive understanding of domestic violence requires looking at all available information, including behaviour before separation, during separation and after separation. Public statements, online activity and interactions between former partners may all provide important context when assessing individual situations.

Domestic violence policy should be based on careful investigation rather than assumptions. A person's actions after separation should neither automatically prove nor disprove their experience, but they should be considered as part of a complete evidence-based assessment.

A fair system must recognise genuine victims while also ensuring that every individual case is assessed objectively and that all relevant evidence is considered.

Recommendation: Consider Public Feedback and Community Confidence in Domestic Violence Policy

Public confidence is essential for any domestic violence system to succeed. Governments and politicians regularly communicate with the community about domestic violence through social media, public statements and awareness campaigns. These communications can help educate the public, but they also create an opportunity for governments to listen to community concerns.

A recurring issue in public discussions is that many people respond to domestic violence posts by raising concerns about perceived unfairness, including concerns about false allegations, family law outcomes, male victims, female perpetrators and whether the system treats all people equally.

These comments come from a range of people, including men, women, mothers, sisters, fathers, family members and people who believe they have personally witnessed or experienced problems within the system. While social media comments alone cannot replace research or official data, the volume and consistency of concerns should not simply be dismissed.

A government that seeks to improve domestic violence policy should examine why so many people feel unheard and whether there are genuine gaps in the system that require attention.

Public debate becomes less productive when governments repeatedly promote a single message while appearing to ignore concerns raised by members of the community. Effective policy requires both communication and listening.

Governments should consider establishing better mechanisms to collect and evaluate community concerns, including:

- Concerns about false allegations and the impact on accused people.
- Experiences of male victims of domestic violence.
- Experiences of female perpetrators.
- Concerns about family law and parenting outcomes.
- Whether support services are accessible and fair for everyone.

Acknowledging these concerns does not undermine support for genuine victims of domestic violence. Instead, it strengthens the system by ensuring that policy reflects the experiences of the entire community.

A successful domestic violence strategy requires public trust. If large sections of the community believe that important issues are being ignored, confidence in the system may decline. Governments should therefore ensure that public messaging is matched by genuine engagement, transparent research and a willingness to examine all perspectives.

The goal should be a system that protects victims, holds perpetrators accountable and maintains fairness for everyone affected.

Recommendation: Avoid Dismissing Community Concerns Through Labels

Public debate about domestic violence, gender issues and social policy should allow room for a wide range of perspectives. Governments and elected representatives have a responsibility to engage with criticism rather than dismissing people by applying labels.

The term "manosphere" is increasingly used in political and public discussions to describe certain online communities and views associated with men. While some individuals and groups may

promote harmful or extreme ideas, the broad use of labels can risk dismissing legitimate concerns raised by ordinary men and women who question aspects of current policy or public debate.

Many people who identify with, or participate in, these communities argue that their purpose is not to oppose equality but to challenge what they see as an imbalance in current discussions about domestic violence, men's rights and women's rights. They argue that these movements developed in response to concerns that men's experiences, concerns and disadvantages are not receiving sufficient recognition within public debate.

Whether or not people agree with those concerns, dismissing them through labels does not address the underlying issues being raised. When people feel unheard by institutions, governments or mainstream discussions, they are more likely to seek alternative spaces where they believe their views will be considered.

People who raise concerns about issues such as family law, false allegations, male victims of domestic violence, relationship breakdowns or perceived inequalities should not automatically be categorised as part of an extreme movement simply because their views challenge prevailing narratives.

Healthy democracies depend on the ability to debate ideas. If a person disagrees with a particular policy or raises concerns about whether a system is fair, that should lead to discussion and examination of the evidence rather than immediate dismissal.

Society has long recognised the importance of listening to groups who advocate for issues affecting women, including through movements such as feminism. It would be inconsistent to support the importance of women's voices while dismissing men's concerns simply by applying a negative label.

The question should not be whether a person's views fit a particular label. The question should be whether the concerns being raised have evidence behind them and whether they identify genuine issues that deserve attention.

Governments and politicians represent the entire community. This includes women and men, people who support current policies and people who challenge them. Public trust is strengthened when elected representatives respond to criticism with evidence, respect and open discussion rather than relying on labels that discourage debate.

A fair society should be able to address harmful behaviour while still allowing legitimate concerns to be heard. Engaging with all perspectives does not weaken equality—it strengthens democratic decision-making.

Recommendation: Ensure Support Services Address Underlying Issues and Do Not Reinforce Harmful Behaviour

Domestic violence services play an important role in providing safety, support and assistance to people experiencing relationship breakdown and violence. However, publicly funded services should also ensure that the support provided addresses the full circumstances of each situation.

A concern that should be examined is whether some support systems may unintentionally reinforce harmful behaviours when they focus only on validating a person's account without properly assessing all contributing factors.

