Research Summary

“I wish they knew what they'd stolen from me”: child sexual abuse and the Family Court

[redacted]

June 2026

Our Research

Children do not give evidence in the Family Court, and do not participate in decision-making. They are frequently framed as unreliable witnesses to their own experience. International activism to address custody reversal and parental alienation relies on the perspectives of adults; the direct experience and meaning making of child victims and survivors of sexual abuse has rarely been captured [i].

"I wish they knew what they'd stolen from me": child sexual abuse and the Family Court begins to fill this gap by sharing [redacted] [redacted] and [redacted] experiences as children, and critically, their reflections as adults. Our research tests the implicit and explicit conceptual frameworks which shape the approach to child sexual abuse in the Family Court against the lived and living experience of our participants and the research evidence on child sexual abuse, family violence and complex trauma.

Our research is multidisciplinary. Associate Professor [redacted] is a criminologist and former child protection caseworker, with an extensive body of published research on child sexual abuse and the Family Court. [redacted] is a clinical supervisor and former child trauma therapist, with extensive experience of working therapeutically with children participating in the Family Court. Dr [redacted] is a clinical supervisor, researcher and former sexual violence counsellor and child protection executive leader.

This Research Summary shares:

- the key themes from our case studies and our participants' advice on change
- our observations from the clinical and the child protection perspectives
- our exploration of the conceptual frameworks which shape the Family Court's approach to matters involving allegations of child sexual abuse
- our recommendations for change.

The full report can be found at hyperlink.

case study research

Multiple case studies allow researchers to identify **shared and unique experiences** among a group of participants.

Our research identified what was shared and what was distinct in [redacted] and [redacted] experiences, through the lens of the evidence.

For each of them, the Family Court process compounded the isolation and powerlessness intrinsic to child sexual abuse.

The two strongest themes which emerged from our analysis of their experience were:

- safety and protection
- agency and voice.

Key Themes

Shared and Unique Experiences

Our participants all disclosed to their mothers repeated sexual abuse by their fathers. **Their mothers immediately believed them and took steps to protect them**. For two of our three participants, child sexual abuse and domestic abuse co-occurred. All three were subjected to emotional abuse, and [redacted] was also subjected to physical and verbal assault.

The abuse stopped for [redacted] and [redacted] but continued for [redacted] Each of our participants talked about how important their mother's belief and protection was for them. Our participants shared **an immediate, sustained and crystal-clear wish not to have contact with their father**.

The impact of sexual abuse was unique to each child. For [redacted] the immediate impacts were terror, anger and resistance; she dissociated from the abuse during her childhood and experienced the impacts somatically as *this crashing weight that I had no idea what it was about*. For [redacted] the immediate impact was confusion: she did not know how to make sense of her father's abuse; it took the intensification of the abuse, her growing understanding that it was wrong, and her growing assertiveness to end the abuse. For [redacted] the impact of child sexual abuse was mitigated because she had layers of support. **For [redacted] and [redacted] the abuse is largely in the past, but for [redacted] it remains current**. She is still afraid, and her thoughts are filled with the abuse: *the words in my head like incest are so there and such a constant … my head is just constantly filled with terror.*

Our participants all noted that the Court does not appear to see the impact of abuse on the family as a unit. It silos the experience of the child, distancing her from natural supports, most critically the non-offending parent, constructing an environment of **solitude and silence** around her experience.

[redacted] and [redacted] identify two sources of trauma in their childhoods: the sexual abuse and the **secondary traumatic impact** of the Family Court, which prevented them establishing the safety and stabilisation required for the first phase of recovery from complex trauma. For [redacted] the individualising approach of the Court prevented her family recovering as a unit, laying *the foundation for so many fractures and separations in our unit when all we had was each other.*

[redacted] and [redacted] shared their experience to contribute to change. [redacted] told us: **I'm going to keep speaking, because I can. I'm doing whatever I can to help, to make sure it gets changed**.

Safety and Protection

As children:

- immediate safety meant not seeing their fathers, the source of danger
- enduring safety meant a final Court decision that they would not have to continue with, or resume, contact
- their mother was the primary protector for all three children: the sole protector for [redacted] and [redacted] but one of several protective adults in [redacted] life
- for [redacted] other adults - including Child Protection - were bystanders rather than protectors
- safety was conditional and protection was contingent, dependent on convincing the Court both that the abuse had happened, and that it had been bad enough to outweigh its belief that contact with fathers is beneficial

> What if it was just too much and she just died? Or stopped or was crazy, like grandmother, or it was just too much. It was really scary having just one person to protect me from everything. When she got ill, I was terrified … I felt scared because safety felt conditional.
>
> [redacted]

- all three developed sophisticated strategies to try to keep themselves - and their families - safe in a context they did not fully understand.

As adults:

- their wish not to see their fathers was their own independent view - and it was correct
- for the Family Court, safety mean the absence of immediate physical risk; it seemed to be unaware of, or unconcerned about, emotional and psychological safety
- they cannot understand how the Court arrived at the view that contact with their fathers would be safe
- [redacted] now appreciates that agencies as well as victims and their families can be groomed by abusers, and she knows that adults can miss red flags that are obvious to children
- [redacted] key insight as an adult is the critical need for the Family Court to understand the centrality of mothers to children's sense of safety: *there should be much more focus on keeping the protective parent/primary caregiver safe.*
- [redacted] was astonished to learn that a single point in time observation continues to be considered a credible way to assess child-parent relationships.

> I can't understand how anybody could have thought I would be safe with him.
>
> [redacted]

Agency and Voice

As children:

- our participants understood agency as being held by adults who they had never met and could not speak to directly, and whose decisions were both unexplained and inexplicable.
- they did not see themselves as having meaningful input to decisions, but felt enormous pressure around both what they said, and how they said it; where they did have a voice, it was constrained.
- for [redacted] having to keep her interactions with the court social worker confidential from her mother operated as the most significant constraint on her voice and agency.

> It was all of these, you know, private conversations. Don't talk to each other. The extension of that is this is something not to be talked about, which you then think is something of a deficit in you.
>
> [redacted]

As adults:

- our participants are strongly critical of the mediation of the voice of the child through social workers and psychologists
- giving children a direct voice would require protection from retaliation, understanding of how children disclose, and an open mind about the benefits and dangers of contact
- agency and voice also require good information; as a child, [redacted] did not always know which adults worked for the court, which worked for the hospital, and which worked for the police
- from this experience, she argues that children need resources, and they need to have an avenue for feedback and complaints.

> If I was looking after that child ... I would just protect them without them needing to be good and nice and kind and polite. There would be no criteria for protection. I would just protect them.
>
> [redacted]

Observations

the clinical lens

Two of us - [redacted] - have extensive experience of providing therapeutic and psychosocial support to victims and survivors of child sexual abuse.

We were struck by the stark contrast between best practice in responding to child sexual abuse and the experience of our participants going through the Family Court process as children.

Trauma and Recovery

We know that involvement in the legal system is often retraumatising. In practice [ii], and unintentionally, **the Family Court process is *both* retraumatising *and* an 'anti-recovery' experience** for victims and survivors of child sexual abuse.

Our experience has taught us **what children need to recover from the traumatic impact of child sexual abuse**: belief, transparency and protection when they disclose; an end to the abuse and security that it is over; safety and stabilisation, critically including strengthening the relationship with the primary caregiver; developing a clear narrative of the traumatic experience which integrates events, thoughts and feelings, and integrating new understandings and learning into everyday life.

By contrast, child victims and survivors involved in the Family Court have an **anti-recovery *experience***:

- they either are, or perceive themselves to be, disbelieved
- some are forced into continued contact with the perpetrator and thus continue to be abused
- others experience temporary physical safety but enduring emotional danger
- they are not able to develop the safety and stabilisation needed to process trauma
- barriers are introduced into their relationship with their primary caregiver
- their primary caregiver is under continuous financial, emotional, and psychological stress.

The Courts have undertaken training around trauma. [iii] There are opportunities to build on this. Guidance on adopting **trauma-informed practices** has been produced by the Judicial Commission of NSW and the Australasian Institute of Judicial Administration. [iv] The former includes an adaptation of the trauma-informed practice principles - with which we are familiar as clinicians - to the court environment.

the child protection lens

Two of us - [redacted] - have frontline and executive experience in statutory child protection.

We were struck by the contrast between best practice investigation of allegations of child sexual abuse in child protection, and the approach taken in the Family Court.

Investigating Child Sexual Abuse

Family Court Judges are, in practice, making the same decisions as are made in child abuse investigations. In doing so, they are informed by, but not obliged to rely upon, the expert witness evidence provided in the form of Family Reports.

There are three key distinctions between fact finding on child sexual abuse by the Family Court and investigation of child sexual abuse by Police and State Child Protection: **specialism, structure and integration**. For example, in New South Wales the Joint Child Protection Response Program:

- is a **specialist** tri-agency response, including a medical, forensic and psycho-social response from Health, specialist investigatory skills from the Police Child Abuse Squad, and child sexual abuse assessment and safety planning from the Department of Communities and Justice (DCJ).
- investigations are **structured** by the multiagency Local Planning and Response process; child sexual abuse assessment and safety planning follows the *See, understand and respond to child sexual abuse* Resource Kit and the DCJ Practice Standards.
- the process **integrates** investigation, safety planning and therapeutic response. [v]

By contrast, Family Report writers and Judges are expected to be competent in the law and practice around family separation and family violence; **they are not expected to be child abuse, or child sexual abuse, specialists**. They have significant discretion in how they approach report writing, and determination of fact. Their focus is on reaching a judgement, not on providing a therapeutic response to the child.

The Family Court was never intended to function as a family violence specialist court, or a child abuse specialist court, but in practice, these are the matters that come before it. The main response to this challenge to date has been seeking to improve the way the State and Territory and Federal Jurisdictions work together [vi]. By contrast, our research suggests that attention should instead be focused on assessing the strengths and weaknesses, benefits and costs of the Family Court attempting to supplement capacity in child protection by running what is in effect **its own parallel system of child sexual abuse investigation**.

Alongside this question, we also recognise the most significant improvement in the Court's approach to child sexual abuse to date. Until recently, a finding of unacceptable future risk to the child was predicated on a finding that abuse had occurred. The judgement in Isles vs Nelissen in 2022 confirmed that the correct test to determine whether children face unacceptable risk of harm is **the possibility of a child being harmed in the future and whether that possibility amounts to an unacceptable risk**. This determination can be made, as it was in this case, without *a finding of positive fact* that child sexual abuse occurred. [vii]

case study methodology

Case study methodology allows researchers to explore and deepen theoretical and conceptual frameworks through in-depth exploration of lived and living experience.

The Family Court has not yet articulated a distinct conceptual framework around child sexual abuse.

It is not clear whether the Court has not recognised, or does not recognise, the need for an explicit framework around child sexual abuse, or whether its assumption is that its (extensive) documentation and guidance around family violence is sufficient.

Conceptual Frameworks

Explicit

The closest the Court arrives at articulating a conceptual framework around child sexual abuse is in the description of its Magellan List. This tells us that the Court believes that **child sexual abuse requires a different approach where allegations have been made within 12 months**. They involve the most vulnerable children, are resource intensive, require information from multiple sources and multidisciplinary case management [viii].

The focus on disclosure within the previous 12 months appears to assume that a protective response and/or investigation is likely to occur within 12 months of a disclosure. **Lived experience and the evidence does not support this assumption**.

Our participants had made recent disclosures, and their mothers responded protectively. They do not know if their matters were allocated to the Magellan List. Their experience challenges the assumption about recent disclosures, in two ways:

- their mothers' **protective response to their disclosures did not resolve risk** in the face of their fathers' denial of the abuse; and
- the Family Court process **extended the period during which they were at risk of continued sexual abuse**; for [redacted] the abuse continued.

New research on the co-occurrence of family violence and child sexual abuse tells us that at least 207 and up to 7550 child victims and survivors of sexual abuse may engage with the Court each year [ix]. **A conceptual framework which focuses on prevention as well as response** has the potential to be life-altering for thousands of children who have not been able to disclose, or who have disclosed and been disbelieved.

Implicit

Empirical analysis of cases where there are allegations of child sexual abuse identifies an implicit conceptual framework which sits alongside the articulated position of the Courts. [x] Our analysis identifies **three core beliefs**, none of which are supported by the experience of our participants, or the evidence.

Firstly, Judges' satisfaction that child sexual abuse has occurred is understood to be **a reasonable test**. More evidence is required for Judges to reach the degree of satisfaction required where there are allegations of child sexual abuse than in other matters [xi]. While Judges determine facts, Family Report Writers and Independent Children's Lawyers are competent to provide expert evidence in matters where there are allegations of sexual abuse.

In hindsight, having seen the report from the social worker, she certainly didn't understand what was happening. She didn't believe it was happening. My experience was sent to her which wasn't believed, which was then reframed. ***I don't think the family court got any insight into me at all - all they got was her take on me.*** *The family court social worker is saying the five-year-old is wrong.*

[redacted]

Secondly, most allegations of child sexual abuse in the context of custody disputes are **false or mistaken** [xii]. A child's wish not to have contact with a parent against whom allegations of child sexual abuse have been made is not sufficient for that to occur and may well be the result of coaching for purposes of parental alienation.

The evidence is clear that false allegations of child sexual abuse are rare, occurring in the range of 2 - 5% overall, and in the range of 4.7 - 15% in custody disputes. Researchers and experienced practitioners argue that the more common phenomenon is **false denials** - children who deny or minimise sexual abuse [xiii]

With the benefit of adult hindsight, [redacted] and [redacted] are clear that their determined wish not to have contact with their fathers was their own independent view and was necessary to secure their safety from abuse and their emotional safety.

Thirdly, it is appropriate to require children and young people who are victims and survivors of child sexual abuse to keep their discussions with Family Court personnel **confidential**, including from the parent to whom they disclosed. It is appropriate on some occasions to prevent child victims and survivors from receiving **counselling**, and to prevent children and their non-offending parents from making further **disclosures** of sexual abuse [xiv].

One of the key findings of our research is that preventing children from talking to their mothers about the Family Court process separates them from their **key natural support**. Access to **counselling is a key component in recovery** from complex trauma for many victims and survivors. We also know that child sexual abuse is usually continuous, and that **disclosure is a process**, rather than a one-off event. [xv]

What needs to change?

[redacted] is not optimistic about change in the Family Court:

> I don't know that part. I was thinking about it yesterday, and that was a hard one. **I don't really have any faith in the court system.** I think it's misogynistic and colonial and capitalistic. So, I find it hard to be optimistic about the future or editing it to make it better.

She recommends that the Court look beyond immediate risk and see context. In her case:

> I think that if they had, it would have been a much shorter court process. **It took ten years.**
>
> I think that if they had really paid any sort of attention, they would have seen how important mum was. And the relationship with the primary care giver - that should be more important and protected. When I spent time with my grandmother - time away from my primary caregiver - this was time that I was not safe - so constantly taking me away from my mother was hurting me, even though it wasn't direct. So that should be much more of a priority, making sure that she wasn't constantly in danger of him showing up… There should be **much more focus on keeping the protective parent/primary caregiver safe.**

[redacted] views on the recent changes to the Family Law Act are complex:

> If legislation is changed to solely prioritise safety over contact, then some people would be taken from their parents when they shouldn't have been. So, I know it's complicated, but **for me, I don't understand how anyone could have thought that I would be safe with him**. So, it must have been because they wanted us to have a relationship, because otherwise I cannot fathom what drove the decision making.

But where there are allegations of child sexual abuse and the Family Court is weighing up whether the mother is lying, or whether the father is an abuser, this dilemma has a simple solution:

> **I say it all the time, I would much rather believe a potential liar than a potential rapist.**

[redacted] argues that it is critical that the Family Court understands that their current process prevents children from speaking freely, and speaking safely, including about abuse they are currently experiencing. While the most recent legislative change prioritises safety, in [redacted] opinion:

> *I don't think it's gone far enough.* ***It doesn't do anything to protect the child who wants to disclose abuse****.*

She recommends easier avenues for adults who participated in Family Court as children to give feedback and make complaints:

> **I don't think that you can try and improve the Family Court system without the input of those who've been through it.** It just does not make sense. I think you can go to the Attorney General, but that's the first point of call and it's quite extreme.

Professionals involved in the Family Court, particularly Family Report writers, need to understand the realities of disclosure:

> ***Half the time when kids disclose abuse, it's not even on purpose****. They're not sitting down and saying, this is happening. It's small comments that you don't even realise as a child what you just said.*

Children going through the Court process need resources:

> *There's no resources for kids in the Family Court system. Like nothing,* ***you can't even find a fact sheet of the rights of children, let alone someone that kids can ask questions about what's going on****. It's just, there's nothing.*

[redacted] notes that the Human Rights Commission has described the Family Law Act as violating children's human rights. She agrees, and argues:

> *We need* ***a Court system that puts children actually first.***

[redacted]

For [redacted] the mediation of the child's voice through a social worker, and the assessment of safety in a relationship by observing an unnatural interaction is ineffective:

> ***The social worker as the voice of the child is just so problematic***. *I suspect I had a particularly not great social worker (*but*) having one person tasked with representing the child is really complicated, and it's also really tricky, just by the nature of the work they deal with every day. While it gives them some expertise, lots of expertise in fact, it also really shapes their view of normal.*

[redacted] knew she was safe during observed interactions with her father, and that influenced how she acted:

> *The behavioural analysis was just nuts. I can see what logically they think it's going to achieve, but I vividly remember how weird it was. You're not objectively looking at this interaction. I feel like it's such a contrived scenario, you're looking at behaviour in* ***a very unnatural setting that doesn't replicate what things might be like****.*

Critically, the Family Court needs to work with families as families:

> *I think that if they had considered us as a family, that* ***what had happened to me actually happened to the whole family****, (*considering*) how that unfolds in future and protecting that sibling relationship. I feel like it laid the foundation for so many fractures and separations in our unit when all we had was each other, we didn't have any external family support.*
>
> ***The lack of family, seeing it as a family, I think, is the biggest thing.***

Recommendations

Our participants' expertise from lived experience highlights the importance of the Family Court:

1. Recognising the importance of the relationship between the child and the safe parent and the child and their siblings, safeguarding those relationships by:
    a. developing processes to routinely include a whole of family perspective on outcomes which align with the best interests of the family; and
    b. in all matters where there are allegations of child sexual abuse, safety planning with the safe parent on how best to manage the impacts of the Family Court process on the family as a whole.

2. Where the Court is considering both allegations of parental alienation and allegations of child sexual abuse, its judgement clearly setting out:
    a. how the judgment has responded to the evidence that allegations of parental alienation in the context of domestic or child sexual abuse should be subject to critical analysis, and the evidence that allegations of child sexual abuse are likely to be true; and
    b. that the judgement has separated its findings in relation to child sexual abuse from its findings on the risk of future harm to the child.

3. Developing and consulting on strategies to ensure that the Court functions as a safe space for children who wish to disclose sexual abuse.

4. Ensuring that all Family Report Writers and Independent Children's Lawyers either:
    a. demonstrate existing capacity to recognise the range of ways in which children disclose sexual abuse and respond appropriately; or
    b. are enrolled in training on disclosure and response from a reputable agency.

5. Developing processes for children and young people to:
    a. ask questions about the Family Court;
    b. if they choose, provide an unmediated message to the Magistrate about the outcome they see as in their best interests; and
    c. if they choose, provide feedback at the end of their involvement with the Family Court on both process and outcome.

6. Commissioning an expert independent review of the risks and benefits of relying on one-off relationship evaluation as an indicator of the safety of children and young people with a parent against whom allegations of abuse have been made, making the review and the Court's response publicly available.

The research team recommends that the Chief Magistrate:

7. Responds publicly to the recommendations made by our participants.

8. Commissions an expert independent review of the pathways through the Family Court process for child victims and survivors of sexual abuse, their siblings and their safe parent. The review should identify trigger points for retraumatisation, strategies to minimise retraumatisation, and opportunities to support recovery. The Chief Magistrate should make public the review and the Court's response to it.

9. With the leadership team, considers the findings of our research on decision making, and makes public the Court's response to them:

    a. Family Court Judges do not have available to them the rigorous specialist assessment required to conclude, on balance of probabilities, whether child sexual abuse did or did not occur in most of the matters before them.
    b. Absent that assessment, where there are allegations of child sexual abuse which have not been or cannot be properly investigated, in our view children remain at unacceptable risk of harm in unsupervised contact with the alleged perpetrator.
    c. The application of the Briginshaw Principle in matters where there are allegations of child sexual abuse should reach conclusions on the three considerations identified in Justice Dixon's original formulation which align with the best available research evidence summarised in this report *(*https://www.austlii.edu.au/au/cases/cth/HCA/1938/34.pdf; accessed March 2025).

10. Commissions and makes public a review of the extent to which Judges are in practice treating as separate:
    a. the finding of fact on whether child sexual abuse did or did not occur on balance of probabilities; and
    b. the predictive finding whether there is an unacceptable risk to the child in contact with a person against whom allegations of child sexual abuse have been made.

11. Issues, and make publicly available, guidance on the tests which should be applied by Family Consultants and Judges in cases where there are coinciding allegations of child sexual abuse and parental alienation. The guidance should be based on David Mandel's 'call to action' to lawyers involved in the Court who are faced with allegations of parental alienation in domestic abuse matters:

    For actual parental alienation to exist:

    There must have been a prior positive, nurturing, abuse-free relationship between the child and the parent they are resisting*. In domestic violence cases this is rarely the case. Many children have never had a safe, nurturing or trusting relationship with the abusive parent.*

    The child's resistance must be unreasonable or unjustified*. But children frequently have reasonable, experience-based, and developmentally valid reasons to feel afraid, ambivalent, or unwilling to engage in contact. This does not even require a history of abuse– in many cases neglect is sufficient. When we center children's experiences, the justification becomes clearer.*

    Other explanations must be ruled out before alienation is considered. *Even the suspicion of domestic abuse or coercive control should remove parental alienation from consideration until those dynamics are fully explored (*Mandel 2025).

12. Make public the results of the Court's consideration of the research of Webb et al. flagged in 2021. (Federal Circuit and Family Court of Australia 2021).

End Notes

[i] Priolo-Filho, S., Goldfarb, D., Shestowsky, D., Sampana, J., Williams, L. C. A., Goodman, G. S. (2018). Judgments regarding parental alienation when parental hostility or child sexual abuse is alleged. Journal of Child Custody 15(4) 302-329. https://doi.org/10.1080/15379418.2018.1544531.
[ii] Murphy, A. Lumley, K. (2022) Trauma-informed courts: Guidance for trauma-informed judicial practices. Judicial Commission of New South Wales. https://www.judcom.nsw.gov.au/bench-books/trauma-informed-courts-guidance-trauma-informed-judicial-practices
[iii] Federal Circuit and Family Court of Australia (2024). FCFCOA Annual Reports 2023-2024. https://www.fcfcoa.gov.au/fcfcoa_annual_report_23-24
[iv] Murphy & Lumley (2022) op cit; Australasian Institute of Judicial Administration (2024) Trauma-informed Judicial Practice. https://dfvbenchbook.aija.org.au/article/1080291
[v] Joint Child Protection Response Program NSW www.health.nsw.gov.au/jcprp; www.police.nsw.gov.au/crime/child abuse; dcj.nsw.gov.au/jcprp
[vi] Standing Committee on Social Policy and Legal Affairs (2025) Inquiry into family violence orders. Parliament of Australia. https://www.aph.gov.au/Inquiry_into_family_violence_orders
[vii] Isles & Nelissen [2022] FedCFamC1A 97*;* accessed April 2025); comments from Ragozzino, C. & Zhou, R. (2022) Unacceptable risk in abuse cases: a shift in the law. Kennedy Partners Lawyers https://www.kennedypartnerslawyers.com.au/the-unacceptable-risk-in-sexual-abuse-cases-a-shift-in-the-law/
[viii] https://www.fcfcoa.gov.au/fl/fv/magellan-list; accessed February 2025
[ix] Olejnikova, L., Dragiewicz, M., Woodlock, D., Salter, M. (2025) Co-occurrence of domestic and family violence and child sexual abuse: Fact sheet. University of New South Wales https://www.unsw.edu.au/dv-csa-fact-sheet-childlight; Data and assumptions behind this calculation are set out in the Research Report.
[x] Webb, N., Moloney, L. J., Smyth, B. M., Murphy, R. L. (2021) Allegations of child sexual abuse: An empirical analysis of published judgements from the Family Court of Australia 2012-2019. Australian Journal of Social Issues 56(3) 322-343. https://onlinelibrary.wiley.com/doi/full/10.1002/ajs4.171?msockid=31c06e8ad1ee6ac61b477b2cd0146b86
[xi] Pepper, R. (2013) Briginshaw in Land and Environment Court Proceedings - Introductory Observations from the Judicial Perspective, Judicial Commission of NSW. https://lpab.nsw.gov.au/speeches-and-papers/pepper_briginshaw
[xii] Webb et al (2021) op cit.
[xiii] O'Donohue, W., Cummings, C., Willis, B. (2018) The Frequency of False Allegations of Child Sexual Abuse: A Critical Review. Journal of Child Sexual Abuse 27(5) 459-475. doi: 10.1080/10538712.2018.1477224; Trocme, N., Bala, N. (2005) False allegations of abuse and neglect when parents separate. Child Abuse & Neglect 29(12) 1333-1345. http://dx.doi.org/10.1016/j.chiabu.2004.06.016; Everson, M. D., Boat, B. W., Bourg, S., Robertson, K. R. (1996). Beliefs Among Professionals About Rates of False Allegations of Child Sexual Abuse. Journal of Interpersonal Violence 11(4) 541-553. https://doi.org/10.1177/088626096011004006
[xiv] Webb et al (2021) op cit
[xv] National Office for Child Safety. Child Sexual Abuse: get the Facts. https://www.childsafety.gov.au/resources/child-sexual-abuse-get-facts

Feedback for Priority Area 1: Victim-survivors

Responses:

- the provision of counselling which matches the level of need, and which aligns with the evidence on effective responses to complex trauma; wellbeing, healing and recovery requires a range of services, including groups and 1:1 counselling, and long-term support

- in practice, sexual assault and child sexual abuse have been effectively de-criminalised; this will continue until the criminal justice response matches the realities of sexual violence.

The National Plan could helpfully map the therapeutic and criminal justice responses which match reality.

Feedback for Priority Area 2: Prevention and early intervention

In my view, there is a significant gap in recognising and addressing the role of leaders in establishing and sustaining safeguarding cultures in the agencies they lead. Most prevention and awareness programs appear to be directed at frontline staff, which risks building awareness while not providing safe pathways to act on that awareness. I would be delighted to discuss further the key components which in my view are critical to creating safeguarding leadership.

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

I have recently completed research for the National Centre for Action on Child Sexual Abuse, which I will upload to this submission. While focussing on one form of abuse, and one setting (The Family Court) the research reaches conclusions which are of broader relevance:

- As Bromfield points out, child protection is a relatively new profession, and it was built on two assumptions which have proved to be wrong i.e. that child abuse is not common, and that child abuse can be addressed with short-term simple interventions. We now know that child abuse is common, and that the underlying issues are complex and often intergenerational. The response needs to match the extent and the depth of the issue, and we are far from that. The National Plan could helpfully map out what a system which responds to the realities of child sexual abuse needs to look like.

- As Kelly et al found when commissioned to explore discourses around child sexual abuse for the UK national inquiry, denial and diminishment remain the dominant

responses. I support Victoria and NSW moves to included mandatory child sexual abuse education in the process to gain a working with children check as one practical step to countering these attitudes. I also recommend education targetted directly at leaders, see above.

Feedback for Priority Area 5: System Integration and Workforce

See above for my comments on the child protection workforce.

My own experience in statutory child protection taught me that collaboration, coordination and information sharing requires long-term face-to-face connection between services, by the right people with the right intent. Two examples from my experience were outposting Child Protection Caseworkers in the Education, Health and Police Child Wellbeing units, and my own participation as a member of the CWU Directors' group. In both examples, relationships between people who turned up daily and monthly in the workplace transformed from inter-agency to collegial relationships. There are no short-cuts for human relationships.

Secondly, I currently provide external supervision to directly and indirectly trauma-exposed staff. In my view, this is critical both to workforce sustainability, and to evidence-based rather than bias-based responses to abuse and violence.

Again, I would be delighted to share my experience further.

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

I am concerned about reports that the Second National Plan under responds to sexual violence. If this is accurate, in my view it is critical that sexual violence has raised priority in the plan.

Formal Submission to the Second Action Plan

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

[redacted]

We thank the Hon Tanya Plibersek (MP, Minister for Social Services), the Hon Ged Kearney (MP, Assistant Minister for Socal Services and the Prevention of Family Violence), and Dr Tessa Boyd-Caine (CEO, ANROWS), for the opportunity to provide a formal submission on the Second Action Plan in support of the *National Plan to End Violence against Women and Children 2022–2032*.

We are a group of early and mid-career researchers whose work is dedicated to preventing child maltreatment and family violence and addressing their lifelong and intergenerational consequences. We are making this submission in our individual capacities because we believe Australia has a unique opportunity to strengthen prevention and early intervention efforts, and because we have collectively committed our working lives to improving outcomes for children, families and communities across generations.

Herein, we have addressed the consultation questions in Priority Area 2: Prevention and early intervention, as this is where our expertise lies. We welcome the chance to be part of ongoing discussions and planning for the Second Action Plan.

Responses to Consultation Question 1: What would make the biggest difference in preventing and ultimately ending violence?

The biggest difference in preventing and ultimately ending violence would come from building a prevention-oriented family support system, rather than continuing to rely predominantly on crisis-driven and statutory responses after harm has occurred. International evidence from Nordic and other European countries demonstrates that comprehensive family support systems characterised by universal access to family services, early intervention, strong social safety nets and coordinated supports across health, education and social care are associated with lower rates of child maltreatment and family violence[1,2]. While specialist crisis responses remain essential, long-term reductions in violence are most likely to be achieved when governments invest in preventing adversity, supporting families early and reducing the factors that place children and families at risk before violence occurs.

Prevention will have the greatest effect when it focuses on child maltreatment. Child maltreatment includes child abuse (physical, sexual and emotional), neglect and exposure to family violence, and it sits upstream of much of the violence the National Plan seeks to end. Children who experience maltreatment are at elevated risk of both experiencing and using violence in later life, including intimate partner violence[3,4]. Maltreatment is also transmitted across generations, with children of parents who were maltreated facing substantially higher rates of maltreatment themselves[5]. Preventing violence against women and children therefore depends on interrupting the maltreatment that drives it.

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[1] Oxford Handbook of Child Protection Systems. Duerr Berrick J, Gilbert N, Skivenes M, Editors: Oxford University Press; 2023.
[2] Broadhurst K, Keddell E, Cusworth L, Griffiths L, & Mason C. (Eds.). (2026). Born into care: International perspectives on the removal of babies at birth. Policy Press.
[3] Li S, Zhao F, & Yu G. (2019). Childhood maltreatment and intimate partner violence victimization: A meta-analysis. *Child Abuse & Neglect*, 88:212–224.
[4] Widom CS. (2017). Long-term impact of childhood abuse and neglect on crime and violence. *Clinical Psychology: Science and Practice*, 24(2):186.
[5] Armfield JM, Gnanamanickam ES, Johnston DW, Preen DB, Brown DS, Nguyen H, & Segal L. (2021). Intergenerational transmission of child maltreatment in South Australia, 1986-2017: a retrospective cohort study. *Lancet Public Health*, 6(7):e450–e461.

Investment does not yet reflect this. Australia spends >$11 billion each year on child protection, but only $703 million (6.2%) on intensive support for the high-risk families whose experience of violence can be intergenerational[6]. Reorienting the system towards preventing child maltreatment is the change most likely to produce lasting reductions in violence. However, prevention efforts should not end once maltreatment has occurred. Children and young people who experience maltreatment are at increased risk of future victimisation, perpetration of violence, poor mental health, self-harm, substance use, and other adverse outcomes across the lifecourse[7,8]. Investment in evidence-based therapeutic services for children, young people and families following maltreatment should therefore be recognised as a critical form of secondary prevention. Supporting recovery from violence and adversity can reduce the likelihood of harm becoming entrenched, interrupt pathways to future violence, and help break intergenerational cycles of maltreatment.

Australia has made significant progress in expanding prevention and early intervention initiatives, but our ability to measure their impact remains limited. Too often, success is measured through service activity rather than meaningful outcomes for children, families and communities. A stronger national approach to evaluation is required, including nationally consistent indicators, long-term monitoring, and linked administrative data infrastructure capable of assessing whether prevention investments are improving safety, wellbeing and family functioning over time. Measuring what matters should be considered a core prevention strategy, not an afterthought.

This must include sustained investment in repeated, nationally representative population surveys, which are essential for measuring violence and adversity that never come to the attention of police, child protection, health, or other services. Conducted consistently over time, these surveys can reveal changes in prevalence, identify emerging and overlapping forms of harm, and show whether population

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[6] Productivity Commission. Report on Government Services 2026, PART F, SECTION 16: Child protection services Canberra: Productivity Commission; 2026 [updated 29 January 2026]. Available from: https://www.pc.gov.au/ongoing/report-on-government-services/community-services/child-protection/

[7] Goemans A, Viding E, & McCrory E. (2023). Child Maltreatment, Peer Victimization, and Mental Health: Neurocognitive Perspectives on the Cycle of Victimization. *Trauma Violence & Abuse*, 24(2):530–548.

[8] Grummitt L, Baldwin JR, Lafoa'i J, Keyes KM, & Barrett EL. (2024) Burden of mental disorders and suicide attributable to childhood maltreatment. *JAMA Psychiatry*, 81(8):782–788.

groups and communities are benefiting equitably from prevention efforts. Population survey data should be integrated with longitudinal, program, and linked administrative data to provide a complete picture of prevention impact.

Preventing violence should be recognised as a whole-of-government responsibility requiring sustained national leadership[9]. Risk factors for violence intersect across housing, income support, education, mental health, alcohol and other drug services, child and family services, and community wellbeing. A nationally coordinated approach, with clear federal leadership, shared accountability and coordinated investment across jurisdictions, is needed to avoid fragmented responses and ensure prevention efforts occur at the scale required to achieve population-level change. However, national coordination alone is insufficient. There must also be mechanisms to ensure that policy intent translates into effective public health action, including clear outcome targets, transparent reporting, long-term monitoring and accountability for progress. Without shared accountability, prevention efforts risk remaining fragmented, inconsistently funded and unable to deliver lasting reductions in violence.

Australia has committed to ending violence against children through Sustainable Development Goal (SDG) 16.2. While achieving this goal by 2030 may be unlikely, the ambition and accountability embedded within the SDG framework should inform the Second Action Plan. National prevention efforts should be accompanied by measurable targets, regular public reporting and a commitment to monitoring whether investments are producing meaningful reductions in violence over time. Australia already reports extensively on service delivery activity (notifications, investigations, orders, service use), but far less consistently on whether children are safer, families are functioning better, or population levels of violence are falling. At a population-level, these are the accountability measures that matter but remain opaque.

Recommended actions:

- Commit to substantial, sustained and additional investment in prevention and early intervention, proportionate to population need and informed by evidence,

[9] Bull C & Higgins DJ. Spending on child protection has almost doubled in a decade, so why isn't it improving? (2026). Available from: https://doi.org/10.64628/AA.smeayfscp.

recognising that meaningful reductions in violence cannot be achieved through redistribution of existing resources alone.

- Make the prevention of child maltreatment, defined as child abuse, neglect and exposure to family violence, an explicit central focus of the Second Action Plan, recognising that maltreatment is a primary driver of violence across the lifecourse and across generations.
- Recognise evidence-based therapeutic interventions for children and young people following maltreatment as a critical form of secondary prevention and invest in service models capable of disrupting intergenerational cycles of violence.
- Develop a nationally coordinated prevention strategy, led by the Commonwealth and implemented collaboratively across jurisdictions, with shared accountability for preventing violence and reducing children's exposure to adversity.
- Establish measurable national prevention targets, aligned where possible with international commitments such as Sustainable Development Goal 16.2, and support these with regular public reporting on progress.
- Create a national outcomes and evaluation framework that prioritises meaningful measures of child, family and community wellbeing – including safety, family functioning and reductions in violence – rather than relying primarily on service activity indicators.
- Strengthen national data infrastructure, including linked administrative data assets and longitudinal monitoring systems, to enable rigorous evaluation of prevention investments and transparent assessment of population-level outcomes over time.
- Require governments and funded services to report not only on what has been delivered, but on whether investments are contributing to measurable improvements in child safety, family wellbeing and reductions in violence.
- Create a developmentally and socially informed framework for clinical work and health service provision, to ensure clinical practice within these vulnerable populations are evidence-based and appropriate for the complexities presented.

Consultation Question 2: How can existing efforts to prevent violence be strengthened or built upon at the individual, community, organisational, institutional and societal levels?

Existing prevention efforts should be strengthened through the development of nationally standardised outcome measures and evaluation frameworks. Australia currently has substantial prevention and early intervention activity, but comparatively limited capacity to consistently measure whether these initiatives are achieving meaningful change in outcomes for children, families and communities.

The Australian Government's *Early Years Strategy 2024–2034 Outcomes Framework* is a welcome and important step towards measuring child, family and community wellbeing[10]. The framework establishes a shared vision for outcomes, supports monitoring of population trends over time, and acknowledges the need for stronger data, research and evaluation. However, it is primarily designed to monitor outcomes at a national level and does not provide a sufficient basis for determining whether specific prevention and early intervention initiatives are effective, replicable or scalable across different communities.

To strengthen prevention efforts, Australia needs greater consistency in how outcomes are measured across programs, services, jurisdictions and communities. Without nationally standardised outcome measures, it is difficult to compare approaches, identify what works, understand for whom and under what circumstances programs are most effective, or scale successful initiatives with confidence. If we cannot measure outcomes consistently, we cannot reliably improve them.

Evaluation should extend beyond measuring service reach, participation and outputs to assessing whether initiatives are improving safety, wellbeing, family functioning, parenting confidence, social connectedness, help-seeking and other outcomes associated with the prevention of violence. Australia has made important progress in developing administrative data infrastructure through national assets such as the

[10] Commonwealth of Australia (Department of Social Services). Early Years Strategy 2024-2034: Outcomes Framework. Canberra, ACT: Department of Social Services; 2024.

Child Wellbeing Data Asset[11] and National Health Data Hub[12]. However, administrative data alone cannot fully capture the outcomes that matter most for prevention. Strengthening interoperability between administrative data assets held by the Australian Institute of Health and Welfare and the Australian Bureau of Statistics (e.g., the Person-Level Integrated Data Asset [PLIDA][13]) would create new opportunities to understand how prevention and early intervention investments influence individual, family and community outcomes over time. Expanding the composition of National Minimum Data Sets (NMDS) is also crucial to ensuring that the (currently) best available population-level data are informative beyond system indicators of performance[14]. This would provide a stronger foundation for identifying what works, for whom, and under what circumstances, while supporting the scale-up of effective approaches across different communities.

Recommended actions:

- Develop nationally standardised outcome measures for prevention and early intervention initiatives that can be used consistently across programs, communities and jurisdictions.
- Build on the *Early Years Strategy 2024–2034 Outcomes Framework* by establishing a national monitoring and evaluation framework capable of assessing the effectiveness, scalability and long-term impacts of prevention and early intervention initiatives.
- Routinely measure child, family and community outcomes – including safety, wellbeing, parenting confidence, family functioning and social connectedness – rather than relying primarily on activity, participation and service-delivery indicators.

[11] Australian Institute of Health and Welfare. Child Wellbeing Data Asset. (2026). Available from: https://www.aihw.gov.au/reports-data/child-wellbeing-data-asset.
[12] Australian Institute of Health and Welfare. National Health Data Hub. (2026). Available from: https://www.aihw.gov.au/reports-data/nhdh.
[13] Australian Bureau of Statistics. Person Level Integrated Data Asset (PLIDA). (2026). Available from: https://www.abs.gov.au/statistics/data-integration/integrated-data/person-level-integrated-data-asset-plida.
[14] Australian Institute of Health and Welfare. Child Protection National Minimum Data Set. (2026). Available from: https://www.aihw.gov.au/about-our-data/our-data-collections/child-protection-national-minimum-data-set.

- Increase interoperability between national administrative data assets and broader linked data infrastructure to enable more comprehensive monitoring of outcomes associated with prevention and early intervention investments.
- Support transparent reporting of outcomes to identify effective approaches, facilitate cross-jurisdictional learning and guide future investment decisions.

Consultation Question 3: How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?

Changing harmful attitudes and social norms is necessary, but it is not sufficient to prevent violence or support people affected by it. International frameworks such as the World Health Organization's INSPIRE framework[15] recognise that violence prevention requires coordinated action across laws and enforcement, safe environments, parent and caregiver support, economic strengthening, education and life skills, and accessible response and support services[16]. Approaches that focus primarily on changing knowledge or attitudes may improve awareness without producing sustained changes in behaviour. Effective violence prevention therefore requires coordinated efforts to prevent harm, recognise it early, and respond in ways that support safety, recovery and long-term wellbeing.

Prevent

Preventing violence requires addressing the conditions that enable harmful attitudes and behaviours to develop, persist and become normalised. Harmful behaviours are shaped not only by individual beliefs but also by the cultures, relationships, practices and power structures within schools, workplaces, religious organisations, community settings and online environments. Prevention efforts should therefore focus on changing the social and organisational contexts in which violence occurs.

Particular attention should be given to behaviours that are frequently minimised, normalised or treated as interpersonal conflict, including sexual harassment, gender-based bullying, harmful sexual behaviours between children and young people, coercive control, victim-blaming, and the policing of gender and sexuality.

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[15] World Health Organisation (WHO). INSPIRE: seven strategies for ending violence against children. (2016) Available from: https://iris.who.int/server/api/core/bitstreams/55d8366c-91e9-4afd-8a05-538a0f08ad57/content

[16] Little M, Butchart A, Massetti G, et al. (2025). Interventions to prevent, reduce, and respond to violence against children and adolescents: a systematic review of systematic reviews to update the INSPIRE Framework. *The Lancet Child & Adolescent Health*, 10:49–61.

Governments, organisations and communities should address the environmental conditions that enable these behaviours, including harmful peer norms, leadership inaction, unsafe environments, inaccessible reporting processes and cultures that prioritise institutional reputation over safety.

Prevention should also build the strengths and resources that make safer behaviour more achievable. Drawing on the Resilience Portfolio Model[17], this includes strengthening supportive relationships, emotional and behavioural regulation, meaning and purpose, community belonging, material security and access to trusted services. While risk reduction remains important, violence prevention should also actively promote the protective factors that support healthy development, respectful relationships and community wellbeing.

Recognise

Education and training remain important components of violence prevention, but they are most effective when they equip people with practical, developmentally appropriate skills to recognise harmful behaviour and act upon it. Individuals should be supported to identify coercion, harassment, harmful sexual behaviour, early warning signs of violence, and opportunities for early intervention. Training should move beyond awareness raising to build confidence and capability to respond appropriately when concerns arise.

Children and young people should be meaningfully involved in the design, implementation and evaluation of prevention initiatives that affect them. Regular consultation can help organisations understand how safety is experienced, identify emerging risks and develop prevention strategies that are credible, relevant and accessible to young people. Importantly, participation should be accompanied by clear feedback mechanisms so that children and young people can see how their contributions have informed organisational decisions.

Respond

[17] Hamby S. The Resilience Portfolio Concept: New Insights into How Sufficient Strengths Can Overcome Even High Burdens of Trauma. (2025). *Review of General Psychology*, 29(3):311–324.

Violence cannot always be prevented. Thus, strong response systems are essential to minimise harm, support recovery and reduce the likelihood of cumulative, repeated and intergenerational impacts.

Organisations should establish clear behavioural expectations, accessible reporting pathways, supportive first responses, proportionate responses to early warning signs and visible leadership commitment to addressing harmful conduct. Staff and community members should receive practical guidance on how to respond when they witness concerning behaviour, receive a disclosure, or encounter conduct that may not yet meet formal reporting thresholds.

Responses should also recognise that helping victim-survivors recover and thrive is an essential component of violence prevention. Drawing on the Resilience Portfolio Model, recovery efforts should support access to social support, trusted relationships, community connection, material resources and other protective factors that promote long-term wellbeing. This should not place responsibility on victim-survivors to become resilient; governments and institutions must create the conditions and provide the resources that enable recovery and thriving.

Responses to people who use violence should be evidence-informed and tailored to individual need. Many existing interventions rely on limited evidence and apply a single approach regardless of individual circumstances. Stronger outcomes are likely when interventions are grounded in rigorous evidence and matched to the factors contributing to a person's behaviour. Governments should prioritise funding interventions with demonstrated effectiveness, evaluate programs against behavioural and safety outcomes rather than completion rates alone, and strengthen workforce capability across health, community and justice settings to recognise harmful behaviour and support appropriate referral.

It is also important to recognise that the labour of identifying, challenging and responding to harmful behaviour is often distributed unequally. Women and people working in pastoral, wellbeing, safeguarding and administrative roles are frequently expected to carry responsibility for safety without sufficient authority, resources or organisational support. Prevention strategies should ensure safeguarding is understood as a shared leadership, governance and accountability responsibility

rather than an informal form of care labour undertaken by a small number of committed individuals.

Measuring impact

Governments can support these efforts by establishing clearer expectations for prevention across funded and regulated organisations, investing in evidence-informed and context-specific resources, and requiring organisations to assess not only whether policies and training exist, but whether people understand them, trust reporting pathways and feel able to act.

Evaluation should extend beyond measures of implementation, training attendance or policy compliance. Prevention, recognition and response initiatives should be assessed against meaningful outcomes, including changes in harmful behaviours and safety, people's confidence and capacity to intervene, trust in reporting and response systems, access to effective support, recovery and wellbeing among victim-survivors, and the strengthening of protective resources that enable individuals, families and communities to thrive.

Recommended actions:

- Adopt the prevent, recognise and respond framework across violence prevention initiatives.
- Address organisational, social and environmental conditions that enable harmful attitudes and behaviours.
- Invest in approaches that strengthen protective factors, including social support, belonging, emotional regulation, trusted relationships and material security.
- Equip adults, children and young people with practical skills to recognise early warning signs of violence and respond appropriately.
- Meaningfully involve children and young people in the design, implementation and evaluation of prevention initiatives.
- Establish accessible reporting pathways and evidence-informed response systems that support both safety and recovery.
- Prioritise interventions for people who use violence that are supported by rigorous evidence and evaluated against behavioural and safety outcomes.

- Treat safeguarding as a shared leadership and governance responsibility across organisations.
- Evaluate prevention initiatives using meaningful outcomes related to safety, behaviour change, wellbeing, recovery and protective factors, rather than implementation activity alone.
- Incorporate indicators of family complexity (e.g., cost of living pressures, family stress, prior involvement in justice settings) in the evaluation of prevention models to ensure reality is reflected in responses.

Consultation Question 4: What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?

The most promising approaches are those implemented early in the lifecourse and sustained over time. These include evidence-based parenting supports, family support services, therapeutic interventions for children who have experienced maltreatment, early childhood interventions, community-based prevention initiatives and integrated service models that address multiple risk factors simultaneously.

Particular attention should be given to the perinatal period, which represents a critical window for prevention and early intervention because experiences during pregnancy and infancy can shape child, parent and family outcomes across the lifecourse and across generations[18]. Exposure to violence and adversity during early development is associated with increased risk of a range of adverse outcomes later in life, including poorer mental health, self-harm, difficulties with emotional regulation and social functioning, and increased vulnerability to future victimisation and perpetration of violence[19]. Research demonstrates that children exposed to family violence during childhood experience substantially higher rates of mental health problems in adolescence[20], with risks increasing among those first exposed in early life and among those exposed repeatedly across childhood[21]. These findings underscore the importance of preventing early exposure wherever possible, while also intervening quickly when adversity is identified.

Perinatal support models are particularly promising because they offer an opportunity to support families before harms become entrenched and before patterns

[18] Ariyo E, Awortwe V, & Cudjoe E. Breaking the cycle: Systematic review of perinatal interventions for parents at risk of child removal. (2025). *PLoS One*, 20(11):e0337711.
[19] Gartland D, Dashti SG, FitzPatrick KM, Carlin J, Moreno-Betancur M, Fogarty A, et al. (2025). Preventing mental health problems in mothers with a history of childhood abuse through reducing their risk of intimate partner violence: A causal mediation analysis in an Australian pregnancy cohort. *Child Abuse & Neglect*, 170:107703.
[20] Wathen CN & Macmillan HL. Children's exposure to intimate partner violence: Impacts and interventions. (2013). *Paediatrics & Child Health*, 18(8):419–22.
[21]Howell KH, Barnes SE, Miller LE, & Graham-Bermann SA. Developmental variations in the impact of intimate partner violence exposure during childhood. (2016). *Journal of Injury and Violence Research*, 8(1):43–57.

of adversity are perpetuated across generations. Effective models are typically characterised by continuity of care, strong therapeutic relationships, multidisciplinary wraparound support, trauma-informed practice, and culturally safe and community-led approaches[16]. Research also suggests that pregnancy may be a period during which parents are particularly receptive to support and positive change, providing an important opportunity for prevention and early intervention efforts.

However, important challenges remain. Existing evidence is limited by small sample sizes, short follow-up periods and inconsistent outcome measurement, making it difficult to determine which models are most effective and scalable[22]. Furthermore, successful implementation depends on factors such as early identification of families, timely referral pathways, sustained engagement, integrated cross-sector partnerships and stable funding arrangements. Fear of child protection involvement, distrust of services and short intervention timeframes can undermine the effectiveness of even well-designed programs. As a result, prevention efforts should focus not only on expanding promising models, but also on strengthening the conditions required for their successful implementation.