If a person seeking assistance has contributed to relationship conflict, damaged relationships, or played a role in the breakdown of the situation, simply reinforcing the belief that they have no

responsibility may prevent them from addressing those behaviours. In some cases, this could allow unhealthy patterns to continue rather than helping the person make positive changes.

The purpose of support services should not only be to provide immediate assistance but also to achieve long-term outcomes. This may require identifying underlying issues such as communication problems, substance abuse, mental health concerns, relationship patterns or behaviours that contribute to conflict.

This does not mean that people seeking help should be blamed or denied support. People in crisis should receive appropriate assistance and safety. However, effective support requires honesty and a complete assessment of the circumstances, including where a person may also need help addressing their own behaviour.

Because these services are publicly funded, governments should evaluate whether programs are achieving their intended purpose: reducing harm, improving safety and breaking cycles of unhealthy relationships.

Support should empower people to make positive changes, not simply confirm a version of events without examining whether there are other factors involved. A system that protects people must also be willing to address uncomfortable issues when they are relevant.

Compassion and accountability should exist together. A successful domestic violence system should support genuine victims while ensuring that all individuals receive the appropriate intervention needed to create safer outcomes.

Recommendation: Apply Child Safety Risk Factors Consistently

Research over many years has identified that, children living with a stepparent face a higher risk of abuse than children living with both biological parents, a finding commonly referred to as the "Cinderella effect." While researchers continue to debate the magnitude of the increased risk, there is broad agreement that living with a stepparent is a recognised child protection risk factor that should be considered alongside all other relevant evidence.

This raises an important policy question.

If governments and domestic violence advocates frequently emphasise the risks that men may pose to women and children, why is comparatively little attention given to assessing the risks associated with introducing a new, unrelated adult male into a child's household following family separation?

More importantly, why is this issue rarely discussed in family law debates when the child's best interests are said to be the paramount consideration?

Could this inconsistency simply reflect a gap in policy, or has this recognised risk factor received less attention because greater scrutiny of stepfathers might make post-separation parenting arrangements more difficult for women, complicate the formation of blended families, or require family courts to more closely examine a mother's new relationship?

These are legitimate questions that deserve evidence-based answers. If the available research identifies living with a stepparent as a potential risk factor, then that evidence should neither be ignored nor selectively applied because it is politically or socially inconvenient.

The purpose is not to suggest that stepfathers are unsafe or that blended families should be discouraged. Some stepfamilies provide loving and supportive homes. Rather, the purpose is to ask

why a recognised risk factor appears to receive relatively little attention in public policy and family law when compared with other risks that receive significant public discussion.

A child protection system that genuinely places children's welfare first should apply the same evidence-based standard to every recognised risk factor, regardless of whether the findings support or challenge inconvenient matters to address.

Submission to the Consultation on the Second Action Plan (2027–2032)

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

July 2026

Author

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Executive Summary

This submission has been prepared by Dr Silke Meyer and draws on more than a decade of research examining domestic, family and sexual violence (DFSV), coercive control, children's experiences of violence, recovery and healing, family law system responses, domestic and family violence perpetrator interventions, and cross-sector workforce development.

The submission responds to selected consultation questions aligned with my research expertise and focuses on four key priorities identified in the consultation paper:

1. Victim-survivors
2. Prevention and early intervention
3. Children and young people in their own right
4. People who use violence

In addition, the submission identifies urgent reforms required in the family law system and broader workforce development initiatives that are critical to achieving the objectives of the National Plan.

A central theme across this submission is the need to move beyond crisis-focused responses and invest in recovery, healing and long-term wellbeing. While significant progress has been made in strengthening responses to DFSV, substantial gaps remain in recovery support, children's recognition as victim-survivors in their own right, accountability mechanisms for people who use violence, and system responses that continue to facilitate ongoing coercive control and systems abuse.

The Second Action Plan presents an important opportunity to strengthen Australia's response by:

- Investing in long-term recovery and healing for adult and child victim-survivors.
- Recognising children affected by DFSV as victim-survivors in their own right.
- Expanding child-centred recovery and early intervention responses.
- Strengthening whole-of-school approaches to identifying and responding to DFSV.
- Developing more diverse, evidence-informed responses for people who use violence.
- Improving recognition and disruption of coercive control and systems abuse.
- Strengthening the family law system's capacity to identify and respond to DFSV.
- Building national workforce capability across specialist and non-specialist sectors.

These investments will not only improve safety and recovery outcomes for victim-survivors but also contribute to disrupting the intergenerational transmission of violence and helping realise the National Plan's vision of ending violence against women and children in one generation.

About this Submission

This submission is informed by an extensive body of Australian research relating to:

- Children's experiences of domestic, family and sexual violence (DFSV).
- Recovery and healing following victimisation.
- Coercive control.
- Family law system responses to DFSV.
- DFSV perpetrator interventions.
- Whole-of-school approaches to identifying and responding to violence.
- Child wellbeing and suicide prevention.
- Workforce capability development.

The recommendations presented reflect both current evidence and emerging findings from ongoing Australian research and evaluation projects. The following sections outline responses to the consultation questions based on my own and wider research on DFSV in Australia. I have only addressed questions that align with my research expertise. As a result, not all questions guiding the consultation have been addressed in this submission.

Priority Area 1: Victim-survivors

Questions considered:

- What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?
- What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?

Feedback for Priority Area 1: Victim-survivors

1. There is an immediate need to invest in long-term healing support for adult and child victim-survivors. With most current responses geared towards crisis interventions and/ or short-term post crisis interventions, victim-survivors are too often left to navigate and fund their own long-term emotional recovery support. For many victim-survivors, recovery support is inaccessible and unaffordable, forcing them to decide between emotional wellbeing and financial stability. Further, many adult victim-survivors have to decide which child is in greatest need of recovery support when finances are restricted and recovery support for all children is unaffordable.
2. There is an immediate need to invest in and established holistic recovery hubs, which support all pillars of recovery, including higher education/ professional qualifications and development, employment, housing stability, financial independence, physical and emotional health and wellbeing. Many victim-survivors of DFSV, especially where coercive control is involved, face housing instability, financial hardship, disrupted careers and employment opportunities.

3. There is an immediate need to facilitate access to timely recovery support for adult and child victim-survivors and avoid delays in access to recovery support. Adult and child victim-survivors' opportunities for recovery are not only hindered by a lack of available, accessible and affordable recovery support but are frequently further delayed by ongoing experiences to DFSV, especially coercive control, that create an ongoing atmosphere of hypervigilance which interferes with recovery. Especially victim-survivors going through contested Family Court proceedings often find themselves in a state of ongoing victimisation experiences (including financial and systems abuse, intimidation and other forms of coercive control) while engaged in the court system. As contested proceedings can last years, victim-survivors' opportunities for recovery work are delayed significantly and for many may not become available for years. Further, regardless of Family Court involvement, where mutual children and ongoing contact between an abusive parent and the child victim-survivor(s) exist, recovery work may be hindered or delayed, increasing the risk of exacerbated poor mental health outcomes of adult and child victim-survivors. It is therefore essential to create fast-tracked, trauma- and DFSV-informed pathways to safe legal resolutions in parenting matters that support access to recovery support and mitigate the risk of interference with recovery work through ongoing coercive control by an abusive parent.

Priority Area 2: Prevention and early intervention

Questions considered:

- What would make the biggest difference in preventing and ultimately ending violence?
- How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?
- What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?

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

Feedback for Priority Area 2: Prevention and early intervention

1. See further detail under priority area 3, response 1 – recognising and responding to children as victim-survivors with their own unique support and recovery needs will be critical in disrupting the intergenerational transmission of DFSV and other harmful behaviours and experiences. This would make a substantial contribution to reducing and eventually ending DFSV.
2. Immediate investment in whole of school approaches to identifying and responding to childhood experiences of DFSV is required. Schools are well positioned to identify and support children affected by DFSV. However, schools are currently inadequately resourced to provide holistic, trauma-informed settings where children can make safe disclosures and receive adequate support. Such school responses require a workforce capability uplift around DFSV among teachers and other school staff, along with a better integration of schools into wider community responses to DFSV.

3. Australia has a range of effective primary prevention programs administered in schools and to some extent in alternative educational settings. The consistent implementation across all state and private schools is critical in ensuring broad exposure to primary prevention efforts among all young people. A requirement for private schools to adopt Respectful Relationships should be a minimum first step in ensuring the ~1/3 of Australian students enrolled in private (including religiously affiliated) schools all receive Respectful Relationships education.

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

Questions considered:

- What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?
- How can governments, services, education settings, families, communities and others better recognise and respond to children and young people experiencing violence or harm?
- How can children and young people be meaningfully involved in shaping the policies, programs and services that affect them?

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

1. An early recognition of children experiencing DFSV by one parent/ carer against another as victim-survivors in their own right, with their own unique support and recovery need is critical ion preventing and ultimately ending DFSV through the disruption of intergenerational harm. Many of our current responses remain geared towards parents using and/ or experiencing DFSV, establishing immediate safety (e.g. by removing the abuser from the home, moving adult and child victim-survivors into crisis accommodation, removing children from parents experiencing DFSV) and promoting behaviour change (e.g. through civil and criminal justice responses, Men's Behaviour Change Programs [MBCPs], specialist parenting interventions). Few, if any, of these responses recognise children's lived experience of DFSV in these scenarios and rely on children being ok long-term because the immediate experience of parental DFSV has been disrupted. However, a large body of Australian and international research clearly highlights the impact of childhood experiences of DFSV on later life outcomes, including education, social connectedness, physical and mental health and wellbeing, productivity, and law abidance. Recognising children as victim-survivors in their own right when DFSV occurs requires policies that stipulate the documentation of the presence of children, children's lived experiences along with referral pathways to timely, child-centred recovery support.
2. With regards to (1), the presence of children in households affected by DFSV requires a broader lens on children. Too often, children are not recorded or considered in crisis and post-crisis responses (especially police and civil protection order responses) if they are not physically present at the time of police responses and/ or if they do not reside in the affected household fulltime. It is therefore critical to identify and consider children's safety, support and recovery needs of all children who have ongoing contact/ spend partial time in a household where a parent is using or experiencing DFSV.