A recurring challenge is that prevention initiatives are often funded through short-term project cycles, while benefits accrue over many years. Strengthening prevention therefore requires long-term investment horizons, stable funding arrangements and robust evaluation systems capable of measuring sometimes delayed outcomes. Current evaluations frequently rely on administrative indicators such as reports, investigations and infant removals, which provide only a partial picture of effectiveness. Greater attention should be given to measuring outcomes that matter to children and families, including safety, wellbeing and family functioning. Without a shared framework for measuring these outcomes, promising prevention initiatives risk being evaluated on what is easiest to count rather than what matters most.

Recommended actions:

[22] Bull C. Beyond removal rates: Prenatal reporting and the challenge of measuring what matters. (2026). *Children and Youth Services Review*, 187:109086.

- Expand access to evidence-informed parenting, family support and early childhood intervention programs, with investment directed towards communities experiencing the greatest need.
- Prioritise the perinatal period as a critical prevention and early intervention window through investment in multidisciplinary, relationship-based and trauma-informed support models.
- Strengthen early identification and referral pathways to ensure families can access support during pregnancy and sustain engagement beyond birth.
- Support culturally safe, community-led and place-based models that build trust and address barriers to engagement, particularly for Aboriginal and Torres Strait Islander families and other communities facing systemic disadvantage.
- Provide secure, long-term funding arrangements to enable effective prevention initiatives to move beyond short-term pilots and be scaled sustainably.
- Develop a cross-sector outcomes framework for evaluating prevention and perinatal support models, including measures of safety, wellbeing, family functioning, trust, service engagement and parenting confidence, alongside statutory indicators.

Consultation Question 5: What emerging issues should the Second Action Plan address in relation to primary prevention and early intervention?

1. Accountability for prevention outcomes

A major challenge facing prevention and early intervention is the lack of clear accountability for whether investments are achieving their intended outcomes. Australia has demonstrated a strong commitment to prevention through successive national strategies and action plans, but there remains limited visibility regarding whether these investments are resulting in measurable reductions in violence at a population level. Future prevention efforts should move beyond monitoring implementation and service activity to establishing clear outcome targets, routine public reporting, and accountability mechanisms that assess whether children, families and communities are becoming safer over time. The ambition embodied in Sustainable Development Goal 16.2–to end all forms of violence against children–provides a useful model for establishing measurable national goals and tracking progress against them.

2. Measuring what matters

An emerging challenge for prevention policy is the absence of nationally standardised outcome measures that enable meaningful comparisons across programs, communities and jurisdictions. While important progress has been made through initiatives such as the Early Years Strategy Outcomes Framework, Australia still lacks a consistent approach to measuring whether prevention and early intervention initiatives improve the outcomes that matter most to children and families. Outcomes such as safety, wellbeing, family functioning, parenting confidence, trust, social connectedness and service engagement remain inconsistently measured despite being central to long-term violence prevention. Without nationally consistent outcomes, it is difficult to identify effective approaches, compare results across settings or scale successful interventions.

3. Building the next generation of data infrastructure

Australia has made substantial investments in population-level administrative data assets, including those held by the Australian Institute of Health and Welfare and the Australian Bureau of Statistics. However, emerging policy questions increasingly require an understanding of outcomes that are not well captured by service data alone. Strengthening interoperability between major national data assets would create opportunities to better understand pathways into and out of violence, evaluate prevention efforts over time, and examine outcomes relating to wellbeing, safety and family functioning. Future investment should focus not only on expanding data assets, but on improving connectivity between them and supporting their use for longitudinal evaluation of prevention and early intervention initiatives.

At the same time, administrative data can only provide insight into violence, adversity and service need that comes to the attention of systems. A substantial proportion of child maltreatment, family violence and related harms are never reported to, or captured within, statutory, health or service datasets. Continued investment in repeated, nationally representative population-based studies is therefore essential. These studies provide critical information about the prevalence of violence and adversity within the community, identify population groups that may be underserved by existing systems, and enable governments to assess whether prevention efforts are achieving meaningful reductions in violence over time. Together, linked administrative data and population-based research provide complementary sources of evidence that are necessary for effective prevention policy.

4. The perinatal period as a critical prevention window

Pregnancy and the transition to parenthood represent a unique opportunity for prevention and early intervention because support provided during this period can have profound and lasting impacts on child, parent and family outcomes across the lifecourse and across generations. Experiences during infancy and early childhood can shape developmental trajectories, meaning that preventing violence and adversity in the earliest years may yield benefits that extend well beyond childhood. Perinatal support models characterised by continuity of care, multidisciplinary wraparound support, strong therapeutic relationships and culturally safe service delivery show considerable promise, particularly for families experiencing complex adversity. Research also suggests that pregnancy may be a period during which

parents are particularly receptive to support and positive change, providing an important opportunity for prevention and early intervention efforts.

However, challenges relating to early identification, referral pathways, service engagement, funding sustainability and outcome measurement continue to limit implementation and scale. The Second Action Plan should explicitly recognise the perinatal period as a strategic opportunity for prevention and support the further development, rigorous evaluation and scale-up of perinatal approaches capable of improving outcomes for children and families across the lifecourse.

5. Integrating violence prevention and mental health systems

Violence prevention and mental health systems remain more disconnected than the evidence would suggest they should be. Children and young people exposed to violence, including child maltreatment and family violence, experience substantially elevated rates of mental health difficulties across the lifecourse. Evidence demonstrates that childhood exposure to family violence is associated with markedly higher rates of depression, anxiety, post-traumatic stress disorder, self-harm, suicidal ideation and disordered eating during adolescence, with risk increasing among those exposed earlier in life and across multiple developmental periods.

Despite this overlap, violence prevention and mental health services often operate as separate systems, with different funding models, workforce structures, data systems and policy priorities. Greater integration between child and family services, family violence services, and mental health systems is needed to ensure experiences of violence are recognised early, children and families receive coordinated support, and opportunities for prevention and recovery are not missed.

The Second Action Plan should promote integrated service models, strengthen workforce capability across sectors, and support shared pathways between violence prevention and mental health systems. Better integration has the potential to improve both mental health and violence prevention outcomes while reducing fragmentation for children, young people and families.

6. Addressing cumulative adversity and strengthening protective factors

Violence rarely occurs in isolation. Children and families affected by violence often experience multiple, overlapping adversities including poverty, housing instability,

mental ill-health, substance use, family stress and child protection involvement. Prevention efforts should increasingly recognise the cumulative and interconnected nature of these experiences and support integrated responses that address multiple risks simultaneously. This requires stronger collaboration across health, education, housing, social services and child and family support systems, rather than approaches that seek to address individual risk factors in isolation, and the development of clinically informed frameworks to support practitioners working with families experiencing multiple, overlapping adversities.

At the same time, prevention efforts should move beyond a sole focus on risk. While identifying and mitigating risk factors remains important, far less attention is typically given to understanding and strengthening the protective factors that enable children, families and communities to thrive despite adversity. Stable and nurturing relationships, social connectedness, cultural identity, community belonging, financial security, access to trusted services and supportive family environments are all protective factors that may reduce vulnerability to violence and improve long-term outcomes. Expanding the evidence base around these protective factors, and incorporating them into prevention policy, measurement frameworks and service design, represents an important and often overlooked opportunity for strengthening prevention and early intervention efforts.

Recommended actions:

- Establish measurable national prevention targets and publicly report progress towards reducing violence against children and families.
- Develop nationally standardised outcome measures for prevention and early intervention initiatives.
- Improve interoperability between major national data assets to support longitudinal monitoring and evaluation of prevention investments.
- Invest in repeated nationally representative population surveys to monitor violence, adversity, wellbeing and protective factors that are not captured through administrative data systems alone.
- Recognise the perinatal period as a priority prevention window and invest in the scale-up and evaluation of evidence-informed perinatal support models.

- Strengthen integration between family violence, child and family services, and mental health systems.
- Embed both risk and protective factors within national prevention monitoring frameworks to better understand what contributes to positive outcomes for children, families and communities.
- Support research, monitoring and evaluation that identifies not only the factors that place children and families at risk of violence, but also the protective factors that promote safety, wellbeing and resilience across the lifecourse.

Opportunities for Action under the Second Action Plan

The recommendations outlined throughout this submission could be operationalised through several nationally significant initiatives designed to strengthen Australia's prevention and early intervention infrastructure.

1. Strengthen national prevention accountability and outcomes measurement

Strengthen national prevention accountability and outcomes measurement by developing nationally standardised prevention and early intervention outcome measures; monitoring progress against national prevention targets; coordinating evaluation standards across jurisdictions; tracking prevention expenditure and outcomes over time; producing regular public reports on progress toward reducing violence against women and children; and supporting governments to identify, scale and sustain effective prevention initiatives.

Purpose: To ensure prevention investments are guided by evidence, evaluated consistently, and held accountable for achieving measurable improvements in child, family and community wellbeing.

2. Enhance national data linkage for prevention and wellbeing research

Create greater interoperability between major Australian administrative data assets, including the Child Wellbeing Data Asset, National Health Data Hub and Person-Level Integrated Data Asset (PLIDA), to enable linked longitudinal analyses of violence, adversity, service use, wellbeing and related outcomes.

Purpose: To identify effective prevention strategies, understand long-term outcomes, and support evidence-informed decision making.

3. Build population-level monitoring of violence, adversity and wellbeing

Invest in repeated nationally representative surveys of children, young people and families to measure experiences of violence, adversity, wellbeing, service access and protective factors that are not visible within administrative datasets.

Purpose: To provide a complete picture of violence prevalence and prevention outcomes at population level.

4. Advance perinatal prevention and early intervention approaches

Fund and evaluate multidisciplinary perinatal support models across diverse Australian settings, particularly for families experiencing complex adversity and those at risk of child protection involvement.

Purpose: To identify scalable approaches capable of improving outcomes for infants, parents and families while reducing later child protection involvement.

5. Expand therapeutic recovery and secondary prevention following child maltreatment

Establish a nationally coordinated network of evidence-based therapeutic services for children and young people who have experienced abuse, neglect or exposure to family violence.

Purpose: To support recovery, improve mental health and wellbeing, and reduce the intergenerational transmission of violence.

6. Understand and strengthen protective factors across the lifecourse

Develop a coordinated national program of research and monitoring focused on identifying and strengthening the protective factors that enable children and families to thrive despite adversity.

Purpose: To complement existing risk-focused approaches and support prevention strategies that build safety, resilience and wellbeing across the lifecourse.

As noted in the consultation paper, Australia has made substantial progress under the National Plan. The next challenge is not simply identifying what works, but creating the accountability, measurement and implementation infrastructure required to deliver prevention at scale. Building nationally coordinated systems for investment, evaluation, data linkage, outcome monitoring and service integration will be essential if Australia is to achieve sustained reductions in violence against women and children and realise its commitment to ending violence across generations.

Yours sincerely,

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Submission to the Second National Action Plan to End Violence Against Women and Children 2022-2032

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Table of Contents

Scope of submission

We are grateful for the opportunity to provide a submission to the Second National Action Plan to End Violence Against Women and Children.

This submission draws on:

1. Epidemiological research examining maternal and child mental health and experiences of intimate partner violence and child maltreatment;
2. Epidemiological research on fathers' mental health
3. Our family and child clinical interventions work; and
4. Our Stronger Futures Centre of Research Excellence into Intergenerational Trauma and partnerships with community health services supporting women and children following IPV.

We present evidence on:

- Population-level patterns of intimate partner violence and child maltreatment across the life course.
- Longitudinal mental health outcomes for women and children following exposure to intimate partner violence.
- Evidence-based therapeutic interventions for young children and families affected by interpersonal trauma.
- Fathers' mental health, parenting and opportunities for engagement during the transition to parenthood, and opportunities for family violence prevention.
- System-level opportunities to strengthen prevention, implementation and long-term evaluation of family violence responses.

The submission concludes with recommendations for research, policy, and practice to end violence against women and children.

About us

This submission is led by [redacted], a clinical psychologist and researcher from the Deakin Lifespan Institute at Deakin University. [redacted] specialises in parent and child mental health and family violence. She works in collaboration with [redacted] from the Intergenerational Health group at the Murdoch Children's Research Institute and [redacted] at the Deakin Lifespan Institute. This submission draws on our work across the following programs of research:

- **The Mothers and Young People's Study (MYPS)** - a 20-year longitudinal study investigating the health and wellbeing of 1507 first time mothers and their first-born children. The study has collected prospective data on experiences of intimate partner and family violence, mental health outcomes, help-seeking behaviours, and suicidality over a 20-year period from pregnancy to the first-born children in the study reaching early adulthood.
- **Fathers Mental Health- Fathers' Mental Health** – Epidemiological and linked data research examining fathers' mental health, suicidality, parenting, and opportunities for prevention and early intervention during the transition to parenthood, with a particular focus on engaging fathers within family violence prevention and response systems.
- **Clinical Interventions –** adaption, implementation and evaluation of evidence-based therapeutic interventions for children and families, including Child-Parent Psychotherapy (CPP), Working Out Dads, Family Foundations and implementation research with community service partners.
  Our team is currently undertaking an implementation evaluation of **Child-Parent Psychotherapy** within **Berry Street's Take Two service** which aims to reduce trauma symptoms and repair child-caregiver relationships following child maltreatment. Emerging findings indicate high acceptability among families and practitioners, improvements in caregiver-child relationships, greater caregiver understanding of children's behaviour through a trauma lens, and strong support from child protection practitioners for increased access to CPP in Australia.

Purpose of this submission: To provide evidence-based insights from longitudinal and clinical interventions research to inform **the Second National Plan to End Violence Against Women and Children**.

Executive Summary

Family, domestic and sexual violence is one of Australia's most significant public health challenges, with profound and enduring consequences for women, children, fathers and families. While considerable progress has been made in improving safety and crisis responses, growing evidence demonstrates that the impacts of violence extend well beyond the period of immediate danger. Long-term mental health difficulties, disrupted parenting, poorer child development and the intergenerational transmission of adversity remain substantial, but often under-recognised, consequences of violence.

This submission draws on more than two decades of longitudinal epidemiological research, implementation research and clinical intervention studies undertaken through the Mothers and Young People's Study (MYPS), our program of research on fathers' mental health and parenting, and implementation and evaluations of relationship-based therapeutic interventions for infants, young children and families affected by family violence. Together, this body of work highlights three key priorities for strengthening Australia's response to family, domestic and sexual violence.

First, Australia's response should place greater emphasis on improving long-term outcomes for women, children and families following violence. Women and children frequently experience ongoing depression, anxiety, post-traumatic stress, suicidality and relationship difficulties long after violence has ceased. While ensuring immediate safety must remain the priority, policy responses should also support long-term mental health, family wellbeing and access to evidence-based therapeutic interventions that promote sustained positive outcomes.

Second, greater investment is needed in evidence-based therapeutic interventions and prevention during key developmental windows of opportunity. Children should be recognised as victim-survivors in their own right and provided with timely, developmentally appropriate support following exposure to violence. Pregnancy, the transition to parenthood, infancy and early childhood provide unique opportunities to identify violence early, strengthen caregiver-child relationships, safely engage fathers, and improve long-term developmental outcomes.

Third, Australia should strengthen investment in implementation science, longitudinal research and evaluation to ensure policy is informed by robust Australian evidence. While effective interventions have been established internationally, Australian evidence regarding how best to implement, evaluate and sustainably deliver these interventions remains limited. Continued investment in implementation research, linked data and long-term cohort studies is essential to understand not only what works, but how evidence-based interventions can be

successfully delivered across Australian service systems and whether they improve long-term outcomes for women, children and families.

The submission concludes with six recommendations to strengthen long-term outcomes for women, children and families affected by family violence through greater investment in evidence-based therapeutic interventions, prevention during key developmental windows, early identification and integrated care, workforce capability, safe engagement of fathers, and Australia's evidence base through longitudinal research, implementation science and evaluation.

Our Recommendations

Recommendation 1. Strengthen long-term recovery as a core component of Australia's response to family violence

Recognise recovery and mental health as essential components of ending family, domestic and sexual violence. Expand access to long-term, trauma-informed mental health and therapeutic recovery services for women, children and families, recognising that recovery extends well beyond the period of immediate safety.

Recommendation 2. Invest in evidence-based therapeutic interventions for children and families affected by violence, with priority given to infants and young children

Expand access to evidence-based therapeutic interventions that strengthen caregiver-child relationships, support recovery following violence and improve long-term developmental outcomes. Particular priority should be given to infants and children in the first five years of life, where the evidence indicates both the greatest developmental impact of exposure to violence and the largest current gap in available services. Investment should include Australian implementation research and evaluation to support sustainable scale-up across health, family violence and community service systems.

Recommendation 3. Invest in key developmental windows of opportunity for prevention and early intervention

Adopt a developmental approach to prevention by investing in key periods where intervention is likely to have the greatest long-term impact, including pregnancy, the transition to parenthood, infancy and early childhood, school transition, adolescence and early parenthood. Particular emphasis should be placed on the transition to parenthood as a unique opportunity to engage both mothers and fathers, strengthen family relationships, identify mental health difficulties and risk factors for violence, and provide timely support.

Recommendation 4. Strengthen early identification and integrated care across service systems

Improve early identification of family violence within universal health, mental health and community services through integrated care pathways, multidisciplinary models of care and coordinated referral systems that address both safety and long-term recovery.

Recommendation 5. Build workforce capability to support women, children and fathers

Invest in workforce development across specialist and universal services to improve safe enquiry, trauma-informed responses, engagement of fathers, and referral to appropriate evidence-based supports.

Recommendation 6. Invest in Australian longitudinal research, implementation science and evaluation

Strengthen Australia's evidence infrastructure through continued investment in longitudinal cohort studies, implementation science, linked data and rigorous evaluation. Success should be measured not only by service delivery, but by improvements in long-term safety, mental health, child wellbeing and family functioning.

Priority Area 1: Victim Survivors

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

The extent of IPV and its health consequences

- Approximately 40% of mothers in the MYPS cohort experienced physical, emotional or sexual IPV by the time their child reached 18 years of age [1].
- Our research shows that many women experience IPV in the early motherhood period, but for many mothers, this can continue across parenthood [2].
- Our research shows that: One in three Victorian women giving birth to their first child (34.5%) experience physical and/or emotional IPV in the first 10 years of motherhood placing them at higher risk of depressive and anxiety symptoms, post-traumatic stress symptoms and suicidal ideation [3].
- Repeated experiences of IPV over the course of the first ten years of motherhood are common [3].

Our research demonstrates that women experiencing all forms of IPV during motherhood are at higher risk of mental health difficulties and that the poor mental health extends far beyond the period of abuse. Specifically, our research has found that:

- Women who experience physical and/or emotional IPV in the first 12 months after having their first child have 3.4-fold higher odds of persistent self-harm ideation in early motherhood (pregnancy to 4 years postpartum) compared with women who do not experience IPV during this period [4].
- In the first year postpartum, women experiencing emotional IPV alone have similar odds of depressive and anxiety symptoms as women who experience physical and emotional IPV [5].
- One in six women experiencing IPV in the first decade of motherhood (16.6%) report thoughts of self-harm at 10 years postpartum, compared with one in twenty women (4.9%) who did not report experiencing IPV during this period [6].
- Women exposed to IPV at any point in the first 18 years of motherhood experienced substantially higher rates of depression, anxiety, post-traumatic stress symptoms and suicidal ideation than women who had never experienced violence[1].
- Importantly, these impacts persisted long after the violence had ceased. Even among women whose violence had ended years earlier, rates of post-traumatic stress symptoms and self-harm ideation remained more than twice those observed among women with no history of IPV[6].

- Evidence from MYPS has consistently demonstrated that elevated mental health risk persisted even after violence had ceased. [6, 7] This is the case for women reported all types of IPV including emotional abuse alone.[5]

These findings demonstrate that recovery from violence is not a short-term process and that policy responses focused primarily on crisis intervention fail to address the enduring health consequences of violence.

Importantly, our findings also suggest that women who have experienced maltreatment within their own childhood (that is, physical, sexual, emotional abuse, emotional or physical neglect, and/or exposure to IPV), experience higher odds of IPV during motherhood, and experience worse mental health compared to those mothers without experiences of child maltreatment.

- Women who have experienced childhood physical and/or sexual abuse have higher odds of experiencing IPV during motherhood. [8]
- Women who have experienced childhood abuse experience substantially worse mental health outcomes compared to women experiencing IPV without childhood experiences of abuse. [8] [9]
- Significantly, women who had experienced sexual abuse in childhood had two fold higher odds of experiencing persistent self-harm ideation from pregnancy to 4 years postpartum compared with women who did not experience this form of abuse.[4]
- For women who had experienced childhood physical abuse the odds of experiencing persistent self-harm ideation from pregnancy to 4 years postpartum were three fold higher compared with women not experiencing this form of childhood abuse. [4]

The Second Action Plan should therefore strengthen Australia's investment in **recovery and healing**, recognising these as equally important components of the violence response alongside crisis services and immediate safety. Therapeutic recovery should not cease once a woman is physically safe. Many victim-survivors continue to experience significant psychological distress, difficulties with parenting, relationship functioning and physical health for many years following violence. Sustainable recovery requires access to trauma-informed, evidence-based mental health care that remains available beyond the period of acute crisis.

Improving early identification within mainstream services

One of the clearest findings from our research is that women experiencing violence are already engaging with health services, but the violence frequently remains unidentified. Our research has demonstrated that:

- At four years and ten years postpartum only 6% of women experiencing IPV had directly discussed this with their GP. [10] [11]
- At ten years postpartum, two in three women reporting IPV had not disclosed IPV or relationship difficulties with a health professional, despite the fact that most of these women had frequent contact with their GP, and 40% of women experiencing IPV had recent contact with a mental health professional. [11]

These findings suggest that improving access to services alone is unlikely to substantially improve outcomes. The critical challenge is improving safe enquiry, identification, and response within the services women are already using.

Routine mental health care should therefore include repeated, trauma-informed opportunities to ask about current and past experiences of family violence. Disclosure is rarely a single event. Women often require multiple opportunities to disclose as trust develops, circumstances change, or their understanding of coercive control evolves. Workforce capability should focus not only on asking about violence safely but also on responding appropriately once violence is identified.

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

Integrating mental health and family violence systems

Our findings consistently demonstrate that mental health and family violence cannot be treated as separate policy and service systems. Many women experiencing depression, anxiety or post-traumatic stress are simultaneously living with, or recovering from, violence. Specifically we have found that:

- Around two in five women experiencing depressive or anxiety symptoms had also experienced IPV.[11] [12]
- Psychotropic medication was commonly prescribed to women experiencing IPV without addressing underlying violence exposure. [10]

When mental health symptoms are addressed without recognising the underlying violence, treatment is often incomplete. Women interviewed through the MYPS described receiving medication for depression or anxiety without any exploration of the violence occurring within their relationships. Others described the impact of having a clinician recognise and validate their experiences, often identifying this as the first step towards recovery.

- Qualitative findings illustrate how women's experiences of help-seeking vary considerably. For some, identification of violence by a clinician was validating and facilitated help-seeking:

> *"I started seeing a psychologist and that's when she said, 'it's actually a domestic violence sort of relationship'. I didn't see that it was. She opened my eyes and that gave me some strength." (Fogarty et al., 2019)*

For others, disclosure was met with dismissal or responses that reinforced blame and distress:

> *"We went back there three times and each time I came out feeling like it was all my fault... 'See, I told you,' he said."[13]*

> *"the psych did an evaluation on me and said, you know, "I think you might be clinically depressed" and so on and so forth. "You might need to go on some medication" ...That was pretty much it. So, they just, "Yep, that's what you need." And, what they say when they hand things out and, I knew it wasn't right for me at the time... It just* wasn't *right. Because I thought it's not going to make my problems go away. I've actually got to deal with it. I've got to deal with it. So, the pills aren't going to stop someone's behaviour".[13]*

The Second Action Plan should prioritise integrated models of care that enable collaboration between mental health services, primary care, specialist family violence services and child and family services. This should include shared referral pathways, multidisciplinary care planning and funding mechanisms that support coordinated care rather than parallel service systems.

Recovery must include children

Supporting victim-survivors also means recognising that many are parents. Children's recovery should not depend solely on supporting the non-offending parent.

Our emerging 18-year MYPS findings demonstrate that childhood exposure to IPV has profound and enduring consequences for mental health. Young people exposed to IPV experienced substantially higher rates of depression, anxiety, PTSD/CPTSD, suicidal ideation, self-harm and co-occurring mental health problems in late adolescence[14]. Young people exposed repeatedly across childhood experienced the poorest outcomes, highlighting the cumulative burden of violence across development.

Recovery services should therefore support the family as a whole. Investment is needed in evidence-based, relationship-focused therapeutic interventions that support

both caregivers and children to recover together following violence, reducing the long-term intergenerational impacts of trauma.

Recommendations

Recommendation 1. Strengthen long-term recovery as a core component of Australia's response to family violence
Recognise recovery and mental health as essential components of ending family, domestic and sexual violence. Expand access to long-term, trauma-informed mental health and therapeutic recovery services for women, children and families, recognising that recovery extends well beyond the period of immediate safety.

Recommendation 4. Strengthen early identification and integrated care across service systems
Improve early identification of family violence within universal health, mental health and community services through integrated care pathways, multidisciplinary models of care and coordinated referral systems that address both safety and long-term recovery.

Recommendation 5. Build workforce capability to support women, children and fathers
Invest in workforce development across specialist and universal services to improve safe enquiry, trauma-informed responses, engagement of fathers, and referral to appropriate evidence-based supports.

Recommendation 6. Invest in Australian longitudinal research, implementation science and evaluation
Strengthen Australia's evidence infrastructure through continued investment in longitudinal cohort studies, implementation science, linked data and rigorous evaluation. Success should be measured not only by service delivery, but by improvements in long-term safety, mental health, child wellbeing and family functioning.

Priority Area 2: Prevention and early intervention

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

Australia has made substantial progress in recognising family, domestic and sexual violence as a preventable public health issue, particularly through investment in primary prevention initiatives that seek to address the gendered drivers of violence. These efforts should continue. However, the Second Action Plan presents an opportunity to broaden Australia's prevention strategy by recognising that preventing the long-term consequences of violence is also violence prevention.

Every year, thousands of Australian children are exposed to intimate partner violence during critical periods of development. Our findings show that:

- nearly 40% of Australian children are exposed to IPV across childhood and that these children experience markedly poorer mental health into late adolescence, with increasing burden associated with repeated exposure across childhood.[14]

Without effective intervention, childhood exposure contributes not only to lifelong mental ill-health but also increases the likelihood of experiencing or using violence in later relationships, perpetuating intergenerational cycles of disadvantage and violence.

The Second Action Plan should therefore explicitly recognise healing after violence as a core prevention strategy. Investing in recovery during infancy, early childhood and adolescence represents one of Australia's greatest opportunities to reduce the future burden of violence, mental illness and suicide.

Investing in key windows of opportunity

Violence is not a single event but a developmental experience, with impacts accumulating across childhood and adolescence.

- One in four women and children experience IPV during the first 4 years after birth[14]
- 70% of children exposed to IPV during the first 4 years of life are experiencing clinically significant mental health symptoms at 18 years postpartum [14]

Prevention efforts should therefore move beyond isolated programs and instead prioritise key windows of opportunity where intervention is likely to have the greatest long-term benefit. Our findings demonstrate that: These include:

- pregnancy and the transition to parenthood
- infancy and the first five years of life
- school transition
- adolescence and the development of intimate relationships

- early parenthood, when intergenerational patterns may be repeated or disrupted.

Of these, the transition to parenthood deserves particular attention. It is both a period of increased risk for the onset or escalation of intimate partner violence [15] and one of the few life stages where families have repeated contact with universal health services. This creates a unique opportunity to engage both mothers and fathers, identify violence and risk factors for violence early, strengthen mental health and parenting support, and intervene before patterns of violence become entrenched.

Engagement with men during the transition to fatherhood

The transition to fatherhood is a pivotal and currently under recognised life stage for the prevention and early intervention of violence against women and children. Our research shows that many fathers experience poor mental health in the early years of parenting, and this is associated with family relationship difficulties including parental conflict.

- 1 in 10 fathers of young children (0-4 years) experience poor mental health such as depression and anxiety symptoms [16].
- 1 in 3 fathers who enrolled in a study to trial different interventions targeting mental health difficulties in the early parenting period reported suicidal ideation [17].
- Fathers who have had experiences of childhood maltreatment, including exposure to intimate partner violence, are at higher risk of mental health difficulties and partner conflict than fathers without a history of childhood maltreatment [18].
- Fathers' mental health difficulties are associated with parenting difficulties such as lower parenting warmth, increased parenting hostility, and decreased parenting consistency [19].
- Fathers' mental health difficulties are associated with poorer co-parenting and couple relationship quality[16, 20] [21], and increased partner conflict[22] .

Our research indicates that fathers are very amenable to help during the transition to parenthood, and want to be asked about their mental health by professionals [17, 23]. This is a "window of opportunity" when fathers are motivated to seek support and make changes that could benefit their children and families. Yet, there is currently no standard of care for routinely engaging fathers or for providing intervention and support in the healthcare system. Opportunities to identify and support fathers at risk of using violence against women and children are currently being missed. This is in part likely due to a lack of evidence-based prevention and early intervention approaches specifically targeting fathers. Our systematic review currently underway [PROSPERO 2024 CRD42024528801] has identified 32 peer-reviewed studies of randomised control trials with data on paternal mental health, anger and aggression.

A promising father-inclusive family-based program for the prevention of family violence has been evaluated by our team. Family Foundations (FF) engages both mothers and fathers in the early years of parenting to help strengthen their skills to manage stress, communicate well, and work together as a parenting team. The manualised 10-session program is delivered by trained facilitators with an allied health background using discussion-based activities, modelling, and

skills practice. Our team have been partnering with Holstep Health (formerly, Merri Health), a Victorian-based community health service since 2017 to evaluate the mental health and relationship outcomes for families who have participated in FF. Over the past 8 years, over 500 fathers have participated in FF with a partner/co-parent. Two service-led pilot studies revealed a decrease in parental conflict and relationship difficulties following participation in FF [24] [25]. A randomised controlled trial of FF is currently underway with families living in regional and rural areas of Australia.

Invest in research, evaluation and data

Evidence is fundamental to effective prevention. Continued investment in longitudinal research, linked administrative data and implementation science is essential to identify what works, for whom, and when interventions are most effective. Without this evidence, governments cannot confidently target resources towards strategies that deliver the greatest long-term impact.

Much of what Australia knows about family violence is derived from cross-sectional surveys or administrative data. While these data are essential, they cannot determine how the timing, persistence and cumulative exposure to violence shape developmental outcomes or identify the periods during which intervention is likely to have the greatest impact.

Prospective longitudinal cohort studies such as MYPS provide unique evidence to identify causal pathways across generations, evaluate prevention efforts and inform policy decisions. Continued investment in longitudinal research, linked administrative datasets and implementation science will strengthen Australia's ability to target resources where they achieve the greatest long-term benefit.

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

Invest in evidence-based therapeutic prevention

Australia has invested considerably in crisis responses and statutory child protection. Comparatively little investment has been directed towards therapeutic interventions that prevent the longer-term consequences of violence once exposure has occurred. This represents a significant evidence and implementation gap.

Children exposed to violence require interventions that address trauma, strengthen caregiver-child relationships and support healthy emotional development before difficulties become entrenched. Relationship-based interventions, such as Child-Parent Psychotherapy for young children exposed to interpersonal trauma, show considerable promise internationally and are beginning to build an Australian evidence base. However, access remains extremely limited and evaluation of Australian implementation is scarce.

The Second Action Plan should invest not only in expanding evidence-based therapeutic programs but also in rigorous Australian trials, implementation research and long-term evaluation to determine what works, for whom, under what circumstances and at what cost.

Recognising mental health as a core component of violence prevention

Ending violence requires more than preventing the first occurrence of violence. It also requires preventing violence from becoming a lifelong driver of poor mental health and intergenerational disadvantage.

Findings from the Mothers' and Young People's Study demonstrate that the impacts of intimate partner violence extend well beyond the period of immediate danger (ref).

- Women who experience IPV continue to experience elevated rates of depression, anxiety, post-traumatic stress symptoms and suicidal ideation years after the violence has ceased [6, 7].
- Similarly, our emerging findings indicate that children exposed to IPV have substantially higher rates of mental health problems in late adolescence, with the greatest burden observed among those exposed repeatedly across childhood [26] .
- International evidence further suggests that childhood exposure to IPV is associated with an increased likelihood of experiencing or using violence in adulthood, highlighting the potential for violence to perpetuate across generations [27].

Taken together, these findings reinforce the need to view childhood exposure to IPV not only as an immediate safety issue, but also as a long-term public health issue. Given that almost 40% of children in our cohort were exposed to IPV by 18 years of age[14], the Second Action Plan should place greater emphasis on promoting mental health, supporting recovery and providing evidence-based therapeutic interventions for children and families as key secondary prevention strategies.

Recommendations

Recommendation 1. Strengthen long-term recovery as a core component of Australia's response to family violence

Recognise recovery and mental health as essential components of ending family, domestic and sexual violence. Expand access to long-term, trauma-informed mental health and therapeutic recovery services for women, children and families, recognising that recovery extends well beyond the period of immediate safety.

Recommendation 2. Invest in evidence-based therapeutic interventions for children and families affected by violence, with priority given to infants and young children

Expand access to evidence-based therapeutic interventions that strengthen caregiver-child relationships, support recovery following violence and improve long-term developmental outcomes. Particular priority should be given to infants and children in

the first five years of life, where the evidence indicates both the greatest developmental impact of exposure to violence and the largest current gap in available services. Investment should include Australian implementation research and evaluation to support sustainable scale-up across health, family violence and community service systems.

Recommendation 3. Invest in key developmental windows of opportunity for prevention and early intervention

Adopt a developmental approach to prevention by investing in key periods where intervention is likely to have the greatest long-term impact, including pregnancy, the transition to parenthood, infancy and early childhood, school transition, adolescence and early parenthood. Particular emphasis should be placed on the transition to parenthood as a unique opportunity to engage both mothers and fathers, strengthen family relationships, identify violence early, and provide timely support.

Recommendation 5. Build workforce capability to support women, children and fathers

Invest in workforce development across specialist and universal services to improve safe enquiry, trauma-informed responses, engagement of fathers, and referral to appropriate evidence-based supports.

Recommendation 6. Invest in Australian longitudinal research, implementation science and evaluation

Strengthen Australia's evidence infrastructure through continued investment in longitudinal cohort studies, implementation science, linked data and rigorous evaluation. Success should be measured not only by service delivery, but by improvements in long-term safety, mental health, child wellbeing and family functioning.

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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?

The long-term mental health impacts of childhood exposure to violence

Findings from the Mothers' and Young People's Study (MYPS) demonstrate that childhood exposure to IPV is common, with almost 40% of children experiencing exposure by 18 years of age. Our emerging findings further demonstrate that the impacts extend well beyond childhood. Young people exposed to IPV experienced substantially higher rates of depression, anxiety, post-traumatic stress disorder (PTSD/CPTSD), self-harm, suicidal ideation and disordered eating during late adolescence. Importantly, children exposed repeatedly across childhood experienced the poorest outcomes, suggesting that cumulative exposure compounds risk over time.

- Over 60% of children exposed to IPV at any time in childhood were experiencing mental health symptoms at 18 years of age.
- This rose to 70% for those first exposed in early life (0–4 years).
- This rose further to 78% for those exposed to IPV at multiple time points across childhood [12].

These findings demonstrate that childhood exposure to IPV is associated not with a single mental health outcome, but with a broad burden of psychological difficulties that persists into early adulthood.

Recognising and responding to children within mainstream services

As with mothers, our research suggests that children exposed to violence are already engaging with mainstream services such as early childhood education and care, schools, and health services. Despite this, exposure frequently remains unrecognised because attention is directed towards the parent rather than the child. Support for children is too often contingent on identification, disclosure and engagement by the non-offending parent, rather than being available to the child in their own right.

Strengthening children's safety and recovery therefore requires workforce capability within education, early childhood and health settings to recognise signs of exposure, respond safely, and refer into appropriate therapeutic support.

Therapeutic recovery

Despite growing evidence describing these long-term impacts, comparatively little attention has been given to changing children's developmental trajectories following exposure to violence. Poor mental health outcomes following violence should not be viewed as inevitable. Timely, evidence-based therapeutic intervention has the potential to strengthen caregiver-child relationships, support recovery, improve emotional regulation and promote healthier developmental outcomes.

Despite the substantial burden of childhood exposure to IPV, comparatively little Australian research has focused on interventions capable of altering these long-term developmental trajectories. As a result, Australia has developed a strong evidence base describing the long-term impacts of childhood exposure to violence, but a much weaker evidence base regarding which therapeutic interventions are most effective, how they should be implemented within Australian service systems, and how they can be sustainably delivered at scale. Addressing this evidence gap should be a priority of the Second Action Plan.

Building the evidence for therapeutic interventions

Internationally, relationship-based interventions such as Child-Parent Psychotherapy (CPP) and trauma-focused therapy have demonstrated improvements in child trauma symptoms, attachment security, caregiver mental health and parenting following interpersonal trauma. Despite this growing evidence base, access to these interventions remains extremely limited within Australia, and our review demonstrates that no high-quality Australian-based evidence currently exists.

To help address this gap, our team is currently undertaking an implementation evaluation of Child-Parent Psychotherapy delivered through Berry Street Yooralla's Take Two program. Emerging findings indicate:

- A high acceptability among families and CPP Clinicians and Child Protection Partitioners [28].
- Caregivers perceive CPP to help improve understanding of their child's behaviour through a trauma-informed lens, strengthening their parent-child relationships and helping to develop greater confidence in responding to their child's emotional needs [28].
- Child protection practitioners have highlighted a strong unmet need for greater access to Child-Parent Psychotherapy and noticeable improvements in improvements in caregiver-child relationships and child outcomes following CPP involvement.[28]
- CPP clinicians from Berry Street Yooralla have report perceived improvements in caregiver-child relationships, child emotional functioning and developmental outcomes [28].

Although these findings are preliminary, they reinforce the importance of investing in both implementation and evaluation of evidence-based therapeutic interventions within Australian service systems.

This gap in evidence-based interventions is particularly concerning for infants and young children. Emerging findings from MYPS demonstrate that children exposed to IPV in the first years of life experience substantially poorer mental health outcomes in late adolescence[14], highlighting that even very early exposure can have enduring developmental consequences. Yet, compared with older children and adolescents, there are relatively few evidence-based therapeutic services available for infants, young children and their caregivers following family violence. This represents a significant gap in Australia's family violence response.

The Second Action Plan should therefore invest not only in expanding access to evidence-based therapeutic interventions, but also in developing the Australian evidence base regarding how these interventions can be effectively implemented, sustained and scaled across diverse service settings. Particular attention should be given to interventions delivered during the first five years of life, when brain development, attachment relationships and emotional regulation are developing rapidly, and interventions have the greatest potential to influence lifelong developmental trajectories.

Family-centred recovery

Importantly, children's recovery cannot be separated from the wellbeing of their caregivers. IPV can fundamentally impact attachment and parent-child relationships. Interventions which support the parent/caregiver-child relationship following violence provide an opportunity to repair this relationship, improve child mental health, strengthen parenting capacity and support long-term wellbeing. Investment in family-focused therapeutic interventions therefore has the potential to improve outcomes for both children and caregivers while reducing the long-term burden of violence across generations.

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?

MYPS was not designed to directly evaluate interventions for children and young people who use violence or display harmful sexual behaviours, and we are therefore not able to speak to the effectiveness of specific programs in this area. However, broader research into childhood exposure to violence and trauma-informed intervention are directly relevant to how the system responds to this group.

- Children and young people who use violence or display harmful sexual behaviours have frequently experienced harm themselves, including exposure to IPV, child maltreatment or other forms of trauma [29, 30]. Responses should be

designed with this in mind, rather than treating harmful behaviour as disconnected from the young person's own history of victimisation.

- MYPS is currently generating emerging evidence examining the relationship between childhood experiences of IPV and child maltreatment and the use of violence within young people's own relationships in early adulthood. While these findings are not yet finalised, they are expected to be available within the next 12 months and will directly strengthen the Australian evidence base in this area.
- Consistent with the developmental evidence presented elsewhere in this submission, early intervention is critical. Addressing trauma early offers an important opportunity to intervene before harmful behaviours emerge.
- Services working with children and young people who use violence need to address underlying mental health difficulties and adopt a trauma-informed lens, rather than focusing on behaviour management in isolation.
- Effective responses need to hold accountability and trauma-informed understanding together, not as competing priorities. Acknowledging the origins of a young person's behaviour does not diminish the need for them to take responsibility for it and change it; rather, understanding these origins is often what makes meaningful behaviour change and accountability possible.

Recommendations

Recommendation 1. Strengthen long-term recovery as a core component of Australia's response to family violence

Recognise recovery and mental health as essential components of ending family, domestic and sexual violence. Expand access to long-term, trauma-informed mental health and therapeutic recovery services for women, children and families, recognising that recovery extends well beyond the period of immediate safety.

Recommendation 2. Invest in evidence-based therapeutic interventions for children and families affected by violence, with priority given to infants and young children

Expand access to evidence-based therapeutic interventions that strengthen caregiver-child relationships, support recovery following violence and improve long-term developmental outcomes. Particular priority should be given to infants and children in the first five years of life, where the evidence indicates both the greatest developmental impact of exposure to violence and the largest current gap in available services. Investment should include Australian implementation research and evaluation to support sustainable scale-up across health, family violence and community service systems.

Recommendation 3. Invest in key developmental windows of opportunity for prevention and early intervention

Adopt a developmental approach to prevention by investing in key periods where intervention is likely to have the greatest long-term impact, including pregnancy, the transition to parenthood, infancy and early childhood, school transition, adolescence and early parenthood. Particular emphasis should be placed on the transition to parenthood as a unique opportunity to engage both mothers and fathers, strengthen family relationships, identify violence early, and provide timely support.

Recommendation 6. Invest in Australian longitudinal research, implementation science and evaluation

Strengthen Australia's evidence infrastructure through continued investment in longitudinal cohort studies, implementation science, linked data and rigorous evaluation. Success should be measured not only by service delivery, but by improvements in long-term safety, mental health, child wellbeing and family functioning.

Priority Area 5: System Integration and 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?

Integrating mental health and family violence systems

One of the clearest findings from our longitudinal research is that mental health and family violence cannot be effectively addressed as separate systems.

- Women experiencing family violence commonly present to primary care and mental health services with depression, anxiety, post-traumatic stress symptoms and suicidal ideation, yet the underlying violence often remains unidentified [11].

- Children and young people exposed to violence experience high rates of mental health difficulties [14], and many will access mainstream services.

Improving coordination between mental health, family violence, primary care, child and family services, and early childhood services should therefore be a central priority of the Second Action Plan. Integrated models of care, shared referral pathways and multidisciplinary approaches have the potential to reduce fragmentation and ensure families receive coordinated support that addresses both immediate safety and long-term recovery.

Strengthening Australia's evidence base

Longitudinal cohort studies have played a critical role in advancing Australia's understanding of family violence across the life course. Unlike cross-sectional surveys or administrative datasets, prospective longitudinal studies can identify the timing, persistence and cumulative impacts of violence, examine developmental trajectories, and evaluate long-term outcomes for women and children. Continued investment in longitudinal research, linked administrative datasets and rigorous program evaluation is essential to ensure future policy remains responsive to emerging evidence.

Equally important is investment in implementation science, which enables governments to understand not only what works, but how effective interventions can be delivered equitably and at scale within Australian service systems.

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

A well-supported workforce is fundamental to improving outcomes for women, children and families affected by violence, including strengthening engagement with fathers.

- Professionals working in universal services such as general practice, perinatal services, maternal and child health, mental health services, paediatric services, schools and early childhood education , are often the first point of contact for families experiencing violence. These workforces require ongoing training and supervision to safely identify family violence, respond to disclosures, understand the developmental impacts of trauma, and confidently connect families with appropriate supports.

- These services also represent one of the few opportunities to engage fathers. For many men, the transition to parenthood is the first time they have had regular contact with health professionals in many years. This presents a valuable opportunity to engage fathers, enquire about their mental health and wellbeing, discuss parenting, and connect them with appropriate supports where needed. Building workforce capability to safely and effectively engage fathers should therefore form part of Australia's broader violence prevention strategy.

However, workforce capability extends beyond training alone. Clinicians require clear referral pathways, access to evidence-based interventions and organisational systems that support trauma-informed practice. Without accessible services to refer families to, workforce training alone is unlikely to translate into improved outcomes.

Recommendations

Recommendation 1. Strengthen long-term recovery as a core component of Australia's response to family violence
Recognise recovery and mental health as essential components of ending family, domestic and sexual violence. Expand access to long-term, trauma-informed mental health and therapeutic recovery services for women, children and families, recognising that recovery extends well beyond the period of immediate safety.

Recommendation 4. Strengthen early identification and integrated care across service systems
Improve early identification of family violence within universal health, mental health and community services through integrated care pathways, multidisciplinary models of care and coordinated referral systems that address both safety and long-term recovery.

Recommendation 5. Build workforce capability to support women, children and fathers
Invest in workforce development across specialist and universal services to improve

safe enquiry, trauma-informed responses, engagement of fathers, and referral to appropriate evidence-based supports.

Recommendation 6. Invest in Australian longitudinal research, implementation science and evaluation

Strengthen Australia's evidence infrastructure through continued investment in longitudinal cohort studies, implementation science, linked data and rigorous evaluation. Success should be measured not only by service delivery, but by improvements in long-term safety, mental health, child wellbeing and family functioning.

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Submission to the Second Action Plan

National Plan to end Violence Against Women and Children 2022–2032

Independent Lived Experience Contributor
July 2026, Adelaide, South Australia

Contents

Executive Summary

This independent submission is offered to support the development of the Second Action Plan under the National Plan to End Violence against Women and Children 2022-2032. It is written from the intersection of lived experience, leadership in specialist family, domestic and sexual violence services, behaviour change work in correctional settings, governance, philanthropy, academic study and community advocacy.

The message of this submission is simple: Australia has invested substantially in responding to family, domestic and sexual violence as crisis, but has not invested with the same intention in prevention, long-term accountability, recovery pathways which require supporting people across the lifespan.

Core Position

Australia is not experiencing an evidence gap; it is experiencing an implementation and outcomes gap. The challenge now is whether governments, sectors and communities are prepared to implement what has been repeatedly identified through Royal Commissions, national inquiries, research, practice frameworks and lived experience leadership.

Across the available evidence, there are re-emerging themes: Early intervention, coercive control viewed as patterns rather than isolated incidents, children as victim-survivors, visibility of people who use violence, recovery extending beyond crisis, lived experience moving into governance and holistic connected systems supporting people with trauma.

The South Australian Royal Commission into Domestic, Family and Sexual Violence, the National Plan, Safe and Supported, Our Ways - Strong Ways - Our Voices, the work of the Domestic, Family and Sexual Violence Commission, Safe and Equal, Our Watch, the Safe & Together Institute, Emerging Minds all point to: a whole-of-life approach that connects prevention, accountability, recovery, child safety, workforce capability, lived experience leadership and implementation.

This opportunity presented by the Second Action Plan is to establish a shared implementation approach that provides clear national outcomes, accountability and measures of service delivery while allowing jurisdictions, organisations and communities the flexibility to determine how those outcomes are achieved. Lasting reform requires consistency in purpose, not uniformity in practice.

Through this position this submission has formulated eight recommendations for the Second Action Plan:

1. Adopt a whole-of-life approach that moves beyond crisis and designs connected systems around people's lives.
2. Make early intervention Australia's greatest investment by embedding healthy relationships, equality and emotional literacy across every stage of life.
3. Strengthening accountability and behaviour change through long-term community pathways for people who use violence.
4. Build a skilled national workforce capable of recognising coercive control, cumulative harm and whole-of-life recovery needs.

5. Invest in recovery pathways that support victim-survivors, children and families beyond crisis.
6. Create connected systems that coordinate around people rather than expecting people to navigate recovery alone.
7. Centre children and animals as individuals experiencing violence, with rights, voices and recovery needs of their own.
8. Embed lived experience in reform through governance, implementation, evaluation and accountability.

These recommendations are not intended as separate initiatives. They form an interconnected blueprint for national reform that recognises prevention, accountability, recovery, workforce capability and lived experience leadership as mutually reinforcing responsibilities.

Building Connected Systems

A Lived Experience Perspective on Prevention, Recovery and Long-Term Systems Reform

Submitted by

Independent Lived Experience Contributor
Lived Experience Community Advocate | Juris Doctor Candidate

"Victim-survivors should never be expected to hold fragmented systems together while trying to hold their own lives together."

Positionality Statement

I make this submission as an independent lived experience contributor, community advocate and leader. Through this lens it is vital that ending domestic, family and sexual violence requires care beyond a never-ending cycle of services, it requires a full reimagining of how leaders and organisations design systems around the people who use them.

I write from my own lived experience and recognise that no single voice can ever represent the diversity of victim-survivors across Australia. Every experience is different, with no bounds of who is affected irrespective of culture, identity, geography, disability, sexuality, socioeconomic status and community. My reflections are offered with humility and deep respect for the many different journeys that exist alongside my own.

This submission is not intended to retell my story. Instead, it reflects the lens through which I have come to understand prevention, accountability, recovery and systems change.