3. Immediate investment in expanding current child-centred recovery responses is required to ensure all children affected by parental/ carer DFSV have access to timely, child-centred recovery support. This must include flexibility in accessibility to align with children's needs and experiences. E.g. at times where engagement with recovery support may be disrupted due to the interference by an abusive parent or other circumstances, children and young people require the opportunity to return to recovery work if and when ready and safety to do so.
4. It is critical to reform current service system responses to children affected by DFSV that are geared towards crisis responses and require a high threshold of risk of further harm or behavioural concerns. Examples include police and child protection responses to DFSV involving children, which require an escalation of DFSV to a threshold that warrants statutory interventions as well as child and youth mental health services that require a high threshold of self-harm and suicidality before intervening. Our research shows that children experiencing mental health manifestations and/ or behavioural problems requiring their removal from the family home and their families often have early, repeated and diverse service system contact that does not meet the threshold for formal interventions under current policies and procedures but offer opportunities for the early identification of support and recovery needs and early opportunities to connect children and families with child- and/or family-centred interventions to support children and reduce the risk of adverse later life outcomes.
5. Immediate establishment of recovery services that cater for unaccompanied children as victim-survivors in their own right is critical to ensure all children and young people have access to DFSV specialist support, regardless of age and regardless of whether they have a help-seeking parent to support them.
6. Federal, state and territory governments should establish youth advisory boards , panels or councils (hereafter referred to as boards) to inform governments, government and non-government organisations on policy and practice development relevant to child, youth and family interventions. These advisory boards will require clear guidelines/ contracts and should draw on established good practice (e.g. youth advisory boards established under different family and child commissions across states and territories, victim survivor advisory councils).

Priority Area 4: People who use violence

Questions considered:

- What would make the biggest difference in preventing and responding earlier to the use of violence?
- How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?
- What approaches are most effective in supporting people who use violence to take accountability, change behaviours, and reduce the use of violence, while focusing on victim-survivor safety?
- How can governments and services, among others, strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?

Feedback for Priority Area 4: People who use violence

1. Responding to people using violence requires a wider suite of responses that we currently rely on. Federal government should resource and support state and territory governments to fund innovative and diverse interventions that meet the needs of different populations of people using violence. Such interventions should be piloted and evaluated from the outset, with evaluation funding being attached to any pilot funding.
2. Evidence-based interventions that have been evaluated and are showing positive effects on adult and child victim-survivor safety and wellbeing and positive behaviour change among men using violence need to be considered for ongoing funding. Current, short-term funding contracts make it inherently difficult for service providers to maintain qualified staff in environments where contracts are dependent on ongoing funding.
3. All funded MBCPs and other formats of men's behaviour change work should meet national minimum standards (currently being developed).
4. All funded MBCPs must have a funded, dedicated women's advocate (also referred to as family safety contact work). While all states and territories require MBCPs to offer such a component, funding models are inconsistent, often requiring MBCP providers to secure funding for women's advocate roles via other avenues. Further, MBCP providers should have a child advocate role that provides support to children affected by men's use of violence. This could be integrated into an organisations delivery of children's counselling services or resourced as a standalone child advocate component. Especially MBCPs designed for men who are fathers, stepfathers or carers for children (e.g. Caring Dads, Responsible Fathers and similar programs) should be resourced to provide a child- and women's advocate component through government funding.
5. Women's use of violence needs to be addressed through tailored, evidence based interventions designed for women using force in the context of victimisation experience to recognise the unique support and intervention needs of women using force.
6. Given the high prevalence of men's use of DFSV among Family Court involved families, and the high rates of legal and systems abuse by men who use DFSV, the Federal Circuit and Family Court of Australia should consider a dedicated MBCP for family law involved men who use DFSV. This model requires federal government commitment and funding, including funding for an evaluation component to build the evidence base around such a new approach to MBCP work with specific cohorts of men.
7. There is an immediate, urgent need for workforce capability uplift to ensure cross-sector understanding and identification of systems abuse to disrupt ongoing harm for adult and child victim-survivors.

Other areas of action

Other actions that should be a priority to stop DFSV

1. The ongoing challenges experienced by victim-survivors (predominantly mothers) involved in FCFCOA proceedings (most recently identified in Jess Hill's latest research drawing on 30 interviews with mothers who experienced FCFCOA proceedings since the 2024 reforms) highlight the need for immediate action under the Second Action Plan. This must include:

a. Greater transparency of the nature and outcomes of FCFCOA matters, including through the provision of court data access to independent researchers.
b. Ongoing judicial education along with workforce capability uplift around DFSV for family report writers, independent children's lawyers, legal practitioners representing alleged victim-survivors and/ or abusers along with social workers, psychologists and psychiatrists utilised as expert witnesses. The implementation of Safe & Together training over recent years clearly has been insufficient in addressing the ongoing harm to adult and child victim-survivors subject to FCFCOA proceedings and the ongoing systems abuse by people using violence (predominantly abusive fathers).
c. The immediate establishment of an independent judicial oversight body, i.e. a National Judicial Commission.
d. The implementation of dynamic risk assessment processes rather than the static initial risk assessment currently relied upon under the Lighthouse intake assessment processes.
e. FCFCOA accountability to ensure children's safety and recovery through universal access to therapeutic support, such as Counselling for Children After Separation (SCASP) currently funded under Family Law Services provided by Family Relationships Services Australia members. Such access should be built into parenting orders to ensure access to recovery support is not left to either parent's discretion.
f. Workforce capability uplift across all Family Relationships Australia members' Family Law Services to ensure programs relevant to family law matters (including but not limited to FCFCOA proceedings) are adequately equipped to understand, identify and respond to DFSV, especially coercive control. This uplift must be supported through federal and state and territory funding and should not become the responsibility of individual services.
g. The introduction of monitoring of child outcomes where children are ordered into ongoing contact and/ or into the care of an allegedly abusive parent for a minimum period of three years after final orders are made to ensure visibility of children at ongoing risk of harm along with FCFCOA accountability to demonstrate that decisions in parenting matters meet the criteria of being in children's best interest.

2. Universities should be expected to embed DFSV courses into undergraduate courses. At the very minimum DFSV specialist courses should be embedded into the disciplines of social work, human services, psychology, education, law, nursing and medicine. With around 1 in 3 women and almost 1 in 2 children experiencing DFSV in Australia, none of these disciplines can argue any longer that DFSV is not core business for their relevant industries and workforces.

Summary of Recommendations for the Second Action Plan

Priority Area 1: Victim-Survivors

Recommendation 1 Invest in accessible, affordable and long-term recovery and healing services for adult and child victim-survivors, recognising that recovery often extends well beyond crisis and immediate post-crisis responses.

Recommendation 2 Establish and evaluate holistic recovery hubs that support victim-survivors across multiple domains including housing, financial wellbeing, employment, education, physical health and emotional recovery.

Recommendation 3 Develop mechanisms that facilitate timely access to recovery support and minimise delays caused by ongoing victimisation, coercive control, systems abuse and protracted legal proceedings.

Recommendation 4 Create trauma-informed and DFSV-informed pathways to timely resolution of parenting disputes to reduce opportunities for continued coercive control and facilitate recovery.

Priority Area 2: Prevention and Early Intervention

Recommendation 5 Recognise response and recovery for children affected by DFSV as a core national prevention strategy that disrupts intergenerational cycles of violence and harm.

Recommendation 6 Invest in nationally coordinated whole-of-school approaches to identifying, responding to and supporting children affected by DFSV.

Recommendation 7 Strengthen workforce capability across education systems to support trauma-informed, DFSV-informed responses by teachers, school leaders and support staff.

Recommendation 8 Ensure consistent implementation of evidence-based respectful relationships education across all Australian schools, including private and faith-based schools.

Recommendation 9 Improve integration between schools and community-based DFSV services to support early identification and intervention.

Priority Area 3: Children and Young People in Their Own Right

Recommendation 10 Formally recognise children experiencing DFSV as victim-survivors in their own right within policy, legislation and service delivery frameworks.

Recommendation 11 Require systematic documentation of children's presence, experiences and support needs in all DFSV responses.

Recommendation 12 Expand child-centred recovery services to ensure all children affected by DFSV can access timely, specialist support.

Recommendation 13 Develop flexible engagement models that allow children to re-engage with recovery support when circumstances and safety permit.

Recommendation 14 Broaden service system responses beyond crisis thresholds and statutory intervention pathways to support earlier identification and intervention.

Recommendation 15 Strengthen mechanisms for identifying and supporting children who come into contact with multiple service systems before problems escalate.

Recommendation 16 Establish specialist recovery services for unaccompanied children and young people, irrespective of age or parental help-seeking.

Recommendation 17 Create national, state and territory youth advisory structures to support meaningful participation of children and young people in policy and service design.

Recommendation 18 Ensure responses consider all children who have contact with a household affected by DFSV, regardless of whether they are present during incidents or reside there full-time.