Over the past fifteen years I have occupied many different professional and lived experience spaces. My career has spanned across psychology, specialist family, domestic and sexual violence services, community leadership, men's behaviour change, clinician, governance and philanthropy. This provides me with the opportunity to observe family, domestic and sexual violence from multiple perspectives while questioning how we can build something better. These experiences have shaped my thinking and what has been defined is a simple but powerful observation: *Victim-survivors should not be expected to navigate systems. Systems should be expected to navigate around victim-survivors.*

Like many victim-survivors, co-parent with the person who used violence against me. Being removed from violence did not mean leaving the violence behind. Instead, the violence evolved into post-separation coercive control that continues to exist through parenting arrangements, legal processes, financial decisions, communication and the countless invisible moments that are rarely captured by legislation or service models.

One of the greatest misconceptions about domestic, family and sexual violence is that safety begins when someone leaves. It is often the opposite, where evidence continues to support that the highest point of risk is when the victim-survivor has left. For many victim-survivors, a decision that should bring relief and be the start of the healing process is simply the beginning of navigating a complex network of disconnected systems while simultaneously rebuilding every aspect of life.

My experience was characterised by moving between police, lawyers, counsellors, schools, community services and courts. Each system understood one part of my experience, yet very few understood the cumulative impact of living with coercive control whilst being a parent and trying to create a future that was no longer defined by violence, isolation or control.

As my career progressed, I found myself leading a specialist domestic, family and sexual violence refuge service and walking alongside adult, children, pets and families experiencing many of the same challenges I had once navigated myself. This experience changed my understanding of recovery.

Australia has invested significantly in crisis responses, and those investments save lives every day. However, even our safest spaces remain largely designed around immediate risk management rather than long-term recovery. Safety planning, accommodation and crisis intervention are essential, but they are only the beginning of a much longer journey.

While leading refuge services, I observed extraordinary practitioners and specialists providing compassionate and dedicated support. Yet I recognised that our systems often remain organisation-centred rather than victim-survivor-centred. Success is measured through nights accommodated, referrals completed and program outputs, while the realities of rebuilding a life continue long after formal support ends. Recovery does not fit within weeks, months or funding cycles.

Australia has built a crisis response system but has significantly underinvested in recovery pathways.

Earlier in my career I facilitated Domestic and Family Violence Intervention Programs with men in correctional settings. This work reinforced the importance of accountability while also highlighting the limitations of behaviour change occurring within highly controlled environments. Participation in custodial programs is often influenced by parole, sentencing outcomes or institutional expectations. Respectful relationships cannot be learned in isolation; they must be practised in the very communities where people live, parent, work and belong.

My journey has fundamentally shifted my understanding of what meaningful reform looks like.

Nationally, more disconnected programs are not needed, what is needed is a functioning ecosystem. This will mean that victim-survivors are recognised holistically, children are participants in their own rights, people who use violence are front and centre and lived experience is embedded in leadership.

The Second Action Plan is not only an opportunity it is a call to action; it is national implementation which ensures prevention, accountability, recovery and lived experience are not competing priorities but interconnected responsibilities that belong to all of us.

Ending family, domestic and sexual violence will not be achieved through one program, one service or one sector. It will require a collective commitment to redesign systems around the lives people live, ensuring that no individual or family is expected to navigate violence, recovery or healing alone.

The recommendations that follow are offered in that spirit: not as isolated initiatives, but as an invitation to build a national ecosystem that is courageous enough to prevent violence, compassionate enough to walk alongside recovery and ambitious enough to believe that every

person deserves relationships, communities and systems built on safety, dignity, equality and hope.

A whole-of-life perspective

This submission is informed by lived experience, executive leadership, frontline practice, governance and interdisciplinary study. It is written from the perspective that family, domestic and sexual violence cannot be understood through individual systems, isolated incidents or short-term interventions. Rather, it is experienced as a whole-of-life journey requiring connected responses across prevention, accountability, recovery and long-term systems reform.

A Blueprint for Connected Systems

Recommendations for the Second Action Plan to End Violence against Women and Children

Recommendation 1: *Adopt a Whole-of-Life Approach*

Move beyond crisis and adopt a whole-of-life approach to ending family, domestic and sexual violence.

Recommendation 2: *Make Early Intervention Australia's Greatest Investment*

Embed healthy relationships, equality and emotional literacy across every stage of life.

Recommendation 3: *Strengthen Accountability and Behaviour Change*

Invest in long-term community pathways that support accountability and sustained behaviour change.

Recommendation 4: *Build a Skilled National Workforce*

Equip every frontline professional to recognise and respond to coercive control and cumulative harm.

Recommendation 5: *Invest in Recovery Infrastructure*

Support victim-survivors and families beyond crisis with long-term, coordinated recovery pathways.

Recommendation 6: *Create Connected Systems*

Design integrated systems that work together so people no longer navigate recovery alone.

Recommendation 7: *Centre Children and animals in Recovery*

Recognise children as individuals, and animals as part of families.

Recommendation 8: *Embed Lived Experience in Reform*

Partner with lived experience voices to shape policy, governance and lasting systems change.

Beyond Crisis: Understanding the Lives We Are Trying to Change

Over the past decade, Royal Commissions, national inquiries, independent reviews, lived experience consultations and the voices of victim-survivors, children and practitioners have consistently identified the same underlying message: Australia is not short of evidence and requires long-term investment rather than short-term intervention.

Now is the time to be courageous and as the question: **Why do we continue to redesign programs while rarely redesigning the systems and philosophies that shape them?**

Australia continues to invest significantly in crisis responses yet lived experience voices continue to describe remarkably similar journeys regardless of geography, organisation or service model. Different programs often produce the same experiences of fragmentation, repeated storytelling, rigid compliance, professional gatekeeping and systems that require people to adapt to policy rather than policy adapting to people.

Across the country there are extraordinary professionals working with compassion, skill and commitment every day. Rather, it is an invitation to reflect on whether our current approaches continue to prioritise organisational processes over human experience and whether we have become so focused on responding to crisis that we have unintentionally underinvested in prevention, recovery and relational practice.

Refuge environments and support services operate within strict compliance frameworks that are designed to manage risk and ensure safety. These structures are important and often necessary. However, when recovery becomes measured by compliance rather than connection, we should be willing to ask whether systems designed to respond to power and control are unintentionally reproducing experiences of power and control. Family, domestic and sexual violence is fundamentally about the loss of autonomy and reality. Recovery should be fundamentally about restoring it. If the journey applies the same rules, same expectations, same barriers it equates to the same outcome.

Many victim-survivors continue to describe experiences where missed appointments, emotional overwhelm, parenting responsibilities or difficulties engaging with services are interpreted as non-compliance rather than recognised as understandable responses to trauma. Similarly, professionals are trained to identify and respond to risk, while victim-survivors are living the complexity of that risk every day.

Too often, professional expertise becomes the dominant voice in decision-making. Victim-survivors are talked into safety plans, referrals and interventions through the lens of professional responsibility, with limited recognition that they are also balancing the practical realities of rebuilding a life. Safety is essential, however, safety without autonomy is not recovery.

Recovery cannot be achieved solely through crisis accommodation, risk assessments or service plans. It is rebuilt through relationships, trust, belonging, meaningful choice and systems that recognise victim-survivors as experts in their own lives. This shift requires more than additional funding. It requires a different philosophy. One that moves beyond asking whether people complied with our systems and instead asks whether our systems created the conditions for people to reconnect, recover and thrive.

Lived experience also reminds us that systems should be designed to be navigated by people, not organisations. During periods of trauma, victim-survivors are often presented with extensive paperwork, numerous referrals and long lists of phone numbers, without a clear understanding of how services connect or what their journey may look like. Equally, when service provision ends, we often overlook that the practitioner relationship may have become a person's primary source of safety and stability. While services cannot continue indefinitely, greater attention should be given to meaningful transitions and continuity of connection, recognising that recovery does not end when a case is closed.

The challenge before us is no longer understanding what needs to change, more so having the courage to implement what we already know.

The South Australian Royal Commission into Domestic, Family and Sexual Violence reinforced the importance of listening to lived experience, strengthening cross-sector collaboration and creating responses that reflect the complexity of people's lives rather than the limitations of individual systems. The same messages have been consistently echoed through Safe and Equal, the Safe & Together Institute, Emerging Minds, the Queensland Government's child-focused reforms and South Australia's Responding to Abuse and Neglect (RAN/RRHAN) framework.

Despite an increasingly sophisticated evidence base, people continue to navigate fragmented systems that separate housing from justice, recovery from prevention and children from the experiences that shape their everyday lives. Policy continues to divide interconnected lives into portfolios, funding streams and organisational responsibilities, while victim-survivors experience them all at once.

The unintended consequence is that victim-survivors become the architects of their own support, expected to navigate multiple agencies, repeat their experiences and hold together disconnected responses while living with the ongoing impacts of violence. No person should have to become an expert simply to keep themselves and their children safe.

What remains noticeably absent is a clear national roadmap for implementation.

Every inquiry, consultation and lived experience process adds to our collective knowledge, yet there is no single framework that articulates what will be implemented, who is responsible, how success will be measured, what timeframes governments are working towards or how lived experience will continue to inform reform beyond consultation. Instead, systems continue to generate new frameworks, new risk assessments and new governance structures that often mirror one another while using different language and different methodologies.

The question is no longer which risk assessment we should adopt. The question is how we create a nationally consistent approach that enables professionals to spend less time navigating tools and more time listening to people. Systems should not strive for perfection. They should be designed for learning, adaptation and continuous improvement.

The unintended consequence of fragmented systems is that victim-survivors become the architects of their own support, expected to navigate multiple agencies, repeat their experiences and hold together disconnected responses while living with the ongoing impacts of violence. No person should have to become an expert in policing, family law, housing, child development and mental health simply to keep themselves and their children safe.

Lived Experience Perspective

The first person to recognise my experience as domestic, family and sexual violence was my family law solicitor. That conversation gave a name to what I had been living, but it also marked the beginning of navigating a series of disconnected systems that each understood one part of my experience but rarely the whole.

I moved from police statements to courtrooms, intervention orders and specialist services, often with little understanding of what would happen next or what support was available. I was told I was "high risk", yet no one explained what that meant or what a pathway was.

As workers changed roles, referrals stalled and appointments required constant follow-up, I found myself repeatedly searching for support. What I experienced as persistence and survival was, at times, interpreted by the family law system as "service shopping", rather than the reality of someone trying to find consistency within fragmented systems.

There was little recognition that I was not navigating separate issues. I was living one interconnected experience that touched multiple intersections rather than recovery all at once.

This is the unintended consequence of fragmented systems. Victim-survivors become the coordinators of their own recovery, expected to connect services that rarely connect with each other while carrying the ongoing impacts of trauma and coercive control.

"I did not need more resilience. I needed systems that spoke to one another."

The Safe & Together Institute challenges practitioners to shift from asking why a victim-survivor did not leave towards understanding the deliberate patterns of behaviour used by the person choosing violence and the cumulative impact those choices have on children and the protective parent. Emerging Minds similarly reminds us that children experiencing family violence are far more likely to present to schools, GPs, maternal and child health services and community organisations than specialist services, reinforcing that prevention and early intervention are responsibilities shared across every sector.

These frameworks point towards the same conclusion. Family, domestic and sexual violence is assessed as incidents but lived as an ongoing experience. It influences parenting decisions, employment opportunities, education, financial security, housing stability, identity and community participation.

Until our systems recognise this whole-of-life reality, we will continue investing heavily in crisis while expecting individuals and families to navigate recovery largely on their own.

WHAT WE KNOW

✓ Prevention is most effective when it begins early and is reinforced throughout childhood, education and community life.

✓ Children experience family and domestic violence and should be recognised as participants in recovery, not passive witnesses.

✓ Coercive control is understood through patterns of behaviour rather than isolated incidents.

✓ Universal services such as schools, health services and community organisations are critical opportunities for prevention and early intervention.

✓ Victim-survivors achieve better outcomes when systems work together rather than expecting individuals to coordinate fragmented responses.

✓ Recovery extends well beyond crisis accommodation and requires long-term, connected and multidisciplinary support.

✓ Lived experience strengthens policy, governance and service design when embedded as an ongoing partnership rather than a point-in-time consultation.

The challenge before governments is therefore not whether further evidence is required, but how existing evidence is translated into consistent action. The Second Action Plan should establish clear national expectations for implementation, accompanied by transparent reporting, shared learning and continuous improvement. Organisations should not be measured solely by compliance with prescribed processes, but by the extent to which they improve safety, recovery and long-term wellbeing for the people they serve.

Early Intervention: The Conversation we can no longer avoid

For decades, our efforts have understandably focused on responding to violence once it has occurred. Specialist services, crisis accommodation, policing, legal responses and counselling remain essential and save lives every day. However, no nation can respond its way out of a problem that requires cultural and generational change.

Early intervention should not be understood as a single respectful relationships lesson or awareness campaign delivered at one point in a child's education. It is a lifelong commitment to creating communities where equality, respect, emotional literacy, consent, accountability and healthy relationships are consistently modelled, reinforced and expected.

Current messaging often unintentionally places young boys and men into the category of potential perpetrators while teaching young girls how to identify risk, stay safe or leave unhealthy relationships. While well intentioned, these approaches risk reinforcing responsibility rather than creating shared accountability. Every child deserves something different.

Every child deserves to grow up believing that relationships are built on equality, kindness, consent, emotional safety and mutual respect. They deserve to learn that conflict can exist without control, that emotions can be expressed without violence and that asking for help is a strength rather than a weakness.

This responsibility extends far beyond education systems. Families, early learning services, sporting clubs, workplaces, universities, community organisations and online spaces all contribute to the beliefs young people develop about identity, gender, power and relationships. Prevention cannot remain the responsibility of specialist family violence services alone; it must become a whole-of-community commitment.

The South Australian Royal Commission into Domestic, Family and Sexual Violence called for earlier intervention, stronger collaboration across sectors and responses that recognise the complexity of people's lives. Emerging Minds continues to demonstrate the critical role that universal services play in recognising and responding to children and families experiencing family violence, while Safe & Together challenges systems to remain focused on the behaviours of the person using violence and the lived experiences of children and the protective parent. Safe and Equal has consistently advocated for prevention strategies that address the underlying drivers of violence through equality, inclusion and community responsibility.

Lived Experience Perspective

One of the most thought-provoking conversations I have had about prevention was not with a practitioner or policymaker, but with an identifying male high school student after he participated in respectful relationships education at school.

One of the strongest messages he had taken away was that men are the primary perpetrators of family, domestic and sexual violence. He felt conflicted. As a young man who had grown up witnessing the impacts of violence, he did not see himself reflected in the conversations about respect and healthy relationships. Instead, he worried that he was being viewed as someone who might one day become part of the problem.

He said, *"It feels like I'm already being seen as a future perpetrator."*

Prevention should never be about teaching one group to fear the other.

It should be about teaching every young person that they have the right to relationships built on respect, equality, emotional safety and shared responsibility. Young boys need opportunities to see themselves as future allies, respectful partners and caring fathers. Young girls deserve to grow up expecting relationships free from violence rather than feeling responsible for identifying warning signs and avoiding harm.

WHAT WE KNOW

✓ Prevention is most effective when it begins early and is reinforced throughout childhood, education and community life.

✓ Children learn about relationships through observation as much as formal education.

✓ Universal services including schools, health services, sporting clubs and community organisations are critical settings for prevention and early intervention.

✓ Equality, emotional literacy and healthy relationships are protective factors that reduce the likelihood of violence.

✓ Children are experts in their own experiences and should be recognised as active participants in conversations about safety and wellbeing.

✓ Prevention is a shared responsibility that belongs to families, communities, workplaces, governments and specialist services alike.

The next generation of reform must be equally ambitious in creating communities where violence is less likely to occur in the first place. Prevention is not simply about raising awareness. It is about shaping expectations.

Every community should reject violence not only in moments of crisis, but in the attitudes, behaviours and inequalities that allow it to take root. Violence should never be accepted as inevitable and preventing it should never become the responsibility of those who are most at risk of experiencing it. If we want different outcomes, we must create different environments.

We must move beyond teaching young people how to recognise violence after it appears and instead surround them with consistent examples of respect, equality, empathy and healthy relationships every day.

Prevention is not built through a single lesson in a classroom. It is built through the relationship's children experience, the behaviours they witness, the conversations they have, and the values adults choose to model every day.

Young people should not leave school knowing only how to recognise unhealthy relationships. They should leave believing that healthy, equal and respectful relationships are the standard they both deserve and can create.

The next generation deserves more than learning how to recognise violence. They deserve to grow up never believing that violence is a normal part of relationships. The Second Action Plan presents an opportunity to make prevention Australia's greatest investment, not through isolated initiatives, but through a whole-of-life commitment that begins in childhood, is reinforced throughout community life and creates a culture where equality, respect, accountability and kindness are simply the expected way of being.

People who use Violence: The Missing Conversation

For too long, conversations about people who use violence have been framed almost exclusively through the lens of crisis, criminal justice and accountability after harm has occurred. These responses remain essential and must continue to prioritise victim-survivor safety. However, they cannot be the entirety of our national strategy.

Ending violence requires a whole-of-life approach that recognises harmful behaviours do not emerge in isolation. While individuals must remain accountable for their use of violence, lasting prevention also requires us to understand the experiences, environments and influences that shape beliefs, relationships and responses to adversity across the lifespan. Investing in healthy childhoods, connected communities and opportunities for meaningful change creates stronger foundations for safer futures.

The evidence increasingly demonstrates that coercive control is not defined by isolated incidents but by patterns of behaviour that develop and become reinforced over time. The South Australian Royal Commission, Safe & Together, Safe and Equal and national behaviour change frameworks all recognise that keeping the focus on the actions of the person using violence creates better outcomes for victim-survivors and children.

The challenge is not whether accountability is important. The challenge is how we create accountability that lasts beyond the conclusion of a court order, a behaviour change program or a prison sentence.

Working alongside men participating in Domestic and Family Violence Intervention Programs within correctional settings, I would see participants either resist change or reflect on their behaviour and willingness to change. Yet I was often left with the same lingering questions: what happens when they return home? Who continues the conversation when the program ends? Who supports people who use violence during community reintegration?

Community-based accountability should not be viewed as an alternative to justice responses but as a necessary extension of them. Long-term mentoring, peer accountability, parenting support, culturally responsive programs, mental health services, alcohol and other drug supports where appropriate and sustained community engagement should become part of a connected ecosystem that challenges violence while strengthening the capacity for change.

Investing in prevention and long-term pathways for people who use violence does not diminish accountability. It strengthens it. Children benefit when parents are safe. Communities benefit when violence is prevented before it escalates. Victim-survivors benefit when systems invest not only in responding to harm, but in reducing the likelihood of it occurring again.

Lived Experience Perspective

One of the most influential experiences shaping my understanding of people who use violence was my work as a clinician delivering a Domestic and Family Violence Intervention Program within a correctional setting.

Eligible participants would be assessed. While some expressed genuine insight, many were primarily motivated by parole, court expectations or demonstrating compliance. It highlighted an important challenge: participation does not always reflect readiness for meaningful change.

Conversations frequently focused on the events leading up to the violence rather than the beliefs and patterns that sustained it. Responsibility was often redirected towards relationship conflict, stress or the actions of a partner, making genuine accountability difficult to achieve. It reinforced that behaviour change is not about understanding a single incident, it is about confronting long-held beliefs about power, control, entitlement and relationships.

Working alongside male co-facilitators also reinforced the importance of continual reflection. Behaviour change work requires facilitators to critically examine their own assumptions and understand how subtle minimisation or collusion can unintentionally reinforce harmful narratives.

This experience also highlighted the limitations of correctional settings. Although programs can build knowledge and encourage reflection, lasting change is ultimately tested beyond prison walls, in relationships, parenting, separation and everyday life within the community. It reinforced my belief that accountability cannot rely on programs alone, but requires ongoing opportunities for connection, reflection and support within the communities' people return to.

"Without addressing the beliefs that underpin violence, we risk not only repeating harm within intimate relationships but also passing those patterns of power, control and inequality to the next generation through what children see, hear and come to understand as normal."

WHAT WE KNOW

✓ Coercive control is a pattern of behaviour rather than a single incident.

✓ Accountability is strengthened when it extends beyond justice interventions into everyday life.

✓ Children experience better outcomes when violence stops and respectful parenting is supported.

✓ Long-term community engagement is more likely to sustain behaviour change than time-limited interventions alone.

✓ Prevention includes creating opportunities for people who use violence to practise accountability, responsibility and healthy relationships.

The next focus of reforms should invest just as intentionally in creating communities where accountability is practiced every day, behaviour change is supported over the long term and violence is prevented before another victim-survivor is required to navigate its consequences. Ending violence is not achieved through a single intervention. It is achieved through sustained relationships, shared responsibility and a national commitment to creating communities where respect, equality and accountability become the expectation rather than the exception.

Children and animals are not Bystanders

Family, domestic and sexual violence is rarely experienced by one person alone. It is experienced by the whole family. While children are increasingly recognised within policy and practice, companion animals often remain invisible despite decades of evidence demonstrating the role they play within family systems and the ways they are used by people who use violence to exert power and control.

Children do not simply witness violence; they adapt to it. They become hypervigilant, change their behaviour to avoid conflict, learn when to stay silent, comfort the protective parent and assume responsibilities no child should ever carry. For many children, companion animals become their safest relationship, providing stability, comfort and unconditional connection during periods of uncertainty. This bond also makes animals particularly vulnerable to being used as instruments of coercive control. Threats or harm towards pets are well-recognised tactics used to instil fear, punish victim-survivors, manipulate children and prevent families from leaving violence.

Children are not only affected by family, domestic and sexual violence; they are active participants in the family system and often develop a deep understanding of the dynamics around them. Yet professionals can become understandably cautious that children may have been influenced, coached or exposed to competing narratives, sometimes resulting in children's own experiences being overlooked. While these risks should always be carefully considered, they should not prevent us from creating developmentally appropriate, trauma-informed approaches that support children to safely share their experiences. Children deserve opportunities to be heard in ways that recognise both their rights and their vulnerability, rather than beginning from a position of doubt.

Companion animals should also be recognised as family members rather than practical considerations to be managed by services. Professionals and leaders may understandably focus on questions of animal welfare, rehoming or ongoing care; however, decisions about companion animals should, wherever it is safe and possible, be made in partnership with the family. For many victim-survivors and children, separation from a companion animal represents another significant loss following the disruption of violence. Recognising these relationships supports not only animal welfare, but also dignity, autonomy and whole-of-family recovery.

The South Australian Royal Commission into Domestic, Family and Sexual Violence, Emerging Minds, the Safe & Together Institute, Queensland's child-focused reforms and the United Nations Convention on the Rights of the Child all reinforce the importance of recognising children as victim-survivors with rights to safety, participation and recovery. Likewise, Australian and international research has consistently demonstrated the relationship between animal abuse and family violence, identifying harm to companion animals as both a coercive control tactic and an indicator of escalating risk.

Lived Experience Perspective

A child close to me repeatedly said he no longer wanted to live with the person who used violence. Over time, those conversations became increasingly concerning as he spoke about wanting to end his life because he could not imagine continuing to live in that environment. In

what I now recognise as an act of desperation, he began documenting every incident of physical, emotional and psychological abuse in a diary. It was a child's attempt to create evidence, believing that if adults could read what he was living through, they would finally believe him.

Together, we took that diary to police. He walked into the station believing it was his opportunity to be heard and walked out in tears. Despite his detailed disclosures and the diary, he had so carefully written, the response focused on poor parenting rather than patterns of abuse. I remember hearing the words, *"He's just a bad dad."* The broader context of coercive control, cumulative harm and the child's lived experience was never fully explored. Instead, greater weight appeared to be given to whether his views had been influenced by the protective parent than to understanding the consistency and detail of what he had been trying to communicate.

That experience has stayed with me because it reflects a much broader systems challenge. Children are often expected to provide extraordinary evidence before they are believed, yet even when they disclose, document their experiences and ask adults for help, their voices can still be overshadowed by adult narratives and system thresholds that struggle to recognise cumulative harm. Children should never have to become investigators of their own abuse. They deserve systems that listen the first time, recognise patterns rather than isolated incidents, and respond with the same seriousness afforded to every other victim-survivor.

Another child close to me reinforced a lesson I have carried ever since: children often tell us exactly what has happened. The challenge is whether adults are prepared to listen.

After arriving at school with a black eye, the child disclosed that the person who used violence had hit him. An alternative explanation was later provided by the adult, and, despite the disclosure, no child protection notification was made by the school. I made the notification myself.

When he was interviewed, he sat in the same room as the person he had disclosed harm against. Faced with leading questions and the presence of the adult, his confidence disappeared. His voice became quieter until he simply nodded as an alternative version of events was accepted. When I later sought accountability, I was told, *"That's just parenting, not assault."*

I often reflect on what we expect from children. How do we expect them to disclose harm when the person they fear is sitting beside them? How do we expect them to challenge an adult's version of events when every instinct tells them to stay safe? And how do we continue to describe children as witnesses when they are living the impacts of family violence every day?

WHAT WE KNOW

✓ Children experience family, domestic and sexual violence.

✓ Companion animals are frequently targeted through coercive control and are recognised indicators of escalating risk.

✓ Concern for a companion animal's safety is a recognised barrier preventing many victim-survivors from leaving violence.

✓ Coercive control affects children's attachment, development, education, health and long-term wellbeing.

✓ Child-centred and animal-inclusive responses strengthen safety planning and recovery.

✓ Universal services play a critical role in recognising, responding to and preventing harm.

One of the most difficult lessons I have learned is that children often tell us exactly what is happening. The challenge is whether adults are prepared to hear them. Listening to children is not simply good practice, it is a human rights obligation. Article 12 of the United Nations Convention on the Rights of the Child recognises every child's right to express their views freely in matters affecting them and for those views to be given due weight according to their age and maturity. Rather than asking whether children witnessed violence, we should ask what they have lived, what they understand and what they need to recover. The same whole-of-family lens should extend to companion animals, recognising that concern for their safety often shapes decisions about leaving violence and should form part of integrated risk assessment and safety planning.

Children are victim-survivors. Companion animals are frequently victims of coercive control. Both deserve to be recognised within systems designed to prevent violence, strengthen safety and support recovery. Family violence is not experienced by one person it is experienced by families, and families include the children and companion animals who rely entirely on adults and systems to protect them.

Beyond Safety: Building Lives Defined by Home, Connection and Choice

For many victim-survivors, leaving violence does not mean leaving its impacts behind. Coercive control continues through parenting arrangements, family law proceedings, financial abuse, housing insecurity and the everyday realities of rebuilding a life while remaining connected to the person who used violence. Yet our systems continue to be designed around the crisis rather than the years that follow. Support often ends when immediate risk reduces, despite recovery only just beginning. Funding is frequently measured in short-term outputs, while healing unfolds over months, years and, for many families, a lifetime.

This creates a significant gap between surviving violence and living beyond it. Recovery should never be understood as returning to the life that existed before violence. Recovery is the process of creating an entirely new future. It is rebuilding identity after years of control. It is supporting children who are learning what safety feels like. It is establishing financial independence after economic abuse. It is returning to education, finding employment, reconnecting with community and creating memories that are no longer defined by fear. These moments are not secondary outcomes. They are the purpose of recovery.

The South Australian Royal Commission, Safe and Equal, Emerging Minds and lived experience leaders consistently reinforce that recovery is strengthened through long-term, integrated and person-centred responses that extend beyond crisis intervention. Yet too often, victim-survivors continue to move between disconnected services, changing workers and funding boundaries while carrying the responsibility of coordinating their own recovery.

This requires a fundamental shift in how we measure progress. We should not simply ask how many people leave crisis accommodation or complete a program. We should ask different questions. Are children connected to their communities? Are families securely housed? Are victim-survivors participating in employment or education? Do people have trusted relationships around them? Have they regained choice, confidence and belonging?

These experiences should not be viewed as the result of recovery. They are recovery.

Lived Experience Perspective

From both lived experience and leadership in refuge services, I learned that leaving violence does not mean recovery has begun. A person can be physically safer and still be navigating fear, parenting arrangements, court, finances, housing, children's wellbeing and the long shadow of coercive control.

The moments that mattered were often ordinary: a child laughing again, a quiet night without fear, a school event attended without scanning the room, a pet remaining part of the family, a trusted worker who did not disappear when the immediate crisis reduced. Recovery was never about returning to who I was before violence. It was about discovering who I could become when given safety, connection and the freedom to choose my own future.

"Recovery was never about returning to who I was before violence. It was about discovering who I could become when given safety, connection and the freedom to choose my own future."

WHAT WE KNOW

✓ Recovery is a whole-of-life process rather than a time-limited-service response.

✓ Stable housing, financial security, education, employment and community connection are protective factors for long-term wellbeing.

✓ Children recover best when they experience stability, belonging and trusted relationships.

✓ Continuity of support produces stronger outcomes than fragmented service delivery.

✓ Integrated, multidisciplinary approaches reduce the burden placed on victim-survivors to navigate complex systems.

Recovery is not a destination or a stage that begins once the crisis has passed. It is an ongoing process of rebuilding safety, identity, relationships and hope. It requires systems that remain connected to people beyond immediate risk, recognising that healing occurs over time and is shaped by stable housing, meaningful relationships, education, employment, community connection and opportunities to make choices about one's own future. Family, domestic and sexual violence responses should therefore be judged not only by whether they keep people safe today, but by whether they create the conditions for people to thrive tomorrow.

Lived Experience is more than Consultation

Embedding lived experience also requires transparency. People who contribute their expertise should be able to see how their participation has influenced decisions, what recommendations have been adopted and where governments have chosen a different direction. Closing this feedback loop strengthens trust, accountability and confidence that lived experience is contributing to meaningful reform rather than becoming another consultation exercise.

Australia has made significant progress in recognising the importance of lived experience within family, domestic and sexual violence reform. Advisory groups, consultations, roundtables and co-design processes have created opportunities for victim-survivors to contribute to policy and service development in ways that would have been unimaginable a decade ago. This progress should be recognised. However, the next phase of reform requires us to ask a more challenging question: when does lived experience move beyond consultation and become leadership?

Too often, lived experience is invited into systems once decisions have already been made. Victim-survivors are asked to validate strategies, review documents or share deeply personal experiences to strengthen recommendations that have been developed elsewhere. The result is participation without authority, consultation without implementation and stories without structural change. Lived experience is not simply the act of telling a story. Additionally, paying people for their lived experience contribution must be a standard requirement, not an optional gesture. Their contribution should be remunerated in the same way as other forms of professional expertise. Expecting people with lived experience to contribute without payment risks reinforcing the very inequities these reforms seek to address.

The challenge is no longer whether lived experience should be included. The challenge is whether governments and organisations are prepared to share decision-making power. Embedding lived experience requires more than advisory positions. It requires investment in leadership development, remuneration, governance pathways, mentoring, evaluation and long-term partnerships that recognise victim-survivors as contributors to policy rather than participants in consultation.

It also requires diversity. No one person speaks for all victim-survivors. Systems must create space for First Nations communities, culturally and linguistically diverse communities, LGBTQIA+ communities, children and young people, people with disability, older women, people living in regional and remote Australia and people who use violence who have engaged in meaningful behaviour change. Professional expertise and lived experience knowledge are not competing forms of knowledge. They are strong when they work together.

Lived Experience Perspective

I have had the privilege of contributing to advisory groups, consultation panels, governance committees and lived experience forums across family, domestic and sexual violence and broader human services. I have watched victim-survivors walk into rooms with extraordinary courage, generously sharing the most difficult moments of their lives in the hope that someone will listen and that something will change. What has become increasingly difficult is watching those same conversations occur time and time again. Different consultation, different organisation, different report, yet often the same recommendations, the same gaps and the

same calls for reform. Too often, lived experience is invited into the room to explain what is broken, but rarely remains in the room to help design what comes next. Consultation has become an expected part of systems reform, yet implementation continues to lag. We ask people to repeatedly revisit trauma, contribute their expertise and shape policy, but too often there is little visibility about what changed because of their contribution.

There must also be space for new voices. No one individual or small group can represent the diversity of victim-survivor experiences across Australia. Lived experience leadership should never become something that is concentrated within a handful of recognised advocates. Its strength lies in creating opportunities for emerging leaders, ensuring that systems continue to be shaped by diverse experiences, cultures, ages, identities and communities. Sustainable reform depends not only on listening to established voices, but on intentionally creating pathways for others to step into leadership.

I have reached a point where I no longer see lived experience as a consultation methodology. I see it as a leadership discipline that should be embedded across governance, executive leadership, policy development, service design and evaluation. It should not rely on individual champions or isolated advisory groups; it should be built into the way organisations lead, make decisions and remain accountable to the communities they serve.

“Lived experience should not be recognised as a consultation activity. It should be recognised as a leadership discipline. I no longer want to be invited into rooms simply to explain what is broken. I want to help build what comes next.”

WHAT WE KNOW

✓ Lived experience strengthens policy, governance and service design.

✓ Co-design is most effective when lived experience is involved from conception through implementation and evaluation.

✓ Diversity of lived experience creates stronger and more inclusive systems.

✓ Long-term partnerships produce more meaningful reform than one-off consultation processes.

✓ Sustainable systems change requires shared decision-making and shared accountability.

Every policy, framework and service has one purpose: to improve people's lives. If we are prepared to trust lived experience to tell us what has gone wrong, we must also trust it to help shape what comes next. Meaningful reform will not be achieved by consulting people after decisions have been made, but by partnering with them from the very beginning.

Building a Workforce that Walks Alongside People

For a victim-survivor, child or family experiencing family, domestic and sexual violence, a single conversation with a police officer, teacher, lawyer, doctor, social worker, housing worker or community professional can shape whether they feel believed, understood and supported, or whether they disengage from the system altogether. While Australia has invested significantly in strengthening the family, domestic and sexual violence workforce, the quality of a person's experience continues to depend on which professional answers the phone, which organisation receives the referral or which jurisdiction they happen to live in. This is not a workforce commitment issue; it is a workforce capability issue.

A capable workforce is also one that can respond to people's needs rather than the boundaries of service systems. Too often, victim-survivors are turned away because they live in the 'wrong' catchment, fall outside eligibility criteria or present with needs that do not align neatly with a program's funding scope. Violence does not occur within administrative boundaries, and neither should our responses. Systems should be designed to ensure that where a person seeks help is less important than whether they receive it.

These challenges are often magnified in regional and remote communities, where choice is limited and opportunities to seek help may be rare. Police stations may not be staffed around the clock, specialist services may be hours away, public transport may be unavailable and the financial cost of travelling to another town can itself become a barrier to safety. For some victim-survivors, there may only be one opportunity to leave violence safely.

The South Australian Royal Commission into Domestic, Family and Sexual Violence, Safe and Equal, the Safe & Together Institute, Emerging Minds, Queensland's child-focused reforms and national lived experience consultations consistently reinforce the same message: professionals require more than awareness of family violence. They need a sophisticated understanding of coercive control, cumulative harm, child-centred practice, trauma, recovery and the interconnected nature of people's lives. The evidence already exists. The challenge is ensuring that this knowledge is embedded consistently across every profession and every system, rather than remaining isolated within specialist services.

Building workforce capability cannot be achieved through one-off training sessions, mandatory online modules or organisational compliance requirements alone. Professional capability must become an ongoing process of reflective practice, supervision, interdisciplinary learning and meaningful engagement with lived experience. As our understanding of family, domestic and sexual violence evolves, so too must the skills, judgement and confidence of the professionals be responding to it.

Thresholds have an important place within legislation and organisational decision-making, but they should never become the sole determinant of whether someone receives support, protection or intervention. Professional judgement should always be capable of seeing beyond procedural requirements to understand the lived reality of the person sitting in front of them. Too often, systems ask professionals whether a legal threshold has been met before asking what this person's experience is telling us about their safety.

Workforce capability must also be matched by systems that recognise the importance of connection to place, community and support networks. Too often, victim-survivors are required to leave their homes, communities, children's schools, employment and trusted services because of the risk posed by the person using violence. While relocation may be necessary to

ensure immediate safety, it can also result in the loss of informal supports, cultural connections, familiar practitioners and the stability that is essential for recovery. In many cases, victim-survivors are expected to rebuild their lives in unfamiliar communities while the person using violence remains connected to their home, relationships and support networks. We should continue to ask ourselves whether our systems are placing the burden of disruption on those experiencing violence, rather than exploring how we can strengthen safety while preserving the relationships and communities that support long-term recovery wherever possible.

This requires every profession to understand its unique contribution within a connected response. Police need to recognise patterns of coercive control rather than isolated incidents. Lawyers require a deeper understanding of trauma, cumulative harm and the complexities of family violence within legal proceedings. Teachers and early childhood educators should be supported to recognise behavioural changes as possible indicators of harm rather than simply challenging behaviour. Health professionals need confidence in identifying the long-term impacts of violence across physical and psychological health. Housing providers should understand that recovery extends well beyond accommodation, while veterinary professionals are increasingly recognised as critical partners in identifying family violence through presentations of animal abuse. Every professional has a role to play, and every interaction has the potential to either strengthen safety or unintentionally reinforce fragmentation.

Lived Experience perspectives

Across both my lived experience and professional leadership, the professionals who made the greatest difference were not those who had every answer. They were the ones who remained curious. They slowed down long enough to understand the broader context, recognised patterns rather than isolated incidents and trusted that I understood my own life. Their professional expertise did not replace my lived experience; it worked alongside it.

The most difficult interactions were rarely the result of individuals lacking compassion. More often, they reflected systems that had taught professionals to prioritise compliance over curiosity. I have sat in police stations reporting repeated breaches of intervention orders, only to be told that while the behaviour was concerning, it did not meet the legislative threshold for further action. Weeks later, I would receive calls advising that prosecutions would not proceed because the case was considered too weak or because pursuing the matter might escalate the risk. The message I repeatedly received was that the pattern of violence I was living through did not fit neatly enough within the systems designed to respond to it.

Professionally, I have also worked alongside dedicated practitioners who genuinely wanted to help but often felt constrained by policy, organisational procedures or legislative frameworks. Their ability to exercise professional judgement was frequently overshadowed by concerns about compliance, eligibility or organisational risk. In some settings, practitioners described receiving formal performance management or written warnings for exercising professional judgement outside prescribed program parameters, even when their decisions were centred on the safety and needs of victim-survivors. These experiences reinforced that workforce capability is not simply about training. It is about creating professionals who have the confidence, support and authority to think critically, remain professionally curious and respond to the person rather

than the process. The strongest practitioners understand that legislation provides a framework, but people's lives will rarely fit neatly within one.

Alongside this sits a broader culture of organisational risk. Throughout my career, I have repeatedly heard the question, *"What if this ends up before the coroner?"* While accountability is essential, an overemphasis on organisational liability can unintentionally shift decision-making away from what is in the person's best interests towards what feels safest for the organisation.

WHAT WE KNOW

✓ Workforce capability directly influences victim-survivor engagement, safety and long-term recovery.

✓ Coercive control is best understood through cumulative patterns rather than isolated incidents.

✓ Child-centred, trauma-informed and animal-inclusive practice strengthens safety and recovery.

✓ Professional curiosity improves risk assessment and decision-making.

✓ Universal services play a critical role in prevention, early intervention and recovery.

✓ Lived experience leadership strengthens workforce capability and organisational learning.

Building a capable workforce also requires sustained investment in workforce wellbeing. Practitioners working in family, domestic and sexual violence regularly carry exposure to trauma, grief, high-risk decision-making and complex ethical dilemmas. Vicarious trauma, compassion fatigue and burnout are not individual failings; they are foreseeable occupational risks that require proactive organisational responses through supervision, reflective practice, manageable workloads and psychologically safe workplaces.

The wellbeing of leaders also deserves greater attention. Leaders are expected to support teams through critical incidents, workforce shortages, organisational change and increasing service demand while carrying responsibility for governance, risk and organisational culture. Yet leadership wellbeing is rarely discussed within workforce strategies. Supporting leaders to remain reflective, connected and psychologically well is essential to building workplaces where practitioners, and ultimately victim-survivors, can thrive.

Australia does not simply need more professionals responding to family, domestic and sexual violence; it needs professionals who are trusted to exercise informed judgement, work collaboratively across systems and remain grounded in evidence, lived experience and human connection. Systems are ultimately experienced through people, and every interaction is an opportunity to strengthen safety, restore dignity and build trust. The challenge for the next generation of reform is ensuring that no person walks away from seeking help feeling that policy mattered more than their lived experience.

Reform that Requires Courage

Australia has spent decades building one of the world's strongest evidence bases on family, domestic and sexual violence. Royal Commissions, parliamentary inquiries, national strategies, lived experience consultations, independent reviews, research institutions, specialist services and victim-survivors have all contributed to a sophisticated understanding of the drivers of violence, the gaps within our systems and the reforms required to create safer communities. The evidence is both well established and continuing to emerge. Further learning remains important, but it should not delay action on what we already know. The challenge is to continue building the evidence while translating existing knowledge into sustained implementation and improved outcomes.

Throughout this submission, one message has remained consistent. Australia is not experiencing an evidence gap. Australia is experiencing an implementation gap. Across jurisdictions, organisations and sectors, the same recommendations continue to emerge earlier intervention, stronger workforce capability, greater accountability for people who use violence, child-centred responses, integrated systems, long-term recovery and meaningful lived experience leadership. Yet despite remarkable consistency, implementation remains fragmented, accountability is dispersed across multiple portfolios, and progress is often difficult for communities to see. The Second Action Plan presents a unique opportunity to change this trajectory.

Rather than developing another collection of individual initiatives, Australia should establish a nationally coordinated implementation roadmap that clearly identifies what reforms will be delivered, who is responsible for leading them, how they will be implemented, how success will be measured and how governments will publicly report on progress over the life of the Action Plan. Reform should no longer be measured by the publication of strategies or announcements of investment. It should be measured by demonstrable improvements in safety, wellbeing and long-term outcomes for individuals, children, families and communities.

A national roadmap should provide clarity, consistency and accountability. Every recommendation should have a lead agency. Every action should include measurable outcomes. Every commitment should be supported by implementation timeframes. Every jurisdiction should publicly report against nationally agreed indicators. Every review should demonstrate not only what has been learned but how that learning has influenced practice. Most importantly, victim-survivors should be able to see where their contributions have shaped reform and understand how governments are progressing commitments over time.

The roadmap should also establish nationally consistent principles while allowing jurisdictions flexibility in how they achieve them. National consistency does not require uniformity; it requires agreement on the outcomes Australia is collectively working towards while recognising that communities, cultures and local contexts require different approaches to implementation. Governments should lead through shared principles, transparent accountability and continuous learning rather than expecting innovation to occur in isolation.

Implementation must also be accompanied by the courage to simplify. Across Australia, professionals continue to navigate multiple risk assessments, referral pathways, governance structures, action plans, frameworks and reporting mechanisms that often seek to achieve similar outcomes using different language and methodologies. Complexity should never

become a barrier to helping people. Systems should support professional judgement rather than administrative burden, enabling practitioners to spend more time with people and less time navigating processes that frequently duplicate one another.

Lived Experience Perspective

Throughout my lived experience, professional leadership and participation in advisory groups, consultations and governance forums, I have witnessed extraordinary generosity from victim-survivors, practitioners, researchers and community leaders. Time and again, people have shared deeply personal experiences in the hope that doing so would contribute to meaningful change for future generations. Those conversations have been courageous, thoughtful and remarkably consistent. Regardless of the forum, the recommendations are often the same. We need earlier intervention. We need stronger accountability. We need children to be heard. We need workforce capability. We need connected systems. We need recovery beyond crisis. We know what needs to change.

What concerns me is not a lack of ideas or emerging evidence. Rather, it is our ability to consistently translate what we already know into meaningful, sustained action.

Communities do not need more politics. Young women continue to experience violence. Young men deserve opportunities to build identities grounded in respect, equality and accountability rather than fear or harmful stereotypes. Children continue to carry responsibilities that should never belong to them. Companion animals continue to be used as instruments of coercive control. Families continue to navigate fragmented systems while organisations compete for limited funding, and governments continue to commission new consultations into issues that have already been extensively examined. The next decade cannot simply be another decade of conversation.

Achieving this vision will require governments, specialist services, NGOs, researchers, businesses, communities and lived experience leaders to work collectively towards shared outcomes. Australia has built a strong and continually evolving evidence base, alongside the knowledge and experience of practitioners, researchers and people with lived experience. The opportunity now is to build on this foundation through sustained implementation, collaboration and continuous improvement, recognising that lasting reform is achieved through shared commitment rather than the efforts of any one sector alone.

“The measure of our success should never be how many strategies we publish or how many consultations we undertake. It should be whether fewer people experience violence because of the decisions we make today.”

WHAT WE KNOW

✓ Australia has developed a strong and consistent evidence base for family, domestic and sexual violence reform.

✓ The same priorities continue to emerge across Royal Commissions, inquiries, consultations and research.

✓ Fragmented implementation limits the effectiveness of otherwise evidence-informed reform.

✓ National consistency strengthens accountability while allowing flexibility for local innovation.

✓ Transparent implementation and public reporting improve confidence, trust and long-term outcomes.

✓ Whole-of-government and whole-of-community leadership are essential to ending violence.

The Second Action Plan represents far more than the next chapter of the National Plan. It represents an opportunity to fundamentally reshape how Australia prevents, responds to and ultimately ends family, domestic and sexual violence. Australia has the evidence, experts and lived experience.

What reform should deliver

The Second Action Plan presents an opportunity to move beyond knowing what works and towards implementing what works. Its legacy should not be measured by the number of strategies developed, consultations undertaken or programs funded. It should be reflected in the everyday experiences of the people these systems exist to support.

Meaningful reform should deliver:

- **Victim-survivors** who no longer carry the responsibility of navigating fragmented systems alone.
- **Children** who are consistently recognised as victim-survivors with rights to participation, safety and recovery.
- **People who use violence** who have access to sustained accountability pathways that extend beyond justice interventions and support meaningful behaviour change.
- **Communities** where prevention is recognised as a shared responsibility, beginning in childhood and reinforced across education, workplaces, sporting clubs and community life.
- **Professionals** across every sector who are confident in recognising coercive control, cumulative harm and whole-of-life recovery, and who work collaboratively to strengthen safety and wellbeing.
- **Systems** that are connected, person-centred and designed around people's lives, rather than requiring people to navigate disconnected services.
- **Lived experience** that is embedded across governance, implementation and evaluation through genuine partnership, shared decision-making and fair remuneration.
- **Recovery** that is understood as more than physical safety, creating opportunities for connection, belonging, choice, housing security, education, employment and long-term wellbeing.

Ultimately, meaningful reform will be realised when fewer people experience violence, fewer children grow up believing violence is a normal part of relationships, and every person affected by family, domestic and sexual violence is supported by systems that are connected, compassionate, accountable and capable of walking alongside them throughout their recovery.

Road Map for Lasting Reform

Creating a safer Australia through connected systems and generational change.

Phase One: *Building the Foundations (0-2 years)*

Working capability, lived experience leadership, national collaboration, child-centred practice companion animal-inclusive responses and national implementation measures.

Phase Two: *Strengthen Systems (2-5 years)*

Prevention and early intervention, housing and long-term recovery, justice and accountably, regional and remote accessibility, support for people using violence and workforce wellbeing and leadership.

Phase Three: *Embed Sustainable Reform (5-10 years)*

Continuous evaluation, policy and legislative improvement, research and innovation, accountability and governance, community partnerships and system-side learning.

Phase Four: *Long-term impact*

Generational Change

Closing Reflections

Somewhere in Australia today, someone is deciding whether it is safe enough to ask for help. A child is trying to make sense of behaviours they should never have to understand. A practitioner is balancing professional judgement with policy, risk and limited resources. A police officer, teacher, lawyer, health professional or neighbour is wondering whether what they have seen is enough to act. These moments will continue long after this consultation closes. They will continue regardless of what we decide here.

The Second Action Plan is more than a policy document. It is an opportunity to shape the decisions our systems make in those moments—to determine whether people are believed, whether children are heard, whether opportunities for intervention are recognised, and whether communities are equipped to respond before harm becomes entrenched. The choices we make today will quietly shape lives for years, and perhaps generations, to come.

If we knew the name of the next person who would experience violence, would we still believe we had time to wait?

About the Author

The lived experience contributor is a South Australian lived experience advocate, community leader and emerging legal professional committed to advancing whole-of-life responses to family, domestic and sexual violence through policy reform, systems leadership and meaningful collaboration.

Drawing on both lived and professional experience, she has worked across specialist family violence services, corrections, philanthropy, housing and community sectors, bringing a unique perspective that bridges frontline practice, executive leadership and lived experience. Her work is grounded in the belief that lasting reform is achieved when victim-survivors, children, communities and people who use violence are recognised as active partners in creating safer futures.

This lived experience contributor is currently undertaking a Juris Doctor, building on an interdisciplinary foundation that includes a Master of Business Administration, a Graduate Certificate in Leading Mental Health and Wellbeing (Workplace and Community) and a Bachelor of Psychological Science. Her academic background has shaped a system-thinking approach that values prevention, governance, collaboration and evidence-informed reform.

Professionally, she works in philanthropy and transformational giving, partnering with individuals, foundations and organisations to create sustainable social impact and strengthen community outcomes.

Outside of her professional role, she contributes to public service and volunteer leadership through a range of governance, advisory and advocacy roles, including:

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This lived experience contributor has contributed to numerous state and national consultations, advisory groups, roundtables and reform initiatives, with interests in early intervention, child participation, coercive control, lived experience leadership, whole-of-life recovery, cross-sector collaboration and long-term systems change.

Her advocacy is driven by a simple belief: systems should not ask people to become experts in surviving them. Systems should be designed to walk alongside people, recognising their strengths, restoring choice and creating conditions for safety, dignity, belonging and hope.

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Feedback for Priority Area 1: Victim-survivors

Over the past decade, Royal Commissions, national inquiries, independent reviews, lived experience consultations and the voices of victim-survivors, children and practitioners have consistently identified the same underlying message: Australia is not short of evidence and requires long-term investment rather than short-term intervention.