Priority Area 4: People Who Use Violence

Recommendation 19 Invest in a broader range of evidence-informed interventions for people who use violence, recognising that one-size-fits-all approaches are insufficient.

Recommendation 20 Support innovation through funded pilot programs with mandatory evaluation components attached from commencement.

Recommendation 21 Provide sustainable ongoing funding to interventions that demonstrate positive outcomes for victim-survivor safety and behaviour change.

Recommendation 22 Require all government-funded men's behaviour change programs to meet national minimum standards.

Recommendation 23 Provide dedicated funding for women's advocate/family safety contact roles in all men's behaviour change programs.

Recommendation 24 Provide dedicated child advocate components within programs working with fathers and other carers who use violence.

Recommendation 25 Develop and evaluate tailored interventions for women who use force in the context of victimisation.

Recommendation 26 Pilot and evaluate a specialist men's behaviour change program for family law-involved fathers who use DFSV.

Recommendation 27 Invest in cross-sector workforce capability development to strengthen recognition and responses to systems abuse and coercive control.

Family Law System Reform

Recommendation 28 Increase transparency and accountability of the Federal Circuit and Family Court of Australia (FCFCOA), including improved access to de-identified court data for independent research.

Recommendation 29 Implement ongoing DFSV education for judicial officers and family law professionals, including family report writers, independent children's lawyers, legal practitioners and expert witnesses.

Recommendation 30 Establish an independent National Judicial Commission to strengthen accountability and oversight.

Recommendation 31 Introduce dynamic risk assessment processes throughout family law proceedings rather than relying solely on initial screening assessments.

Recommendation 32 Guarantee children's access to therapeutic recovery support through family law orders and funding arrangements.

Recommendation 33 Strengthen DFSV capability across all family law services.

Recommendation 34 Introduce monitoring of child outcomes for a minimum of three years following parenting orders involving ongoing contact with an allegedly abusive parent.

Workforce Development and Higher Education

Recommendation 35 Develop a nationally coordinated DFSV workforce capability strategy spanning specialist and non-specialist sectors.

Recommendation 36 Embed DFSV education in undergraduate professional degrees including:

- Social work
- Human services
- Psychology
- Education
- Law
- Nursing
- Medicine

Recommendation 37 Provide federal support for workforce development to ensure DFSV competency is treated as core professional capability rather than discretionary specialist knowledge.

Priority Actions for the First Two Years

Given the evidence presented in this submission, the following 10 actions should be prioritised for immediate implementation:

1. Recognition of and support for children as victim-survivors in their own right during early contact with service systems.
2. Expansion of child-centred recovery services.
3. Development of specialist DFSV responses for unaccompanied child victim-survivors.
4. Investment in long-term recovery and healing supports for adult and child victim-survivors.

5. Establishment of an independent national judicial commission.
6. Dynamic risk assessment and accountability reforms within the FCFCOA.
7. Workforce capability uplift across police, state and territory courts, the FCFCOA and child protection regarding coercive control and systems abuse.
8. Investment in whole-of-school DFSV response initiatives.
9. Funding of dedicated women's advocate and child advocate roles within perpetrator programs.
10. Establishment of youth advisory structures across sectors responding to DFSV.

This roadmap demonstrates how the Second Action Plan can move beyond crisis-focused responses towards a coordinated national approach that prioritises prevention, recovery, children's rights and wellbeing, perpetrator accountability, and long-term systems reform.

Concluding Statement

The Second Action Plan provides an important opportunity to shift from predominantly crisis-oriented responses towards an integrated approach encompassing prevention, intervention, recovery and healing. Central to this effort must be the recognition of children as victim-survivors in their own right, investment in long-term recovery pathways, strengthening responses to coercive control and systems abuse, and enhanced accountability for those who use violence. Collectively, these reforms offer the greatest opportunity to improve safety, wellbeing and long-term outcomes for women, children and families affected by DFSV.

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Feedback for Priority Area 1: Victim-survivors

1. There is an immediate need to invest in long-term healing support for adult and child victim-survivors. With most current responses geared towards crisis interventions and/ or short-term post crisis interventions, victim-survivors are too often left to navigate and fund their own long-term emotional recovery support. For many victim-survivors, recovery support is inaccessible and unaffordable, forcing them to decide between emotional wellbeing and financial stability. Further, many adult victim-survivors have to decide which child is in greatest need of recovery support when finances are restricted and recovery support for all children is unaffordable.

2. There is an immediate need to invest in and established holistic recovery hubs, which support all pillars of recovery, including higher education/ professional qualifications and development, employment, housing stability, financial independence, physical and emotional health and wellbeing. Many victim-survivors of DFSV, especially where coercive control is involved, face housing instability, financial hardship, disrupted careers and employment opportunities.