Now is the time to be courageous and as the question: Why do we continue to redesign programs while rarely redesigning the systems and philosophies that shape them?

Australia continues to invest significantly in crisis responses yet lived experience voices continue to describe remarkably similar journeys regardless of geography, organisation or service model. Different programs often produce the same experiences of fragmentation, repeated storytelling, rigid compliance, professional gatekeeping and systems that require people to adapt to policy rather than policy adapting to people.

Across the country there are extraordinary professionals working with compassion, skill and commitment every day. Rather, it is an invitation to reflect on whether our current approaches continue to prioritise organisational processes over human experience and whether we have become so focused on responding to crisis that we have unintentionally underinvested in prevention, recovery and relational practice.

Refuge environments and support services operate within strict compliance frameworks that are designed to manage risk and ensure safety. These structures are important and often necessary. However, when recovery becomes measured by compliance rather than connection, we should be willing to ask whether systems designed to respond to power and control are unintentionally reproducing experiences of power and control. Family, domestic and sexual violence is fundamentally about the loss of autonomy and reality. Recovery should be fundamentally about restoring it. If the journey applies the same rules, same expectations, same barriers it equates to the same outcome.

Many victim-survivors continue to describe experiences where missed appointments, emotional overwhelm, parenting responsibilities or difficulties engaging with services are interpreted as non-compliance rather than recognised as understandable responses to trauma. Similarly, professionals are trained to identify and respond to risk, while victim-survivors are living the complexity of that risk every day.

Too often, professional expertise becomes the dominant voice in decision-making. Victim-survivors are talked into safety plans, referrals and interventions through the lens of professional responsibility, with limited recognition that they are also balancing the practical realities of rebuilding a life. Safety is essential, however, safety without autonomy is not recovery.

Recovery cannot be achieved solely through crisis accommodation, risk assessments or service plans. It is rebuilt through relationships, trust, belonging, meaningful choice and systems that recognise victim-survivors as experts in their own lives. This shift requires more than additional funding. It requires a different philosophy. One that moves beyond asking whether people complied with our systems and instead asks whether our systems created the conditions for people to reconnect, recover and thrive.

Lived experience also reminds us that systems should be designed to be navigated by people, not organisations. During periods of trauma, victim-survivors are often presented with extensive paperwork, numerous referrals and long lists of phone numbers, without a clear understanding of how services connect or what their journey may look like. Equally, when service provision ends, we often overlook that the practitioner relationship may have become a person's primary source of safety and stability. While services cannot continue indefinitely, greater attention should be given to meaningful transitions and continuity of connection, recognising that recovery does not end when a case is closed.

The challenge before us is no longer understanding what needs to change, more so having the courage to implement what we already know.

The South Australian Royal Commission into Domestic, Family and Sexual Violence reinforced the importance of listening to lived experience, strengthening cross-sector collaboration and creating responses that reflect the complexity of people's lives rather than the limitations of individual systems. The same messages have been consistently echoed through Safe and Equal, the Safe & Together Institute, Emerging Minds, the Queensland Government's child-focused reforms and South Australia's Responding to Abuse and Neglect (RAN/RRHAN) framework.

Despite an increasingly sophisticated evidence base, people continue to navigate fragmented systems that separate housing from justice, recovery from prevention and children from the experiences that shape their everyday lives. Policy continues to divide interconnected lives into portfolios, funding streams and organisational responsibilities, while victim-survivors experience them all at once.

The unintended consequence is that victim-survivors become the architects of their own support, expected to navigate multiple agencies, repeat their experiences and hold together disconnected responses while living with the ongoing impacts of violence. No person should have to become an expert simply to keep themselves and their children safe.

What remains noticeably absent is a clear national roadmap for implementation.

Every inquiry, consultation and lived experience process adds to our collective knowledge, yet there is no single framework that articulates what will be implemented,

who is responsible, how success will be measured, what timeframes governments are working towards or how lived experience will continue to inform reform beyond consultation. Instead, systems continue to generate new frameworks, new risk assessments and new governance structures that often mirror one another while using different language and different methodologies.

The question is no longer which risk assessment we should adopt. The question is how we create a nationally consistent approach that enables professionals to spend less time navigating tools and more time listening to people. Systems should not strive for perfection. They should be designed for learning, adaptation and continuous improvement.

The unintended consequence of fragmented systems is that victim-survivors become the architects of their own support, expected to navigate multiple agencies, repeat their experiences and hold together disconnected responses while living with the ongoing impacts of violence. No person should have to become an expert in policing, family law, housing, child development and mental health simply to keep themselves and their children safe.

Lived Experience Perspective:

The first person to recognise my experience as domestic, family and sexual violence was my family law solicitor. That conversation gave a name to what I had been living, but it also marked the beginning of navigating a series of disconnected systems that each understood one part of my experience but rarely the whole.

I moved from police statements to courtrooms, intervention orders and specialist services, often with little understanding of what would happen next or what support was available. I was told I was ""high risk"", yet no one explained what that meant or what a pathway was.

As workers changed roles, referrals stalled and appointments required constant follow-up, I found myself repeatedly searching for support. What I experienced as persistence and survival was, at times, interpreted by the family law system as ""service shopping"", rather than the reality of someone trying to find consistency within fragmented systems.

There was little recognition that I was not navigating separate issues. I was living one interconnected experience that touched multiple intersections rather than recovery all at once.

This is the unintended consequence of fragmented systems. Victim-survivors become the coordinators of their own recovery, expected to connect services that rarely connect with each other while carrying the ongoing impacts of trauma and coercive control.

""I did not need more resilience. I needed systems that spoke to one another.""

The Safe & Together Institute challenges practitioners to shift from asking why a victim-survivor did not leave towards understanding the deliberate patterns of behaviour used by the person choosing violence and the cumulative impact those choices have on children and the protective parent. Emerging Minds similarly reminds us that children experiencing family violence are far more likely to present to schools, GPs, maternal and child health services and community organisations than specialist services, reinforcing that prevention and early intervention are responsibilities shared across every sector.

These frameworks point towards the same conclusion. Family, domestic and sexual violence is assessed as incidents but lived as an ongoing experience. It influences parenting decisions, employment opportunities, education, financial security, housing stability, identity and community participation.

Until our systems recognise this whole-of-life reality, we will continue investing heavily in crisis while expecting individuals and families to navigate recovery largely on their own.

The challenge before governments is therefore not whether further evidence is required, but how existing evidence is translated into consistent action. The Second Action Plan should establish clear national expectations for implementation, accompanied by transparent reporting, shared learning and continuous improvement. Organisations should not be measured solely by compliance with prescribed processes, but by the extent to which they improve safety, recovery and long-term wellbeing for the people they serve.

Feedback for Priority Area 2: Prevention and early intervention

For decades, our efforts have understandably focused on responding to violence once it has occurred. Specialist services, crisis accommodation, policing, legal responses and counselling remain essential and save lives every day. However, no nation can respond its way out of a problem that requires cultural and generational change.

Early intervention should not be understood as a single respectful relationships lesson or awareness campaign delivered at one point in a child's education. It is a lifelong commitment to creating communities where equality, respect, emotional literacy, consent, accountability and healthy relationships are consistently modelled, reinforced and expected.

Current messaging often unintentionally places young boys and men into the category of potential perpetrators while teaching young girls how to identify risk, stay safe or leave unhealthy relationships. While well intentioned, these approaches risk reinforcing

responsibility rather than creating shared accountability. Every child deserves something different.

Every child deserves to grow up believing that relationships are built on equality, kindness, consent, emotional safety and mutual respect. They deserve to learn that conflict can exist without control, that emotions can be expressed without violence and that asking for help is a strength rather than a weakness.

This responsibility extends far beyond education systems. Families, early learning services, sporting clubs, workplaces, universities, community organisations and online spaces all contribute to the beliefs young people develop about identity, gender, power and relationships. Prevention cannot remain the responsibility of specialist family violence services alone; it must become a whole-of-community commitment.

The South Australian Royal Commission into Domestic, Family and Sexual Violence called for earlier intervention, stronger collaboration across sectors and responses that recognise the complexity of people's lives. Emerging Minds continues to demonstrate the critical role that universal services play in recognising and responding to children and families experiencing family violence, while Safe & Together challenges systems to remain focused on the behaviours of the person using violence and the lived experiences of children and the protective parent. Safe and Equal has consistently advocated for prevention strategies that address the underlying drivers of violence through equality, inclusion and community responsibility.

Lived Experience Perspective

One of the most thought-provoking conversations I have had about prevention was not with a practitioner or policymaker, but with an identifying male high school student after he participated in respectful relationships education at school.

One of the strongest messages he had taken away was that men are the primary perpetrators of family, domestic and sexual violence. He felt conflicted. As a young man who had grown up witnessing the impacts of violence, he did not see himself reflected in the conversations about respect and healthy relationships. Instead, he worried that he was being viewed as someone who might one day become part of the problem.

He said, ""It feels like I'm already being seen as a future perpetrator.""

Prevention should never be about teaching one group to fear the other.

It should be about teaching every young person that they have the right to relationships built on respect, equality, emotional safety and shared responsibility. Young boys need opportunities to see themselves as future allies, respectful partners and caring fathers.

Young girls deserve to grow up expecting relationships free from violence rather than feeling responsible for identifying warning signs and avoiding harm.

WHAT WE KNOW

✓ Prevention is most effective when it begins early and is reinforced throughout childhood, education and community life.

✓ Children learn about relationships through observation as much as formal education.

✓ Universal services including schools, health services, sporting clubs and community organisations are critical settings for prevention and early intervention.

✓ Equality, emotional literacy and healthy relationships are protective factors that reduce the likelihood of violence.

✓ Children are experts in their own experiences and should be recognised as active participants in conversations about safety and wellbeing.

✓ Prevention is a shared responsibility that belongs to families, communities, workplaces, governments and specialist services alike.

The next generation of reform must be equally ambitious in creating communities where violence is less likely to occur in the first place. Prevention is not simply about raising awareness. It is about shaping expectations.

Every community should reject violence not only in moments of crisis, but in the attitudes, behaviours and inequalities that allow it to take root. Violence should never be accepted as inevitable and preventing it should never become the responsibility of those who are most at risk of experiencing it. If we want different outcomes, we must create different environments.

We must move beyond teaching young people how to recognise violence after it appears and instead surround them with consistent examples of respect, equality, empathy and healthy relationships every day.

Prevention is not built through a single lesson in a classroom. It is built through the relationship’s children experience, the behaviours they witness, the conversations they have, and the values adults choose to model every day.

Young people should not leave school knowing only how to recognise unhealthy relationships. They should leave believing that healthy, equal and respectful relationships are the standard they both deserve and can create.

The next generation deserves more than learning how to recognise violence. They deserve to grow up never believing that violence is a normal part of relationships. The Second Action Plan presents an opportunity to make prevention Australia's greatest investment, not through isolated initiatives, but through a whole-of-life commitment

that begins in childhood, is reinforced throughout community life and creates a culture where equality, respect, accountability and kindness are simply the expected way of being.

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

Family, domestic and sexual violence is rarely experienced by one person alone. It is experienced by the whole family. While children are increasingly recognised within policy and practice, companion animals often remain invisible despite decades of evidence demonstrating the role they play within family systems and the ways they are used by people who use violence to exert power and control.

Children do not simply witness violence; they adapt to it. They become hypervigilant, change their behaviour to avoid conflict, learn when to stay silent, comfort the protective parent and assume responsibilities no child should ever carry. For many children, companion animals become their safest relationship, providing stability, comfort and unconditional connection during periods of uncertainty. This bond also makes animals particularly vulnerable to being used as instruments of coercive control. Threats or harm towards pets are well-recognised tactics used to instil fear, punish victim-survivors, manipulate children and prevent families from leaving violence.

Children are not only affected by family, domestic and sexual violence; they are active participants in the family system and often develop a deep understanding of the dynamics around them. Yet professionals can become understandably cautious that children may have been influenced, coached or exposed to competing narratives, sometimes resulting in children's own experiences being overlooked. While these risks should always be carefully considered, they should not prevent us from creating developmentally appropriate, trauma-informed approaches that support children to safely share their experiences. Children deserve opportunities to be heard in ways that recognise both their rights and their vulnerability, rather than beginning from a position of doubt.

Companion animals should also be recognised as family members rather than practical considerations to be managed by services. Professionals and leaders may understandably focus on questions of animal welfare, rehoming or ongoing care; however, decisions about companion animals should, wherever it is safe and possible, be made in partnership with the family. For many victim-survivors and children, separation from a companion animal represents another significant loss following the disruption of violence. Recognising these relationships supports not only animal welfare, but also dignity, autonomy and whole-of-family recovery.

The South Australian Royal Commission into Domestic, Family and Sexual Violence, Emerging Minds, the Safe & Together Institute, Queensland's child-focused reforms and the United Nations Convention on the Rights of the Child all reinforce the importance of recognising children as victim-survivors with rights to safety, participation and recovery. Likewise, Australian and international research has consistently demonstrated the relationship between animal abuse and family violence, identifying harm to companion animals as both a coercive control tactic and an indicator of escalating risk.

Lived Experience Perspective

A child close to me repeatedly said he no longer wanted to live with the person who used violence. Over time, those conversations became increasingly concerning as he spoke about wanting to end his life because he could not imagine continuing to live in that environment. In what I now recognise as an act of desperation, he began documenting every incident of physical, emotional and psychological abuse in a diary. It was a child's attempt to create evidence, believing that if adults could read what he was living through, they would finally believe him.

Together, we took that diary to police. He walked into the station believing it was his opportunity to be heard and walked out in tears. Despite his detailed disclosures and the diary, he had so carefully written, the response focused on poor parenting rather than patterns of abuse. I remember hearing the words, ""He's just a bad dad."" The broader context of coercive control, cumulative harm and the child's lived experience was never fully explored. Instead, greater weight appeared to be given to whether his views had been influenced by the protective parent than to understanding the consistency and detail of what he had been trying to communicate.

That experience has stayed with me because it reflects a much broader systems challenge. Children are often expected to provide extraordinary evidence before they are believed, yet even when they disclose, document their experiences and ask adults for help, their voices can still be overshadowed by adult narratives and system thresholds that struggle to recognise cumulative harm. Children should never have to become investigators of their own abuse. They deserve systems that listen the first time, recognise patterns rather than isolated incidents, and respond with the same seriousness afforded to every other victim-survivor.

Another child close to me reinforced a lesson I have carried ever since: children often tell us exactly what has happened. The challenge is whether adults are prepared to listen.

After arriving at school with a black eye, the child disclosed that the person who used violence had hit him. An alternative explanation was later provided by the adult, and, despite the disclosure, no child protection notification was made by the school. I made the notification myself.

When he was interviewed, he sat in the same room as the person he had disclosed harm against. Faced with leading questions and the presence of the adult, his confidence disappeared. His voice became quieter until he simply nodded as an alternative version of events was accepted. When I later sought accountability, I was told, ""That's just parenting, not assault.""

I often reflect on what we expect from children. How do we expect them to disclose harm when the person they fear is sitting beside them? How do we expect them to challenge an adult's version of events when every instinct tells them to stay safe? And how do we continue to describe children as witnesses when they are living the impacts of family violence every day?

WHAT WE KNOW

✓ Children experience family, domestic and sexual violence.

✓ Companion animals are frequently targeted through coercive control and are recognised indicators of escalating risk.

✓ Concern for a companion animal's safety is a recognised barrier preventing many victim-survivors from leaving violence.

✓ Coercive control affects children's attachment, development, education, health and long-term wellbeing.

✓ Child-centred and animal-inclusive responses strengthen safety planning and recovery.

✓ Universal services play a critical role in recognising, responding to and preventing harm.

One of the most difficult lessons I have learned is that children often tell us exactly what is happening. The challenge is whether adults are prepared to hear them. Listening to children is not simply good practice, it is a human rights obligation. Article 12 of the United Nations Convention on the Rights of the Child recognises every child's right to express their views freely in matters affecting them and for those views to be given due weight according to their age and maturity. Rather than asking whether children witnessed violence, we should ask what they have lived, what they understand and what they need to recover. The same whole-of-family lens should extend to companion animals, recognising that concern for their safety often shapes decisions about leaving violence and should form part of integrated risk assessment and safety planning.

Children are victim-survivors. Companion animals are frequently victims of coercive control. Both deserve to be recognised within systems designed to prevent violence, strengthen safety and support recovery. Family violence is not experienced by one

person it is experienced by families, and families include the children and companion animals who rely entirely on adults and systems to protect them.

Feedback for Priority Area 4: People who use violence

For too long, conversations about people who use violence have been framed almost exclusively through the lens of crisis, criminal justice and accountability after harm has occurred. These responses remain essential and must continue to prioritise victim-survivor safety. However, they cannot be the entirety of our national strategy.

Ending violence requires a whole-of-life approach that recognises harmful behaviours do not emerge in isolation. While individuals must remain accountable for their use of violence, lasting prevention also requires us to understand the experiences, environments and influences that shape beliefs, relationships and responses to adversity across the lifespan. Investing in healthy childhoods, connected communities and opportunities for meaningful change creates stronger foundations for safer futures.

The evidence increasingly demonstrates that coercive control is not defined by isolated incidents but by patterns of behaviour that develop and become reinforced over time. The South Australian Royal Commission, Safe & Together, Safe and Equal and national behaviour change frameworks all recognise that keeping the focus on the actions of the person using violence creates better outcomes for victim-survivors and children.

The challenge is not whether accountability is important. The challenge is how we create accountability that lasts beyond the conclusion of a court order, a behaviour change program or a prison sentence.

Working alongside men participating in Domestic and Family Violence Intervention Programs within correctional settings, I would see participants either resist change or reflect on their behaviour and willingness to change. Yet I was often left with the same lingering questions: what happens when they return home? Who continues the conversation when the program ends? Who supports people who use violence during community reintegration?

Community-based accountability should not be viewed as an alternative to justice responses but as a necessary extension of them. Long-term mentoring, peer accountability, parenting support, culturally responsive programs, mental health services, alcohol and other drug supports where appropriate and sustained community engagement should become part of a connected ecosystem that challenges violence while strengthening the capacity for change.

Investing in prevention and long-term pathways for people who use violence does not diminish accountability. It strengthens it. Children benefit when parents are safe. Communities benefit when violence is prevented before it escalates. Victim-survivors

benefit when systems invest not only in responding to harm, but in reducing the likelihood of it occurring again.

Lived Experience Perspective:

One of the most influential experiences shaping my understanding of people who use violence was my work as a clinician delivering a Domestic and Family Violence Intervention Program within a correctional setting.

Eligible participants would be assessed. While some expressed genuine insight, many were primarily motivated by parole, court expectations or demonstrating compliance. It highlighted an important challenge: participation does not always reflect readiness for meaningful change.

Conversations frequently focused on the events leading up to the violence rather than the beliefs and patterns that sustained it. Responsibility was often redirected towards relationship conflict, stress or the actions of a partner, making genuine accountability difficult to achieve. It reinforced that behaviour change is not about understanding a single incident, it is about confronting long-held beliefs about power, control, entitlement and relationships.

Working alongside male co-facilitators also reinforced the importance of continual reflection. Behaviour change work requires facilitators to critically examine their own assumptions and understand how subtle minimisation or collusion can unintentionally reinforce harmful narratives.

This experience also highlighted the limitations of correctional settings. Although programs can build knowledge and encourage reflection, lasting change is ultimately tested beyond prison walls, in relationships, parenting, separation and everyday life within the community. It reinforced my belief that accountability cannot rely on programs alone, but requires ongoing opportunities for connection, reflection and support within the communities' people return to.

"Without addressing the beliefs that underpin violence, we risk not only repeating harm within intimate relationships but also passing those patterns of power, control and inequality to the next generation through what children see, hear and come to understand as normal."

WHAT WE KNOW

✓ Coercive control is a pattern of behaviour rather than a single incident.

✓ Accountability is strengthened when it extends beyond justice interventions into everyday life.

✓ Children experience better outcomes when violence stops and respectful parenting is supported.

✓ Long-term community engagement is more likely to sustain behaviour change than time-limited interventions alone.

✓ Prevention includes creating opportunities for people who use violence to practise accountability, responsibility and healthy relationships.

The next focus of reforms should invest just as intentionally in creating communities where accountability is practiced every day, behaviour change is supported over the long term and violence is prevented before another victim-survivor is required to navigate its consequences. Ending violence is not achieved through a single intervention. It is achieved through sustained relationships, shared responsibility and a national commitment to creating communities where respect, equality and accountability become the expectation rather than the exception.

Feedback for Priority Area 5: System Integration and Workforce

For a victim-survivor, child or family experiencing family, domestic and sexual violence, a single conversation with a police officer, teacher, lawyer, doctor, social worker, housing worker or community professional can shape whether they feel believed, understood and supported, or whether they disengage from the system altogether. While Australia has invested significantly in strengthening the family, domestic and sexual violence workforce, the quality of a person's experience continues to depend on which professional answers the phone, which organisation receives the referral or which jurisdiction they happen to live in. This is not a workforce commitment issue; it is a workforce capability issue.

A capable workforce is also one that can respond to people's needs rather than the boundaries of service systems. Too often, victim-survivors are turned away because they live in the 'wrong' catchment, fall outside eligibility criteria or present with needs that do not align neatly with a program's funding scope. Violence does not occur within administrative boundaries, and neither should our responses. Systems should be designed to ensure that where a person seeks help is less important than whether they receive it.

These challenges are often magnified in regional and remote communities, where choice is limited and opportunities to seek help may be rare. Police stations may not be staffed around the clock, specialist services may be hours away, public transport may be unavailable and the financial cost of travelling to another town can itself become a barrier to safety. For some victim-survivors, there may only be one opportunity to leave violence safely.

The South Australian Royal Commission into Domestic, Family and Sexual Violence, Safe and Equal, the Safe & Together Institute, Emerging Minds, Queensland's child-

focused reforms and national lived experience consultations consistently reinforce the same message: professionals require more than awareness of family violence. They need a sophisticated understanding of coercive control, cumulative harm, child-centred practice, trauma, recovery and the interconnected nature of people's lives. The evidence already exists. The challenge is ensuring that this knowledge is embedded consistently across every profession and every system, rather than remaining isolated within specialist services.

Building workforce capability cannot be achieved through one-off training sessions, mandatory online modules or organisational compliance requirements alone. Professional capability must become an ongoing process of reflective practice, supervision, interdisciplinary learning and meaningful engagement with lived experience. As our understanding of family, domestic and sexual violence evolves, so too must the skills, judgement and confidence of the professionals be responding to it.

Thresholds have an important place within legislation and organisational decision-making, but they should never become the sole determinant of whether someone receives support, protection or intervention. Professional judgement should always be capable of seeing beyond procedural requirements to understand the lived reality of the person sitting in front of them. Too often, systems ask professionals whether a legal threshold has been met before asking what this person's experience is telling us about their safety.

Workforce capability must also be matched by systems that recognise the importance of connection to place, community and support networks. Too often, victim-survivors are required to leave their homes, communities, children's schools, employment and trusted services because of the risk posed by the person using violence. While relocation may be necessary to ensure immediate safety, it can also result in the loss of informal supports, cultural connections, familiar practitioners and the stability that is essential for recovery. In many cases, victim-survivors are expected to rebuild their lives in unfamiliar communities while the person using violence remains connected to their home, relationships and support networks. We should continue to ask ourselves whether our systems are placing the burden of disruption on those experiencing violence, rather than exploring how we can strengthen safety while preserving the relationships and communities that support long-term recovery wherever possible.

This requires every profession to understand its unique contribution within a connected response. Police need to recognise patterns of coercive control rather than isolated incidents. Lawyers require a deeper understanding of trauma, cumulative harm and the complexities of family violence within legal proceedings. Teachers and early childhood educators should be supported to recognise behavioural changes as possible indicators of harm rather than simply challenging behaviour. Health professionals need confidence in identifying the long-term impacts of violence across physical and

psychological health. Housing providers should understand that recovery extends well beyond accommodation, while veterinary professionals are increasingly recognised as critical partners in identifying family violence through presentations of animal abuse. Every professional has a role to play, and every interaction has the potential to either strengthen safety or unintentionally reinforce fragmentation.

Lived Experience perspectives

Across both my lived experience and professional leadership, the professionals who made the greatest difference were not those who had every answer. They were the ones who remained curious. They slowed down long enough to understand the broader context, recognised patterns rather than isolated incidents and trusted that I understood my own life. Their professional expertise did not replace my lived experience; it worked alongside it.

The most difficult interactions were rarely the result of individuals lacking compassion. More often, they reflected systems that had taught professionals to prioritise compliance over curiosity. I have sat in police stations reporting repeated breaches of intervention orders, only to be told that while the behaviour was concerning, it did not meet the legislative threshold for further action. Weeks later, I would receive calls advising that prosecutions would not proceed because the case was considered too weak or because pursuing the matter might escalate the risk. The message I repeatedly received was that the pattern of violence I was living through did not fit neatly enough within the systems designed to respond to it.

Professionally, I have also worked alongside dedicated practitioners who genuinely wanted to help but often felt constrained by policy, organisational procedures or legislative frameworks. Their ability to exercise professional judgement was frequently overshadowed by concerns about compliance, eligibility or organisational risk. In some settings, practitioners described receiving formal performance management or written warnings for exercising professional judgement outside prescribed program parameters, even when their decisions were centred on the safety and needs of victim-survivors. These experiences reinforced that workforce capability is not simply about training. It is about creating professionals who have the confidence, support and authority to think critically, remain professionally curious and respond to the person rather than the process. The strongest practitioners understand that legislation provides a framework, but people's lives will rarely fit neatly within one.

Alongside this sits a broader culture of organisational risk. Throughout my career, I have repeatedly heard the question, ""What if this ends up before the coroner?"" While accountability is essential, an overemphasis on organisational liability can unintentionally shift decision-making away from what is in the person's best interests towards what feels safest for the organisation.

WHAT WE KNOW

✓ Workforce capability directly influences victim-survivor engagement, safety and long-term recovery.

✓ Coercive control is best understood through cumulative patterns rather than isolated incidents.

✓ Child-centred, trauma-informed and animal-inclusive practice strengthens safety and recovery.

✓ Professional curiosity improves risk assessment and decision-making.

✓ Universal services play a critical role in prevention, early intervention and recovery.

✓ Lived experience leadership strengthens workforce capability and organisational learning.

Building a capable workforce also requires sustained investment in workforce wellbeing. Practitioners working in family, domestic and sexual violence regularly carry exposure to trauma, grief, high-risk decision-making and complex ethical dilemmas. Vicarious trauma, compassion fatigue and burnout are not individual failings; they are foreseeable occupational risks that require proactive organisational responses through supervision, reflective practice, manageable workloads and psychologically safe workplaces.

The wellbeing of leaders also deserves greater attention. Leaders are expected to support teams through critical incidents, workforce shortages, organisational change and increasing service demand while carrying responsibility for governance, risk and organisational culture. Yet leadership wellbeing is rarely discussed within workforce strategies. Supporting leaders to remain reflective, connected and psychologically well is essential to building workplaces where practitioners, and ultimately victim-survivors, can thrive. Australia does not simply need more professionals responding to family, domestic and sexual violence; it needs professionals who are trusted to exercise informed judgement, work collaboratively across systems and remain grounded in evidence, lived experience and human connection.

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

Beyond safety: building lives defined by home, connection and choice.

For many victim-survivors, leaving violence does not mean leaving its impacts behind. Coercive control continues through parenting arrangements, family law proceedings, financial abuse, housing insecurity and the everyday realities of rebuilding a life while

remaining connected to the person who used violence. Yet our systems continue to be designed around the crisis rather than the years that follow. Support often ends when immediate risk reduces, despite recovery only just beginning. Funding is frequently measured in short-term outputs, while healing unfolds over months, years and, for many families, a lifetime.

This creates a significant gap between surviving violence and living beyond it. Recovery should never be understood as returning to the life that existed before violence. Recovery is the process of creating an entirely new future. It is rebuilding identity after years of control. It is supporting children who are learning what safety feels like. It is establishing financial independence after economic abuse. It is returning to education, finding employment, reconnecting with community and creating memories that are no longer defined by fear. These moments are not secondary outcomes. They are the purpose of recovery.

The South Australian Royal Commission, Safe and Equal, Emerging Minds and lived experience leaders consistently reinforce that recovery is strengthened through long-term, integrated and person-centred responses that extend beyond crisis intervention. Yet too often, victim-survivors continue to move between disconnected services, changing workers and funding boundaries while carrying the responsibility of coordinating their own recovery.

This requires a fundamental shift in how we measure progress. We should not simply ask how many people leave crisis accommodation or complete a program. We should ask different questions. Are children connected to their communities? Are families securely housed? Are victim-survivors participating in employment or education? Do people have trusted relationships around them? Have they regained choice, confidence and belonging?

These experiences should not be viewed as the result of recovery. They are recovery.

Lived Experience Perspective:

From both lived experience and leadership in refuge services, I learned that leaving violence does not mean recovery has begun. A person can be physically safer and still be navigating fear, parenting arrangements, court, finances, housing, children's wellbeing and the long shadow of coercive control.

The moments that mattered were often ordinary: a child laughing again, a quiet night without fear, a school event attended without scanning the room, a pet remaining part of the family, a trusted worker who did not disappear when the immediate crisis reduced. Recovery was never about returning to who I was before violence. It was about discovering who I could become when given safety, connection and the freedom to choose my own future.

""Recovery was never about returning to who I was before violence. It was about discovering who I could become when given safety, connection and the freedom to choose my own future.""

WHAT WE KNOW

✓ Recovery is a whole-of-life process rather than a time-limited-service response.

✓ Stable housing, financial security, education, employment and community connection are protective factors for long-term wellbeing.

✓ Children recover best when they experience stability, belonging and trusted relationships.

✓ Continuity of support produces stronger outcomes than fragmented service delivery.

✓ Integrated, multidisciplinary approaches reduce the burden placed on victim-survivors to navigate complex systems.

Recovery is not a destination or a stage that begins once the crisis has passed. It is an ongoing process of rebuilding safety, identity, relationships and hope. It requires systems that remain connected to people beyond immediate risk, recognising that healing occurs over time and is shaped by stable housing, meaningful relationships, education, employment, community connection and opportunities to make choices about one's own future. Family, domestic and sexual violence responses should therefore be judged not only by whether they keep people safe today, but by whether they create the conditions for people to thrive tomorrow.

Lived Experience beyond consultation:

Embedding lived experience also requires transparency. People who contribute their expertise should be able to see how their participation has influenced decisions, what recommendations have been adopted and where governments have chosen a different direction. Closing this feedback loop strengthens trust, accountability and confidence that lived experience is contributing to meaningful reform rather than becoming another consultation exercise.

Australia has made significant progress in recognising the importance of lived experience within family, domestic and sexual violence reform. Advisory groups, consultations, roundtables and co-design processes have created opportunities for victim-survivors to contribute to policy and service development in ways that would have been unimaginable a decade ago. This progress should be recognised. However, the next phase of reform requires us to ask a more challenging question: when does lived experience move beyond consultation and become leadership?

Too often, lived experience is invited into systems once decisions have already been made. Victim-survivors are asked to validate strategies, review documents or share deeply personal experiences to strengthen recommendations that have been developed elsewhere. The result is participation without authority, consultation without implementation and stories without structural change. Lived experience is not simply the act of telling a story. Additionally, paying people for their lived experience contribution must be a standard requirement, not an optional gesture. Their contribution should be remunerated in the same way as other forms of professional expertise. Expecting people with lived experience to contribute without payment risks reinforcing the very inequities these reforms seek to address.

The challenge is no longer whether lived experience should be included. The challenge is whether governments and organisations are prepared to share decision-making power. Embedding lived experience requires more than advisory positions. It requires investment in leadership development, remuneration, governance pathways, mentoring, evaluation and long-term partnerships that recognise victim-survivors as contributors to policy rather than participants in consultation.

It also requires diversity. No one person speaks for all victim-survivors. Systems must create space for First Nations communities, culturally and linguistically diverse communities, LGBTQIA+ communities, children and young people, people with disability, older women, people living in regional and remote Australia and people who use violence who have engaged in meaningful behaviour change. Professional expertise and lived experience knowledge are not competing forms of knowledge. They are strong when they work together.

Lived Experience Perspective:

I have had the privilege of contributing to advisory groups, consultation panels, governance committees and lived experience forums across family, domestic and sexual violence and broader human services. I have watched victim-survivors walk into rooms with extraordinary courage, generously sharing the most difficult moments of their lives in the hope that someone will listen and that something will change. What has become increasingly difficult is watching those same conversations occur time and time again. Different consultation, different organisation, different report, yet often the same recommendations, the same gaps and the same calls for reform. Too often, lived experience is invited into the room to explain what is broken, but rarely remains in the room to help design what comes next. Consultation has become an expected part of systems reform, yet implementation continues to lag. We ask people to repeatedly revisit trauma, contribute their expertise and shape policy, but too often there is little visibility about what changed because of their contribution.

There must also be space for new voices. No one individual or small group can represent the diversity of victim-survivor experiences across Australia. Lived experience leadership should never become something that is concentrated within a handful of recognised advocates. Its strength lies in creating opportunities for emerging leaders, ensuring that systems continue to be shaped by diverse experiences, cultures, ages, identities and communities. Sustainable reform depends not only on listening to established voices, but on intentionally creating pathways for others to step into leadership.

I have reached a point where I no longer see lived experience as a consultation methodology. I see it as a leadership discipline that should be embedded across governance, executive leadership, policy development, service design and evaluation. It should not rely on individual champions or isolated advisory groups; it should be built into the way organisations lead, make decisions and remain accountable to the communities they serve.

“Lived experience should not be recognised as a consultation activity. It should be recognised as a leadership discipline. I no longer want to be invited into rooms simply to explain what is broken. I want to help build what comes next.”

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

Scope: Effective practice in violence prevention with men and boys

[redacted]

July 30, 2026

Submission: Public

Executive summary

This submission addresses Priority Area 2: Prevention and Early Intervention of the Second Action Plan and focuses on strengthening Australia's efforts to engage men and boys in the primary prevention of domestic, family and sexual violence.

Australia has seen substantial growth in violence prevention initiatives involving men and boys. The quality and effectiveness of existing initiatives vary considerably. Many programs remain short-term, small-scale, or insufficiently informed by evidence regarding the drivers of violence and the characteristics of effective prevention.

The international evidence shows that well-designed interventions can produce meaningful and lasting change in violence-supportive attitudes and behaviours, although the Australian evidence base is limited. There is an urgent need to strengthen standards for practice, broaden prevention strategies, and scale up approaches capable of producing population-level change.

The submission argues that violence prevention work with men and boys should continue to be guided by a gender-transformative framework that addresses gender inequality and other factors. Emerging interest in men's health approaches presents valuable opportunities to reach new audiences, address relevant risk factors, and reduce resistance to prevention messages. However, improving men's health alone will not prevent violence unless interventions also address gendered power relations, entitlement, and the structural drivers of domestic, family and sexual violence. Men's health approaches should therefore complement, not replace, existing gender-transformative approaches.

The submission makes four recommendations.

Recommendation 1: Strengthen the quality of violence prevention programming aimed at men and boys. Government should embed evidence-informed standards for effective practice into funding and commissioning processes, support workforce development and professional learning, promote knowledge exchange, and build the capacity of practitioners and organisations to deliver high-quality prevention initiatives.

Recommendation 2: Expand the range of prevention strategies used with men and boys. Investment should extend beyond school-based education to include workplaces, sporting organisations, online environments, faith and community settings, social marketing, community leadership, and initiatives addressing online misogyny and the manosphere. Prevention should also strengthen protective factors that foster non-violent and gender-equitable identities, relationships, and communities.

Recommendation 3: Scale up prevention efforts to achieve population-level impact. The Australian Government should invest in comprehensive, community-wide and structural prevention strategies, including social norms campaigns, community mobilisation, regulatory responses to harmful online content and violent pornography, and policy measures that address the broader institutional and structural conditions contributing to violence against women and children.

Recommendation 4: Maintain a gender-transformative framework while integrating appropriate insights from men's health and other fields. Collaboration across sectors should be encouraged, but government-funded initiatives should remain grounded in gender equality, victim-survivor safety, perpetrator accountability, and evidence-based primary prevention. Men's health approaches should be incorporated where they strengthen prevention, without displacing the central goal of ending violence against women and children.

A more detailed version of each recommendation, with supporting discussion, can be found below.

Taken together, these recommendations seek to strengthen Australia's capacity to engage men and boys in effective, evidence-informed primary prevention while ensuring that this work remains firmly focused on preventing violence.

Table of contents

Introduction and biography

I am a researcher in the field of violence prevention whose research over the past three decades has focused on the prevention of domestic, family and sexual violence, with particular expertise in primary prevention, engaging men and boys, and respectful relationships education. My work has sought to strengthen the evidence base for preventing violence against women and children and to translate research into practical policy, programs and organisational practice.

My research has contributed to the development of national and state violence prevention policy and has informed prevention frameworks, implementation strategies, educational initiatives and community-based interventions across Australia. I was a contributing author to the evidence review underpinning *Change the Story*, the national framework for the primary prevention of violence against women, and previously co-authored *Preventing Violence Before It Occurs*, an influential framework that helped shape prevention policy in Australia. My research has also informed government inquiries, including the Royal Commission into Family Violence, and I have provided expert advice to governments, statutory bodies and national organisations on violence prevention policy and practice. A significant focus of my work has been understanding how to engage men and boys as part of the primary prevention of domestic, family and sexual violence.

My scholarship and advocacy have driven and shaped the national and international development of efforts to engage men and boys in violence prevention. My research, including in my book *Engaging Men and Boys in Violence Prevention* and numerous other publications, has examined the social and cultural drivers of men's violence against women and explored evidence-informed approaches to involving men and boys in prevention. This work has informed prevention initiatives undertaken by governments, community organisations and international agencies, and has been translated into practical guidance for policy makers and practitioners.

Across my research, I have sought to bridge academic scholarship and policy implementation, with a strong emphasis on developing interventions that are evidence-informed, capable of scale, and subject to robust evaluation.

I welcome the opportunity to contribute to the consultation on the Second Action Plan. My submission draws on the Australian and international evidence regarding the primary prevention of domestic, family and sexual violence, with particular attention to enhancing Australia's capacity to engage men and boys in support of gender equality and the prevention of violence.

Priority Area 2: Prevention and early intervention

There is now a significant stream of violence prevention activity focused on men and boys in Australia. I first offer a brief snapshot of this work, focusing on primary prevention, before commenting on productive ways forward.

The state of primary prevention work with men and boys

Largely in schools: Much of the primary prevention activity aimed at boys and men and/or addressing masculinities takes place in schools. This includes content on masculinities that is part of wider curricula in respectful relationships education, as well as standalone programs often delivered by external organisations. Alongside violence prevention education for boys and young men in schools, there are also scattered efforts in Australia to involve men as advocates (e.g. by White Ribbon Australia), to engage men in workplaces to address workplace domestic violence (e.g. by Champions of Change), social marketing initiatives aimed at shifting social norms related to men and masculinities (e.g. Our Watch's "The Line" campaign), and prevention efforts using social media for boys and young men (e.g. the "Ask a Mate" initiative by Beyond DV).

Of varying quality: Violence prevention initiatives aimed at men and boys are of varying quality. As I documented for example in a stocktake of community-based healthy masculinities programs in Victoria [1];

- Many programs are small-scale and short-term

- Many programs rely on one-off and short sessions
- There is diversity in programs' approaches to gender, masculinity, and violence, and some pay little attention to the factors known to be key risk factors for domestic or sexual violence.

Given this, some of these programs are unlikely to make substantial and sustained change. Above all, some simply lack the duration and intensity necessary to make change [2]. Other programs fail to address the drivers of domestic or sexual violence. Indeed, some initiatives may even do harm.

Growing fast: The field of work with men and boys for violence prevention is growing. The number of programs and initiatives is accelerating, as are national initiatives such Federal Government funding for the "Healthy Masculinities Trial and Evaluation (Healthy MaTE)" projects (2024-) and Our Watch's Men and Masculinities in Primary Prevention project (2023-2027).

Overlapping with this, there is also growing policy support for engaging men and boys in violence prevention. In Australia's national prevention frameworks and policies, there has been an increased focus on challenging harmful forms of masculinity and engaging men and boys in prevention. This is visible in the second edition of the national violence prevention framework *Change The Story* [3] and the Federal Government's second *National Plan to End Violence against Women and Children 2022-2032*. In the latter, under prevention, one of the four pillars in the national plan, a focus on men and boys is one of the eight focus areas for action: "Support men and boys in developing healthy masculinities and positive, supportive relationships with their male peers" [4].

Based on more data: Violence prevention work with men and boys has been boosted in Australia by new bodies of data. This includes data on men's and people's attitudes towards masculinity, from a series of reports by Jesuit Social Services' Men's Project [5-7] and work by VicHealth, [8]. This will be further supported by the findings of the State of Australian Men survey, with its findings due in February – March 2027.

Prevalence data on perpetration – on what proportions of men (and women and others) have used domestic and sexual violence and the risk factors associated with this – will be greatly extended by the findings of the Perpetration Project, including through a prevalence survey in New South Wales and likely then a national survey.

In expanding domains: There has also been an expansion in the fields or domains in which violence prevention work with men and boys work takes place, to fields such as parenting [9], online spaces [10, 11], and violent extremism [12].

Supported by a national network: Violence prevention work with men and boys will be boosted by the establishment of a national network, MenEngage Australia, intended to promote the role of men and boys in efforts to build gender justice, end men's violence and abuse, and foster human flourishing for all. This network will include practitioners and organisations addressing a range of forms of work with men and boys, from violence prevention to men's health, fathering, education, and other areas. MenEngage Australia currently is being formed, in part through a partnership between Jesuit Social Services and Our Watch, and it will be affiliated to the global MenEngage Alliance.

Guided by international evidence and standards: Violence prevention work with men and boys in Australia can make use of a substantial and growing body of international evidence on effective practice. This body of research is large enough that there have been six systematic reviews or meta-analyses of violence prevention interventions focused on men and/or boys [13-18], as well as other reviews [19-24], and reviews focused on overlapping areas such as sexual and reproductive health [25].

On the other hand, at this point no primary prevention programs aimed at men and/or boys in Australia have been subject to any kind of quasi-experimental or experimental evaluation, and there are only a small number of evaluations based only on post-intervention data [2]. However, more robust evaluations are likely to emerge soon, including from the DSS-funded Healthy Masculinities Trial and Evaluation (Healthy MaTE) projects.

The international evidence base for violence prevention education with boys and young men tells a broadly similar story to that for violence prevention more generally:

- There is evidence that well-designed programs can make change: they can shift the attitudes and behaviours associated with or involved in domestic and/or sexual violence, producing significant and lasting change
- The evidence base also is limited by lack of or limited evaluation. Most violence prevention initiatives have not been evaluated, and existing evaluations often are methodologically limited.

Prevention initiatives aimed at men and boys also can take advantage of a growing body of work identifying the principles or standards that should guide this work [2, 26-30]. I have contributed to various articulations of such standards, including:

- The Canadian "Guidelines For Funding Programs that Engage and Mobilize Men and Boys in Violence Prevention" [26]
- The Working with Men and Boys for Social Justice Assessment Tool [28]
- The Warwick Principles, developed in Fiji and intended for use across the Pacific [27]
- Standards for violence prevention education with boys and young men [2].

However, some programs and initiatives among boys and men fall far short of established standards for effective practice, including some initiatives prominent in Australia.

I turn now to productive ways forward for primary prevention work with men and boys.

Effective ways forward

There are four productive ways forward for primary prevention work with men and boys in Australia.

There is significant community appetite for prevention programs with boys and men, and 'healthy' or 'positive masculinities' programs have proliferated. However, these initiatives are not necessarily guided by standards for effective practice.

Standards for practice

Violence prevention programming aimed at men and boys, like any form of prevention activity, should be held up against what is known about effective practice. A growing body of scholarship and practitioner expertise identifies key elements of the programming most likely to generate positive change [2, 26, 27, 29, 30]. Both practitioners and policymakers should work to move programming closer to these standards. Respectful relationships education provides a model of precisely this progress, in which the promotion of standards for practice has led to widespread and significant improvements in programming quality.

Recommendation (1): Strengthen the quality of violence prevention programming aimed at men and boys, by:

- Embedding established standards for effective practice into funded frameworks, such that initiatives must meet or perform well against such standards;
- Disseminating and promoting guidance on standards for effective practice [31];
- Building the capacity of prevention initiatives to meet or approach established standards, through professional development, resources, and other measures;
- Supporting professional development initiatives aimed at increasing professionals' and practitioners' capacity to work effectively with men and boys, including through university partnerships and the development for example of online, asynchronous courses, modelled for example on my university's Graduate Certificate in Domestic Violence Responses, and informed by Our Watch's work on building capacity to engage men in violence prevention [32];

- Supporting knowledge sharing on violence prevention work with men and boys, including through such mechanisms as communities of practice (such as that run by Our Watch), learning exchanges, and consultations and events, the translation of research evidence into practice, and the development of materials intended to guide or improve practice. Do not reinvent the wheel; draw on existing collections on practice and scholarship (such as this one on the website XY).

Expanding the strategies used

Violence prevention work with men and boys in Australia often comprises educating boys and young men in schools about respectful relationships and sexual consent. Yes, this is vital. Ideally, it is part of respectful relationships education curricula that are mandated across states and territories and a routine part of the schooling experience of Australia's children and young people, rather than occurring only through ad hoc programs delivered by external agencies [33]. However, violence prevention work with men and boys also should comprise:

- Building egalitarian cultures in workplaces and sports
- Using communications and social marketing to shift norms of masculine entitlement
- Involving male community and religious leaders
- Mobilising men alongside women in advocacy networks
- Addressing misogynist radicalisation among men and boys online
- Holding male policymakers and male-dominated institutions and governments to account.

In short, we need a wider range of strategies, engaging a greater diversity of men and boys, in a greater range of settings, and at more macro levels of the spectrum of prevention.

In some instances, effective violence prevention activity with men and boys is best implemented not through new, standalone initiatives aimed exclusively at men and boys, but through the extension of existing violence prevention and gender equity initiatives in mixed-gender settings and among mixed-gender audiences such that they include messaging and strategies aimed at men and boys in particular.

Recommendation (2): Expand the range of violence prevention strategies used among men and boys, by:

- Supporting violence prevention initiatives aimed at men and boys in settings such as workplaces [34], sports, and online;
- Supporting violence prevention initiatives aimed at male community, faith, and workplace leaders;
- Promoting intensive intervention into the settings and contexts that foster violence-supportive and gender-equitable norms, such as the 'manosphere' (the online network of anti-women and male supremacist online communities, influencers, and platforms) [31, 35];
- Supporting the development of novel strategies for reaching and educating boys and men via social media, such as the 'Ask a Mate' initiative aimed at boys and young men;
- Including and encouraging in violence prevention work an attention not only to risk factors but to protective factors, those factors that feed into non-violent and gender-equitable identities, behaviours and relations among boys and men.

Scaling up

Community-level strategies are a vital next step in the prevention of domestic, family, and sexual violence [36-39]. Much prevention activity has addressed risk and protective factors at the individual and relationship levels, but community-level strategies move to more macro levels of society. They target modifiable characteristics of the community – structural, economic, political, cultural, or environmental –

to reduce the risk for violence perpetration and victimisation. Community-level strategies have a compelling rationale: they address the social norms, social relations, and social inequalities known to underpin domestic, family, and sexual violence [37].

There is growing encouragement for the prevention field to move away from the use only of strategies at the smallest levels of the ecological model [36, 40, 41]. This requires a paradigm shift, away from low-dose education-only programming and toward investment in the development and rigorous evaluation of more comprehensive, multi-level strategies aimed at a wider range of populations [38].

Violence prevention activities aimed at men and boys in Australia often have comprised only face-to-face education and training, whereas there is rich potential to build healthier, non-violent lives for men and boys also by addressing *institutional* and *structural* influences. Men's and boys' lives and relations, including their treatment of women and girls, are shaped – whether in positive or negative ways – by their and women's patterns of employment and economic wellbeing, the social norms of their communities, the formal and informal relations of their workplaces and leisure settings, the forms of media they consume, and other factors. To give one example, the widespread consumption of violent pornography particularly by boys and men is an important risk factor for sexual violence perpetration, as documented in both meta-analyses [42] and in longitudinal studies on the effects of pornography consumption on later perpetration of sexual violence [43-48].

Prevention strategies therefore can and should address these same institutional and structural forces among men and boys. They may aim to reduce risk factors for domestic, family and sexual violence or to strengthen protective factors. For example;

- Large-scale social norms campaigns can shift the cultural climates in which violence is excused and normalised;
- Initiatives aimed at fostering women's economic empowerment and autonomy can lessen economic dependency on men and financial insecurity, well-documented risk factors for violence victimisation;
- Environmental or situational approaches can alter the environments in which violence takes place, by reducing opportunities for and increasing the risks of perpetration and tackling context-related risk factors such as alcohol availability;
- Policies regarding a wide range of areas – housing, employment, immigration, corrections, media, and so on – all can influence macro-level risk and protective factors related to domestic, family, and sexual violence.

Recommendation (3): Scale up violence prevention efforts with men and boys and more generally, by:

- Funding programs of prevention activity focused on under-utilised but vital prevention strategies including community development and community mobilisation;
- Supporting community-wide or nationwide social norms campaigns intended to address violence-supportive norms tied to notions of manhood (such as the norms of male sexual entitlement that undermine some men's sexual violence against women and girls) and to foster positive social norms;
- Intensifying the regulation of forms of media known to increase the risks of sexual violence victimisation, namely violent pornography, to lessen both children's and adults' exposure to this media and to hold the pornography industry to account;
- Supporting strategies among young people and particularly boys and young men to minimise the harms of pornography exposure, such as the integration into schools or other settings of age-appropriate educational materials on pornography [49];

- Adopting regulatory and legislative strategies to address violence-supportive and pro-patriarchal online content, platforms and communities [31];
- Recognising how policy measures addressing institutional and structural areas (employment, wages, housing, media, and so on) shape men's and boys' lives, and deliberately using these to prevent and reduce domestic, family and sexual violence.

Maintaining a focus on ending violence and transforming gender inequalities

There are various articulations of the principles that should guide violence prevention work with men and boys [19, 26, 29, 30], complemented by guides to engaging men and boys in general [22, 23, 50-53]. Although there is diversity here, most accounts share three emphases: a concern with sexism and gender inequalities, a concern with men's and boys' own wellbeing, and attention to differences and inequalities among men and boys themselves.

We can think of these therefore in terms of three key principles: 1) gender-transformative: intended to transform gender inequalities; 2) committed to enhancing boys' and men's lives; and 3) intersectional: addressing diversities and inequalities. I offer a more detailed account of these principles in the Appendix.

Most primary prevention work with men and boys in Australia is guided at least to some extent by these three principles. Most initiatives and campaigns:

- Pay attention to issues of gender and power, drawing on the very well-documented insights that men's violence against women and girls is shaped in particular by gender-related risk factors, to do with gendered and violence-supportive attitudes, gender-inequitable relations in relationships and families, and wider gender inequalities [54];
- Prioritise issues of victim-survivors' safety and wellbeing and emphasise perpetrators' accountability for their harmful behaviour;
- Are conducted in collaboration with or by women's and domestic, family and sexual violence organisations, and have a spirit of collaboration or accountability;
- Are positive and strengths-based in their approach to men and boys: they recognise the good in what men and boys do and are, seek to build on their existing commitments to and practices of non-violence, and model or promote positive forms of manhood and selfhood;
- Acknowledge diversities and inequalities among men and boys, tailoring work to specific contexts and communities, although there are also limits to the intersectional approaches they adopt [55, 56].

The field of violence prevention work with men and boys is dynamic. Positive trends in Australia in recent years include increased:

- Examination of how to prevent and reduce resistance and backlash [57-59];
- Examination of bystander intervention strategies in workplaces and elsewhere [60, 61];
- Exploration of effective messaging in social marketing, communications, and other strategies [8, 62];
- Attention to specific cohorts of men and boys such as gay, bisexual and trans people;
- Dialogue between different domains of work with men and boys, including fathering, men's health, violent extremism, and other areas.

One of the most important developments in the past 5-10 years has been the growing presence of men's health-focused approaches and organisations in violence prevention work with men and boys. Some organisations that had previously focused on boys' and men's wellbeing, particularly their mental and emotional health, now also frame their work as contributing to violence prevention. Similarly, some

practitioners and advocates in the men's health field now argue that a men's health approach is a vital one for violence prevention.

This development presents both opportunities and risks.

Some aspects of a men's health approach are very familiar in the violence prevention field and already part of its practice. To put it plainly, they are nothing new. Elements of men's health approaches that already are established in violence prevention work with men and boys include the following:

- *Appeals to benefit:* Violence prevention work with men and boys already routinely addresses men and boys as stakeholders and beneficiaries in change, emphasising how men and boys will benefit from progress towards non-violence and gender equity [19, 63]. Men's health approaches could extend this, framing violence prevention as a matter of improving men's own wellbeing and thus further motivating program participation and behaviour change.
- *Attention to masculine norms:* The violence prevention field emphasises the role of norms of masculinity and gender in violence perpetration [64], and this is similar to men's health's emphasis on the role of masculine social norms in men's health and help-seeking.
- *Addressing male victimisation:* Violence prevention work with men and boys routinely emphasises that men and boys too are the victims of violence, including violence by women. A men's health approach could extend this, highlighting the fact that many victims of interpersonal violence in general are men and boys [65].

Some aspects of a men's health approach are more novel for the violence prevention field and can contribute to or extend violence prevention in valuable ways. Drawing on men's health approaches may assist violence prevention work with men and boys in:

- *Reaching men:* Health services and systems are a potential vehicle for reaching men (as are other settings and services, including education, fathering, sport, work, faith settings, and so on). For instance, workplace mental health initiatives could incorporate discussions about healthy relationships and gender norms. In this way, a men's health approach could expand the entry points for intervention.
- *Addressing risk factors:* A men's health approach may emphasise risk factors for the perpetration of domestic or sexual violence that are worthy of attention, such as trauma, mental ill-health, emotional restriction, and violence victimisation. The violence prevention field already pays attention to some of these, with very extensive attention for example to childhood exposure to domestic violence. A men's health approach may connect violence to other men's health issues, such as substance abuse, depression and suicide, highlighting shared determinants and allowing integrated prevention and intervention strategies.
- *Reducing backlash:* Positioning violence as a health issue may reduce men's defensive or hostile responses to violence prevention efforts, and may encourage men to seek support or help, whether for perpetration, victimisation or related challenges.

However, a men's health approach to the prevention of violence against women and girls also has significant limitations and risks, as follows:

- *Displacing the central goals of violence prevention:* In efforts to address men's violence against women and girls, the overarching goal of work with men and boys is not to foster their health but to foster non-violence and gender equity. Indeed, there may be men who are relatively 'healthy' on standard measures of health and wellbeing who are also perpetrators of domestic or sexual violence against women.
    - To put it bluntly, men's health does not equate to women's safety. Women's safety should remain central to violence prevention, not repositioned as "a spin-off benefit of better male health" [66].

- *Ignorance of and inexperience in domestic, family and sexual violence:* Men's health approaches have shown little attention to domestic or sexual violence or other forms of violence. Men's health practitioners and advocates typically lack subject matter expertise regarding domestic violence and sexual violence.

- *Neglect of gender, power and harm:* Men's health approaches may not involve the understandings of gender and power that are relevant in addressing domestic, family and sexual violence. Men's health approaches may see men and boys only as victims and focus only on their needs and wellbeing, and not also on the harms that some men and boys cause to others.

- *Neglect of power and entitlement:* Framing violence prevention *only* as a matter of improving men's own wellbeing would push aside questions of patriarchal power, what the men who use violence gain from this violence and what they will have to give up. That is, it would miss important dimensions of domestic, family and sexual violence, rather than addressing them as a key element in change.

- *Depoliticising and individualising violence:* A men's health approach may depoliticise violence, individualising the issue and diverting attention from systemic gender inequality as a key driver of violence. Health-oriented framings of perpetrators and perpetration may focus only on psychological or medical factors rather than recognising the structural, cultural, and gendered roots of violence.

- *Focus on individual and psychological factors:* Men's health approaches may focus on individual and psychological factors, neglecting social and structural ones. In turn, men's health strategies may focus on individual change and health system responses, rather than other means of social change.

    - (However, *critical* health approaches show greater emphasis on social and structural determinants of health and greater attention to addressing social injustice [67]. A critical and intersectional men's health approach can highlight how overlapping systems of oppression harm both men's health and women's safety. It could provide purchase in addressing structural inequalities, including their interrelationships with dominant constructions of masculinity. Men's health approaches that are gender-transformative and intersectional are more likely to contribute to significant positive change.)

- *Avoiding male discomfort:* Men's health approaches may assume that any approach that causes men and boys discomfort or resentment necessarily is an ineffective approach and should be abandoned, but some such approaches are necessary in challenging patriarchal attitudes and behaviours (although approaches that cause only strong resistance are unlikely to make positive change). Our overriding criteria for what language, messages and so on to use in engaging men and boys should not be what makes men and boys feel comfortable or good, but what makes positive change.

- *Neglect of safety and accountability:* Men's health approaches are not necessarily informed by the principles of safety and accountability that are central to the violence prevention field, nor by a spirit of partnership with women and women's services and organisations.

- *Reinforcing a focus on men:* A men's health lens might shift attention away from women and children, who make up the majority of victims of domestic, family and sexual violence, and downplay the urgent need for survivor-centred responses.

- *Marginalising women's voices:* Prioritising men's health could inadvertently recenter men's experiences and marginalise women's and victim-survivors' voices in a movement historically led by women's advocacy.

- *Limited evidence of effectiveness:* Few rigorously evaluated programs among men and boys exist to confirm that health-focused strategies reduce violence. It cannot be assumed that better mental

health among men or boys, for example, will lead to lower levels of support for or perpetration of violence against women and girls.

- *Enabling anti-feminist advocacy:* The men's health field includes some anti-feminist groups and agendas. This is one area of work with men and boys where anti-women 'men's rights' ideologies have established some seeming legitimacy [68], and they are antithetical to informed, safe, and effective prevention work.

Some of these limitations have been visible in inaccurate or naïve commentary by some men's health practitioners on the violence prevention field in Australia, including:

- Misrepresentations of work with men and boys as characterised in general by blaming and shaming approaches; and
- Divisive and inaccurate accounts of the violence prevention field e.g. as focused only on gender-related drivers of domestic, family and sexual violence or as focused only on attitudes.

An issue that has been a focus of men's health advocates' recent commentary on engaging men and boys is trauma. Yes, it is vital that we address trauma in men's and boys' lives. This is recognised in the 'engaging men' field, including by key international organisations focused on engaging men such as Equimundo [69]. However, there are simplistic assumptions that we should avoid:

- Trauma (such as childhood exposure to violence) is an important risk factor for men's perpetration of domestic violence, but it is certainly not the only risk factor nor the primary one [64]. Nor is violence perpetration always the result of trauma.
- Misogyny (anti-women hostility) has a range of drivers and supports, including widespread cultural norms of sexism. Yes, it is shaped by childhood trauma, but it would be mistaken to assume that trauma is the only or primary driver of misogynist attitudes among boys and men.

Further, there are instances where accounts or assessments of violence prevention to some extents have lost sight of questions of evidence and impact. For example, the Rapid Review of Prevention Approaches (2024) refers to "a range of successful healthy masculinities models" [70], but here includes some interventions that have no evidence of effectiveness and that in some ways fall short of established standards of practice (because of their delivery model, short duration, and/or curriculum content), while omitting other interventions that come closer to established standards of practice.

The language of 'healthy masculinities' itself can be unhelpful here:

- This language may suggest that the primary goal of prevention work addressing violence against women and girls and engaging men and boys is to promote male health and wellbeing. It is not. The primary goal is to reduce and prevent this violence – by reducing men's and boys' own perpetration, reducing their condoning of other men's violence, lessening their violence-supportive attitudes, building on and encouraging their adoption of positive roles as pro-social bystanders and advocates, and promoting non-violent and gender-equitable identities, behaviours and relations. (The goal of male health and wellbeing is, however, more important in violence prevention work addressing other forms of domestic, family and sexual violence, given that men and boys are also the victims of this violence [65].)
- A more accurate goal, therefore, would be 'non-violent masculinities', or even more specifically, 'non-violent men'. At the very least, if the term 'healthy masculinities' continues to frame policies, it should not be understood primarily in terms of wellbeing but in terms of non-violence and gender equity. Strategies and interventions should address power, privilege, entitlement and gender inequality, rather than simply promoting emotional literacy or resilience.
- Our goals should include not only encouraging new, respectful and equitable forms of masculinity but also diminishing the importance given to gender categories and the degree of males' investment in being seen as 'real' men [71]. That is, sometimes our work should involve

encouraging non-violent forms of selfhood rather than of masculinity in particular.

- At the same time, as I have argued elsewhere [72], violence prevention work with men also should draw on and mobilise models of healthy, equitable, and non-violent masculinities. That is, I see the promotion of positive and aspirational models of manhood as one important strategy in this work.

In short, I support the continued use of notions of healthy or positive masculinities, while urging that these be understood in the violence prevention field in terms of non-violence and gender equity.

Returning to a men's health approach, it would be dangerous for governments' or others' approaches to violence prevention work with men and boys to shift to the wholesale adoption of such an approach. Doing so would risk superficial solutions that leave the drivers of violence intact. Domestic, family and sexual violence cannot be treated as solely or primarily driven by poor mental health or emotional difficulties. Improving men's and boys' wellbeing alone is unlikely to reduce violence unless gender attitudes, entitlement and power are also addressed.

Instead, the distinct insights and opportunities that men's health approaches and strategies offer should be *integrated* into and *extend* a broader, gender-transformative approach to violence prevention work with men and boys. A men's health lens offers some distinctive and valuable insights and emphases and pragmatic entry points for engagement. But these do not deserve and should not prompt a comprehensive revision of frameworks for and strategies within violence prevention work with men and boys. Instead, they must be embedded within broader efforts to transform gendered power structures, norms and relations and other contributors to domestic, family and sexual violence.

Putting this the other way around, frameworks and strategies for violence prevention work should draw, where appropriate, on the insights and advantages of other fields, whether men's health, or countering violent extremism, or fathering. Along these lines, there are growing signs of collaboration internationally between violence prevention and such areas as suicide prevention [73], mental health [74], and health equity [75]. Violence prevention policy and programming in Australia should draw on men's health and other fields, to the extent that these insights and strategies:

- Advance the cause of preventing and reducing domestic, family and sexual violence;
- Are compatible with violence prevention's defining emphases on victim-survivor safety and perpetrator accountability;
- Are informed by scholarship on violence, gender, power, and masculinity;
- Are guided by emerging standards for effective practice;
- Are supported by evidence.

Elements of men's health approaches have value, but they should be integrated into and remain accountable to a gender-transformative violence prevention framework.

Recommendation (4): Maintain a gender-transformative framework for engaging men and boys while integrating appropriate insights from other fields, by:

- Reaffirming that government investment in work with men and boys is guided by the principles of gender equality, victim-survivor safety, perpetrator accountability, and intersectionality;
- Supporting collaboration between the violence prevention and other sectors including men's health, while ensuring that programs engaging men and boys are informed by expertise in domestic, family and sexual violence;
- Encouraging prevention initiatives to draw on men's health approaches where these strengthen engagement, access to services, and wellbeing, without losing an explicit focus on gendered power relations and the structural drivers of violence;
- Requiring that government-funded programs engaging men and boys show alignment with

evidence-based standards for primary prevention.

Appendix: Principles and standards for violence prevention in general and work with men and boys in particular

There are general principles that should guide the work of primary prevention. National and international research and experience have generated an increasing consensus on the elements of good practice in violence prevention. The following four features receive consistent emphasis in the literature: violence prevention should be (1) informed; (2) comprehensive; (3) engaging; and (4) relevant.

1) *Informed:* Violence prevention interventions must be based on a sound understanding of both the problem – the workings and causes of violence – and of how it can be changed. In other words, they must incorporate both an appropriate theoretical framework for understanding violence and a theory of change [33, 41, 76-78]. As a key part of this, they must aim to transform gendered norms, structures and practices for a more equitable society [76, 78-80]

2) *Comprehensive:* Effective interventions are likely to be comprehensive: they use multiple strategies, in multiple settings, and at multiple levels [41, 81]. For example, they incorporate strategies addressing individuals, peer groups, and communities and have multiple strategies addressing the same outcome [41, 77]. They must work across the ecological model [76], targeting structural and underlying causes of social problems [41].

3) *Engaging:* Violence prevention programs should involve effective forms of delivery which engage participants. More effective interventions will have appropriate content (in their educational curricula, their social marketing materials, and so on), be implemented in well-designed and organised ways, and involve skilled personnel (whether educators, advocates, or others) [33, 76-78, 80, 81].

4) *Relevant and intersectional:* Good practice programs are relevant to the communities and contexts in which they are delivered. They are informed by knowledge of their target group or population and their local contexts [33, 41, 76, 78, 79, 81].

Three principles for violence prevention work with men and boys

Efforts to engage men and boys in particular should seek to live up to the principles above, but they must also be guided by further principles.

(1) <u>(Gender-transformative: intended to transform gender inequalities</u>

Violence prevention efforts among men and boys must be gender-transformative. They should be grounded in principles of gender justice, recognise the systemic gender inequalities that structure society, and seek to transform oppressive gender structures, norms, and practices. A feminist approach should be foundational to the work's aims and agendas, its content and processes, and its structures. There is a growing emphasis in the 'engaging men' field on the need for interventions to be 'gender-transformative' – to transform gender inequalities and generate more gender-equitable relations [13, 15, 26, 82]. Although the term is used in varying ways, in general it seems synonymous with the term 'feminist' [83].

Effective violence prevention efforts among men and boys will have *content* addressing the gender-related factors known to drive violence perpetration. Educational programs should include content on power and patriarchal gender inequalities. Prevention efforts among men and boys also require gender-transformative *processes*. They should involve boys and men in critical reflection on masculinities and gender and seek to foster their support for gender equality and non-violence [19].

Finally, work with men and boys requires feminist *structures*: it must be done in partnership with, and be accountable to, women and women's groups [19]. Accountability is a key strategy to minimise the risks, first, in *working with* a group, men or boys, who are privileged or advantaged in certain ways, and the risks, second, in work *by* men. Accountability is intended to reduce the risks of reinforcing gender inequalities, colluding with violence, or taking away resources and legitimacy from women's rights efforts. The principle of accountability is emphasised among men's anti-violence advocates [84] and in standards for this work [26, 85, 86].

(2) Committed to enhancing boys' and men's lives

The second principle comprises a commitment to enhancing boys' and men's lives: to address men's and boys' distinct needs, recognise them as stakeholders and beneficiaries, and use strengths-based or positive approaches in engaging them.

While men and boys are the recipients of various forms of unearned privilege in the patriarchal gender order that characterises contemporary societies, they also pay important costs. Men and boys who conform to traditional constructions of masculinity may show poorer mental health, greater risk-taking, and lower help-seeking [5], and boys and men are subject to gendered and homophobic policing and abuse particularly by other males [87]. Prevention efforts among boys and men must be attentive to their distinct needs, including the challenges they may face in accessing and using support services [88].

Men and boys themselves have a stake in progress towards gender equality and non-violence. In violence prevention work with men, and in the wider 'engaging men' field, there is a consensus that men and boy will *benefit*, in terms of their own lives, their relations with women, children, and other men, and their workplaces and communities [19]. There are also caveats: with progress towards a society free of violence against women, men who can no longer perpetrate such violence lose the perceived benefits associated with this, and men in general will lose unfair privileges [19].

Strengths-based or positive approaches are widely seen as more effective in prevention work with men and boys. Efforts should acknowledge and build on men's and boys' existing commitments to and involvements in non-violence and equality, in particular to minimise the likelihood of defensive or hostile responses [19].

(3) Intersectional: addressing diversities and inequalities

The third principle is to be intersectional: to acknowledge and respond to diversities and inequalities among men and boys [26, 88, 89]. An intersectional feminist approach recognises that gender intersects with other forms of social difference and inequality, and hence that men in different social locations have differential access to social resources and status. An intersectional approach highlights that men's attitudes towards violence, men's use of violence, and how male perpetrators are viewed and treated all are structured by multiple relations of disadvantage and privilege tied to ethnicity, class, sexuality, and nation.

This has three implications for work with men and boys. First, with any population of men or boys, we must engage with their specific cultural and material conditions, including both local cultures of gender and sexuality and material and structural inequalities. In contexts particularly of disadvantage, efforts should seek to improve the social and economic conditions of men and communities. Second, we must address culturally specific risk and protective factors, including challenging cultural supports for violence, and building on local resources, texts, and norms in promoting non-violence and gender equality. Third, prevention work should be developed in collaboration with the communities in which it is being delivered, to help ensure that it as relevant for participants as possible [90].

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

Scope: Effective practice in violence prevention with men and boys

[redacted]

July 30, 2026

Submission: Public

Executive summary

This submission addresses Priority Area 2: Prevention and Early Intervention of the Second Action Plan and focuses on strengthening Australia's efforts to engage men and boys in the primary prevention of domestic, family and sexual violence.

Australia has seen substantial growth in violence prevention initiatives involving men and boys. The quality and effectiveness of existing initiatives vary considerably. Many programs remain short-term, small-scale, or insufficiently informed by evidence regarding the drivers of violence and the characteristics of effective prevention.

The international evidence shows that well-designed interventions can produce meaningful and lasting change in violence-supportive attitudes and behaviours, although the Australian evidence base is limited. There is an urgent need to strengthen standards for practice, broaden prevention strategies, and scale up approaches capable of producing population-level change.

The submission argues that violence prevention work with men and boys should continue to be guided by a gender-transformative framework that addresses gender inequality and other factors. Emerging interest in men's health approaches presents valuable opportunities to reach new audiences, address relevant risk factors, and reduce resistance to prevention messages. However, improving men's health alone will not prevent violence unless interventions also address gendered power relations, entitlement, and the structural drivers of domestic, family and sexual violence. Men's health approaches should therefore complement, not replace, existing gender-transformative approaches.

The submission makes four recommendations.

Recommendation 1: Strengthen the quality of violence prevention programming aimed at men and boys. Government should embed evidence-informed standards for effective practice into funding and commissioning processes, support workforce development and professional learning, promote knowledge exchange, and build the capacity of practitioners and organisations to deliver high-quality prevention initiatives.

Recommendation 2: Expand the range of prevention strategies used with men and boys. Investment should extend beyond school-based education to include workplaces, sporting organisations, online environments, faith and community settings, social marketing, community leadership, and initiatives addressing online misogyny and the manosphere. Prevention should also strengthen protective factors that foster non-violent and gender-equitable identities, relationships, and communities.

Recommendation 3: Scale up prevention efforts to achieve population-level impact. The Australian Government should invest in comprehensive, community-wide and structural prevention strategies, including social norms campaigns, community mobilisation, regulatory responses to harmful online content and violent pornography, and policy measures that address the broader institutional and structural conditions contributing to violence against women and children.

Recommendation 4: Maintain a gender-transformative framework while integrating appropriate insights from men's health and other fields. Collaboration across sectors should be encouraged, but government-funded initiatives should remain grounded in gender equality, victim-survivor safety, perpetrator accountability, and evidence-based primary prevention. Men's health approaches should be incorporated where they strengthen prevention, without displacing the central goal of ending violence against women and children.

A more detailed version of each recommendation, with supporting discussion, can be found below.

Taken together, these recommendations seek to strengthen Australia's capacity to engage men and boys in effective, evidence-informed primary prevention while ensuring that this work remains firmly focused on preventing violence.

Table of contents

Introduction and biography

I am a researcher in the field of violence prevention whose research over the past three decades has focused on the prevention of domestic, family and sexual violence, with particular expertise in primary prevention, engaging men and boys, and respectful relationships education. My work has sought to strengthen the evidence base for preventing violence against women and children and to translate research into practical policy, programs and organisational practice.

My research has contributed to the development of national and state violence prevention policy and has informed prevention frameworks, implementation strategies, educational initiatives and community-based interventions across Australia. I was a contributing author to the evidence review underpinning *Change the Story*, the national framework for the primary prevention of violence against women, and previously co-authored *Preventing Violence Before It Occurs*, an influential framework that helped shape prevention policy in Australia. My research has also informed government inquiries, including the Royal Commission into Family Violence, and I have provided expert advice to governments, statutory bodies and national organisations on violence prevention policy and practice. A significant focus of my work has been understanding how to engage men and boys as part of the primary prevention of domestic, family and sexual violence.

My scholarship and advocacy have driven and shaped the national and international development of efforts to engage men and boys in violence prevention. My research, including in my book *Engaging Men and Boys in Violence Prevention* and numerous other publications, has examined the social and cultural drivers of men's violence against women and explored evidence-informed approaches to involving men and boys in prevention. This work has informed prevention initiatives undertaken by governments, community organisations and international agencies, and has been translated into practical guidance for policy makers and practitioners.

Across my research, I have sought to bridge academic scholarship and policy implementation, with a strong emphasis on developing interventions that are evidence-informed, capable of scale, and subject to robust evaluation.

I welcome the opportunity to contribute to the consultation on the Second Action Plan. My submission draws on the Australian and international evidence regarding the primary prevention of domestic, family and sexual violence, with particular attention to enhancing Australia's capacity to engage men and boys in support of gender equality and the prevention of violence.

Priority Area 2: Prevention and early intervention

There is now a significant stream of violence prevention activity focused on men and boys in Australia. I first offer a brief snapshot of this work, focusing on primary prevention, before commenting on productive ways forward.

The state of primary prevention work with men and boys

Largely in schools: Much of the primary prevention activity aimed at boys and men and/or addressing masculinities takes place in schools. This includes content on masculinities that is part of wider curricula in respectful relationships education, as well as standalone programs often delivered by external organisations. Alongside violence prevention education for boys and young men in schools, there are also scattered efforts in Australia to involve men as advocates (e.g. by White Ribbon Australia), to engage men in workplaces to address workplace domestic violence (e.g. by Champions of Change), social marketing initiatives aimed at shifting social norms related to men and masculinities (e.g. Our Watch's "The Line" campaign), and prevention efforts using social media for boys and young men (e.g. the "Ask a Mate" initiative by Beyond DV).

Of varying quality: Violence prevention initiatives aimed at men and boys are of varying quality. As I documented for example in a stocktake of community-based healthy masculinities programs in Victoria [1];

- Many programs are small-scale and short-term

- Many programs rely on one-off and short sessions
- There is diversity in programs' approaches to gender, masculinity, and violence, and some pay little attention to the factors known to be key risk factors for domestic or sexual violence.

Given this, some of these programs are unlikely to make substantial and sustained change. Above all, some simply lack the duration and intensity necessary to make change [2]. Other programs fail to address the drivers of domestic or sexual violence. Indeed, some initiatives may even do harm.

Growing fast: The field of work with men and boys for violence prevention is growing. The number of programs and initiatives is accelerating, as are national initiatives such Federal Government funding for the "Healthy Masculinities Trial and Evaluation (Healthy MaTE)" projects (2024-) and Our Watch's Men and Masculinities in Primary Prevention project (2023-2027).

Overlapping with this, there is also growing policy support for engaging men and boys in violence prevention. In Australia's national prevention frameworks and policies, there has been an increased focus on challenging harmful forms of masculinity and engaging men and boys in prevention. This is visible in the second edition of the national violence prevention framework *Change The Story* [3] and the Federal Government's second *National Plan to End Violence against Women and Children 2022-2032*. In the latter, under prevention, one of the four pillars in the national plan, a focus on men and boys is one of the eight focus areas for action: "Support men and boys in developing healthy masculinities and positive, supportive relationships with their male peers" [4].

Based on more data: Violence prevention work with men and boys has been boosted in Australia by new bodies of data. This includes data on men's and people's attitudes towards masculinity, from a series of reports by Jesuit Social Services' Men's Project [5-7] and work by VicHealth, [8]. This will be further supported by the findings of the State of Australian Men survey, with its findings due in February – March 2027.

Prevalence data on perpetration – on what proportions of men (and women and others) have used domestic and sexual violence and the risk factors associated with this – will be greatly extended by the findings of the Perpetration Project, including through a prevalence survey in New South Wales and likely then a national survey.

In expanding domains: There has also been an expansion in the fields or domains in which violence prevention work with men and boys work takes place, to fields such as parenting [9], online spaces [10, 11], and violent extremism [12].

Supported by a national network: Violence prevention work with men and boys will be boosted by the establishment of a national network, MenEngage Australia, intended to promote the role of men and boys in efforts to build gender justice, end men's violence and abuse, and foster human flourishing for all. This network will include practitioners and organisations addressing a range of forms of work with men and boys, from violence prevention to men's health, fathering, education, and other areas. MenEngage Australia currently is being formed, in part through a partnership between Jesuit Social Services and Our Watch, and it will be affiliated to the global MenEngage Alliance.

Guided by international evidence and standards: Violence prevention work with men and boys in Australia can make use of a substantial and growing body of international evidence on effective practice. This body of research is large enough that there have been six systematic reviews or meta-analyses of violence prevention interventions focused on men and/or boys [13-18], as well as other reviews [19-24], and reviews focused on overlapping areas such as sexual and reproductive health [25].

On the other hand, at this point no primary prevention programs aimed at men and/or boys in Australia have been subject to any kind of quasi-experimental or experimental evaluation, and there are only a small number of evaluations based only on post-intervention data [2]. However, more robust evaluations are likely to emerge soon, including from the DSS-funded Healthy Masculinities Trial and Evaluation (Healthy MaTE) projects.

The international evidence base for violence prevention education with boys and young men tells a broadly similar story to that for violence prevention more generally:

- There is evidence that well-designed programs can make change: they can shift the attitudes and behaviours associated with or involved in domestic and/or sexual violence, producing significant and lasting change
- The evidence base also is limited by lack of or limited evaluation. Most violence prevention initiatives have not been evaluated, and existing evaluations often are methodologically limited.

Prevention initiatives aimed at men and boys also can take advantage of a growing body of work identifying the principles or standards that should guide this work [2, 26-30]. I have contributed to various articulations of such standards, including:

- The Canadian "Guidelines For Funding Programs that Engage and Mobilize Men and Boys in Violence Prevention" [26]
- The Working with Men and Boys for Social Justice Assessment Tool [28]
- The Warwick Principles, developed in Fiji and intended for use across the Pacific [27]
- Standards for violence prevention education with boys and young men [2].

However, some programs and initiatives among boys and men fall far short of established standards for effective practice, including some initiatives prominent in Australia.

I turn now to productive ways forward for primary prevention work with men and boys.

Effective ways forward

There are four productive ways forward for primary prevention work with men and boys in Australia.

There is significant community appetite for prevention programs with boys and men, and 'healthy' or 'positive masculinities' programs have proliferated. However, these initiatives are not necessarily guided by standards for effective practice.

Standards for practice

Violence prevention programming aimed at men and boys, like any form of prevention activity, should be held up against what is known about effective practice. A growing body of scholarship and practitioner expertise identifies key elements of the programming most likely to generate positive change [2, 26, 27, 29, 30]. Both practitioners and policymakers should work to move programming closer to these standards. Respectful relationships education provides a model of precisely this progress, in which the promotion of standards for practice has led to widespread and significant improvements in programming quality.

Recommendation (1): Strengthen the quality of violence prevention programming aimed at men and boys, by:

- Embedding established standards for effective practice into funded frameworks, such that initiatives must meet or perform well against such standards;
- Disseminating and promoting guidance on standards for effective practice [31];
- Building the capacity of prevention initiatives to meet or approach established standards, through professional development, resources, and other measures;
- Supporting professional development initiatives aimed at increasing professionals' and practitioners' capacity to work effectively with men and boys, including through university partnerships and the development for example of online, asynchronous courses, modelled for example on my university's Graduate Certificate in Domestic Violence Responses, and informed by Our Watch's work on building capacity to engage men in violence prevention [32];

- Supporting knowledge sharing on violence prevention work with men and boys, including through such mechanisms as communities of practice (such as that run by Our Watch), learning exchanges, and consultations and events, the translation of research evidence into practice, and the development of materials intended to guide or improve practice. Do not reinvent the wheel; draw on existing collections on practice and scholarship (such as this one on the website XY).

Expanding the strategies used

Violence prevention work with men and boys in Australia often comprises educating boys and young men in schools about respectful relationships and sexual consent. Yes, this is vital. Ideally, it is part of respectful relationships education curricula that are mandated across states and territories and a routine part of the schooling experience of Australia's children and young people, rather than occurring only through ad hoc programs delivered by external agencies [33]. However, violence prevention work with men and boys also should comprise:

- Building egalitarian cultures in workplaces and sports
- Using communications and social marketing to shift norms of masculine entitlement
- Involving male community and religious leaders
- Mobilising men alongside women in advocacy networks
- Addressing misogynist radicalisation among men and boys online
- Holding male policymakers and male-dominated institutions and governments to account.

In short, we need a wider range of strategies, engaging a greater diversity of men and boys, in a greater range of settings, and at more macro levels of the spectrum of prevention.

In some instances, effective violence prevention activity with men and boys is best implemented not through new, standalone initiatives aimed exclusively at men and boys, but through the extension of existing violence prevention and gender equity initiatives in mixed-gender settings and among mixed-gender audiences such that they include messaging and strategies aimed at men and boys in particular.

Recommendation (2): Expand the range of violence prevention strategies used among men and boys, by:

- Supporting violence prevention initiatives aimed at men and boys in settings such as workplaces [34], sports, and online;
- Supporting violence prevention initiatives aimed at male community, faith, and workplace leaders;
- Promoting intensive intervention into the settings and contexts that foster violence-supportive and gender-equitable norms, such as the 'manosphere' (the online network of anti-women and male supremacist online communities, influencers, and platforms) [31, 35];
- Supporting the development of novel strategies for reaching and educating boys and men via social media, such as the 'Ask a Mate' initiative aimed at boys and young men;
- Including and encouraging in violence prevention work an attention not only to risk factors but to protective factors, those factors that feed into non-violent and gender-equitable identities, behaviours and relations among boys and men.

Scaling up

Community-level strategies are a vital next step in the prevention of domestic, family, and sexual violence [36-39]. Much prevention activity has addressed risk and protective factors at the individual and relationship levels, but community-level strategies move to more macro levels of society. They target modifiable characteristics of the community – structural, economic, political, cultural, or environmental –

to reduce the risk for violence perpetration and victimisation. Community-level strategies have a compelling rationale: they address the social norms, social relations, and social inequalities known to underpin domestic, family, and sexual violence [37].

There is growing encouragement for the prevention field to move away from the use only of strategies at the smallest levels of the ecological model [36, 40, 41]. This requires a paradigm shift, away from low-dose education-only programming and toward investment in the development and rigorous evaluation of more comprehensive, multi-level strategies aimed at a wider range of populations [38].

Violence prevention activities aimed at men and boys in Australia often have comprised only face-to-face education and training, whereas there is rich potential to build healthier, non-violent lives for men and boys also by addressing *institutional* and *structural* influences. Men's and boys' lives and relations, including their treatment of women and girls, are shaped – whether in positive or negative ways – by their and women's patterns of employment and economic wellbeing, the social norms of their communities, the formal and informal relations of their workplaces and leisure settings, the forms of media they consume, and other factors. To give one example, the widespread consumption of violent pornography particularly by boys and men is an important risk factor for sexual violence perpetration, as documented in both meta-analyses [42] and in longitudinal studies on the effects of pornography consumption on later perpetration of sexual violence [43-48].

Prevention strategies therefore can and should address these same institutional and structural forces among men and boys. They may aim to reduce risk factors for domestic, family and sexual violence or to strengthen protective factors. For example;

- Large-scale social norms campaigns can shift the cultural climates in which violence is excused and normalised;
- Initiatives aimed at fostering women's economic empowerment and autonomy can lessen economic dependency on men and financial insecurity, well-documented risk factors for violence victimisation;
- Environmental or situational approaches can alter the environments in which violence takes place, by reducing opportunities for and increasing the risks of perpetration and tackling context-related risk factors such as alcohol availability;
- Policies regarding a wide range of areas – housing, employment, immigration, corrections, media, and so on – all can influence macro-level risk and protective factors related to domestic, family, and sexual violence.

Recommendation (3): Scale up violence prevention efforts with men and boys and more generally, by:

- Funding programs of prevention activity focused on under-utilised but vital prevention strategies including community development and community mobilisation;
- Supporting community-wide or nationwide social norms campaigns intended to address violence-supportive norms tied to notions of manhood (such as the norms of male sexual entitlement that undermine some men's sexual violence against women and girls) and to foster positive social norms;
- Intensifying the regulation of forms of media known to increase the risks of sexual violence victimisation, namely violent pornography, to lessen both children's and adults' exposure to this media and to hold the pornography industry to account;
- Supporting strategies among young people and particularly boys and young men to minimise the harms of pornography exposure, such as the integration into schools or other settings of age-appropriate educational materials on pornography [49];

- Adopting regulatory and legislative strategies to address violence-supportive and pro-patriarchal online content, platforms and communities [31];
- Recognising how policy measures addressing institutional and structural areas (employment, wages, housing, media, and so on) shape men's and boys' lives, and deliberately using these to prevent and reduce domestic, family and sexual violence.

Maintaining a focus on ending violence and transforming gender inequalities

There are various articulations of the principles that should guide violence prevention work with men and boys [19, 26, 29, 30], complemented by guides to engaging men and boys in general [22, 23, 50-53]. Although there is diversity here, most accounts share three emphases: a concern with sexism and gender inequalities, a concern with men's and boys' own wellbeing, and attention to differences and inequalities among men and boys themselves.

We can think of these therefore in terms of three key principles: 1) gender-transformative: intended to transform gender inequalities; 2) committed to enhancing boys' and men's lives; and 3) intersectional: addressing diversities and inequalities. I offer a more detailed account of these principles in the Appendix.

Most primary prevention work with men and boys in Australia is guided at least to some extent by these three principles. Most initiatives and campaigns:

- Pay attention to issues of gender and power, drawing on the very well-documented insights that men's violence against women and girls is shaped in particular by gender-related risk factors, to do with gendered and violence-supportive attitudes, gender-inequitable relations in relationships and families, and wider gender inequalities [54];
- Prioritise issues of victim-survivors' safety and wellbeing and emphasise perpetrators' accountability for their harmful behaviour;
- Are conducted in collaboration with or by women's and domestic, family and sexual violence organisations, and have a spirit of collaboration or accountability;
- Are positive and strengths-based in their approach to men and boys: they recognise the good in what men and boys do and are, seek to build on their existing commitments to and practices of non-violence, and model or promote positive forms of manhood and selfhood;
- Acknowledge diversities and inequalities among men and boys, tailoring work to specific contexts and communities, although there are also limits to the intersectional approaches they adopt [55, 56].

The field of violence prevention work with men and boys is dynamic. Positive trends in Australia in recent years include increased:

- Examination of how to prevent and reduce resistance and backlash [57-59];
- Examination of bystander intervention strategies in workplaces and elsewhere [60, 61];
- Exploration of effective messaging in social marketing, communications, and other strategies [8, 62];
- Attention to specific cohorts of men and boys such as gay, bisexual and trans people;
- Dialogue between different domains of work with men and boys, including fathering, men's health, violent extremism, and other areas.

One of the most important developments in the past 5-10 years has been the growing presence of men's health-focused approaches and organisations in violence prevention work with men and boys. Some organisations that had previously focused on boys' and men's wellbeing, particularly their mental and emotional health, now also frame their work as contributing to violence prevention. Similarly, some

practitioners and advocates in the men's health field now argue that a men's health approach is a vital one for violence prevention.

This development presents both opportunities and risks.

Some aspects of a men's health approach are very familiar in the violence prevention field and already part of its practice. To put it plainly, they are nothing new. Elements of men's health approaches that already are established in violence prevention work with men and boys include the following:

- *Appeals to benefit:* Violence prevention work with men and boys already routinely addresses men and boys as stakeholders and beneficiaries in change, emphasising how men and boys will benefit from progress towards non-violence and gender equity [19, 63]. Men's health approaches could extend this, framing violence prevention as a matter of improving men's own wellbeing and thus further motivating program participation and behaviour change.
- *Attention to masculine norms:* The violence prevention field emphasises the role of norms of masculinity and gender in violence perpetration [64], and this is similar to men's health's emphasis on the role of masculine social norms in men's health and help-seeking.
- *Addressing male victimisation:* Violence prevention work with men and boys routinely emphasises that men and boys too are the victims of violence, including violence by women. A men's health approach could extend this, highlighting the fact that many victims of interpersonal violence in general are men and boys [65].

Some aspects of a men's health approach are more novel for the violence prevention field and can contribute to or extend violence prevention in valuable ways. Drawing on men's health approaches may assist violence prevention work with men and boys in:

- *Reaching men:* Health services and systems are a potential vehicle for reaching men (as are other settings and services, including education, fathering, sport, work, faith settings, and so on). For instance, workplace mental health initiatives could incorporate discussions about healthy relationships and gender norms. In this way, a men's health approach could expand the entry points for intervention.
- *Addressing risk factors:* A men's health approach may emphasise risk factors for the perpetration of domestic or sexual violence that are worthy of attention, such as trauma, mental ill-health, emotional restriction, and violence victimisation. The violence prevention field already pays attention to some of these, with very extensive attention for example to childhood exposure to domestic violence. A men's health approach may connect violence to other men's health issues, such as substance abuse, depression and suicide, highlighting shared determinants and allowing integrated prevention and intervention strategies.
- *Reducing backlash:* Positioning violence as a health issue may reduce men's defensive or hostile responses to violence prevention efforts, and may encourage men to seek support or help, whether for perpetration, victimisation or related challenges.

However, a men's health approach to the prevention of violence against women and girls also has significant limitations and risks, as follows:

- *Displacing the central goals of violence prevention:* In efforts to address men's violence against women and girls, the overarching goal of work with men and boys is not to foster their health but to foster non-violence and gender equity. Indeed, there may be men who are relatively 'healthy' on standard measures of health and wellbeing who are also perpetrators of domestic or sexual violence against women.
    - To put it bluntly, men's health does not equate to women's safety. Women's safety should remain central to violence prevention, not repositioned as "a spin-off benefit of better male health" [66].

- *Ignorance of and inexperience in domestic, family and sexual violence:* Men's health approaches have shown little attention to domestic or sexual violence or other forms of violence. Men's health practitioners and advocates typically lack subject matter expertise regarding domestic violence and sexual violence.

- *Neglect of gender, power and harm:* Men's health approaches may not involve the understandings of gender and power that are relevant in addressing domestic, family and sexual violence. Men's health approaches may see men and boys only as victims and focus only on their needs and wellbeing, and not also on the harms that some men and boys cause to others.

- *Neglect of power and entitlement:* Framing violence prevention *only* as a matter of improving men's own wellbeing would push aside questions of patriarchal power, what the men who use violence gain from this violence and what they will have to give up. That is, it would miss important dimensions of domestic, family and sexual violence, rather than addressing them as a key element in change.

- *Depoliticising and individualising violence:* A men's health approach may depoliticise violence, individualising the issue and diverting attention from systemic gender inequality as a key driver of violence. Health-oriented framings of perpetrators and perpetration may focus only on psychological or medical factors rather than recognising the structural, cultural, and gendered roots of violence.

- *Focus on individual and psychological factors:* Men's health approaches may focus on individual and psychological factors, neglecting social and structural ones. In turn, men's health strategies may focus on individual change and health system responses, rather than other means of social change.

    - (However, *critical* health approaches show greater emphasis on social and structural determinants of health and greater attention to addressing social injustice [67]. A critical and intersectional men's health approach can highlight how overlapping systems of oppression harm both men's health and women's safety. It could provide purchase in addressing structural inequalities, including their interrelationships with dominant constructions of masculinity. Men's health approaches that are gender-transformative and intersectional are more likely to contribute to significant positive change.)

- *Avoiding male discomfort:* Men's health approaches may assume that any approach that causes men and boys discomfort or resentment necessarily is an ineffective approach and should be abandoned, but some such approaches are necessary in challenging patriarchal attitudes and behaviours (although approaches that cause only strong resistance are unlikely to make positive change). Our overriding criteria for what language, messages and so on to use in engaging men and boys should not be what makes men and boys feel comfortable or good, but what makes positive change.

- *Neglect of safety and accountability:* Men's health approaches are not necessarily informed by the principles of safety and accountability that are central to the violence prevention field, nor by a spirit of partnership with women and women's services and organisations.

- *Reinforcing a focus on men:* A men's health lens might shift attention away from women and children, who make up the majority of victims of domestic, family and sexual violence, and downplay the urgent need for survivor-centred responses.

- *Marginalising women's voices:* Prioritising men's health could inadvertently recenter men's experiences and marginalise women's and victim-survivors' voices in a movement historically led by women's advocacy.

- *Limited evidence of effectiveness:* Few rigorously evaluated programs among men and boys exist to confirm that health-focused strategies reduce violence. It cannot be assumed that better mental

health among men or boys, for example, will lead to lower levels of support for or perpetration of violence against women and girls.

- *Enabling anti-feminist advocacy:* The men's health field includes some anti-feminist groups and agendas. This is one area of work with men and boys where anti-women 'men's rights' ideologies have established some seeming legitimacy [68], and they are antithetical to informed, safe, and effective prevention work.

Some of these limitations have been visible in inaccurate or naïve commentary by some men's health practitioners on the violence prevention field in Australia, including:

- Misrepresentations of work with men and boys as characterised in general by blaming and shaming approaches; and
- Divisive and inaccurate accounts of the violence prevention field e.g. as focused only on gender-related drivers of domestic, family and sexual violence or as focused only on attitudes.

An issue that has been a focus of men's health advocates' recent commentary on engaging men and boys is trauma. Yes, it is vital that we address trauma in men's and boys' lives. This is recognised in the 'engaging men' field, including by key international organisations focused on engaging men such as Equimundo [69]. However, there are simplistic assumptions that we should avoid:

- Trauma (such as childhood exposure to violence) is an important risk factor for men's perpetration of domestic violence, but it is certainly not the only risk factor nor the primary one [64]. Nor is violence perpetration always the result of trauma.
- Misogyny (anti-women hostility) has a range of drivers and supports, including widespread cultural norms of sexism. Yes, it is shaped by childhood trauma, but it would be mistaken to assume that trauma is the only or primary driver of misogynist attitudes among boys and men.

Further, there are instances where accounts or assessments of violence prevention to some extents have lost sight of questions of evidence and impact. For example, the Rapid Review of Prevention Approaches (2024) refers to "a range of successful healthy masculinities models" [70], but here includes some interventions that have no evidence of effectiveness and that in some ways fall short of established standards of practice (because of their delivery model, short duration, and/or curriculum content), while omitting other interventions that come closer to established standards of practice.

The language of 'healthy masculinities' itself can be unhelpful here:

- This language may suggest that the primary goal of prevention work addressing violence against women and girls and engaging men and boys is to promote male health and wellbeing. It is not. The primary goal is to reduce and prevent this violence – by reducing men's and boys' own perpetration, reducing their condoning of other men's violence, lessening their violence-supportive attitudes, building on and encouraging their adoption of positive roles as pro-social bystanders and advocates, and promoting non-violent and gender-equitable identities, behaviours and relations. (The goal of male health and wellbeing is, however, more important in violence prevention work addressing other forms of domestic, family and sexual violence, given that men and boys are also the victims of this violence [65].)
- A more accurate goal, therefore, would be 'non-violent masculinities', or even more specifically, 'non-violent men'. At the very least, if the term 'healthy masculinities' continues to frame policies, it should not be understood primarily in terms of wellbeing but in terms of non-violence and gender equity. Strategies and interventions should address power, privilege, entitlement and gender inequality, rather than simply promoting emotional literacy or resilience.
- Our goals should include not only encouraging new, respectful and equitable forms of masculinity but also diminishing the importance given to gender categories and the degree of males' investment in being seen as 'real' men [71]. That is, sometimes our work should involve

encouraging non-violent forms of selfhood rather than of masculinity in particular.

- At the same time, as I have argued elsewhere [72], violence prevention work with men also should draw on and mobilise models of healthy, equitable, and non-violent masculinities. That is, I see the promotion of positive and aspirational models of manhood as one important strategy in this work.

In short, I support the continued use of notions of healthy or positive masculinities, while urging that these be understood in the violence prevention field in terms of non-violence and gender equity.

Returning to a men's health approach, it would be dangerous for governments' or others' approaches to violence prevention work with men and boys to shift to the wholesale adoption of such an approach. Doing so would risk superficial solutions that leave the drivers of violence intact. Domestic, family and sexual violence cannot be treated as solely or primarily driven by poor mental health or emotional difficulties. Improving men's and boys' wellbeing alone is unlikely to reduce violence unless gender attitudes, entitlement and power are also addressed.

Instead, the distinct insights and opportunities that men's health approaches and strategies offer should be *integrated* into and *extend* a broader, gender-transformative approach to violence prevention work with men and boys. A men's health lens offers some distinctive and valuable insights and emphases and pragmatic entry points for engagement. But these do not deserve and should not prompt a comprehensive revision of frameworks for and strategies within violence prevention work with men and boys. Instead, they must be embedded within broader efforts to transform gendered power structures, norms and relations and other contributors to domestic, family and sexual violence.

Putting this the other way around, frameworks and strategies for violence prevention work should draw, where appropriate, on the insights and advantages of other fields, whether men's health, or countering violent extremism, or fathering. Along these lines, there are growing signs of collaboration internationally between violence prevention and such areas as suicide prevention [73], mental health [74], and health equity [75]. Violence prevention policy and programming in Australia should draw on men's health and other fields, to the extent that these insights and strategies:

- Advance the cause of preventing and reducing domestic, family and sexual violence;
- Are compatible with violence prevention's defining emphases on victim-survivor safety and perpetrator accountability;
- Are informed by scholarship on violence, gender, power, and masculinity;
- Are guided by emerging standards for effective practice;
- Are supported by evidence.

Elements of men's health approaches have value, but they should be integrated into and remain accountable to a gender-transformative violence prevention framework.

Recommendation (4): Maintain a gender-transformative framework for engaging men and boys while integrating appropriate insights from other fields, by:

- Reaffirming that government investment in work with men and boys is guided by the principles of gender equality, victim-survivor safety, perpetrator accountability, and intersectionality;
- Supporting collaboration between the violence prevention and other sectors including men's health, while ensuring that programs engaging men and boys are informed by expertise in domestic, family and sexual violence;
- Encouraging prevention initiatives to draw on men's health approaches where these strengthen engagement, access to services, and wellbeing, without losing an explicit focus on gendered power relations and the structural drivers of violence;
- Requiring that government-funded programs engaging men and boys show alignment with

evidence-based standards for primary prevention.

Appendix: Principles and standards for violence prevention in general and work with men and boys in particular

There are general principles that should guide the work of primary prevention. National and international research and experience have generated an increasing consensus on the elements of good practice in violence prevention. The following four features receive consistent emphasis in the literature: violence prevention should be (1) informed; (2) comprehensive; (3) engaging; and (4) relevant.