3. There is an immediate need to facilitate access to timely recovery support for adult and child victim-survivors and avoid delays in access to recovery support. Adult and child victim-survivors' opportunities for recovery are not only hindered by a lack of available, accessible and affordable recovery support but are frequently further delayed by ongoing experiences to DFSV, especially coercive control, that create an ongoing atmosphere of hypervigilance which interferes with recovery. Especially victim-survivors going through contested Family Court proceedings often find themselves in a state of ongoing victimisation experiences (including financial and systems abuse, intimidation and other forms of coercive control) while engaged in the court system. As contested proceedings can last years, victim-survivors' opportunities for recovery work are delayed significantly and for many may not become available for years. Further, regardless of Family Court involvement, where mutual children and ongoing contact between an abusive parent and the child victim-survivor(s) exist, recovery work may be hindered or delayed, increasing the risk of exacerbated poor mental health outcomes of adult and child victim-survivors. It is therefore essential to create fast-tracked, trauma- and DFSV-informed pathways to safe legal resolutions in parenting matters that support access to recovery support and mitigate the risk of interference with recovery work through ongoing coercive control by an abusive parent.

Feedback for Priority Area 2: Prevention and early intervention

1. See further detail under priority area 3, response 1 – recognising and responding to children as victim-survivors with their own unique support and recovery needs will be critical in disrupting the intergenerational transmission of DFSV and other harmful

behaviours and experiences. This would make a substantial contribution to reducing and eventually ending DFSV.

2. Immediate investment in whole of school approaches to identifying and responding to childhood experiences of DFSV is required. Schools are well positioned to identify and support children affected by DFSV. However, schools are currently inadequately resourced to provide holistic, trauma-informed settings where children can make safe disclosures and receive adequate support. Such school responses require a workforce capability uplift around DFSV among teachers and other school staff, along with a better integration of schools into wider community responses to DFSV.

3. Australia has a range of effective primary prevention programs administered in schools and to some extent in alternative educational settings. The consistent implementation across all state and private schools is critical in ensuring broad exposure to primary prevention efforts among all young people. A requirement for private schools to adopt Respectful Relationships should be a minimum first step in ensuring the ~1/3 of Australian students enrolled in private (including religiously affiliated) schools all receive Respectful Relationships education.

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

1. An early recognition of children experiencing DFSV by one parent/ carer against another as victim-survivors in their own right, with their own unique support and recovery need is critical ion preventing and ultimately ending DFSV through the disruption of intergenerational harm. Many of our current responses remain geared towards parents using and/ or experiencing DFSV, establishing immediate safety (e.g. by removing the abuser from the home, moving adult and child victim-survivors into crisis accommodation, removing children from parents experiencing DFSV) and promoting behaviour change (e.g. through civil and criminal justice responses, Men's Behaviour Change Programs [MBCPs], specialist parenting interventions). Few, if any, of these responses recognise children's lived experience of DFSV in these scenarios and rely on children being ok long-term because the immediate experience of parental DFSV has been disrupted. However, a large body of Australian and international research clearly highlights the impact of childhood experiences of DFSV on later life outcomes, including education, social connectedness, physical and mental health and wellbeing, productivity, and law abidance. Recognising children as victim-survivors in their own right when DFSV occurs requires policies that stipulate the documentation of the presence of children, children's lived experiences along with referral pathways to timely, child-centred recovery support.

2. With regards to (1), the presence of children in households affected by DFSV requires a broader lens on children. Too often, children are not recorded or considered in crisis and post-crisis responses (especially police and civil protection order responses) if they are not physically present at the time of police responses and/ or if they do not reside in the affected household fulltime. It is therefore critical to identify and consider children's safety, support and recovery needs of all children who have ongoing contact/ spend partial time in a household where a parent is using or experiencing DFSV.

3. Immediate investment in expanding current child-centred recovery responses is required to ensure all children affected by parental/ carer DFSV have access to timely, child-centred recovery support. This must include flexibility in accessibility to align with children's needs and experiences. E.g. at times where engagement with recovery support may be disrupted due to the interference by an abusive parent or other circumstances, children and young people require the opportunity to return to recovery work if and when ready and safety to do so.

4. It is critical to reform current service system responses to children affected by DFSV that are geared towards crisis responses and require a high threshold of risk of further harm or behavioural concerns. Examples include police and child protection responses to DFSV involving children, which require an escalation of DFSV to a threshold that warrants statutory interventions as well as child and youth mental health services that require a high threshold of self-harm and suicidality before intervening. Our research shows that children experiencing mental health manifestations and/ or behavioural problems requiring their removal from the family home and their families often have early, repeated and diverse service system contact that does not meet the threshold for formal interventions under current policies and procedures but offer opportunities for the early identification of support and recovery needs and early opportunities to connect children and families with child- and/or family-centred interventions to support children and reduce the risk of adverse later life outcomes.

5. Immediate establishment of recovery services that cater for unaccompanied children as victim-survivors in their own right is critical to ensure all children and young people have access to DFSV specialist support, regardless of age and regardless of whether they have a help-seeking parent to support them.