1) *Informed:* Violence prevention interventions must be based on a sound understanding of both the problem – the workings and causes of violence – and of how it can be changed. In other words, they must incorporate both an appropriate theoretical framework for understanding violence and a theory of change [33, 41, 76-78]. As a key part of this, they must aim to transform gendered norms, structures and practices for a more equitable society [76, 78-80]

2) *Comprehensive:* Effective interventions are likely to be comprehensive: they use multiple strategies, in multiple settings, and at multiple levels [41, 81]. For example, they incorporate strategies addressing individuals, peer groups, and communities and have multiple strategies addressing the same outcome [41, 77]. They must work across the ecological model [76], targeting structural and underlying causes of social problems [41].

3) *Engaging:* Violence prevention programs should involve effective forms of delivery which engage participants. More effective interventions will have appropriate content (in their educational curricula, their social marketing materials, and so on), be implemented in well-designed and organised ways, and involve skilled personnel (whether educators, advocates, or others) [33, 76-78, 80, 81].

4) *Relevant and intersectional:* Good practice programs are relevant to the communities and contexts in which they are delivered. They are informed by knowledge of their target group or population and their local contexts [33, 41, 76, 78, 79, 81].

Three principles for violence prevention work with men and boys

Efforts to engage men and boys in particular should seek to live up to the principles above, but they must also be guided by further principles.

(1) <u>(Gender-transformative: intended to transform gender inequalities</u>

Violence prevention efforts among men and boys must be gender-transformative. They should be grounded in principles of gender justice, recognise the systemic gender inequalities that structure society, and seek to transform oppressive gender structures, norms, and practices. A feminist approach should be foundational to the work's aims and agendas, its content and processes, and its structures. There is a growing emphasis in the 'engaging men' field on the need for interventions to be 'gender-transformative' – to transform gender inequalities and generate more gender-equitable relations [13, 15, 26, 82]. Although the term is used in varying ways, in general it seems synonymous with the term 'feminist' [83].

Effective violence prevention efforts among men and boys will have *content* addressing the gender-related factors known to drive violence perpetration. Educational programs should include content on power and patriarchal gender inequalities. Prevention efforts among men and boys also require gender-transformative *processes*. They should involve boys and men in critical reflection on masculinities and gender and seek to foster their support for gender equality and non-violence [19].

Finally, work with men and boys requires feminist *structures*: it must be done in partnership with, and be accountable to, women and women's groups [19]. Accountability is a key strategy to minimise the risks, first, in *working with* a group, men or boys, who are privileged or advantaged in certain ways, and the risks, second, in work *by* men. Accountability is intended to reduce the risks of reinforcing gender inequalities, colluding with violence, or taking away resources and legitimacy from women's rights efforts. The principle of accountability is emphasised among men's anti-violence advocates [84] and in standards for this work [26, 85, 86].

(2) Committed to enhancing boys' and men's lives

The second principle comprises a commitment to enhancing boys' and men's lives: to address men's and boys' distinct needs, recognise them as stakeholders and beneficiaries, and use strengths-based or positive approaches in engaging them.

While men and boys are the recipients of various forms of unearned privilege in the patriarchal gender order that characterises contemporary societies, they also pay important costs. Men and boys who conform to traditional constructions of masculinity may show poorer mental health, greater risk-taking, and lower help-seeking [5], and boys and men are subject to gendered and homophobic policing and abuse particularly by other males [87]. Prevention efforts among boys and men must be attentive to their distinct needs, including the challenges they may face in accessing and using support services [88].

Men and boys themselves have a stake in progress towards gender equality and non-violence. In violence prevention work with men, and in the wider 'engaging men' field, there is a consensus that men and boy will *benefit*, in terms of their own lives, their relations with women, children, and other men, and their workplaces and communities [19]. There are also caveats: with progress towards a society free of violence against women, men who can no longer perpetrate such violence lose the perceived benefits associated with this, and men in general will lose unfair privileges [19].

Strengths-based or positive approaches are widely seen as more effective in prevention work with men and boys. Efforts should acknowledge and build on men's and boys' existing commitments to and involvements in non-violence and equality, in particular to minimise the likelihood of defensive or hostile responses [19].

(3) Intersectional: addressing diversities and inequalities

The third principle is to be intersectional: to acknowledge and respond to diversities and inequalities among men and boys [26, 88, 89]. An intersectional feminist approach recognises that gender intersects with other forms of social difference and inequality, and hence that men in different social locations have differential access to social resources and status. An intersectional approach highlights that men's attitudes towards violence, men's use of violence, and how male perpetrators are viewed and treated all are structured by multiple relations of disadvantage and privilege tied to ethnicity, class, sexuality, and nation.

This has three implications for work with men and boys. First, with any population of men or boys, we must engage with their specific cultural and material conditions, including both local cultures of gender and sexuality and material and structural inequalities. In contexts particularly of disadvantage, efforts should seek to improve the social and economic conditions of men and communities. Second, we must address culturally specific risk and protective factors, including challenging cultural supports for violence, and building on local resources, texts, and norms in promoting non-violence and gender equality. Third, prevention work should be developed in collaboration with the communities in which it is being delivered, to help ensure that it as relevant for participants as possible [90].

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AUSTRALIA

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[redacted]

University of Wollongong

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RE: Submission in response to consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032)

To the review team,

Thank you for the opportunity to contribute to the development of the *Second Action Plan to End Violence against Women and Children (Second Action Plan)*.

This submission has been prepared by [redacted] and [redacted], and [redacted]. We form a multidisciplinary team within the University of Wollongong working on a project, supported by Commonwealth funding, to deliver Australia's first online resource hub for preventing and responding to problematic and harmful sexual behaviours (PHSB) in children and young people.

As part of this project, we have identified practice-based resources that are evidence-informed and freely available to children, young people, parents and non-specialists working with children and young people to help prevent, recognise and respond to PHSB. The recommendations set out below draw on this project, as well as our previous research on PHSB, public health, and knowledge exchange.

The research has uncovered clear gaps in the current guidance available, as well as opportunities to improve prevention and early identification of PHSB. Such guidance is critical to preventing and responding to sexual abuse by another known adolescent – currently the only known growing form of child sexual abuse in Australia.

The resource hub is due to be launched in November 2026.

We would welcome the opportunity to discuss any aspect of this submission and our project to address and prevent sexual violence involving young people through safer, evidence-aligned public approaches to child sexual development and behaviour.

Kind regards,
[redacted]
Project Lead
Senior Lecturer, Social Work

Introduction

THE PROJECT

This submission draws on emerging insights from the project: ***Together We Can: Supporting Children and Young People's Sexual Safety***. *Together We Can* is a national resource hub designed to support *the prevention, recognition, and response to problematic and harmful sexual behaviours (PHSB) in children and young people*.

The hub is due for public release in November 2026.

The project has been led by a multidisciplinary research team with deep practice experience from the University of Wollongong (UOW) School of Social Sciences, following a successful tender from the NSW Department of Communities and Justice (DCJ). The project is part of a landmark initiative of DCJ and NSW Health, funded under the Commonwealth's Family, Domestic and Sexual Violence National Partnership Agreement.

The project has involved a review of publicly available Australian resources intended to support non-PHSB specialist workers, as well as parents, carers, children and young people.

To date, 449 resources have been identified. Early insights reveal significant gaps in accessible and practical guidance relating to:

- gender-responsive approaches to PHSB
- priority populations and underserved contexts
- cross-sector workforce capability.

These insights are relevant to **Priority Areas 2, 3 and 5** of the *Second Action Plan* consultation (ANROWS, 2026) and demonstrate opportunities to strengthen prevention, early intervention and workforce responses to PHSB.

THE CASE FOR ACTION

As highlighted in the consultation paper, addressing PHSB is a key priority for ending violence against women and children. As a term, PHSB can encompass the displaying of sexual behaviours by a person under 18 that cause concern or harm to themselves or to others, including other children or adults.

The recent Australian Child Maltreatment Study revealed a concerning trend – participants aged 16-24 reported a higher proportion of child sexual abuse committed

by young people (18.2%) than adult-perpetrated abuse (11.7%), signalling the problem is increasingly common among younger generations (Mathews et al., 2024). This aligns with international evidence that found young people were responsible for up to 70% of child sexual abuse (Gewirtz-Meydan and Finkelhor, 2020; Radford et al., 2011), with fast-growing concern of online harm including image-based sexual abuse (Finkelhor et al., 2022).

More broadly, recent prevalence evidence showed the use of sexual violence remains a persistent threat to public safety, with the Australian Bureau of Statistics (ABS) last Public Safety Survey (PSS) showing there was no significant change in the 12-month prevalence rate of sexual violence for women between 2016 and 2021-2022 (ABS, 2021-22). In 2023, the ABS recorded an 11% jump in the number of sexual assaults recorded by police, marking the 12th straight annual rise (ABS, 2023).

Young people are concerningly represented across counts of both victims and offenders. The ABS reported that 41% of victims of sexual assaults reported by police were between the ages of 10 and 17. Additionally, the Australian Institute of Criminology (AIC) reported that in 2023-24, one in seven (14%) sexual offenders were aged under 18 (Sullivan, 2026), most commonly for child sexual abuse material (CSAM) (42%), which may be, in part, explained by 'sexting' or the exchange, sometimes consensual and sometimes not, of sexual images between young people (Moritz & Christensen 2020).

Young people, especially girls and LGBTQIA+ people, also continue to report high rates of sexual harassment by their peers, including in schools (Swami et al., 2024), a phenomenon that extends to the experiences of teachers, particularly women (Variyan & Wilkinson, 2021). Together, these findings point to a critical opportunity for action, particularly through a strong focus on prevention and early intervention.

Enhancing national approaches to children who have displayed PHSB was established as a key priority of *the National Strategy to Prevent and Respond to Child Sexual Abuse (2021-2030) (the National Strategy)* through its *First National Action Plan*. However, until now, PHSB has not been explicitly prioritised under the *National Plan to End Violence against Women and Children*.

Because PHSB extends beyond child sexual abuse and can include harm to children and young people themselves, adults, mostly women, as well as patriarchal and other harmful gender-based attitudes that, without appropriate responses, can become entrenched and persist into adult relationships, alignment between these key policy frameworks is vital. Misalignment risks not only missing a key prevention and early intervention opportunity but may also lead to approaches to PHSB that are overly punitive and not developmentally appropriate.

Using a childhood-based framework to understand and address PHSB

The term 'problematic and harmful sexual behaviour' (PHSB) is used because children who have displayed these behaviours are children – unlike adults, they are still developing physically, socially, emotionally and cognitively. Language commonly used to describe adult sexual offending does not reflect children's developmental needs, vulnerabilities or capacity for change.

In response, leading scholars have advocated for a childhood-based framework for understanding PHSB (Hackett et al., 2019), one that recognises children's lives as fluid, relational and shaped by their social contexts (Cairns, Hackett, & Rabe, 2026). Within this framework, a child's behaviour cannot be separated from their developmental stage, relationships, and wider environment. Children do exercise agency, but their agency is shaped by factors such as family, culture, community, economic circumstances and developmental maturity, all of which can enable or constrain choices (Cairns et al., 2026).

Accordingly, efforts to create change must focus on a child's relationships and contexts, not simply on changing the behaviour in isolation. Rather than reducing children to fixed categories like high, medium or low risk, or positioning them within simple perpetrator-victim binaries, this approach situates PHSB within the broader complexity of childhood and adolescence (Cairns et al., 2026). It shifts the focus beyond risk management alone to improved developmental outcomes, healing and growth, and recognises the shared responsibility, across systems, for supporting children to grow up safe. In practice, this means promoting proportionate responses that support wellbeing, development and future success, and combining individual interventions with efforts to change the contexts in which harm occurs (Cairns et al., 2026; Hackett et al., 2024; Firmin, 2020).

With this childhood-based framework in mind, we have developed this submission, including recommendations.

Key insights

FINDING 1: PHSB RESOURCES LACK A GENDER LENS

Current resources available for the workforce largely provide gender-neutral guidance. This approach sits at odds with available evidence on the gendered nature of PHSB. Research has consistently found that PHSB is predominantly displayed by boys (Hackett et al., 2013; Mathews et al, 2024).

Research led by members of this team, which drew on child protection data to explore the characteristics and service pathways of children and young people who have displayed PHSB, found a clear age-related gender pattern: girls make up a significant minority of children who have displayed PHSB, and that proportion decreases as age increases, while the inverse is true for boys (Spangaro et al., 2021). This pattern suggests that PHSB in young girls may emerge from different contexts to PHSB among older boys. For example, while the majority of children who have displayed PHSB have experienced maltreatment and other childhood adversities (Faure-Walker & Hunt, 2022), research indicates that girls who have displayed PHSB are more likely than boys to have experienced sexual victimisation by multiple perpetrators and at an earlier age (Hickey et al., 2008; Masson et al., 2012).

Gender-neutral guidance risks missing the gendered context in which PHSB may emerge and how this may vary for children across different ages and stages of development. The evidence on the gendered nature of PHSB exists. What is needed now is research into gender-sensitive response and translation into practical resources.

Recommendation

- Invest in research on gender-based PHSB to develop an evidence base to guide policy and service development for gender-sensitive prevention and early intervention to reduce girls' vulnerability and promote their safety and agency, and to engage boys in PHSB prevention.

FINDING 2: PRIORITY POPULATIONS REMAIN UNDERSERVED AND COMPLEX RELATIONAL CONTEXTS OF PHSB ARE OVERLOOKED

There is a lack of accessible and practical resources designed to respond to the specific needs of children and young people who are part of priority populations, and some populations are more underserved than others. Additionally, where resources exist, there is not always evidence of genuine collaboration and co-creation with the communities the resources are designed to serve.

Among the resources we have identified to date, 12% are tailored to children in out-of-home care (OOHC), 11% to children with disability, 4% for Aboriginal and Torres Strait Islander children and families, and around 1% for culturally and linguistically diverse (CALD) communities. Justice-involved young people and LGBTQIA+ young people are also very thinly served.

Beyond population-specific gaps, our review has also identified underserved relational contexts that cut across populations: sibling sexual harm, harmful sexual behaviour used by children towards parents and carers (especially mothers), and harmful sexual

behaviour occurring within a workplace context, such as teachers experiencing sexual harassment or threats from students.

CALD CHILDREN AND YOUNG PEOPLE

At around 1% of identified resources, CALD children and young people are emerging as one of the most underserved populations in our review. This count excludes translations of resources originally developed for the general population, as translation alone does not make a resource appropriately tailored.

The limited tailoring of resources to CALD communities means that known issues such as language access, culturally sensitive framings around sexual behaviour and specific barriers to disclosure or help seeking are rarely addressed in existing resources.

The need for such investment is underscored by evidence that CALD young people experience specific barriers to accessing sexual health care and discussing sexual health concerns with healthcare professionals including concerns about confidentiality and feeling judged during consultations (Botfield et al, 2018).

CHILDREN AND YOUNG PEOPLE IN OOHC

While resources tailored to supporting children in OOHC do exist, few are specific to residential care. This limitation matters as multiple public inquiries, including the Royal Commission into Institutional Responses to Child Sexual Abuse, have found that residential care conditions and practices might have heightened children's vulnerability to PHSB (Kor, 2026).

Despite recent efforts to transform residential care into intensive therapeutic care, the recent NSW Ombudsman inquiry found that the model has not been implemented as intended (NSW Ombudsman, 2025). Existing research identified opportunities to improve safety in residential care settings (McKibbin et al., 2023). Given the well-documented prevalence of PHSB in OOHC, both among children who display these behaviours and those who are subjected to them (The Royal Commission, 2017), and the existence of evidence to support action, there is a clear opportunity for targeted investment in residential-care-specific resources.

INTERSECTIONAL LENS

Compounding the gap in accessible knowledge and guidance tailored to priority populations is an absence of resources that take an intersectional approach, responding to the multiple and interconnected experiences of children, young people, and their communities. Children's experiences, including those who have displayed PHSB or been affected by it, are diverse. Resources that treat children's identities or experiences as singular risk missing the compounding barriers many children face.

Recommendations

- Invest in stronger service coordination between sectors to enable a more robust, coherent and well-equipped safeguarding system and practice to keep children safe.

- Establish a taskforce that brings together lived experience experts, community leaders, researchers, government and non-government representatives across different priority and underserved populations to guide policy, research, and service development.

- Invest in tailored research that enables genuine collaboration and co-creation with priority and underserved populations, particularly with CALD communities, Aboriginal and Torres Strait Islander communities, children with disability and children in residential care.

- Support development of practice guidance for overlooked contexts including sibling sexual harm, parent/carer-directed harmful sexual behaviour and workplace settings.

FINDING 3: WORKFORCE CAPABILITY REQUIRES INVESTMENT

Our review suggests that publicly accessible resources are limited across the workforce. To date, only 5% of resources were specifically designed for the child-and-family sector, 3% for education and very little is available for health or legal practitioners. While some resources may exist within organisational intranets or other non-public platforms, the broader challenge is that workforce capability development remains fragmented and uneven across sectors, with limited publicly accessible guidance tailored to the diverse professions that support children, young people and families.

The review also identified important gaps in resources for core practice areas such as assessing child and young person wellbeing, protective factors, risk and harm, contextual safeguarding and assessment which is inclusive of the child's family and broader environment such as friends, school, and online, safety planning, supporting conversations with parents and carers, and workforce wellbeing. These areas were identified by our project Steering Committee as critical capabilities for practitioners across a wide range of settings.

The lack of accessible resources presents a significant challenge, especially in Australia, where primary and secondary responses to PHSB remain less developed than tertiary responses (McKibbin & Humphreys, 2023). Strengthening these earlier intervention

approaches requires capability and knowledge across the many systems and services that support children, young people and families. Given that children affected by PHSB interact with health, child protection, education, child and family, community and legal systems and services, supporting their safety requires a coordinated public health approach that extends beyond system and service boundaries.

As the consultation paper notes in relation to family and sexual violence more broadly, a public health approach requires a workforce that is equipped with a shared foundation of knowledge, language, resources and practice tools. Rather than concentrating expertise within specialist tertiary services alone, responsibility for prevention, early identification and intervention must be distributed across a broader, interconnected body of professionals working with children. This means recasting workforces not traditionally conceived as part of 'child protection' or 'child welfare', such as teachers and community health workers, as core partners in prevention and early intervention (Lonne et al., 2020).

Recommendations

- Adopt a systemic approach to workforce capability building, bringing all relevant sectors to close alignment in prevention and response efforts.
- Invest in knowledge mobilisation research activities to strengthen assessment, safety planning and parent-engagement practices.
- Support scalable workforce development approaches, including microlearning and nationally recognised credentialing pathways in safeguarding and responding to PHSB.

Conclusion

The consultation paper identifies tackling 'emerging forms of sexual violence prevalent among young people' as a key opportunity for the *Second Action Plan,* including PHSB on dating apps, deepfakes, non-fatal strangulation, exposure to violent pornography and online extortion (ANROWS, 2026).

Our emerging research supports making this a *Second Action Plan* priority. Our review of the current resource landscape has, to date, identified key strengths and gaps – particularly a lack of gender-sensitive responses, underserved priority populations, misunderstood or overlooked relational contexts of PHSB and gaps in non-specialist workforce capability across assessment, family engagement, safety planning, contextual safeguarding and worker wellbeing. This review should inform future

research, knowledge mobilisation and program development in this area.

Importantly, any response to PHSB must be underpinned by a childhood-based framework that upholds the inherent rights of children and young people as children, and focuses on creating change within the child's relationships, contexts and development. This includes upholding the right of children to participate in decisions affecting their lives and supporting young people to be part of designing system responses.

As the project moves into the next phase, we will begin consultation with a broader group of workers, as well as parents, carers and young people. These consultations will inform the next design stages of the resource hub and help identify further areas for action in preventing and responding to PHSB and creating greater safety from sexual violence.

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Consultation on the Second Action Plan

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

[redacted]

Contents:

1. Background:

My name is [redacted]. I am a victim-survivor of domestic, family and sexual violence in four different contexts:

- Sexual harassment in various workplaces
- Two long-term abusive intimate partner relationships
- Family violence perpetrated by a parent which commenced when I was a teenager and is still ongoing
- Multiple rapes perpetrated by a stranger
- Multiple rapes and sexual exploitation perpetrated by a senior high-ranking Victoria Police officer

Whilst I felt too ashamed to report the sexual violence I was experiencing in the intimate partner relationships; I did report the stranger rape in 2005 and rapes by the Victoria Police Officer in 2022.

I have survived two long-term abusive relationships which occurred between 2001-2004 and 2010-2016. During these relationships I experienced coercive control and gaslighting. I was also subjected to severe, physical, emotional, psychological, sexual, verbal and financial abuse. My perpetrators were responsible for burning me, breaking my bones, holding me hostage at gunpoint, choking, kicking and punching me. My second abusive relationship culminated in my perpetrator causing the death of my baby daughter.

My life and the lives of my friends and family members were threatened repeatedly which made it hard to leave my abusive partners due to fear. My first perpetrator stalked me for ten years after my relationship with him finally ended. In 2005, there was a day and night when his stalking and harassment of me was so intense that I was too scared to return to my home and was left in a vulnerable situation where I was raped by a stranger.

Only a couple of hours after being raped I attended my local police station in [redacted], Victoria. I had not showered yet, and I was still wearing the clothes I had been wearing the night before. My primary reason for attending the police station was to report the stalking and harassment that I was experiencing from my abusive ex-partner and to request assistance in seeking an intervention order (IVO) to protect me as I was still in shock over the rape which had just occurred. The female police officer who was on duty at the reception desk was very dismissive when I told her about what I had been enduring from my violent perpetrator and downplayed the level of fear I expressed that I was in. She did not take me aside into a private room to document a formal report or take my statement although I had just advised her of criminal offences that I had been subjected to and had not previously reported. She just advised me that I should attend the [redacted] Magistrates Court and speak to the Family Violence Registrar and that they would assist me with the process in applying for an IVO.

If that police officer had made the effort to show any compassion and concern about what I was reporting to her and had taken me somewhere private to formally document what I had told her, I am certain that I would have then felt comfortable enough to report the rape by the stranger that had only occurred a few hours beforehand. The fact that the police officer failed to show any duty of care to me

when I would have been in a state of visible distress meant that Victoria Police missed the opportunity for any forensic evidence of the rape to be collected from my body and for the rapist to be located whilst he remained in Australia. The rapist fled the country a couple of days later and has never subsequently returned to Australia.

I initially made my statement to the [redacted] Sexual Offences and Child Abuse Investigation Team (SOCIT) two days after the rape and my case was then referred onto [redacted] Criminal Investigation Unit (CIU) as the rape had occurred in their jurisdiction. The detective assigned to my case treated me with disrespect and contempt from the moment I first met him. His conduct made it extremely difficult for me to trust him as the police informant on my case, and after many incidents of unacceptable behaviour from this detective, I eventually had to make a complaint about him to Professional Standards Command.

The following is a list of the ways in which I was failed by this detective and other members of Victoria Police throughout the rape investigation:

- When I first attended the [redacted] CIU office, the Detective had not already read the statement I had made to the [redacted] SOCIT Detective. He went through this statement with me in an open plan office area where people were constantly walking around near us and would have been able to overhear everything. I found this experience extremely humiliating and could have been easily avoided if the Detective had taken me into a private interview room.

- When the Detective read in my statement that I had consumed alcohol on the night that I was raped, he visibly lost interest in my case.

- During the first meeting I had with the [redacted] CIU Detective, I mentioned to him that I was in the recruitment process to join Victoria Police. I had only discussed this with him as a means of building some rapport at a time when I was feeling very nervous and stressed. The Detective then took it upon himself to contact the Inspector of Recruiting at Victoria Police without my consent and inform him that I was a victim of rape. I was then subsequently summonsed by the Inspector to attend a meeting with him a few days later to discuss my suitability to continue along the recruitment process. The Inspector stated that he was unsure what he needed to do in this situation, and he needed to ensure that he was putting the best candidates forward. He then said something that I will never be able to forget; “It’s not like you have just had your bins knocked over now, is it?!” It took the Inspector’s office six months to decide regarding my suitability to continue along the recruitment pathway. By the time they advised me that I could continue, I had already commenced a different professional career path. The advice of my father resonated with me at that time when he stated to me “Why would you want to work for Victoria Police when they treat their recruits like that?”

- When I informed the Detective at our initial meeting that the rapist had told me after the rape that he intended to leave Australia that same day, the Detective stated to me that it would be

very difficult for him to investigate what had happened to me. I then went and conducted some investigation myself and located the place where I had been raped. It was only after I did this that the Detective was prepared to take any action in investigating the rape.

- In the statement I made to the [redacted] SOCIT Detective and in subsequent discussions with the [redacted] CIU Detective, I reported the extreme violence I had experienced from my abusive ex-partner and the stalking and harassment he was subjecting me to and had ultimately caused me being in the circumstances which led to the stranger rape occurring. Neither the [redacted] SOCIT Detective or [redacted] CIU Detective showed any interest or took any action regarding the perpetrator of intimate partner violence, even though I had formally reported offences which had been committed against me by both that abuser, as well as the rapist. They only appeared interested in the rape. My abusive ex-partner went onto stalk me for nine more years.

- The Detective made it very difficult for me to obtain the documents I required to provide to the lawyer handling my application for assistance from Victoria's Victims of Crime Assistance Tribunal (VOCAT). I had never been provided with a copy of my statement at the time I gave it, and it took me over fifty requests over a period of many months via phone and email to request a copy of my statement. This delayed me getting the financial and counselling support I desperately needed.

- At the final VOCAT hearing, my cousin who attended as witness on my behalf overheard the Detective providing the friends of the man who raped me with my name, phone number and address. After the hearing ended and I returned home, I started getting hang-up phone calls.

These actions by the [redacted] CIU Detective and Inspector of recruiting caused me to lose my trust and faith in Victoria Police. At a time when I was experiencing extreme trauma and was feeling very unsafe due to the actions of my abusive ex-partner, I sought the protection of Victoria Police and wanted them to take action to hold the rapist and and my abuser accountable for their actions. Instead, what I experienced was being treated with disbelief, a lack of compassion and empathy and having my privacy continually breached without my consent. The whole experience of reporting to the police served to traumatise me even further than I already was at that time.

Prior to enduring Domestic, Family and Sexual violence (DFSV), I had not experienced any significant physical or mental health issues or injuries. For the last 20 years, I have either been in a situation of abuse or trying to recover from the harms perpetrated against me. I now have a range of physical injuries resulting from the assaults which cause me to be in pain every single day. To get relief from the pain, I have had to spend thousands of dollars on osteopath and massage treatments, as well as consult with a pain management specialist at Royal [redacted] Hospital. Not surprisingly, since the abuse and rapes, I began to suffer from PTSD, depression and anxiety which has meant I have required regular sessions with a psychologist since 2005 to remain capable of functioning in my everyday life. The physical pain and emotional anguish I have experienced over the years as result of the crimes perpetrated against me has at times been so debilitating that I have wanted to end my own life. I have

only been able to overcome this suicidal ideation through the care and support of my treating psychologist, osteopath, victim-survivor peer support, friends and family members.

Becoming a victim of domestic, family and sexual violence is something no one ever wishes to become even once in their lives, so to have survived intimate partner violence, family violence, sexual assault, harassment and rape perpetrated by multiple offenders, is something most members of the community would find difficult to comprehend. When someone has experienced the types of violence and abuse which I have, there is an expectation that the various agencies involved with the Criminal Justice System will support you into a situation of safety and that you will be able to receive justice for the harms which have been caused to you. Unfortunately, that has not been my experience or the experience of so many other victims of domestic, family and sexual violence. Throughout the years, I have been consistently and repeatedly failed by the systems and services which are meant to protect individuals who have become victims of crime. The process of trying to navigate the Criminal Justice System has significantly contributed to my trauma burden and has caused me further harm.

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

This Consultation process presents an important opportunity to hear the lived experience of victims of sexual violence and the challenges they have faced trying to navigate a complex, confusing system to achieve safety, protection and justice. I would like to invite decision-makers involved in this Consultation to consider the following critical issues when developing their recommendations.

2. Giving victim-survivors of sexual offences the right to know the identity of their offender:

In 2005 I became a victim of rape by a stranger. I reported the rape to Victoria Police two days after the rape occurred and a subsequent investigation occurred. My rapist was from another country and left Australia four days after he raped me. Unfortunately, the police investigation had not been able to determine the identity of my rapist before he left Australia, so to this day he has not been arrested or formally questioned.

In 2008, I successfully received VOCAT compensation for a claim I had lodged in 2005 in relation to the rape. The rapist's friends who had been present at the apartment where the rape occurred attended the final VOCAT hearing as witnesses on behalf of the offender.

Victoria Police and VOCAT know the identity of my offender. The rapist and his friends/family know my identity. I am the person who has been violated and injured because of this rape, yet I am currently prohibited from knowing my rapist's identity as he has not been formally questioned by the police. Being prevented from accessing this knowledge has significantly contributed to the ongoing trauma and harm I have experienced from being raped.

In 2021, I reached out to the Department of Justice and Community Safety (DJCS) for assistance in determining the existing legislation which is preventing Victoria Police from providing me with the

identity of my rapist so I can take steps for my own safety and protection that I wish to do. This was the response I received:

"Victoria Police have indicated that it would be highly unusual for police to disclose the identity of an unknown offender to a victim during a live investigation.

Section 8 of the Victim's Charter Act 2006 provides that an investigatory agency (such as Victoria Police) is to inform a victim, at reasonable intervals, about the progress of an investigation into a criminal offence unless the disclosure may jeopardise any investigation of a criminal offence. If the disclosure of information may jeopardise any investigation, an investigatory agency is to inform the victim:

· about the progress of the investigation of the criminal offence relevant to the victim, to the extent possible without jeopardising any investigation

· that no information can be provided at that stage due to the ongoing nature of the investigation.

The prosecuting agency is required to tell the victim the offences charged against the person accused of the criminal offence (see section 9 of the Victims Charter Act 2006).

The provision of the identity of a suspect prior to charge may have implications re 'displacement effect'. This arose in one of the trials of Adrian BAYLEY where the Victorian Supreme Court of Appeal (VSCA) found the trial judge erred in admitting ID evidence after the victim became aware of BAYLEY's ID via media attention and then found an image of him on Facebook. The victim then positively identified him via a photo board: BAYLEY v THE QUEEN [2016] VSCA 160 – the court ruled this evidence should have been excluded at trial.

In addition to evidentiary issues, the provision of the identification of a suspect pre-charge may also have implications under the Charter of Human Rights. Section 13 states a person has the right not to have his/her reputation unlawfully attacked. Section 38 states it is unlawful for a public authority to act in a way that is incompatible with a human right. It could be argued this interacts with section 13 not to mention any other illegality that may exist in the civil jurisdiction notwithstanding the absence of a general right to privacy in Victorian law.

I understand that this isn't the answer you were hoping to receive but it is good to know that Victoria Police are ensuring the alignment of their practices with the Victims' Charter. It would be open to you to look at the role that the Victims of Crime Commissioner plays in considering system issues across the criminal justice system."

- There is a lack of procedural fairness in the current process as it protects perpetrators and fails to ensure the emotional and physical safety and wellbeing of victim-survivors.

- The unintended negative consequence of the way in which the current policy has been designed and implemented is that it inadvertently causes harm to the very people it is intended to support and protect.

- When a person has been raped or sexually assaulted and they are prohibited from having the knowledge of any key suspects who have been identified by the police in the early investigation stages it precludes the victim survivor from the following:

    1. Being able to take steps to achieve greater emotional and physical safety and wellbeing through doing things such as making an application for a Personal Safety Intervention Order or the ability to block the offender and their friends/family on social media.
    2. Being able to access justice outcomes such as making a civil claim for compensation.

- It is unacceptable that this process has created a two-tier criminal justice system where people who know their offender's identity can access a greater range of supports and justice outcomes.
- When a victim-survivor of rape or sexual assault is prevented from knowing the identity of the person who so horrifically violated them, it seriously impacts a person's ability to get a true sense of closure. You are constantly left wondering whether you might walk around a corner and come face to face with the person who assaulted you.

- As we know from the statistics and evidence-based research into how underreported acts of sexual violence are to the police, and then how few of the reported cases actually proceed through a criminal trial process, the current system is already fraught with challenges for victim survivors. Do we really want to create another barrier to people having confidence in reporting the offences which have been perpetrated against them? I am absolutely certain that if many victim survivors who have been sexually assaulted or raped by a stranger became aware that under the current processes in place, they may never be allowed to know who attacked them, it would have incredibly negative impact on people's faith in the justice system. Let's do something to address this massive gap in support for victim-survivors in this situation so they can get some of the closure they need to be able to heal, recover and move forward from the trauma they have experienced.

[redacted]

[redacted]

Recommendation:

For the safety, health and recovery of historic, current, and future victim-survivors of sexual assault and rape by a stranger/s, I implore the decision-makers involved in this Consultation recommend a formal review of these issues so that rights of offenders are no longer prioritised over the rights of victim-survivors.

3. Sexual violence perpetrated by a Police Officer:

In 2004, I ended a three-and-a-half-year relationship with my first abusive partner. Shortly after I ended this relationship, my perpetrator commenced stalking and harassing me. This was the beginning of what would be a ten year long campaign of these behaviours from him. After an incident when my perpetrator cut up all the clothes on my clothesline, I was directed by a friend in Victoria Police to report what had happened to a Sergeant at [redacted] Police Station. The Sergeant initially was professional in his conduct when taking my statement, however subsequently made excuses as to why he needed to come to my home a couple of days later to collect the damaged items of clothing and to see where the offences had occurred. I was in my mid-twenties at the time this happened, and on reflection quite naive and trusting, particularly of people who were in positions of authority.

When the police officer came to my home, he was in-uniform, on-duty, alone and with a marked police vehicle. He raped me multiple times that day and then returned on several occasions over the following 12 months to continue to sexually exploit me. For more information about the crimes the Sergeant perpetrated against me, refer to my Victim Impact Statement, which is Attachment 1 of this submission or read this article I was interviewed for by journalist [redacted]:

[redacted]

For many years, I was too scared to report the Sergeant for the rapes he had perpetrated against me as I feared the retaliation I might face from him and other members of Victoria Police. It was only after I learned of the establishment of Professional Standards Command's Sexual Offences and Family Violence Unit (SOFVU) in 2022, that I finally felt safe to report the Sergeant's sexual offending. I learned at the time of making the report that the Sergeant had progressed up the chain of command since raping me and was of Inspector rank in 2022.

The experience I had of reporting to SOFVU was completely opposite to what I had experienced in 2005 when I reported the stranger rape. Every member of the SOFVU investigation and Witness Support teams treated me with respect, compassion, and belief. This approach helped to build a level of trust with the police officers providing support and assistance to me. After conducting months of covert investigation, the Inspector who had raped me multiple times was suspended on full-pay in August 2022. A Brief of Evidence was then prepared and sent to the Office of Public Prosecutions (OPP) to determine whether the Inspector would be charged with any criminal offences. In March 2023, the OPP made the decision not to pursue criminal prosecution against the Inspector, primarily due to the consent laws which were in place in 2004-2005. Victoria Police's Disciplinary Advisory Unit (DAU) then commenced their own internal investigation and disciplinary processes. The Inspector was charged with Disgraceful Conduct, which is one of Victoria Police's most serious internal disciplinary charges. He resigned whilst under investigation in September 2023.

The follow is the feedback back I provided to Victoria Police once my case was finalised in 2023:

"As a victim-survivor of sexual violence perpetrated by a senior high-ranking Victoria Police officer, I would like to provide the following feedback about my experiences of SOFVU and the DAU over the last 18 months:

SOFVU:

When I think of SOFVU, the one word which immediately comes to mind is gratitude. After previously having had very negative experiences of reporting very serious violent crimes which had been perpetrated against me by four other offenders, it took a huge amount of courage for me to finally report the police officer who had raped me multiple times from 2004-2005. To be honest, when I initially contacted [redacted] SOCIT in April 2022, my expectations were very low. I did not think I would be taken seriously or believed, but I really hoped that I would. From that first phone call, to when I provided my initial statement to the [redacted] SOCIT Detective, to when my case was handed over to SOFVU, I have experienced the best-practice model of investigation and witness support that Victoria Police currently provides.

Every member of SOFVU who I have had the privilege of encountering since April 2022 has treated me such an amazing level of compassion and belief, whilst at the same time conducting themselves with incredible professionalism. However, there have been times when this has actually triggered moments of grief for me when I have reflected frequently throughout the last 18 months about how different my life would be now if every police officer who I had reported serious offending to, had just treated me in the same way the SOFVU team in charge of my case has. I'll never forget the moment during a phone discussion with a SOFVU Detective Senior Sergeant when he said, "We believe you." The power of those three words had such a profound impact on me at a point in my life where I had not felt believed or validated by members of Victoria Police previously. The SOFVU investigation and witness support model has truly restored my faith in Victoria Police.

Disciplinary Advisory Unit:

When the internal disciplinary processes commenced against the police officer who had perpetrated rape against me, I came to realise quite early that I was no longer a priority. The decisions being made by the DAU were not being made with my welfare and well-being in mind, and instead it was the perpetrator's needs and voice who was completely centred at this stage of things. If it had not been for the ongoing contact that my Police Informant and my Witness Support Sergeant maintained with me throughout the months of tedious and stressful waiting between updates, I would have felt completely invisible.

In my case, the DAU allowed the perpetrator to drag things out far too long with zero regard to how this was impacting me physically and psychologically. I ended up having to resign from a position of employment that I had only commenced in 2023 because of how much stress the DAU processes were causing me. I found it completely infuriating to learn that the perpetrator (through his Police Association Victoria-TPAV representative) had been advised in June that he would not be allowed to have ongoing adjournments of his disciplinary hearing, yet then he was allowed to have things adjourned over and over again until he eventually resigned in September. The perpetrator had indicated as early as June 2023 that it was his intention to put his end of service paperwork in, so by allowing him to continually adjourn matters, demonstrates to me that the DAU were enabling him to manipulate the system for his own financial benefit. As the perpetrator was a public servant, that means he was taking advantage of taxpayer's money.

Since reporting the crimes perpetrated by this police officer in April 2022, I have had to take numerous months off work. The impacts on my physical, psychological, and financial health have been enormous. Whilst it felt unjust that the perpetrator was suspended on full-pay after he was arrested on 17/11/2022, as any of the numerous sectors I have been employed in would have suspended him on zero pay if a similar complaint had been made against him in those workplaces, I accepted that was the Victoria Police process for these types of cases. However, when the perpetrator received the formal internal disciplinary charge notice of disgraceful conduct, that is when his suspension on full pay, should have been changed to suspension on zero pay. As a victim-survivor experiencing major health impacts and financial hardship due to the trauma of reporting being raped, it felt like an absolute kick in the guts that the perpetrator was allowed to remain on full pay right up to the date he put in his end of service paperwork.

Finally, what probably upset me the most about the DAU processes was the lack of any opportunity to have my voice heard. As the victim-survivor of such horrific and life-altering crimes, it was critically important to me to be able to express the impacts of the perpetrator's actions in a formal setting. The one thing which would have made the world of difference to me would have been if the DAU had afforded me the opportunity to read out my Victim Impact Statement and that the perpetrator had to be present to listen to me. It is my strong feeling that the current processes used by the DAU allow perpetrators to escape having to face any true accountability for their actions. Despite all the processes in my case now having reached a conclusion, I regularly ask myself "What justice did I actually receive?" If the DAU had handled things differently, I would not be left continually feeling failed by the system."

Recommendations:

1. All victim-survivors of police-perpetrated domestic abuse and sexual violence need to have their cases investigated by SOFVU, rather than triaging some cases off to a victim-survivor's local Family Violence Unit. In States or Territories that do not currently have a dedicated SOFVU under the jurisdiiction of their Professional Standards Commands, they need to urgently establish these specialist units.

2. The witness support model utilised by SOFVU is incredible and a version of this should be extended to all SOCITs and FVUs for victim-survivors to have access to.

3. Internal disciplinary processes need to commence at the same time as the criminal investigation processes.

4. Police officers who have been formally charged with either a criminal offence or internal disciplinary charge (or both) should have their pay status changed immediately from suspended with pay to suspended without pay.

5. If police officers are alleged to have perpetrated domestic abuse against their partners/children, there needs to be financial provision set aside to support them whilst the police perpetrator is going through criminal and/or internal disciplinary processes.

6. Police officers should not be allowed to send their relevant Police union representatives to attend DAU hearings on their behalf. Police officers should be required to have to attend all DAU hearings relating to them. Union representation should be in addition to the police officer's attendance, not in place of!

7. Victim-survivors of police perpetrators deserve the right to have access to a form of restorative justice. All victim-survivors should be offered the opportunity to read out their own Victim Impact Statement during a disciplinary hearing with the perpetrator present- or to have a person of their choosing (e.g.: the Witness Support sergeant) read this on their behalf.

4. Establishment of Independent Police Oversight Authorities and Redress Schemes for Police Perpetrated Abuse and Officer Involved Domestic Violence (OIDV):

Victim-survivors of Police Perpetrated Abuse and/or OIDV should be afforded pathways to restorative justice. Currently these pathways do not exist and as a result, many victim-survivors explore the option of civil litigation against the relevant State, Territory or Federal Police Force. This ultimately causes a great deal of additional trauma for the victim-survivor and there will be many who discover that they are excluded from being eligible from commencing such legal action. For example, when I sought legal advice in 2024 as to whether this was avenue which I could pursue regarding the police officer who raped me, I was informed that because the crimes had occurred more than three years ago that I was

outside of the legal time-limit. Most victim-survivors of Police Perpetrated Abuse and/or OIDV will never see their cases progress to a criminal trial, therefore it is essential for the healing and recovery of these individuals that they can have the opportunity to access restorative justice pathways should they wish to.

Recommendations:

1.Victim-survivors need to be provided with both verbal and written formal acknowledgements of harm that they have experienced. This needs to come from the relevant State, Territory and Australian Federal Police Force as an organisation formally acknowledging the harm one or more of its members have caused. State, Territory or Federal Police Forces could look to the model being implemented by the Victorian Department of Justice and Community Safety as part of their implementation of the new Financial Assistance Scheme for victims of crime.

2. State, Territory or Federal Police Forces need to implement an official redress scheme to compensate victims of police-perpetrated offences. For example, Victoria Police has paid out over $42 million in civil settlements and legal costs in the past 5 years. Ultimately, no victim-survivor of police-perpetrated harm wants to go all the stress and trauma of going through a civil litigation process against a Police Force, when what they are really wanting is a formal acknowledgement of the harm caused by the offending police officer/s. Each State, Territory or Federal Police Force could save itself millions of dollars going forward, through the implementation of an official redress/compensation scheme similar to those used by ombudsman's services in various sectors.

3: There is an urgent need for the establishment of Independent Police Oversight Authorities for each State, Territory or Federal Police Force. It is simply unacceptable to have police in the role of investigating themselves. This recommendation is explored in more depth in this article written for Australian Lawyer's Alliance:

Victoria needs a new independent police oversight authority – but to work what will it need to look like? - Australian Lawyers Alliance Limited

5. Trauma Recovery Services:

There is an urgent need for affordable and accessible trauma recovery services to be made available for sexual violence. Currently there are very limited options which exist in Australia for people who require treatment for the trauma they have experienced in a holistic, trauma-specialist Biopyschosocial model. Existing public mental health services are not fit for purpose for the residential treatment of trauma as they are not therapeutic healing environments and are primarily focused on the medical model of treatment.

Victims of sexual violence who have experienced trauma as result of the crimes perpetrated against them deserve the right to access treatment, which is multi-disciplinary in approach, in tranquil settings and where there is the ability to have dependent children, emotional support animals or a support person accompany you.

As an example of the current limitations of service provision, in Victoria the only trauma recovery centres which offer this type of treatment so desperately needed by so many victims of sexual violence are private organisations which charge on average $1450 per night and do not allow any reduction in their rates through private health insurance or Medicare rebates. This makes getting access to life-changing treatment which could assist greatly in the trajectory of an individual's healing and recovery simply inaccessible for many victims of these types of crimes.

Trauma experienced by victims of sexual violence does not simply disappear. People experience trauma differently and the things which can trigger episodes of mental ill health are individual to each person. That is why both the State, Territory and Federal Governments need to respond appropriately and ensure the funding exists to enable those impacted by trauma because of crimes perpetrated against them is both readily available and affordable. As trauma can impact an individual for the remainder of their lives, it is vital that a Medicare item number is created that recognises the specialised healthcare needs of victims of crime. It would be beneficial for many individuals if they could be assessed for Enhanced Primary Care Plans which were able to include a combination of treatment services such as psychological supports, osteopathy, physiotherapy and whatever else is needed to respond to a person's immediate and ongoing healthcare needs.

Recommendation:

I was involved in the co-design and consultation processes which led to the development of Illawarra Women's Health Centre's Women's Trauma Recovery Centre which is currently meeting the diverse needs of victims of domestic, family and sexual violence who identify as women. My recommendation to this Consultation is to refer to the model currently being implemented by Illawarra Women's Health Centre as a suitable model to be replicated in various locations in every State and Territory of Australia. It would be essential that this model be expanded to respond to children and adults who have experienced sexual violence regardless of their gender identity.

6. Lived Experience Expertise and Peer Support:

I have been a Domestic, Family and Sexual Violence Survivor Advocate and Lived Experience Consultant since 2007. The following is a small selection of just some of the opportunities becoming an advocate has led me to become involved with:

- Research Assistant on La Trobe University's (in collaboration with CASA Central Victoria and Thorne Harbour Health) LOOP Project. (2024- ongoing)

- Family Violence Lived Experience Consultant on Transitioning Well's contract with the Federal Government regarding its 10 days of DFV paid leave for employees of small businesses project. (2023-2024)
- Victim Representative on the Victorian Department of Justice and Community Safety's (DJCS) Victims of Crime Consultative Committee. (2020-2023)
- Family Violence Lived Experience Consultant on Victoria Legal Aid's Specialist Family Violence Courts Project Steering Committee. (2020- ongoing)
- Family Violence Lived Experience Consultant on DJCS' Legal Services in the Orange Door Project (2021-2024)
- Victim Representative on the Victorian Victim's Legal Service Working Group (2022-2023)
- Advisory Group Member on MAEVe's "Experts by Experience: A Consumer Participation Model for the Family Violence Sector" Family Violence Philanthropy Collaboration Project (FVPCP). (2019-2020)
- Survivor Ambassador with Mettle Women. (2019- ongoing)
- Survivor Advocate with Safe Steps Family Violence Response Centre. (2007-2022)
- I made a submission and was called to give evidence to the Royal Commission into Family Violence which resulted in Recommendations 104 & 106 and led to the Review of the Victims of Crime Assistance Act 1996, which was tabled to Victorian Parliament in 2018.
- I made a submission and was called to give evidence at the Inquiry into Victoria's Criminal Justice System in 2021.
- Since 2007 I have done numerous media interviews (newspapers, tv, podcasts and radio), speaking engagements and provided training on responding to DFSV to organisations in the corporate, community and government sectors.
- Becoming a survivor advocate has given me the confidence to write about my lived experiences of DFSV and I have had blog pieces, poetry and short stories formally published, as well as a chapter I wrote for an anthology of survivor stories called "Love, Bruises & Bullsh!t".

My experiences of lived experience advocacy, consulting and co-design work have demonstrated to me the importance of organisations embedding lived experience participation at every level from governance through to evaluation. There should be no part of the continuum of co-design through to co-production of any policy/legislative or service delivery change that excludes the lived experience expertise and skills of consultants/advocates.

Organisations seeking to engage with people lived experience of Domestic, Family and Sexual Violence should refer to best practice guidelines such as the *"Family Violence Experts by Experience Framework"* which was co-produced by researchers from the University of Melbourne Research Alliance to End Violence to Women and their Children (MAEVe) with victim survivors from the MAEVe WEAVERs (Women and children who have Experienced Abuse and Violence: Advisors and Researchers) Victim Survivor Group. The project was also guided by an advisory group that included victim survivors and representatives from services who work with people experiencing family violence.

Organisations should encourage consumer participation whenever possible, however this needs to be done in a respectful, responsible, and non-exploitative manner. Furthermore, organisations need to budget to renumerate lived experience advocates/consultants for any speaking engagements, consultation/co-design processes or conference/research participation prior to commencing any new project or initiative.

Australian Peer Support and Advocacy organisations:

In Australia, a range of formal victim-survivor-led Peer Support and Advocacy organisations have formed since 2015 which specialise in supporting victim-survivors of DFSV and childhood sexual abuse nationwide. Each of these organisations publicly advocate for systemic, legislative and policy changes on issues impacting victim-survivors from an intersectional and trauma-informed perspective. The victim-survivor-led Peer Support and Advocacy organisations that have previously or are currently leading the way in this work are as follows:

- The Survivor Hub
- With You We Can
- What Were You Wearing? Australia
- Officer Involved Domestic Violence (OIDV) Support Group
- Independent Collective of Survivors (ICOS)
- Reclaim Me podcast and Survivor Support Network
- The Grace Tame Foundation
- Loud Fence Inc.

Members of these organisations have initiated and led key advocacy campaigns in recent years which have been instrumental in delivering a range of law, legislative, policy and other reforms. These include the "*Your Reference Ain't Relevant*" campaign, the "*#LetHerSpeak/#LetUsSpeak*" campaigns and the "*Say No To Drink Spiking*" campaign. It is as a direct result of What Were You Wearing? Australia's call to action and leadership, that Australians marched together in 17 different locations nationwide at the No More Violence rallies. To put it bluntly, these victim-survivor-led organisations are instigators of real change and collective action which will assist in the prevention of sexual violence in the first instance, as well as improve the way victims of sexual violence navigate and can receive support and justice for generations to come. These organisations currently receive little or no government funding and are reliant on donations from public fundraising activities and people volunteering their time.