6. Federal, state and territory governments should establish youth advisory boards , panels or councils (hereafter referred to as boards) to inform governments, government and non-government organisations on policy and practice development relevant to child, youth and family interventions. These advisory boards will require clear guidelines/ contracts and should draw on established good practice (e.g. youth advisory boards established under different family and child commissions across states and territories, victim survivor advisory councils).

Feedback for Priority Area 4: People who use violence

1. Responding to people using violence requires a wider suite of responses that we currently rely on. Federal government should resource and support state and territory governments to fund innovative and diverse interventions that meet the needs of different populations of people using violence. Such interventions should be piloted and evaluated from the outset, with evaluation funding being attached to any pilot funding.

2. Evidence-based interventions that have been evaluated and are showing positive effects on adult and child victim-survivor safety and wellbeing and positive behaviour change among men using violence need to be considered for ongoing funding. Current, short-term funding contracts make it inherently difficult for service providers to maintain qualified staff in environments where contracts are dependent on ongoing funding.

3. All funded MBCPs and other formats of men's behaviour change work should meet national minimum standards (currently being developed).

4. All funded MBCPs must have a funded, dedicated women's advocate (also referred to as family safety contact work). While all states and territories require MBCPs to offer such a component, funding models are inconsistent, often requiring MBCP providers to secure funding for women's advocate roles via other avenues. Further, MBCP providers should have a child advocate role that provides support to children affected by men's use of violence. This could be integrated into an organisations delivery of children's counselling services or resourced as a standalone child advocate component. Especially MBCPs designed for men who are fathers, stepfathers or carers for children (e.g. Caring Dads, Responsible Fathers and similar programs) should be resourced to provide a child- and women's advocate component through government funding.

5. Women's use of violence needs to be addressed through tailored, evidence based interventions designed for women using force in the context of victimisation experience to recognise the unique support and intervention needs of women using force.

6. Given the high prevalence of men's use of DFSV among Family Court involved families, and the high rates of legal and systems abuse by men who use DFSV, the Federal Circuit and Family Court of Australia should consider a dedicated MBCP for family law involved men who use DFSV. This model requires federal government commitment and funding, including funding for an evaluation component to build the

evidence base around such a new approach to MBCP work with specific cohorts of men.

7. There is an immediate, urgent need for workforce capability uplift to ensure cross-sector understanding and identification of systems abuse to disrupt ongoing harm for adult and child victim-survivors.

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

1. The ongoing challenges experienced by victim-survivors (predominantly mothers) involved in FCFCOA proceedings (most recently identified in Jess Hill's latest research drawing on 30 interviews with mothers who experienced FCFCOA proceedings since the 2024 reforms) highlight the need for immediate action under the Second Action Plan. This must include:

a. Greater transparency of the nature and outcomes of FCFCOA matters, including through the provision of court data access to independent researchers.

b. Ongoing judicial education along with workforce capability uplift around DFSV for family report writers, independent children's lawyers, legal practitioners representing alleged victim-survivors and/ or abusers along with social workers, psychologists and psychiatrists utilised as expert witnesses. The implementation of Safe & Together training over recent years clearly has been insufficient in addressing the ongoing harm to adult and child victim-survivors subject to FCFCOA proceedings and the ongoing systems abuse by people using violence (predominantly abusive fathers).

c. The immediate establishment of an independent judicial oversight body, i.e. a National Judicial Commission.

d. The implementation of dynamic risk assessment processes rather than the static initial risk assessment currently relied upon under the Lighthouse intake assessment processes.

e. FCFCOA accountability to ensure children's safety and recovery through universal access to therapeutic support, such as Counselling for Children After Separation (SCASP) currently funded under Family Law Services provided by Family Relationships Services Australia members. Such access should be built into parenting orders to ensure access to recovery support is not left to either parent's discretion.

f. Workforce capability uplift across all Family Relationships Australia members' Family Law Services to ensure programs relevant to family law matters (including but not limited to FCFCOA proceedings) are adequately equipped to understand, identify and respond to DFSV, especially coercive control. This uplift must be supported through

federal and state and territory funding and should not become the responsibility of individual services.

g. The introduction of monitoring of child outcomes where children are ordered into ongoing contact and/ or into the care of an allegedly abusive parent for a minimum period of three years after final orders are made to ensure visibility of children at ongoing risk of harm along with FCFCOA accountability to demonstrate that decisions in parenting matters meet the criteria of being in children's best interest.

2. Universities should be expected to embed DFSV courses into undergraduate courses. At the very minimum DFSV specialist courses should be embedded into the disciplines of social work, human services, psychology, education, law, nursing and medicine. With around 1 in 3 women and almost 1 in 2 children experiencing DFSV in Australia, none of these disciplines can argue any longer that DFSV is not core business for their relevant industries and workforces.