Peer Support Workers:

As a victim-survivor of long-term stalking, I participated in the consultation processes for the Victorian Law Reform Commission (VLRC) Stalking Inquiry in 2021. One of the recommendations I made to the VLRC was the need for formally trained Peer Support Workers to be introduced into court environments.

People who have lived experience of navigating court processes as victims of crime could play a critical role in bridging the massive gap which currently exists in the court environment which is not being addressed by legal representatives or the Court Network volunteers. I would propose that these

positions should be renumerated in recognition of the lived experience and professional expertise Peer Support Workers would have.

The following links provide further information and suggested models of how Peer Support Worker positions could be embedded in the criminal justice systems of each Australian State or Territory:

- From Pain to Power: Crime Victims Take Action:

https://www.ncjrs.gov/ovc_archives/reports/fptp/bci.htm

- Advancing the Work of Peer Support Specialists in Behavioral Health-Criminal Justice Programming:

https://csgjusticecenter.org/publications/advancing-the-work-of-peer-support-specialists-in-behavioral-health-criminal-justice-programming/

There is also currently a missed opportunity to create Peer Support Worker roles within DFSV-specialist organisations. A consistent theme of discussion which occurs in the victim-survivor-led formal/informal peer networks in Australia is the desire for such roles to be implemented and what it would have meant to individuals if they could have accessed a Peer Support Worker at services they had engaged with for support.

Victim-survivors of sexual violence often speak about the power imbalance that can be felt between them as the service-user and the practitioner/s they are involved with. Embedding Peer Support Workers in DFSV-specialist organisations would go a long way to addressing this power-imbalance and improve victim-survivors' ability to engage with and navigate the services available to them.

Ecosystem of Peer Support:

The concept of the Ecosystem of Peer Support was developed by Founder of Reclaim Me Podcast and Survivor Support Network- [redacted] in 2023.

This model was created to demonstrate the different pathways which currently exist in Australia for people to become aware of and access formal and informal peer support. The ways in which victim-survivors find and connect with each other are through the following:

Organic Connection

Examples:

- Meeting each other at events or conferences
- Chance encounters in the community
- Word of mouth
- Connecting online

Survivor-led Safe Spaces

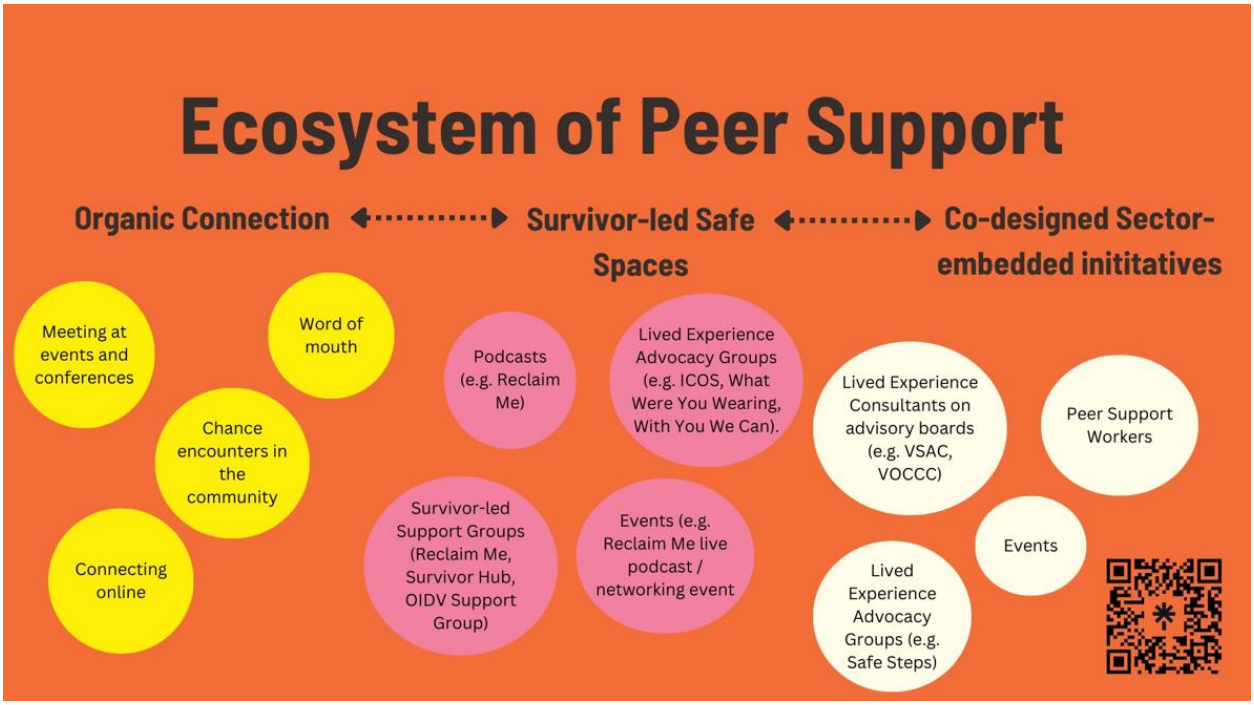
Examples:

- Podcasts (e.g. Reclaim Me)
- Lived Experience Advocacy Groups (e.g. ICOS, What Were You Wearing? Australia, With You We Can)
- Survivor-led Support Groups (e.g. The Survivor Hub, Reclaim Me, OIDV Support Group)
- Events (e.g. Reclaim Me live broadcast and networking event, What Were You Wearing?Australia's No More Violence Rallies)

Co-designed Sector-embedded initiatives

Examples:

- Lived Experience Consultants on Advisory Boards (e.g. VSAC, VOCCC)
- Peer Support Workers
- Events
- DFSV sector-led Lived Experience Advocacy Groups (e.g. Safe Steps, Full Stop Australia)



(Ecosystem of Peer Support concept and infographic developed by Madeleine Heather and Cathy Oddie, 2023)

Recommendation:

1. State, Territory and Federal Governments need to provide funding to the existing victim-survivor-led peer support and advocacy organisations to allow them to continue their critical work. This funding should be allocated in a way that allows the organisation to remain independent and autonomous from

the relevant level of government. The work of these victim-survivor-led peer support and advocacy organisations can be further supported through cross-sector collaboration with government, and the community and corporate sectors.

This cross-sector collaboration could help these grassroots victim-survivor-led organisations to grow in their skills and capacity through accessing training opportunities regarding leadership and organisational governance, developing networks with key stakeholders, as well as providing opportunities for people with lived experience to become involved with consultation and co-design processes for service delivery improvement and policy and legislative change.

A great example of where this already being done exceptionally well is through the Thriving Communities Partnership (TCP) which is a cross-sector collaboration with the goal of ensuring that everybody has fair access to the modern essential services they need to thrive in contemporary Australia. The TCP includes membership from utility providers, financial services, telecommunications providers, transport companies and not-for-profit community sector organisations. The TCP partners with people with lived experience of various issues at all levels of the work and advocacy they engage in.

2. Peer Support Worker roles to be created in co-design with people with lived experience of DFSV and embedded in relevant community sector, health and legal jurisdictions. People who are selected for these roles should be renumerated respectfully and be on the relevant organisation's payroll as an employee and afforded all the same benefits that any other employee can access. Peer Support Workers should receive training to equip them to do their role successfully and receive ongoing professional support and supervision from their management team. Given that the DFSV sector is currently experiencing a large shortage of experienced workers, creating this additional pathway into employment could help address a lot of existing workforce issues as well as reducing barriers for people with lived experience expertise in entering the sector as paid professionals.

7. Freedom of Information Requests:

Currently victims of crime bear the cost of making Freedom of Information (FOI) requests to gain access to evidentiary documents which can assist them in receiving appropriate justice outcomes. For example, in Victoria, Victoria Police and the Office of the Victorian Information Commissioner have processes which are onerous and place the burden of cost on victims of crime. Although there is an existing ability for these fees to be exempted in certain circumstances, it appears that this is limited to only being an option for Concession Card holders.

Recommendation:

My recommendation would be that there needs to be an option that victims of crime can select when submitting FOI requests where they can identify their status as a victim and be automatically exempted from any cost burden from the outset. The current process is discriminatory to individuals who do not

qualify for Federal Government income support payments and concession cards due to their residential visa status. Temporary visa holders are some of the most marginalised and vulnerable members of the community and are disproportionately at risk of becoming a victim of crime.

8. Conclusion:

To conclude my submission, I would like to include a poem I wrote in 2023

VIOLATION

[redacted]

I wake up to flashbacks of how men have violated my body.

The partner who was meant to love and respect me,

The police officer who was meant to protect me,

The stranger who should have just left me alone.

I feel like I am screaming silently into the abyss,

Like that Edvard Munch painting.

I hear their voices telling me

“If you loved me you would",

I tell him I am too tired.

“Take your top off, or I’ll rip it off”,

I am too scared to say no.

“Get on the fucking bed”,

I am frozen into robotic compliance,

Seeing his police uniform lying crumpled on the floor,

His gun placed strategically in my line of sight.

My mind learns to dissociate

To keep me in a protective bubble,

As I feel myself leaving my body and floating into a virtual safe space,

Whilst these men grunt, sweat and degrade me.

Waves of trauma hit me like body blows.

Both my body and mind can never forget what they did,

What they took from me,

How they changed me forever!

Three rapists

Entitled, arrogant men

Who only cared about their own sexual gratification,

Not caring about how much harm they were causing.

It makes me feel nauseous when I think of the countless other men who have tried to violate my body.

Since I was a teenager,

I have learned that men feel that they have a right to do things to me without my consent.

So many of my friends have similar stories to tell.

Fuck this social norm!

Fuck rape culture!

Fuck the Criminal Justice System that lets so many rapists walk free!

It seems they only take crimes against property seriously.

I am not anyone's property, but I have been thoroughly damaged.

Where's my justice?

Attachment 1:

VICTIM IMPACT STATEMENT

[redacted]

When you joined Victoria Police, you swore an oath that you would 'Uphold the Right'. The crimes you have perpetrated against me demonstrate that you never took that oath seriously. I have spent all these years protecting your secret, whilst the trauma of the harm you caused me continued to intensify. Can you imagine what it has been like living in fear for 18 years? Fear of how you and your colleagues may retaliate if I reported you, and fear that I would not be believed if I did.

When I met you, I had just come out of a severely abusive relationship, and you knew that. I had been conditioned in that relationship to obey and do whatever I needed to do to please my abuser otherwise I would get hurt. You took advantage of this knowledge and my vulnerability. You abused your position of power and authority in the most egregious way. You knew I aspired to be a police officer and that I was going through the recruiting process, and instead of being a positive role model or mentor, you chose to exploit me for your own sexual gratification. You disgust me. I hope you are totally ashamed of yourself.

The reason I contacted you in 2004, was on the advice of one of your friends and colleagues who told me that you would be someone who could help me get the appropriate support to be protected from the family violence perpetrator who had commenced stalking me in October of that year. I naively placed my trust in you and believed that you would uphold the values of your organisation and act professionally. I did not just want your assistance in your capacity of a Victoria Police officer at that time; I needed it as my life was at risk due to the threats I had received from my family violence perpetrator and his criminal underworld associates who had access to unregistered firearms. All I wanted from you was to thoroughly investigate the incidents I had formally reported to you and had made a statement about. Most importantly, I wanted you to actually speak to my abuser and make him aware that his continued harassment and stalking of me needed to stop, otherwise he would face legal consequences.

Unfortunately, you failed to do either of those things, and instead made up some flimsy excuse as to why you needed to come to my home, telling me that it was required as part of the investigation. When you turned up to my house alone, in-uniform, on-duty and with a marked police vehicle, I did not for one moment suspect that you were motivated by anything other than doing your job. As a young woman in my 20s, I operated from the belief structure at that time that being in my own home in the company of a police officer should be inherently safe. Also, as someone who was in the recruiting process to join Victoria Police, I saw you as someone who could potentially be a future colleague and senior officer.

To this day, I still have frequent nightmares and whole-of-body PTSD flashbacks to the moment you decided to expose your true intentions for coming to my house. I can still feel myself frozen and scared

on my sofa as you took your belt off containing your gun and placed it directly in my line of sight. You knew that my family violence perpetrator had held me hostage at gunpoint and severely assaulted me only two years earlier and how much that had traumatised me. Your use of your police firearm to coerce and scare me into complying with your wishes is one of the most vile, repulsive, and violent acts that I have had the misfortune to experience in my lifetime. As you raped me over and over that day, I had to completely disassociate from my body, but I will always feel nauseous at the memory of how you kept your gun strategically close. A part of me died that day.

Being raped by you has stolen something from me that cannot ever be repaired or restored. The fact is that you did not stop at just raping me that first time you came to my house and instead you chose to keep returning and sexually exploit me for a 12-month period. Do you have any idea how difficult it was for me to sleep in the bed you had raped me in, but not being able to afford a new one at that time or feel like I could explain to anyone why I needed help getting a new one? You worked for the law and gained my trust and took advantage of me, but ultimately you showed a complete disregard for the law. You did not display the integrity and principles which are meant to be the foundation of a police officer then and you don't display them now. To do what you did to me makes you a calculating, dangerous predator, but it also makes you a devious, weak, immoral coward. I've learnt to accept that I will never be the same young, happy, carefree girl that I once was. After everything I have endured, I honestly do not know if I will ever be able to trust men or be in a physical relationship again. I used to be a bubbly and chatty person who only saw the good in people, but now I am much more closed off and find it really difficult to let anyone get close to me. The feelings of hope, excitement, and self-worth that I was feeling before I met you, were quickly replaced with humiliation, shame, fear and feelings of worthlessness and anger after what you did to me. I have struggled with these emotions ever since.

Your actions have forever altered my life path. I endured a further ten years of stalking and harassment from my first family violence perpetrator because you did nothing to hold him accountable for his actions and he continued to abuse me with impunity. I gave up on my career aspirations to become a police officer, which was absolutely devastating to me as I had worked so hard towards achieving that goal. However, the thought of becoming a member of a police force which included someone like you was just too much for me to comprehend. Your actions also made it very hard for me to be able to contact police when I needed their professional support and protection for other crimes which I have been the victim of after having the misfortune of you pass through my life. In the years since you raped me multiple times, I have experienced regular episodes of depression, anxiety, panic attacks and complex post traumatic stress disorder. This has impacted my ability to attend work and has had a very detrimental and limiting effect on study and career opportunities that I would have liked to have pursued. There are many times in my adult life where I have experienced severe financial hardship as a direct result of the serious violent crimes I have survived.

Even in the 18 months since finally feeling safe enough to report you to Victoria Police's Professional Standards Command- Sexual Offences and Family Violence Unit (SOFVU) in April 2022, the financial and emotional costs of the impact of your actions has been enormous. For example, I had to decline a $20,000 training contract for a course I had worked so hard to create. The loss of the ability to proceed with this training facilitation contract was really upsetting, as I had not just lost $20,000 of income, but I

also lost the ability to travel around Australia delivering this training as was planned for June 2022. I had been so looking forward to meeting other professionals in my chosen sector of work who I would have got to connect with whilst doing this travel and I also lost the potential future consulting and other training facilitation opportunities this trip could have led to. Due to how distressed I was at the time; I felt the need to stay home and close to my support network. I had to take numerous days off work in my role as a Specialist Family Violence Practitioner because of how traumatised I was feeling going through the police investigation process and having to recall all the things you had done to me in detail. I was continually being triggered when supporting clients at work, specifically those who had been sexually assaulted or who needed me to attend a police station with them in the context of my professional role. I was having daily flashbacks of you raping me and this became incredibly debilitating. I've gone through weeks where I have been barely functioning. Last year I also started grinding my teeth in my sleep as a result of the stress I have been going through to the point where I have cracked one of my own teeth. These factors ultimately culminated in me needing to resign from my role as a Specialist Family Violence Practitioner in January this year due to the level of trauma I was experiencing. I ended up having 6 months of being unemployed where I needed to focus on getting support to function on a basic level again. I have incurred extensive dental, osteopath, and counselling costs and had many moments where I was actively considering ending my own life.

I wish the recent changes to Section 36AA of the Crimes Act had come into effect in 2004. In relation to sexual offences, new circumstances have been added where there can be no valid consent. This includes when there has been force, harm or fear of force or harm of any kind; coercion or intimidation; abuse of a relationship of authority or trust. You are guilty of all these factors and regardless of what you tell yourself or others, I never consented to any of the sexual acts you forced on me.

The crimes you have perpetrated against me will continue to impact my life forever, I will never fully be able to express in words the emotional, physical, or psychological damage I have suffered because of you and continue to suffer. For the last 18 months I have called you 'Police Rapist' or 'The Cockroach' as even saying your actual name is incredibly triggering for me. Now that you have resigned, you are no longer a police officer in Victoria Police, you are simply a rapist. Whilst I rebuild my life, finally free of holding onto the shame of what you did to me, you will forever live with the legacy of your true nature and the horrific harm you caused me.

You have had in your power to put your end of service paperwork in right from when you were formally charged with Disgraceful Conduct, instead you have chosen to drag this out month after month with zero regard to the psychological impact that has had on me. You have continually demonstrated of what low character you are. From the crimes you have perpetrated against me to the way you have refused to cooperate with the investigation process, to how you have blatantly manipulated the Disciplinary process for your own financial gain. The fact that you lodged a WorkCover application after you were suspended for misconduct citing psychological harm is absolutely revolting, seeing as you were the person who has caused so much harm to me. It is also a slap in the face for all Victorian taxpayers. How dare you blatantly rort the system like this and seek to financially benefit from your abhorrent behaviour? You have shown a complete lack of remorse and compassion towards me as the victim of your crimes. I can only presume that you were under the impression that being a senior high-ranking

Victoria Police officer would provide you with a shield of protection, instead you have a displayed zero integrity or accountability.

Although it is reassuring to know that you will not be able to be employed in any Australian police force or public service role ever again, I strongly believe that you should also never be allowed to work in any position of authority which allows you to have access to people in vulnerable situations going forward. Your career with the police has ended in disgrace with you confirming what a coward you are through not answering questions from the SOFVU investigation team after you were arrested, and by not engaging with the internal Disciplinary processes and sending your Police Association (TPAV) rep on your behalf. Do not for a second blame me for your career ending. You caused this outcome for yourself because of the crimes you perpetrated against me and most likely many other women. With my current professional knowledge of perpetrator behaviour, I refuse to believe that I am the first or last woman you offended against, especially since you did what you did to me with such a high level of arrogance, entitlement, and confidence.

You are not a reflection of Victoria Police. I wish that I had met police officers like the incredible investigation and witness support teams from SOFVU back in 2004 when I started my Victoria Police recruiting journey. They are sort of role models and mentors that I needed back then. I want you to know that there can be absolutely no room for complacency when it comes to police officers who have abused their positions of power. Every officer who abuses their power further erodes public trust in the police, while every force that fails to dismiss them erodes it even more.

“Justice delayed is justice denied” is a legal maxim meaning that if legal redress or equitable relief to an injured party is available, but is not forthcoming in a timely fashion, it is effectively the same as having no remedy at all. Martin Luther King, Jr said it best in his statement; “Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” It is now in your and your former employer’s power to formally acknowledge the harm that you have caused to me. The question I have is will you or Victoria Police do the right thing and provide me with this form of restorative justice, because honestly, it’s the very least that you or they could do?

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#LetHerSpeak | #LetUsSpeak

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LOUD Fence Inc.

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The Survivor Hub

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Home - With You We Can

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Mates Harrison James and Jarad Grice are on a mission to scrap good-character references for convicted paedophiles - ABC News


HOLD
RAPISTS
ACCOUNTABLE
BELIEVE
VICTIMS

Feedback for Priority Area 1: Victim-survivors

1. Establishment of restorative justice and redress schemes for victim-survivors of police-perpetrated domestic, family and sexual violence (DFSV) in all State and Territory jurisdictions of Australia.

2. Establishment of Independent Police Oversight Authorities in all State and Territory jurisdictions of Australia.

3. Establishment of embedded, trained and renumerated DFSV peer worker roles in relevant organisations such as specialist DFSV sector, criminal justice system and public health system.

Second Action Plan Consultation Submission

Addressing Traumatic Brain Injuries in Australia's Response to Domestic, Family and Sexual Violence

About the Submitters

This submission has been prepared by [redacted] from the University of Newcastle on behalf of the MRFF-funded Hope in Healing project team.

Project title: Hope in Healing: Developing a Model of Care Approach for those Impacted by Traumatic Brain Injury through Domestic Family Violence

Project team: [redacted]

Lived experience advisory group members[1]**:** [redacted] and [redacted].

The project brings together researchers, clinicians, service managers and consumers across multiple organisations. The project is led by the University of Newcastle and includes partnership from the Hunter New England and Central Coast Primary Health Network (HNECC PHN), the Hunter New England Local Health District (HNELHD), the Hunter Medical Research Institute (HMRI) and Port Stephen Family and Neighbourhood Services (PSFANS). It is overseen by a lived experience advisory group.

The following submission relates to the need for this project and preliminary findings, as well as recommendations for ongoing investment in the area of mild traumatic brain injury (mTBI) in the context of Domestic, Family and Sexual Violence (DFSV).

Contact [redacted] for further information.

Overview

Traumatic brain injury (TBI), including mild traumatic brain injury (mTBI) and hypoxic brain injury from non-fatal strangulation, is a common but largely unrecognised consequence of domestic, family and sexual violence (DFSV). Evidence suggests a substantial proportion of victim-survivors experience brain injury, yet few dedicated screening, assessment, referral or treatment pathways exist. The Hope in Healing project has developed and is testing a trauma-informed model of care that integrates DFSV services, primary care and rehabilitation support.

This submission has five key recommendations for the Second Action Plan:

- **Recommendation 1**: Formally recognise TBI and non-fatal strangulation as significant and often hidden health consequences of DFSV within national policy, planning and service responses.
- **Recommendation 2**: Invest in accessible, culturally appropriate, trauma-informed care pathways that address the complex health, cognitive and social needs of victim-survivors experiencing TBI and non-fatal strangulation.
- **Recommendation 3**: Support workforce training, screening capability and referral pathways.
- **Recommendation 4**: Support the development of standardised screening and assessment tools.
- **Recommendation 5**: Scale and evaluate integrated models of care nationally.

[1] Only lived experience advisory group members who provided permission to be named are listed here.

A Case for Action

- A TBI is a brain injury caused by an outside force, such as a forceful bump, blow, or jolt to the head or body[1]. Non-fatal strangulation can also result in hypoxic brain injury[2].
- In a review of 15 studies, estimates of brain injury among those who have experienced DFSV ranged from 28-100%[3].
- A major Australian study that examined 10 years of data from Victorian hospitals found, among 16,296 DFSV victims, 40% (n=6,409) had experienced a brain injury[4]. This report notes that these figures are likely the *'tip of the iceberg'* given there were only 1,800 hospital admissions for DFSV annually, while ~ 63,000 of DFSV cases are referred to Victorian family violence services or the courts each year.
- Many victim-survivors of DFSV experience multiple TBIs, placing them at increased risk of persistent post-concussion symptoms that can significantly affect day-to-day functioning.
- Together, these findings indicate that brain injury is a common consequence of DFSV and is likely substantially under-recognised within existing health and support systems.

Story of Impact — Raymond Terrace Screening Trial

The Hope in Healing project was informed by a screening trial led by Port Stephens Family and Neighbourhood Services. The trial screened 85 victim-survivors accessing a local DFSV service and identified a substantial burden of previously unrecognised head, face and neck injuries. Of those screened, 42.4% identified as Aboriginal and Torres Strait Islander and 82.4% had not sought medical assistance following their injuries.

Among the women screened, 68% reported experiencing non-fatal strangulation in addition to assaults involving the head, face or neck. None of the children or young people screened had received medical care despite experiencing serious physical violence.

These findings demonstrate that traumatic brain injury among victim-survivors of violence remains widespread, under-recognised and largely untreated within existing health systems.

The overrepresentation of Aboriginal and Torres Strait Islander victim-survivors within the screening cohort highlights the importance of culturally safe pathways and partnership with Aboriginal Community Controlled Organisations in future implementation and scale-up activities.

This project demonstrates that injury caused by violence should be treated with the same clinical seriousness as injury sustained in any other context. A victim-survivor who experiences concussion as a result of violence should have access to timely assessment, treatment and recovery support, regardless of how that injury occurred.

Key Statistics

85
victim-survivors screened
screening trial over 3 months

82.4%
had not sought medical care
following head, face or neck injuries

68%
reported non-fatal strangulation
alongside head, face or neck assaults

0%
of young people had received medical attention
following head, face or neck injuries

These findings demonstrate an opportunity for intervention that may reduce long-term health, social and economic impacts for victim-survivors and their families. Despite growing evidence of prevalence and impact, TBI remains largely absent from national DFSV policy and service responses.

Recommendation 1: Formally recognise TBI and non-fatal strangulation as significant and often hidden health consequences of DFSV within national policy, planning and service responses.

Priority Area 1: Victim-survivors

What individual barriers exist for getting support among victim-survivors?

While severe TBIs require an emergency response, mTBI are likely to go unaddressed for this group due to low rates of medical care seeking among DFV populations. Many complex factors impede an individual's ability to access healthcare. The following provides a non-extensive list of possible contributing factors:

- Dynamics of abusive relationships (e.g., perpetrator preventing healthcare access or fear of further harm)[5,6].
- Difficulties managing and navigating the healthcare system while experiencing significant trauma[5,7]
- Fear of mandatory reporting resulting in children being removed when help is sought[5,7].
- When women leave domestically violent relationships, they often experience homelessness and significant financial disadvantage, which further impede their ability to prioritise healthcare[6,8].
- For women who experience TBI these barriers are compounded due to the impact on cognitive functioning[5,9].

These findings demonstrate that victim-survivors experiencing mTBI face unique and compounding barriers to accessing healthcare and rehabilitation services.

Recommendation 2: Invest in accessible, culturally appropriate, trauma-informed care pathways that address the complex health, cognitive and social needs of victim-survivors experiencing TBI and non-fatal strangulation.

Priority Area 5: System Integration and Workforce

What systems barriers exist to getting support among victim-survivors?

The healthcare system is currently not accessible for mTBI care for victim-survivors for a variety of reasons, not limited to:

- Costs of care - Medicare rebates are not always available for imaging reducing access to initial assessments, and the number of practices that bulk bill for consultations is declining.
- When victim-survivors do access primary health care, healthcare professionals often do not have the knowledge to support the complexity of care required for someone experiencing DFSV[7,10].
- Brain injuries related to DFSV often go unreported or undetected due to a lack of specific screening tools and challenges in classifying and diagnosing mTBIs.
- Notably, mTBIs are often invisible on scans and require detailed cognitive testing, symptom evaluation, and an understanding of the trauma history for identification.
- Stakeholder consultations conducted through the Hope in Healing project suggest existing concussion referral pathways may not be consistently accessible or appropriate for victim-survivors experiencing DFSV-related mTBI.

The healthcare system currently presents significant barriers to accessing mTBI care for victim-survivors.

Recommendation 3: Support workforce training, screening capability and referral pathways.

Recommendation 4: Support the development of standardised screening and assessment tools.

Response: Hope in Healing

A dedicated primary care response to mTBI and non-fatal strangulation in DFSV

While Australia has established pathways for concussions sustained through sport, workplace injury or road trauma, few accessible pathways exist for victim-survivors who sustain concussions through violence for sub-acute injuries.

The Hope in Healing project seeks to ensure these injuries are treated with the same clinical seriousness as sports-related or workplace concussions.

Through a Delphi study, the project has established expert consensus on best practice care for DFSV-related mTBI and non-fatal strangulation, with a localised co-design process currently underway. The clinic is intended to be piloted in 2027.

Expert Consensus on best practice for mTBI in the DFSV context

A Delphi study is a structured process used to reach expert consensus through multiple rounds of consultation.

Key findings:

- *72 items across over 7 components of a care pathway were endorsed.*
- *Components of care explored included:*
  - *Training & Workforce Capacity*
  - *Screening & Identification*
  - *Information & Education Following Screening*
  - *Triage & Referral Processes*
  - *Clinical Assessment*
  - *Specialist & Allied Health Referral and Care Pathway (Post Primary Care)*
  - *Support Strategies*

- *Sample recommendations that received 100% endorsement across experts included:*

Interagency collaboration protocols should be developed to support screening and referral
A toolkit should be developed for GPs and allied health professionals to support those reporting DFSV with mTBI
Frontline community service workers (e.g., refuge staff, crisis support workers, caseworkers) should receive training in Referral processes for mTBI
It is important to offer education/information with clear and plain language information that is specifically designed for those who may have experienced mTBI through DFSV
It is important to offer mTBI education/information with client-led safety planning for provided resources to reduce the risk of the perpetrator accessing shared resources
Clinical assessment should include a lethality and risk assessment (including re-injury) and/or referral to DFSV specialist service if not already connected
Funding should be available to cover gap fees and reduce financial barriers to accessing care for those reporting DFSV
Transport support should be considered for those reporting DFSV needing assistance to attend appointments

From 2027, HNECC PHN will commission a two-stage model: frontline DFSV practitioners trained to screen and refer, connected to a dedicated community-based concussion clinic where a GP, allied health practitioner and specialist DFSV social worker provide integrated assessment, treatment and care navigation. The feasibility and acceptability of this pilot model of care will be examined by the project team.

The Hope in Healing project will provide a practical example of how healthcare, rehabilitation and DFSV services can be integrated to improve identification, assessment and recovery outcomes for victim-survivors experiencing mTBI and non-fatal strangulation. Evaluation of this model will provide critical evidence regarding its acceptability, feasibility and potential for broader implementation.

Recommendation 5: Scale and evaluate integrated models of care nationally.

Conclusion and Recommendations

There are pertinent gaps across all areas of care relating to mTBI care for victim-survivors of DFSV. These gaps include a lack of: support for individuals; training for healthcare professionals; standardised screening tools for mTBI in the DFSV context; educational resources for victim-survivors; and referral pathways for further assessment and ongoing support.

Injury caused by violence should be treated with the same clinical seriousness as injury sustained in any other context. However, the absence of clear health systems procedures for mTBI in the context of DFSV creates almost insurmountable barriers for victim-survivors to seek care and healing.

The Second Action Plan presents an opportunity to ensure that TBI and non-fatal strangulation are no longer overlooked within DFSV responses. The Commonwealth has already invested in developing and piloting solutions through the MRFF-funded Hope in Healing project. Future opportunities should involve building on this existing investment rather than creating new systems from scratch.

PRIORITY INVESTMENT ACTIONS

① **Develop a national workforce capability program.**

Fund training, clinical guidance and resources for GPs, nurses, allied health practitioners and frontline DFSV workers to identify, respond to and refer people experiencing mTBI and non-fatal strangulation.

② **Scale PHN-led DFSV mTBI service models nationally.**

Continue and expand primary care pilot programs addressing DFSV-related mTBI and non-fatal strangulation across all PHN regions.

③ **Establish nationally consistent screening and referral pathways.**

Invest in development, validation and implementation of standardised screening tools, referral protocols and integrated care pathways for DFSV-related mTBI and non-fatal strangulation.

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Individual Submission

Consultation on the Second Action Plan

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

[redacted]

Submitted in an individual capacity as a survivor advocate with lived experience of DFSV and post-separation abuse, including failures of the family law system.

[redacted]

Executive summary

This submission responds to the six consultation questions and speaks to all five priority areas of the Consultation Paper, with particular focus on victim-survivors, children and young people in their own right, people who use violence, and system integration.

It advances one central argument. Australia does not have an evidence problem. Twenty-five years of government inquiries and thirty years of independent research have reached substantially the same conclusions about how the family law and family violence systems fail women and children. What Australia has is an accountability problem and a system-design problem. Two arms of government operate in conflict, one identifying risk and the other disregarding it, and no one bears a consequence when findings are left unactioned. The Second Action Plan's greatest opportunity is to treat institutional and systems-enabled harm as a form of violence in its own right, and to connect the systems that currently fracture families across jurisdictions that do not speak to each other.

The recommendations converge on a single reform the department already has language for: a genuine 'no wrong door' system. This submission sets out what that means in practice. One integrated response to family, domestic and sexual violence, entered through a single trusted door, holding one shared record of risk, so that a family tells its story once and the classification made at the point of crisis travels with them rather than being relitigated from zero in a forum that has never seen the pattern.

Summary of recommendations

The full reasoning for each recommendation appears under the relevant question below. In summary, the Second Action Plan should:

- Treat institutional and systems-enabled harm as a prevention priority in its own right, and task the strengthened Domestic, Family and Sexual Violence Commission with monitoring and publicly reporting on it across both state and federal systems.
- Make separation safe by legislating national protection order primacy and enforcing section 68R, so that federal parenting orders can no longer override state protection orders.
- Build a genuine 'no wrong door' response: establish domestic, family and sexual violence as a fourth emergency service accessible through Triple Zero, with one case worker and one file carried through the whole system.
- Route children who disclose through a Barnahus-style hub, so a child tells their account once to a trained specialist in a recorded interview that serves every downstream process.

- Replace adversarial family law litigation in violence matters with a specialist, inquisitorial, panel-based tribunal, publicly funded on a Medicare principle, perhaps JusticeCare, built on state foundations for the constitutional reasons set out below.
- Give that integrated body its own forensic investigation function so the burden of proving financial abuse is taken off the victim.
- Prohibit parental alienation and resist-refuse framings in proceedings, consistent with the UN Special Rapporteur, and audit the training supplied to court-appointed professionals.
- Strengthen the Domestic, Family and Sexual Violence Commission into a statutory body with power to compel outcome data, audit, enforce and publicly report, and designate it the oversight body for the integrated system.
- Urgently establish an independent harm review board, so that any child harmed under court-ordered contact automatically triggers an independent published review and safety mechanisms.
- Establish a national redress pathway, outside the appeal system, for survivors whose homelessness and financial destitution flowed from orders later shown to rest on coercion, non-disclosure, false evidence or documented systems failure.
- Resource an independent, survivor-led national network, run by survivors and not directed by government, so the next plan is designed with the people the system touches.

Question 1 — Prevention and early intervention

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

Prevention policy in Australia is built on the assumption that violence is something the government systems respond to. The evidence now shows that the systems themselves can extend and enable violence, and that prevention must therefore include preventing institutional harm. Accountability is prevention. Where a person using violence has already been identified and nothing follows, the next incident is not prevented. It is scheduled.

The most urgent prevention evidence is the reversal in the homicide trend. The rate of women killed by intimate partners in Australia fell substantially between the late 1980s and the early 2020s, because earlier reforms made it safer to leave. That progress has stalled and reversed. The Australian Institute of Criminology (Miles and Bricknell, 2024) found that the rate of women killed by an intimate partner rose by 28 per cent from 2021-22 to 2022-23, after decades of decline, and that in New South Wales two in three women killed by a partner were killed by an ex-partner or at the point of separation. The Consultation Paper itself notes that the number of children killed by a parent has not fallen, and that most of those deaths are linked to earlier domestic and family violence, showing that chances to intervene were missed. Separation remains the most dangerous time, and the family law system is where separating families are processed. The single most effective prevention measure available to government is to make separation safe.

Making separation safe means ending the conflict between the two systems that currently govern it. State systems identify risk and make protection orders. The federal family law system can then require continuing contact that a protection order was made to prevent. The department's own priority area on 'systems used to harm' names this. Prevention requires legislating national protection order primacy, enforcing section 68R of the Family Law Act so that state protection orders are not overridden by federal parenting orders, and removing

family violence matters from adversarial processes that structure years of ongoing contact between victim-survivors and the people who abuse them.

Prevention must also begin in childhood, consistent with the Domestic, Family and Sexual Violence Commission's call for prevention to start early and for a coordinated national approach to engaging men and boys. Respectful relationships education should include age-appropriate coercive control literacy, so young people learn to recognise patterns of domination and entitlement rather than only discrete physical incidents. This directly addresses the department's concern about online misogyny and the 'manosphere' reaching children. Recent Australian research led by Professor Michael Salter at UNSW, analysing the accounts of a large sample of adult male perpetrators of child sexual abuse, found entitlement and patriarchal thinking at the core of offending, including offending motivated by revenge against the child's mother. Prevention that does not address male entitlement is not addressing the driver.

Prevention also requires a visible, funded pathway for people who recognise they are at risk of using violence and want help before any system sees them. At present the first institutional contact with a person using violence is typically a police callout after harm has occurred. The Second Action Plan should fund early identification and behaviour-change pathways connected to the integrated system described at Question 2, so intervention can begin at the first sign of the pattern rather than at the first police report. This aligns with the department's priority of creating more pathways for early intervention and behaviour change.

Finally, the Adverse Childhood Experiences evidence base, which the Consultation Paper identifies as a prevention priority, establishes that children exposed to violence carry elevated lifetime risks. Any system that orders children into ongoing contact with people who harm them is generating those adverse experiences at scale, with public funding. Preventing that institutional generation of harm is primary prevention in the fullest sense. The Second Action Plan should name institutional and systems-enabled harm as a prevention priority in its own right, and task the strengthened DFSV Commission with monitoring and publicly reporting on it across both state and federal systems, so that prevention failures inside government are counted with the same rigour as prevention failures outside it.

Question 2 — Services and support

> *How can services and supports work better for people who have experienced, or are at risk of experiencing, family, domestic or sexual violence? (Priority areas: victim-survivors; system integration and workforce.)*

The department's stated goal is that victim-survivors experience 'no wrong door'. The current reality is the opposite. There is no front door built for this crisis. A person experiencing family, domestic or sexual violence must choose between calling police, who are trained for crime response rather than coercive control, or navigating a fragmented maze of helplines, refuges, community services and courts, each with its own intake, eligibility criteria and waiting list. Every doorway requires her to re-tell and re-prove her experience, and the doorway she is most often pushed through is the one victim-survivors consistently report as retraumatising or actively dangerous, particularly through misidentification of the victim as the perpetrator. A 'no wrong door' policy cannot be achieved by adding more doors. It requires one door.

The recommendations below build from that single principle.

Recommendation 2.1 — A fourth 000 emergency service. Establish domestic, family and sexual violence response as a fourth emergency service, alongside police, fire and ambulance, accessible through Triple Zero.

When someone calls 000 and the emergency is family violence, the dispatched response should be a specialist DFSV service staffed by responders trained in coercive control, trauma, risk assessment and safety planning, with police attending where their powers are required. The infrastructure exists; statewide crisis and co-responder models already operate. Fire and ambulance exist because we accepted long ago that not every emergency is a policing matter. Family violence is the most common reason women and children flee their homes, yet it is the only large-scale emergency in Australia without a dedicated emergency service. A fourth emergency service would create one trusted point of entry, generate consistent national data, and end the misidentification crisis because responders would be trained to recognise coercive control. Queensland already has this precursor in our DVConnect service.

Recommendation 2.2 — One case worker, one file. From the first call, the family should be carried through the entire system by a single case worker holding one file, so the account travels with the family rather than restarting at every agency. This operationalises the department's own 'tell us once' commitment.

Recommendation 2.3 — A specialist inquisitorial tribunal. After the emergency response, victim-survivors should not be funnelled into adversarial family court litigation that forces years of contact with the person who abused them and allows legal process to be weaponised as ongoing coercive control. Family separation matters involving violence should be decided by a specialist, inquisitorial, panel-based tribunal, publicly funded on a Medicare principle so that safety does not depend on capacity to pay. Multidisciplinary panels with genuine expertise in coercive control, child sexual abuse and trauma should investigate rather than umpire, informed by current perpetration prevalence research rather than by outdated assumptions that abuse allegations are improbable.

Recommendation 2.4 — A forensic investigation function. The tribunal should carry its own forensic capacity to trace concealed income and assets within a fixed timeframe, so the burden of proving financial abuse is taken off the victim and findings never depend on her capacity to fund forensic accounting against the party who controls the resources. This addresses the department's recognition that financial abuse is often not recognised by services.

Recommendation 2.5 — A child-centred hub. Children who disclose should be routed through a Barnahus-style hub rather than a police interview room, so that one recorded specialist interview serves every downstream process and the same file moves with the family to the tribunal.

Why this must be built on state foundations. The jurisdictional integration this requires is not radical, and there is a constitutional reason it must rest on state foundations rather than be bolted onto the federal courts. The Australian Law Reform Commission's 2019 review of the family law system (Report 135), the most comprehensive since the Act commenced, made as its very first recommendation that family law be exercised by state and territory courts. Following the High Court's decision in Re Wakim, a federal court cannot be invested with state jurisdiction, and child protection is a state responsibility. A federal family court therefore cannot hear the whole of a family's situation no matter how much information sharing is added around it, because the state child protection and family violence questions sit permanently beyond its reach. This is the structural reason the split between federal family law and state child protection is where families fall through, and where some of them die. Western Australia already runs family law as a state court, which demonstrates the model is available now. State-based bodies invested with federal family law jurisdiction under section 77(iii) of the Constitution can hold parenting, property, protection and child protection together, which no federal court can do. This is what genuine system integration, the department's fifth priority area, actually requires.

The oversight that makes it work. No reform will hold unless the body overseeing it has teeth. In its 2025 Yearly Report to Parliament, the Domestic, Family and Sexual Violence Commission recommended that it be strengthened as a statutory authority with expanded powers to gather timely data and to monitor National Plan outcomes, and identified misuse of the family law, tax and child support systems as a systems-abuse priority. The Commission currently operates, in its own words, in lieu of statutory powers. The Second Action Plan should implement these recommendations in full, including express statutory power to compel outcome data from the Federal Circuit and Family Court in matters involving violence allegations and to report on those outcomes publicly, and should designate the strengthened Commission as the oversight body for the integrated system, so the new architecture is born with a watchdog instead of acquiring one decades after its failures accumulate.

Stop funding what protects institutions instead of people. Services cannot improve while funding flows to programs that protect institutions rather than survivors. A major court risk-screening program, the Lighthouse Project, absorbed tens of millions of dollars, with the large majority spent on internal positions rather than survivor safety, and no outcome data has ever been published on protective orders made, children moved to safety, or harm prevented. Survivors report that screening produced no triage to any safety pathway and that identified risk did not change the orders made. Screening bolted onto an adversarial system is not safety infrastructure. The Second Action Plan should require published outcome data as a condition of any safety-program funding, and redirect funding from failed programs into the integrated system.

Sequencing, so no one is left exposed. Reform must be sequenced so survivors are not left unprotected while the new system is built. In year one, government can act without legislation: commission an independent review of unsafe orders, restore the family law legal assistance supports removed or lapsed in recent budgets, enforce section 68R protection order primacy, publish outstanding program evaluations, and redirect failed-program funding into designing the integrated system. Across years two to five, the fourth emergency service, the child-centred hubs and the state-based tribunal are stood up cooperatively with the states, and the Commission's statutory powers are legislated. The plan should distinguish clearly between restoring what protects people and re-funding what failed them.

Behind the door, the system must be built with survivors. Every victim-survivor should have access to peer support delivered by people with lived experience and funded as a recognised service type. Services should be co-designed and governed with victim-survivors rather than consulted after decisions are made. Legal assistance must cover property matters, because financial abuse determines whether women and children can leave safely and stay safe. There must be an independent, accessible complaints mechanism covering all professionals in the system, including judicial officers, sitting alongside the strengthened Commission and a federal judicial commission. This also speaks to the department's workforce priority: a system is only as safe as the workforce delivering it, and that workforce must be specialist, accredited, properly funded and supported against vicarious trauma rather than operating on short-cycle grants with waiting lists.

Question 3 — Children and young people

> *How can communities and services best support children and young people to stay safe from violence? (Priority area: children and young people in their own right.)*

The department's framework rightly treats children as victim-survivors in their own right. The first test of whether Australia does so is what happens when a child discloses abuse, and the current answer is documented and damning.

A survivor-led review of 20 final judgments undertaken by the Family Court Accountability Network, delivered between 2023 and 2025 on the court's own specialist child sexual abuse pathway, found that children's disclosures were dismissed or minimised in 75 per cent of cases, abuse allegations did not result in protective orders in 80 per cent of cases, fathers were granted sole parental responsibility in 70 per cent of cases, and protective mothers had their time reduced, supervised or suspended in 65 per cent of cases. Independent academic research led by Professor Michael Salter at UNSW (2025), commissioned by the National Centre for Action on Child Sexual Abuse and analysing 65 trial decisions involving co-occurring domestic violence and child sexual abuse allegations, corroborates the pattern: the most common outcome was that the child was ordered to live with the parent against whom both forms of abuse had been alleged, court-appointed children's lawyers supported the accused parent's position in two thirds of cases, and courts adopted those lawyers' proposed orders in the large majority. A documented Australian case describes a child who became actively suicidal because the court kept ordering her into contact with the father she had disclosed against.

Court outcomes cannot be reconciled with the national evidence on perpetration. The largest Australian perpetration prevalence study, led by Salter at UNSW, found that a substantial minority of men report sexual feelings towards children and a meaningful proportion report having offended, and that these men are typically employed, socially connected and easily overlooked. A population in which perpetration is that prevalent cannot honestly produce a court that rejects the overwhelming majority of allegations arising in a cohort already flagged as high risk. When national prevalence research and judicial rejection rates point in opposite directions, the problem is not the children making disclosures. It is the institution assessing them.

The mechanism is a legal error the Second Action Plan can name and end. Parliament legislated a child-protective civil standard and required protection from harm to take priority. Courts are instead importing a criminal evidentiary threshold, treating the absence of police prosecution or child protection substantiation as proof of no risk, when police close the large majority of child sexual assault reports without action. Non-substantiation is a failure of evidence to meet a high threshold, not evidence of safety.

What this looks like from inside a family. When children who have said no, in every way children know how to say no, are made to go anyway, what they learn is that disclosure changes nothing, that adults with power will not protect them, and that their voice carries no weight in decisions about their own bodies and safety. The harm stops being an event in the past and becomes an ongoing condition of childhood, with mental health consequences a protective parent is still managing years later. A protective parent can be legally required to hand a child over to the person the child fears, under threat of contravention proceedings, costs or losing the child altogether, and the distress the child shows after each changeover is then treated as evidence of the protective parent's influence rather than evidence of the harm. There is no other area of Australian law in which a person can be compelled, under penalty, to deliver a child to someone that child has disclosed against.

Keeping children safe therefore requires the following commitments.

Recommendation 3.1. Legislate to prohibit the use of parental alienation and related pseudo-concepts, including resist-refuse framings, in family law proceedings, consistent with the UN Special Rapporteur's report A/HRC/53/36, which found these concepts highly gendered, embedded among court evaluators, and used to override children's disclosures.

Recommendation 3.2. Conduct an urgent safety review of interim residence-transfer and contact orders in all violence-flagged matters, with orders stayed where a state protection order exists.

Recommendation 3.3. Commission a national count of children harmed or killed in the context of court-ordered contact, because a government cannot manage what it refuses to measure, and establish an independent harm review board so that any child harmed under court orders automatically triggers an independent, published review of every professional decision in the matter, with no exemptions for judicial officers, report writers or lawyers, reporting through the strengthened Commission.

Recommendation 3.4. Replace single-appointee child representation with a coordinated, multidisciplinary team response. Assessing a child's disclosure requires expertise in child development, trauma, forensic interviewing and coercive control that no legal qualification alone provides. The Barnahus model, operating across Europe, brings police, child protection, health, forensic interviewing and judicial functions together around the child, who tells their story once to a trained specialist in a recorded interview that serves all downstream processes. An Australian adaptation is the natural child-facing arm of the specialist tribunal at Question 2. A mother and her children should enter one system, and one multidisciplinary body should see the family's safety as a single question rather than splitting the mother's protection, the child's protection and the perpetrator's conduct across separate courts and files that never speak to each other. Fragmentation is precisely what perpetrators exploit, because each forum sees only a slice of the pattern.

Recommendation 3.5. Give children and young people a formal role in shaping and monitoring the next Action Plan, through a youth advisory mechanism, and ensure children's wishes are recorded by trauma-informed professionals and given weight as evidence of risk rather than reframed as the influence of a protective parent. This directly answers the department's priority of involving children and young people in the policies and services that affect them.

Question 4 — People who use violence

> *What more can be done across the community to promote healthy, safe relationships and strengthen accountability for people who use violence? (Priority area: people who use violence.)*

Accountability begins by recognising every form the violence takes. Peer-reviewed Australian research (Wilde, Sheeran and Douglas, 2023, a scoping review across 25 studies) documents that perpetrators systematically use family law proceedings as a mode of coercive control, and the validated Legal Abuse Scale (Gutowski and Goodman, 2023), developed from 222 survivor mothers, identifies litigation as a tool used to harm the survivor as a mother and financially. Systems abuse is violence, and the department's recognition of 'systems used to harm' should name it as such.

The single greatest engine of perpetrator impunity is a two-tier classification system. In the first tier, state systems correctly identify the victims: police attend, risk assessments are completed, magistrates grant protection orders, and the record names the mother and children as the people in danger. In the second tier, the federal family law system reclassifies them: the mother who reported becomes the alienating parent, the children who disclosed become coached, and the person the state identified as the risk becomes the wronged parent seeking time. The perpetrator only needs the second classification to prevail.

This machinery was manufactured and imported, not derived from evidence. Parental alienation was invented by a single clinician, rejected by mainstream science, and spread internationally through the professional networks that service family courts. When the concept became indefensible it was rebranded, and the same logic now circulates as resist-refuse framings. The Australian chapter of the international body that propagated it broke away in 2022 and renamed itself Pacifica Congress, stating in its own conference material that although

the organisation was changing its name, its aims and ideals were not changing. The concepts did not disappear. They were rebranded, and the framing continues to reach the report writers, evaluators and lawyers who advise the courts through professional conferences and development events. The UN Special Rapporteur's report A/HRC/53/36 confirmed these concepts are unscientific, highly gendered, embedded among court-appointed evaluators, and used to override children's disclosures. United States research funded by the Department of Justice (Meier et al., 2019) quantifies the effect: when fathers answered child sexual abuse allegations with alienation cross-claims, courts disbelieved the abuse in almost every case. A perpetrator entering the system today knows the surest defence to an abuse allegation is an alienation counterattack, and that a professional industry stands ready to supply it.

If we always do what we have always done, we will always get what we have always got. Twenty-five years of inquiries reached substantially the same conclusions and changed almost nothing, and the reason is not that the evidence was missing. The reason is that no one bears a consequence for leaving findings unactioned, and that some of those who would have to change the system are among those who benefit from it continuing as it is. This is, in the end, a question about public money. Tens of millions of dollars have been directed into programs and positions inside the existing structure rather than into the safety of the women and children the structure was meant to protect. The court risk-screening program described at Question 2 is one documented example, and the growth of private reunification programs, paid services into which children who resist contact can be ordered despite a weak evidence base and documented harm, is another. Until that flow of public money is named, audited and redirected, the incentives that produced twenty-five years of documented harm remain exactly where they are. This is what it looks like when the commercial interests of an industry sit in the front seat and the safety of women and children sits in the back row.

The integrated system at Question 2 dismantles this machinery at its foundation, because reclassification depends on fragmentation. It is only possible to flip victims into aggressors because the second forum does not hold the first forum's record and treats the state's protection orders as another contested allegation. In a one-door system, the specialist response that attended the crisis, the risk assessments it generated, the protection orders that followed and the family law determination would all live inside a single evidence record held by one multidisciplinary body. A perpetrator could no longer shop for the forum that has not seen his pattern, because there would be one forum and it would have seen everything. That is what accountability structurally means: the full pattern of a person's conduct follows them.

Lived experience. Years after separation, property proceedings can remain the primary vehicle through which a perpetrator continues coercive control. Corporate structures are used to conceal income and assets, disclosure obligations are treated as optional, and false sworn evidence is accepted without consequence. When property orders are obtained through non-disclosure or fraud, the only remedy is an application to set them aside, and that remedy is practically inaccessible: it requires the victim to fund fresh litigation against the party who controls the resources, to re-enter the arena where the abuse occurred, and to meet a threshold that treats the perpetrator's concealment as her evidentiary burden. A remedy that costs more than the victim has left is not a remedy. It is a design feature that teaches every litigating perpetrator that fraud and perjury in family law carry no practical consequence.

Alongside the structural reform, the Second Action Plan should commit to the following.

Recommendation 4.1. Recognise systems abuse and legal abuse expressly, consistent with the Commission's 2025 Yearly Report, which identified misuse of the family law, tax and child support systems as a priority.

Recommendation 4.2. Legislate to prohibit parental alienation, resist-refuse framings and their successor rebrandings in proceedings, and audit the training and conference content supplied to court-appointed professionals, with public reporting of where public money allocated to family law safety programs has actually been spent.

Recommendation 4.3. Reform the child support formula to remove the financial incentive for tactical custody applications and close the double-penalty trap that allows deliberate non-payment to be weaponised against protective parents.

Recommendation 4.4. Embed perpetrator-pattern-focused practice, such as the Safe and Together model, across child protection, family law and police, so scrutiny follows the perpetrator's behaviour rather than shifting onto the protective parent. This supports the department's priority of holding people who use violence to account with victim-survivor safety at the centre.

Recommendation 4.5. Expedite national standards for men's behaviour change programs and a coordinated national approach to engaging men and boys, informed by perpetration research showing entitlement and patriarchal thinking at the core of offending, and create funded early-intervention pathways for people who recognise the risk before offending, as at Question 1.

Recommendation 4.6. Take the burden of proving financial abuse off the victim through the tribunal's forensic function, and make proven fraud and perjury trigger automatic consequences, including adverse costs, referral for prosecution and correction of the affected orders, without requiring any application from the victim. Reform the set-aside provisions so the cost of undoing orders obtained through concealment falls on the party who concealed.

Recommendation 4.7. Commit to the federal judicial commission promised in 2022, with genuine investigative power rather than a receive-and-dismiss model, to an accountability framework for court-appointed experts including mandatory violence competence and a public register of interests applying the standard in Charisteas v Charisteas [2021] HCA 29, and to the statutory strengthening of the Commission. Perpetrator accountability and institutional accountability are the same project, because impunity is learned from institutions.

Question 5 — Recovery and healing

> *What would make the biggest difference in helping people and families to recover and heal after being affected by family, domestic and sexual violence?*

Recovery cannot begin while the harm is still being administered. For victim-survivors in the family law system, the single biggest obstacle to healing is not a service gap. It is that court orders and ongoing proceedings structure years of continuing contact with the person who caused the harm, and litigation is used to extend coercive control long after separation. A parent required to maintain contact with a person she holds a protection order against exists in a state of enforced hypervigilance, and recovery in that state is physiologically impossible, because a nervous system cannot heal while the threat is scheduled and the law delivers it.

The evidence on the danger of this period is stark. As noted at Question 1, the Australian Institute of Criminology found intimate partner homicides of women rose 28 per cent in a single year after decades of decline, and that women are most often killed by an ex-partner or at the point of separation. For the women who survive, the sustained stress of prolonged, adversarial proceedings carries its own serious health toll. Recovery policy that does not address the legal system as a driver of harm is not recovery policy. The most healing intervention

available to government is to end system-inflicted harm through the structural reforms in this submission, and in the interim to stay unsafe contact orders and enforce protection order primacy.

Survivors must have the right to speak. Recovery is built on truth-telling, yet provisions of the Family Law Act (Part XIVB) expose survivors to criminal liability for speaking publicly about their own proceedings. The Commonwealth established the relevant principle in 2026 when it waived non-disclosure enforcement for Defence abuse survivors. The same principle should extend to family law survivors, by repeal or reform of those provisions and by an immediate assurance that the Commonwealth will not prosecute survivors for telling the truth about their own lives. A person who cannot name what happened to them cannot heal from it.

Financial recovery must be treated as core recovery. Every year of proceedings converts into legal costs, lost income, depleted superannuation and delayed housing security, while the party who caused the harm retains the property base from which to keep litigating. It is not possible to hold employment while being dragged through years of proceedings a perpetrator can prolong at will, and while parenting children ordered into contact with the person who harmed them. This unpaid labour is performed overwhelmingly by mothers, at direct cost to their earning capacity and independence, and no recovery framework currently counts it. Financial abuse does not end at separation; it compounds through the legal process itself. KPMG estimated the cost of violence against women and their children in Australia at 22 billion dollars in 2015-16, with a large share borne directly by victim-survivors. The department's own finding that financial abuse is often unrecognised by services applies with full force here.

The Second Action Plan should therefore treat financial recovery as core recovery, fund long-term health and mental health care for survivors and their children on the model of the lifetime health care card provided to veterans, so families are not means-tested or session-capped for injuries the system caused, and establish an accessible national redress pathway, outside the appeal system, for survivors whose homelessness and financial destitution flowed from orders later shown to rest on coercion, non-disclosure, false evidence or documented systems failure. A redress payment must not create a social security debt or reduce a survivor's current or future payments. Children harmed under orders should be recognised as victims in their own right, with standing to seek redress independently of a parent.

Finally, recovery must be built with the people it is for. The most important condition on everything in this submission is that survivors are in the room where the system is designed and evaluated, not consulted at the end. This is what twenty-five years of inquiries lacked, which is why they reached the right conclusions and changed nothing. The Second Action Plan should resource an independent national survivor network, run by survivors and not directed by government, so the direction of reform is set by the people the system touches rather than by the few who happen to be appointed to any one panel.

Question 6 — Access to support

> *What makes it easier for people to access support or services related to family, domestic or sexual violence?*

Access is determined by three things: whether there is a single trusted door, whether using it is safe, and whether it costs anything to walk through. The current system fails all three, and the reforms in this submission are, at their core, access reforms.

A single trusted door. Access improves when a person does not have to know in advance which of a dozen agencies to approach, and does not have to re-tell and re-prove her story at each one. The fourth emergency

service and the one-file model at Question 2 are the most direct access reforms available, because they replace a maze with a single entry point and the department's 'tell us once' principle becomes real.

Safe to use. Access is meaningless if using the system is more dangerous than not using it. Survivors currently avoid help because contact with the system has, in their experience, escalated risk: misidentification, disregarded protection orders, and screening that changed nothing. Access improves when the first responder is trained to recognise coercive control, when protection order primacy is enforced, and when a person is not punished for disclosing. Access for particular groups the department identifies, Aboriginal and Torres Strait Islander women, LGBTIQA+ people, and people in rural and remote areas, depends on culturally safe, local, specialist responses within the integrated system rather than a single metropolitan model.

Free at the point of access. Access is rationed by cost. The Independent Review of the National Legal Assistance Partnership (Mundy, 2024) documented chronic underfunding of the legal assistance sector and the restrictiveness of its means testing. When safety depends on legal representation a person cannot afford, on forensic accounting she cannot fund, or on counselling capped by sessions, access belongs only to those who can pay. Funding family justice on a Medicare principle, restoring legal assistance for property matters, and providing long-term care on the veterans' model are access reforms as much as recovery reforms.

Access also depends on people knowing the door exists and trusting it. A single, nationally recognised entry point, promoted the way Triple Zero is, would do more for access than any number of separate campaigns for separate services, and would generate for the first time the consistent national data the department needs to see where access is failing.

Closing

Australia has the evidence, the reviews and the recommendations. What it has lacked is the willingness to replace a structure that cannot be repaired and to hold institutions accountable for the harm they cause. The Second Action Plan can be the plan that names institutional harm as violence, builds the genuine 'no wrong door' system the department has already described, and does so with survivors in the room. I make this submission in the hope that the next five years break the pattern of the last twenty-five.

Thank you for the opportunity to contribute.

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Re Wakim; Ex parte McNally [1999] HCA 27 (constitutional limits on federal jurisdiction).

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Note: figures cited qualitatively in the body (for example perpetration prevalence proportions and police attrition rates) are drawn from the sources above and can be provided in precise numeric form on request.

Further reading

The arguments in this submission are developed at greater length in a published series I wrote on redesigning family justice in Australia. The three pieces most relevant to this submission are:

Twenty-Five Years of Family Court Warnings

https://janinelrees.substack.com/p/twenty-five-years-of-family-court

Sets out twenty-five years of Australia's own inquiries into the family law system and shows they reached substantially the same conclusions and changed almost nothing. The evidence for reform is not missing; the accountability to act on it is.

DFSV Is the Fourth Emergency Service Governments Refuse to Fund

https://janinelrees.substack.com/p/dfsv-is-the-fourth-emergency-service

Argues that every component of a specialist-led fourth emergency service already exists and operates in Australia, and that what is missing is the will to fund it permanently, connect it and give the frontline sector the power to act. This is the fullest version of the 'one doorway' model referred to at Question 2.

For Thirty Years, Researchers Have Warned Government About the Family Court

https://janinelrees.substack.com/p/for-thirty-years-researchers-have

Draws together three decades of independent research finding the same gendered pattern in the courts' own judgments, and makes the case that a foundation this flawed cannot be repaired and must be replaced.

About Sparkt

Sparkt is an independent platform for research, writing and systems-reform advocacy focused on safe homes, schools and communities. It brings together lived experience, public evidence and systems thinking to examine how Australia can move from documented harm to truth, accountability and repair, and to build the case for an

integrated system that protects women and children. More information, and the full family justice series, is available at sparkt.org.

Feedback for Priority Area 1: Victim-survivors

Implementation of Peer Support

I strongly endorse the proposal by [redacted] of the Centre for Women's Economic Safety (recommendation 8 in their submission) that they be supported to pilot a Peer Support Unit.

Feedback for Priority Area 2: Prevention and early intervention

Therapy based support and connection with families from the birth of a couple's first child.

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

Abolish the involvement of Lawyers and Courts in family matters. Establish a family breakdown system that is completely managed by lived experienced parents and genuine therapy professionals.

Feedback for Priority Area 4: People who use violence

Programs such as the Edon Place (Bundaberg QLD DV Centre) ""River of Cruelty"" initiative rolled out across the country and all men who have violence/abuse behaviour patterns attend this revolutionary approach to helping men understand their behaviour and find peace.

There needs to be instatnt disciplinary consequences for men because the current law system allows them to extend their abuse so to create greater necessity for the mother to have to fund lawyers and extend reliance on the court system (who benefit by increased funding).

Feedback for Priority Area 5: System Integration and Workforce

The implementation of Peer Support and immediate financial support for the Centre of Women's Economic Safety's capability to activate a unit of lived-experienced and trained Peer Supporters in 2026.

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

Greater public education about the cycle - that children who experience neglect, narcissitic/controlling parenting etc will grow to perpetrate abuse on others. The cycle needs to end now and the Family Law system needs to be stopped from feeding it.

Systems Abuse After Separation

Submission to the Second Action Plan Consultation

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

Submission type: Individual submission informed by lived experience and expertise
Publication: Consent is provided for this submission to be made publicly available
Date: July 2026

Central proposition: A protection order cannot end post-separation abuse if legal, financial, migration, property and government systems and services remain available as tools of coercive control. The Second Action Plan must require those systems to identify the pattern, coordinate safety and prevent their processes from being misused.

Author perspective

I make this submission as a victim-survivor of domestic and family violence, including nearly three years of prolonged post-separation abuse and as a professional with approximately 25 years of experience in disability services, safeguarding, service delivery and systems advocacy.

My experience demonstrates that violence does not necessarily end when a relationship ends or when a protection order is made. Post-separation abuse can continue through legal, financial, administrative, technological and government systems. When these systems operate separately, fail to identify patterns of coercive control or treat each incident as an isolated transaction, they can unintentionally provide further opportunities for abuse.

In September 2025, after two years of court proceedings and following a contested hearing, a magistrate found that family violence had occurred, was likely to continue and that a final five-year Family Violence Intervention Order was necessary for my protection. Obtaining that order did not end the systems abuse, financial harm or need to continually advocate for my own safety.

I have engaged with police, courts, lawyers, financial institutions, government departments, regulators, specialist family violence services and other organisations. Despite extensive evidence of risk and sustained professional support, responsibility for coordinating these systems has largely remained with me.

My experience also includes the challenges I faced as an Australian partner-visa sponsor when trying to report family violence and raise serious immigration, identity and privacy concerns. This exposed significant gaps between migration decision-making, victim-survivor safety and perpetrator accountability.

This submission does not seek to recount every incident or determine individual complaints that remain with relevant authorities. It uses selected, de-identified examples to show how fragmented systems can be manipulated, how institutional responses can compound harm and what practical reforms are required under the Second Action Plan.

My central submission is that Australia cannot end violence against women and children without recognising and addressing **systems abuse as a distinct and continuing form of post-separation coercive control**.

Contents

Executive Summary

This submission focuses on prolonged post-separation abuse and the ways legal, financial, administrative, migration and other government systems can be used to continue coercive control after a relationship has ended.

My experience shows that individual organisations may respond to isolated incidents without recognising the broader pattern of abuse. Information is fragmented across systems, family violence risk is not consistently identified or acted upon and victim-survivors are repeatedly required to explain, document and prove their circumstances. This places responsibility for coordinating safety responses on the person already experiencing harm.

Obtaining a protection order does not necessarily end the abuse. Systems and processes connected with property, debt, litigation, immigration, privacy and government decision-making can preserve contact, create financial pressure and provide continuing opportunities for intimidation and control. Where agencies fail to recognise these patterns, their processes may unintentionally facilitate further abuse.

The personal consequences are profound. Prolonged systems abuse can cause financial loss, housing insecurity, loss of employment or business, damage to family relationships, psychological injury and years of legal and administrative work. Recovery cannot properly begin while the victim-survivor remains entangled in systems that continue to expose them to risk and require constant self-advocacy.

The Second Action Plan should recognise systems abuse as a distinct form of post-separation coercive control. It should establish consistent national expectations for identifying family violence, coordinating responses, protecting personal information, preventing process misuse and holding people who use violence accountable across every system they engage with.

The success of the Second Action Plan should not be measured only by the number of services, programs or initiatives delivered. It should be measured by whether victim-survivors become safer; whether abuse is prevented from continuing through institutions; whether people who use violence-not victim-survivors-carry the consequences of their conduct; and whether recovery becomes practically possible.

Three reforms would have made the greatest difference in my case: formal recognition of systems abuse; a consent-based “tell us once” response led by a single cross-system coordinator; and independent oversight with authority to require decisions, remedies and consequences.

Key Recommendations

The detailed reforms proposed throughout this submission support eight core recommendations.

1. Recognise systems abuse as coercive control

Formally recognise systems abuse as a distinct form of post-separation coercive control. The definition must include the misuse of legal, financial, property, migration, taxation, privacy, complaints and other administrative systems to maintain contact, inflict harm or reassert control.

2. Create one accountable response

Establish a national, consent-based “tell us once” framework supported by a named cross-system coordinator for complex and high-risk cases. Once family violence is disclosed, responsibility must extend beyond making another referral and include risk assessment, coordination, follow-through and safe communication.

3. Require pattern-based risk assessment and predominant-aggressor identification

Require police, courts, regulators and government agencies to assess cumulative conduct, prior threats and information held across systems. Cross-applications, counter-allegations and repeated complaints must not create an automatic assumption of mutual violence or cause a victim-survivor to be misidentified as a perpetrator.

4. Impose enforceable safety duties across every system

Establish national family violence safety standards for legal, financial, property, migration, taxation, privacy, disability, child protection, utility and complaint systems. These standards must include safe information handling, alternatives to processes requiring contact or cooperation, mandatory response timeframes, written reasons, escalation pathways and consequences for non-compliance.

5. Protect children and the wider family as victim-survivors

Recognise children, young people, adult children and relatives who are directly targeted or affected by continuing abuse as victim-survivors in their own right. Risk assessment and support must address disability, housing loss, economic harm, malicious reporting, intimidation and the long-term effects of violence directed through the wider family.

6. Place accountability on the person using violence

Require agencies to identify and respond to repeated legal, financial, technological and administrative abuse across systems. This must include proper recording and investigation of alleged breaches, safeguards against processes being used to maintain control, effective behaviour-change interventions and consequences for deliberate systems abuse. A nationally consistent and independently evaluated Domestic Violence Disclosure Scheme should form part of this accountability framework.

7. Fund long-term recovery and economic restoration

Provide long-term counselling, specialist legal and financial advocacy, housing and employment assistance, safe resolution of joint liabilities, necessary security measures and accessible redress. Recovery policy must address the cumulative economic damage caused by both the abuse and institutional failure.

8. Establish independent oversight with enforceable powers

Create an independent cross-system oversight and escalation mechanism with authority to obtain information, require decisions and corrective action, monitor mandatory timeframes and refer non-compliance for enforcement. Progress must be measured through victim-survivor safety outcomes, public reporting, accessible remedies and paid lived-experience leadership.

Nature and Impact of Prolonged Post-Separation Abuse

My experience of post-separation abuse has continued for nearly three years. It has not involved one system or a series of unrelated incidents. It has been a continuing pattern involving threats, intimidation, stalking, technology-facilitated abuse, third-party violence, property and financial matters, legal proceedings, complaints and interactions with government and private organisations.

This technology-facilitated abuse included more than 600 messages in the first month after separation and concerns about unauthorised access to government accounts connected to my identity.

Some of the most serious incidents included threats of violence, the firebombing of a family member's car, an aggravated burglary involving men armed with machetes, stalking and intimidation of me and members of my family. Not every incident has resulted in a criminal investigation, charge or finding. However, considered together, these events form part of the context in which I have been required to make decisions, respond to demands and assess continuing risks to my safety.

The abuse has also continued through systems. I have experienced prolonged intervention-order proceedings, cross-allegations, disputes over property and joint financial liabilities, delays in completing required documents, threats of reports to government agencies, concerns about the use and accuracy of my identity information and repeated administrative processes requiring me to defend or explain myself.

In September 2025, after two years of court proceedings, I was required to spend two days giving evidence and being cross-examined before obtaining protection. The proceedings cost me approximately $55,000. At the conclusion of the contested hearing, a magistrate found that family violence had occurred, was likely to continue and granted a final five-year Family Violence Intervention Order for my protection. The other party's application against me was refused.

The personal and financial burden required to obtain that protection was extreme. A victim-survivor should not have to endure years of proceedings, prolonged cross-examination and costs of this magnitude to establish an ongoing need for safety. Despite the final order, the financial, legal, property, migration and administrative entanglements through which the abuse and its effects have continued were not resolved.

Over this period, I have had to engage repeatedly with police, courts, lawyers, family violence services, financial institutions, government departments, regulators, utilities and other organisations.

Each system has generally considered only the issue falling within its own responsibility. No single body has been responsible for identifying the cumulative pattern or coordinating a safety response.

The impact has extended well beyond the immediate incidents of violence. I have lost my home and business, experienced significant legal and related costs, carried joint financial obligations, funded years of counselling and psychological support and spent an extraordinary amount of time documenting events, making reports, correcting records and seeking assistance. My family has also been affected by the continuing risk, stress and disruption.

This experience demonstrates that separation, engagement with services and even obtaining a long-term protection order do not necessarily provide an endpoint to abuse. Where systems remain disconnected, a person using violence can continue to create harm through lawful processes, institutional gaps and unresolved financial or administrative ties. Recovery cannot begin fully while those mechanisms remain active.

Priority Area 1 - Victim-Survivors and Systems Abuse

The Second Action Plan identifies the need to systematically address the misuse of financial and justice systems. This must extend to every institution or administrative process capable of being used to maintain coercive control after separation.

Systems abuse occurs when a person uses legal, financial, government or other institutional processes to intimidate, exhaust, monitor, discredit or financially harm a victim-survivor. It can involve conduct that appears ordinary when viewed as an isolated transaction. Its abusive purpose and impact become apparent only when it is considered as part of the broader pattern of coercive control.

Fragmented responses

Throughout my experience, individual organisations have generally addressed only the transaction or incident directly before them. Police considered separate reports, courts considered separate applications, financial institutions considered individual accounts and government departments considered only the particular administrative issue within their portfolios.

This fragmentation meant that no organisation held or responded to the complete pattern. I was required to identify the connections, preserve the evidence, repeatedly explain the history and persuade each new decision-maker that the family violence context was relevant.

A “no wrong door” approach must mean more than referring a victim-survivor to another service. It should require the first organisation receiving a family violence disclosure to identify immediate risks, make appropriate adjustments, record the information safely and assist with a coordinated referral. Victim-survivors should not simply be handed another telephone number or complaints process.

Pattern-based assessment

Systems must be capable of recognising cumulative and escalating conduct. A delayed signature, address change, disputed debt, administrative complaint, information request or court application may appear insignificant on its own. When repeated across multiple organisations, these actions may form part of a deliberate pattern of financial abuse, surveillance, intimidation or procedural control.

Risk assessment should consider:

- the history of family violence and any current protection orders;
- repeated or escalating use of complaints and legal processes;
- interference with property, settlement or joint liabilities;
- unauthorised changes to personal or contact information;
- threats followed by reports to government bodies;
- attempts to obtain information about the victim-survivor;
- the use of third parties or institutions to maintain contact or pressure; and
- the cumulative financial, psychological and safety impact.

Accessing support

People are more likely to seek help early when they are believed, treated respectfully and given clear information about what an organisation can do. They are less likely to continue engaging when they must repeatedly retell traumatic events, are required to prove the entire history to every service or are treated as a difficult customer because their circumstances are complex.

In my experience, the burden of obtaining assistance has often been almost as demanding as the underlying issue. I have had to make repeated calls, prepare extensive written complaints, correct inaccurate records, escalate matters to senior staff and approach regulators when frontline responses failed.

One example was my attempt to report sexual violence. I raised this with police and was referred to a Sexual Offences and Child Abuse Investigation Team (SOCIT), which I later spoke with by telephone. I did not proceed with a formal statement because I was already experiencing escalating post-separation abuse, feared further retaliation and did not feel safe or adequately supported to endure another traumatic investigation. SOCIT later confirmed in writing that the investigation had been suspended until I felt able to proceed and could be reopened at any stage.

My inability to proceed safely was not a withdrawal or retraction of my report. It demonstrates how continuing danger, trauma and inadequate support can prevent a victim-survivor from participating in an investigation after she has reported sexual violence. A suspended investigation must not be treated as an absence of violence, a voluntary choice not to proceed or an adverse finding about credibility.

Access to support should not depend on a victim-survivor's ability to understand complex systems, write detailed submissions, retain lawyers or continue advocating while experiencing trauma and financial hardship.

Safety after a protection order

A final protection order should trigger practical safeguards across relevant systems. It should not be treated as relevant only to police and courts. With appropriate consent and privacy protections, it should support enhanced safety measures across banks, utilities, property transactions, debt collection, government services and other organisations managing continuing joint interests.

These measures should include restricted access to personal information, separate communication channels, review of joint liabilities, safe management of address and contact details, alternatives to direct agreement or signatures and escalation pathways where delay or non-cooperation may be part of continuing abuse.

Required action

The Second Action Plan should establish national standards requiring agencies and essential service providers to:

- recognise systems abuse as a form of coercive control;
- assess patterns across time rather than isolated incidents;
- provide a genuine “no wrong door” response;
- minimise repeated disclosure and documentary demands;
- offer safe alternatives to processes requiring contact or cooperation;
- identify and prevent misuse of complaints and administrative systems;
- protect victim-survivors’ identity and location information;
- provide specialist escalation pathways; and
- record and report outcomes so institutional failures can be identified and corrected.

Priority Area 2 - Prevention and Early Intervention

This section focuses on institutional early intervention: what must happen once a victim-survivor has disclosed risk and agencies hold warning information. It does not attempt to address the broader primary-prevention agenda.

My experience demonstrates that early intervention does not fail only because warning signs are hidden. It also fails when victim-survivors disclose risk, provide evidence and repeatedly seek help, but the information is not acted upon or connected across systems.

Over nearly three years, I raised safety and systemic concerns with numerous elected representatives, ministers, departments, regulators and oversight bodies. The repeated need to approach senior offices was itself evidence that ordinary pathways had failed, yet no authority assumed responsibility for the cumulative risk.

One Member of Parliament acknowledged in writing that my experience revealed a failure serious enough to warrant future reform. However, assistance ended while the underlying safety and accountability issues remained unresolved. Preventing the same failure for future victim-survivors is essential, but policy reform must not substitute for action for the person whose experience exposed the failure.

There were multiple documented opportunities to intervene before further harm occurred. These included disclosures to Home Affairs, police reports, family violence risk assessments, intervention-order proceedings, reports of threats and stalking and information held by financial and other institutions.

Where repeated approaches demonstrate that no agency has responsibility for the whole risk, government must provide a central escalation and coordination mechanism rather than continuing to redirect the victim-survivor.

Immigration and family violence disclosures

The permanent-stage partner visa application was lodged in late 2022 without my knowledge. It used my identity and Australian passport information, yet I was not consulted or asked to verify serious information recorded about me and my family.

I was later advised that no separate sponsor consent was required for the permanent stage and that the migration agent was not responsible for confirming whether I knew of or consented to its lodgement. This left no safeguard requiring the person whose identity and sponsorship information were being used to be contacted before a consequential decision was made.

In late April 2023, while I remained the Australian sponsor, I raised family violence concerns through Home Affairs' domestic and family violence channel and other departmental pathways. Within days, the Department incorrectly recorded my sponsorship as withdrawn. After I challenged the error, the record was corrected within a week. The permanent visa was granted two days later, despite the family violence concerns already having been raised and no checks being completed.

This sequence demonstrates why a sponsor's family violence disclosure must trigger an immediate, documented safety review before any consequential visa decision is made.

Despite my repeated reports, it took approximately 18 months for Home Affairs to consider cancelling the visa. That consideration did not commence in response to the concerns I had repeatedly raised. It occurred only after my experience was reported in the media and Home Affairs was contacted by journalists. My own disclosures had not produced the same response. This demonstrates a system in which media scrutiny achieved escalation that a victim-survivor's direct reports could not.

Following the media involvement, Home Affairs acknowledged that a privacy breach had occurred. However, my broader concerns about the visa application, the use and accuracy of my personal information and the conduct of the migration agents involved have been dismissed or left without substantive investigation or resolution. The acknowledgement of one privacy breach has not resulted in examination of the wider circumstances in which my information was used or the permanent visa was approved.

By December 2023, Home Affairs' specialist Domestic and Family Violence Support Section had received an urgent written escalation from a member of my family concerning serious risks to my safety and the safety of my family. The section confirmed that multiple Border Watch reports had been made and that the information had been referred internally. However, no receiving area, responsible decision-maker, safety assessment, investigation process, timeframe or outcome was identified.

I also wrote to the Commonwealth Immigration Minister in December 2023 and escalated the matter again to the Home Affairs Minister in November 2024. Following a direct discussion with me, an acting director of a branck confirmed that my information had been forwarded for consideration. The response explained that cancellation could be considered where incorrect information had been provided, a person presented a significant risk to the community, substantial criminal conduct was involved or the character test was not satisfied.

The five-year final FVIO granted in September 2025 provided the type of independent court evidence that Home Affairs had said it relied upon. The visa has since been investigated for cancellation based on family violence and media articles of Medicare fraud grounds. However, I have not received a transparent explanation of how the Department assessed the earlier family violence disclosures and court information, or why coordinated action took so long.

A Victorian ministerial office responsible for preventing family violence also acknowledged in early 2024 that the visa holder presented a risk to me. However, the visa issue, alleged FVIO breaches, family violence support and evidentiary needs were each redirected to a separate system. No mechanism was identified through which the combined risk could be assessed or escalated between the Victorian and Commonwealth governments.

I have also been repeatedly denied access through Freedom of Information requests to Home Affairs records concerning my sponsorship and personal information. This has limited my ability to understand how my information and family violence disclosures were handled or to pursue accountability.

I also subsequently became aware of previous court appearances involving the visa holder that I believe may have been related to domestic or family violence. I was not aware of this history before

or during the relationship. This raises broader questions about what information was available to government, how relevant risk information was assessed and whether existing immigration processes adequately protect sponsors from known or identifiable family violence risks.

A family violence disclosure by a sponsor should trigger an immediate, documented and safety-focused review before a permanent visa decision is made. The sponsor should receive clear written information about what has been recorded, what safeguards have been applied and how concerns about identity misuse or inaccurate information will be investigated.

No support pathway for victim-survivor sponsors

No dedicated support pathway existed for me as an Australian sponsor experiencing family violence, either before or after the permanent visa was approved. I had no independent immigration advice, named contact or supported way to participate meaningfully in the later investigation and cancellation process.

When I sought assistance from Victoria Police, the Australian Federal Police, ministers and Members of Parliament, I was repeatedly referred back to Home Affairs. Home Affairs, in turn, directed me to submit Border Watch reports. I followed those directions, but Border Watch was a reporting mechanism-not a victim-support, legal-assistance or decision-review pathway. It provided no safety planning, named decision-maker, meaningful updates or remedy. The circular referral process left responsibility for navigating the system with me.

A Commonwealth parliamentary office acknowledged in writing that the treatment I had experienced was appalling and described Home Affairs as displaying continued intransigence and multiple systemic failures. Despite that acknowledgement, no agency assumed responsibility for examining the combined failures, coordinating a safety response or providing a remedy.

I did not meet the eligibility criteria for legal assistance in my capacity as the Australian sponsor and victim-survivor. By contrast, the person using violence was able to access free legal assistance concerning his visa and its cancellation. The person whose identity, sponsorship and safety were affected therefore had no equivalent assistance or meaningful participation.

A dedicated and independent victim-sponsor pathway is required from the first family violence disclosure through any post-approval investigation, cancellation or review. It should provide family-violence-informed immigration advice, access to legal assistance, a named caseworker, safe communication and meaningful participation. A victim-survivor should not be required to keep returning to the same department whose conduct and decision-making she is also seeking to have examined.

Repeated patterns of escalation and third-party harm

In early November 2023, after I stated that I wanted a divorce and every tie between us severed, the person using violence continued contacting me throughout the night. At my home, unidentified people were recorded repeatedly approaching and examining a car then owned by one of my sisters, which had previously belonged to him. The vehicle was later firebombed. Victoria Police recorded the offence as criminal damage by fire (arson).

Later in November 2023, I again said that I wanted a divorce. He then threatened to burn my home down.

In late December 2023, while an interim FVIO was in place, he contacted my builder with a voicemail and attempted to obtain a replacement garage opener connected with my home. I reported this to police, but a sergeant advised that police would not investigate because they could not prove what he intended to do if he gained access. Later that same night, men attended outside my home, took

photographs and urinated outside the property. I hold video footage of their attendance. Police did not investigate whether the events were connected.

A similar escalation occurred after another discussion about divorce in June 2024. I received threatening messages, including repeated use of the word “promise,” before signing a Binding Financial Agreement in circumstances of fear and coercion. Three days later, men armed with machetes broke into my home and destroyed my car.

After the machete incident, he also attempted to have the security arrangements at my home changed, discussed moving back into the home and continued referring to me as his wife. I hold voice recordings of some of this conduct.

Another instance involved my other sister. He sent her messages apologising and saying how much he loved the children, then made what I believe was a malicious child protection complaint. This reflected the same pattern of apparently caring or conciliatory communication being followed by conduct that caused further harm and systems involvement for me and my family.

I cannot determine who was responsible for the third-party incidents. My concern is that their timing, the preceding threats and communications, the connection to the vehicle, the attempt to obtain access to my garage and the repeated escalation after I sought separation required police to investigate the events as a connected pattern rather than as isolated reports.

These were not isolated events. They formed a repeated pattern: I raised divorce or attempted to end his connection to me; threatening, controlling or apparently conciliatory communications followed; and then serious intimidation, property violence, third-party violence or malicious systems involvement occurred. All of my siblings were threatened and each subsequently experienced harmful or intimidating conduct. The evidence and pattern required investigation as a whole. Instead, police and other agencies treated the communications, threats and incidents separately, preventing the escalating pattern of harm and risk to me and my family from being properly assessed.

Despite these warning signs, the first police-initiated FVIO proceeding was withdrawn after I was advised that police did not consider the other party to be a risk. I felt unable to continue because I was facing a cross-application, significant legal costs and the possibility of an order being made against me.

Police later withdrew from a second police-initiated application, notwithstanding breach conduct having been found proven by a court, although the charge itself was ultimately dismissed. I was then required to pursue protection through private legal representation. A final five-year FVIO was granted only after two years of proceedings and more than $50,000 in legal costs.

This sequence demonstrates that early intervention failed not because warning information was unavailable, but because cumulative risk assessment and police-led protection were not sustained.

Failure to maintain a predominant-aggressor assessment

Specialist family violence assessments identified the other party as the predominant aggressor, a position later confirmed by the final court outcome. Despite this, cross-allegations caused some systems to treat the matter as mutual conflict. Predominant-aggressor assessments should continue to inform later responses unless new evidence justifies changing them.

Financial and administrative warning signs

Family violence was disclosed to financial and government bodies managing joint liabilities and property-related matters. Nevertheless, I encountered failures to preserve safe contact details, protect my personal information, share family violence information with contracted debt collectors and prevent contact with the other party in ways that created further safety and financial concerns.

My bank changed my address to an address associated with the other party on two separate occasions. The bank later acknowledged that he had access to my personal information but had chosen not to access or take it. Despite the obvious family violence and privacy implications, the bank did not notify me when the exposure was identified. A victim-survivor should not have to discover that her protected personal information was accessible to the person she fears, particularly after family violence has been disclosed.

In another instance, a government agency referred a joint liability to an external debt collector without passing on the family violence information recorded by the agency. The external collector then contacted the other party repeatedly. I was later advised by a senior manager that the collector had not received the family violence notification.

These were not failures by the victim-survivor to disclose family violence. They were failures by institutions to protect information and transfer critical safety information within their own systems and contracted processes.

What these missed opportunities demonstrate

These examples show that Australia does not only need better awareness of family violence. It needs enforceable duties requiring organisations to act when family violence information is received.

The Second Action Plan should require:

1. a documented response to every family violence disclosure;
2. cumulative risk assessment across repeated incidents;
3. urgent review before consequential decisions are made;
4. continuity of family violence information when matters are transferred or outsourced;
5. recognition of predominant-aggressor assessments and relevant court findings;
6. written reasons where an agency decides not to take protective action;
7. clear responsibility for following up identified risks; and
8. independent review when serious harm occurs after intervention opportunities were missed.

Early intervention must be measured by what organisations do with the information they receive-not simply by whether a victim-survivor was able to make a report.

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, including when violence is directed primarily towards a parent. The impact is not limited to witnessing physical violence. It includes living with threats, fear, stalking, property damage, financial instability, disrupted relationships and the continuing consequences of post-separation abuse.

My children were adults during much of the post-separation period, but they were still directly affected. They experienced the fear and disruption created by threats, intimidation and violence directed towards me and members of my family. One of my children ultimately moved interstate while our family was living with the continuing effects of the abuse.

My experience demonstrates that the effect of family violence on children does not end when they turn 18. Adult children may remain part of the family violence risk environment, be used as pathways for information or contact, support a parent through complex proceedings, experience intimidation themselves or carry significant emotional and practical responsibilities.

Harm to the wider family

Post-separation abuse can extend beyond the victim-survivor and affect siblings, children, partners and other relatives. In my case, family members experienced stalking, intimidation and serious property-related violence. Legal and administrative processes were also directed towards members of my family.

The broader pattern also affected children and family members. A child with disability in my wider family was present when a family member's vehicle was firebombed. This exposed a child with additional support needs directly to the fear and danger created by the post-separation violence. No coordinated response assessed the safety and recovery needs of the wider family.

Before reports concerning my family were made to Department of Families, Fairness and Housing, the person using violence had stated an intention to make such reports. We asked DFFH to consider whether the later reports were genuine safeguarding concerns or part of a retaliatory pattern. Instead, the reports were addressed separately from the documented family violence context.

A Child Protection worker personally connected to the person using violence also obtained a PSIO against a member of my family. We raised concerns that protected information about children subject to statutory orders appeared in the application and affidavits, together with references to investigations about which the applicant claimed knowledge. No evidence of the claimed investigations has been provided to the affected family and no investigations ever occurred.

A Victoria Police officer also provided a statutory declaration in support of those proceeding. I raised concerns about its accuracy and basis, including that it did not identify the respondent despite being relied upon in support of the application. The PSIO was later withdrawn after contrary evidence was produced.

For approximately two years, affected family members have sought independent examination by DFFH of the possible privacy breaches, the worker's conduct and the source of the protected information, without an adequate resolution.

The point is not that reports concerning children should be disregarded. Every genuine safety concern must be assessed. However, agencies must also consider prior threats to report, indicators of retaliation, predominant-aggressor information and whether professional access or government processes may be being used to target a victim-survivor's wider family.

Where protected information appears in legal proceedings, agencies must audit relevant system access, investigate how the information was obtained and notify those affected. Where there is evidence that a government employee may have used their position to support continuing systems abuse, the matter must be independently investigated rather than managed solely by the employing agency.

Economic and emotional consequences for children

Children and young people are affected when a parent is forced to spend years and substantial financial resources obtaining protection. The loss of housing, employment, business income and financial security changes the stability and support available to the whole family.

They may also watch a parent repeatedly report violence without receiving an effective response. This can undermine their trust in police, courts and government institutions and shape their own understanding of whether seeking help is safe or worthwhile.

Support should not be limited to the immediate crisis period or to children who directly witnessed a particular incident. It should respond to the cumulative effects of coercive control and prolonged post-separation abuse.

Children and young people with disability

Children and young people with disability may face additional barriers to identifying violence, communicating what has occurred and accessing safe, appropriate support. Families may also rely on disability services, support workers, funding arrangements and government systems that can create further points of vulnerability.

As a professional with approximately 25 years of experience in disability services and through my personal caring responsibilities, I understand the importance of accessible communication, supported decision-making and safeguards that recognise both family violence and disability-related risk. Family violence, disability, child protection and education systems must not operate separately where a child or family is affected by overlapping vulnerabilities.

Required action

The Second Action Plan should:

- recognise children and young people as victim-survivors of coercive control and systems abuse, not only as witnesses to physical violence;
- ensure risk assessments consider threats or violence directed towards the wider family;
- extend appropriate support to adult children affected by continuing post-separation abuse;
- provide long-term, trauma-informed counselling and recovery support;
- prevent children and relatives from being used as pathways for contact, information or intimidation;
- address the effects of housing loss, financial abuse and prolonged legal proceedings on children;
- require child protection agencies to consider prior threats, repeated reports and indicators of retaliatory or malicious reporting;
- provide independent investigation of complaints involving child protection workers;
- protect sensitive child protection and family violence information from misuse;

- strengthen coordination between family violence, disability, education, health and child protection systems; and
- meaningfully involve children and young people in designing services intended to protect and support them.

Children and young people cannot recover while the violence continues through the systems surrounding their family. Their safety depends not only on services directed towards them, but also on effective protection, financial security and institutional support for the parent or family member experiencing abuse.

Priority Area 4 - People Who Use Violence

The Second Action Plan states that people who use violence must be identified earlier, held accountable and supported to change their behaviour, with victim-survivor safety at the centre. My experience demonstrates how accountability fails when each system considers only the conduct immediately before it and no authority responds to the continuing pattern.

An Australian Institute of Criminology population study found that just 1.2 per cent of people in three New South Wales birth cohorts were responsible for more than half of all recorded family and domestic violence offences. This concentration of recorded offending demonstrates why perpetrator accountability must identify repeated patterns across systems rather than treating each incident, report

or investigation in isolation. (Australian Institute of Criminology, Trends & Issues in Crime and Criminal Justice No. 701, 2024).

The person using violence in my case interacted with police, courts, lawyers, migration authorities, financial institutions, property professionals, government agencies and other organisations. These repeated points of contact should have created opportunities for intervention and accountability. Instead, responsibility for monitoring, documenting and responding to his conduct remained largely with me.

Accountability cannot depend on the victim-survivor

I have been required to collect evidence, preserve messages, report alleged breaches, correct records, respond to cross-allegations, retain lawyers and escalate concerns through multiple complaints processes. When authorities declined to act, I was left to pursue protection privately.

This is not perpetrator accountability. It transfers responsibility for controlling the conduct of the person using violence onto the person experiencing it.

The final order confirmed the seriousness of the risk, but it came only after I was left to pursue protection through private litigation.

A person's access to protection should not depend on their ability to finance private litigation or withstand years of legal and psychological pressure.

Authorities received reports about conduct potentially engaging several separate offence categories, including threats and harassment using telecommunications, suspected document fraud and Medicare fraud, property destruction, stalking, possible false evidence and alleged FVIO breaches. I do not ask this consultation to determine those allegations.

The systemic failure is that no authority assessed the combined pattern, explained which matters had been investigated or coordinated the evidence held across different systems. Despite the number and seriousness of the reported matters, none resulted in charges or effective criminal accountability. Even a logged telephone call made while an FVIO was in place produced no enforcement outcome. When every matter is divided into a separate transaction, the person using violence may experience no cumulative accountability while the victim-survivor carries the burden of reporting and pursuing every matter individually.

Cross-applications and counter-allegations

The cross-applications created a false appearance of mutual violence and caused me to be misidentified in some systems as an alleged perpetrator. This affected my work, professional reputation and standing in the disability sector because I was required to declare applications that were allegations, not findings. I also spent part of the two-day contested hearing in the witness stand, defending myself against the second application while seeking protection. Specialist family violence assessments identified the other party as the predominant aggressor. The magistrate ultimately refused the second application against me and granted me a five-year protection order, finding that the other party had committed family violence and was likely to do so again.

The National Domestic and Family Violence Bench Book includes research describing cross-applications as a possible extension of the violence and abuse itself and a means of exerting or reasserting control. This reflects my experience. While living in genuine fear of the person using violence, I carried the psychological burden of having an order against me and being portrayed as a perpetrator. This misidentification affected the protection I received: police minimised my safety concerns and reported breaches and treated the situation as mutual conflict rather than an ongoing

pattern of family violence. Although the application was ultimately refused, the fear, humiliation and psychological harm caused by being wrongly classified as a perpetrator did not disappear.

The use of counter-allegations also extended to my family. A police officer provided a statutory declaration in support of a Personal Safety Intervention Order proceeding against a member of my family. I raised serious concerns about the accuracy and basis of that declaration. The application was ultimately withdrawn, but the involvement of a police officer gave institutional weight to a proceeding that caused further distress and diverted attention from the broader family violence context.

When police information or professional authority is used in a proceeding connected with a victim-survivor's wider family, there must be independent scrutiny of the evidence, the officer's involvement and any relationship to the parties. The later withdrawal of an application does not undo the harm or automatically trigger review of how the proceeding was supported.

Systems should not automatically treat parties as equally responsible merely because allegations have been made in both directions. They must examine the history, context, intent, impact and pattern of conduct and identify the predominant aggressor.

Misuse of systems as continuing conduct

Accountability frameworks often focus on physical incidents or direct contact. They may fail to recognise that a person can continue coercive control through legal proceedings, financial liabilities, property transactions, complaints, identity information, government reporting and third parties.

In my experience, continuing disputes and administrative processes created delay, financial pressure and further opportunities for intimidation. Threats to report me or my family to authorities were followed by reports and institutional processes that I then had to respond to. Property and financial matters remained unresolved, preserving connections and requiring further legal expenditure.

When this conduct is treated as ordinary litigation, a private financial dispute or an isolated complaint, the person using violence experiences little consequence. The victim-survivor carries the legal fees, lost time, financial damage and psychological harm.

Tribunal processes and continuing exposure

For months, I sought to have my name removed from a residential lease through the available family violence provisions. The failure to resolve the matter safely and promptly forced it to proceed to VCAT.

During that process, a real estate agent spoke to me threatenly in her office. She then mistakenly called me instead of the person using violence and left a message intended for him stating that I was there, despite the known family violence circumstances and interim FVIO. She later supported his position in the VCAT proceeding and sought to discredit me.

VCAT ultimately found in my favour on every issue, including that I was not liable for the property damage. However, that outcome came only after months of exposure and a hearing at which I was required to listen to degrading comments without effective intervention. My business information was also discussed even though the proceeding concerned a personal residential matter.

A protection order should not cease to have practical meaning when a victim-survivor enters a tribunal or other civil jurisdiction. Tribunals must provide safe attendance arrangements and intervene immediately when intimidating, degrading or abusive conduct occurs.

Reports, evidence and orders must be acted upon

A protection order cannot create accountability if reported breaches are not recorded, properly investigated or enforced. I reported tens of alleged breaches and related incidents. Some reports were

not formally made or recorded and I frequently received no outcome or explanation about what had occurred after I reported them.

The police officer who applied for my original FVIO included special conditions so that I could recover a joint vehicle, my bank cards and the keys to my home. The person using violence was not making the vehicle payments and the vehicle was uninsured. Despite those conditions, police later declined to assist, describing the matter as civil, even though the recovery conditions had been included in the FVIO by the police and the continuing loss formed part of the financial abuse.

This left me without access to joint property and exposed me to continuing economic loss. Protective conditions have little practical value if police will not act on them. Police must have clear responsibility for facilitating and enforcing property-recovery conditions safely and promptly.

I was told that police did not like pursuing breach matters because of the approximate cost to an individual station. I was also advised that a logged telephone call would not be treated as a breach because the person bound by the order "adamantly denies it." A denial should not end an investigation where objective evidence may be available.

A statement I assisted a family member to provide at a police station went missing and has never been located. The loss of a witness statement can compromise an investigation, prevent enforcement and further undermine confidence in police which occurred in this case.

The was the firebombing of a family member's car and the threats of fire-related violence, including a threat to burn down my home. Despite that history, I do not believe detectives adequately investigated the connection between the threats and the later firebombing. I similarly do not believe the aggravated burglary involving men armed with machetes was adequately investigated within the context of the previous threats and ongoing family violence.

Police had also been provided with footage from October 2023 showing the person using violence handling and aiming what appeared to be a long gun. My concerns about that footage were dismissed. The significance of such material is not limited to whether an immediate firearms offence can be established. In the context of threats and coercive control, exposure to footage involving a weapon can be used to instil fear and communicate the person's capacity for serious violence.

These incidents should not have been assessed as disconnected events. The threats, weapons-related material, firebombing, aggravated burglary, alleged breaches and other intimidating conduct required a cumulative and intelligence-led investigation.

Intervention and behaviour change

Behaviour-change programs have an important role, but participation alone should not be treated as accountability. Programs must assess whether the person acknowledges their conduct, complies with orders, ceases systems abuse and reduces the practical burden placed on the victim-survivor.

Where a person continues to use litigation, financial processes, complaints or third parties to cause harm, that conduct should inform risk assessment and any evaluation of behavioural change.

Accountability should be demonstrated through sustained behaviour, including compliance with orders, truthful engagement with institutions, cooperation with lawful property and financial processes and an end to retaliatory reporting and systems abuse.

The final five-year FVIO did not include or trigger any identified behaviour-change intervention.

Required action

The Second Action Plan should:

- establish nationally consistent predominant-aggressor assessment across police, courts and government agencies;
- require contextual assessment of cross-applications, counter-allegations and repeated complaints;
- recognise systems abuse and legal abuse as conduct relevant to perpetrator risk and accountability;
- create mechanisms to identify repeated misuse of processes across different agencies;
- establish a nationally consistent and independently evaluated Domestic Violence Disclosure Scheme, supported by specialist risk assessment, safety planning, privacy protections and safeguards against misidentification;
- require every alleged breach or family violence incident to be formally recorded;
- provide the protected person with written confirmation and timely advice about the outcome of each report;
- require auditable management of victim-survivor statements and evidence;
- ensure police funding arrangements do not discourage breach investigations or enforcement;
- require prior threats to be considered when investigating later property damage, third-party violence or other serious incidents;
- require weapons-related material to be assessed within the context of coercive control and fear;
- provide independent review where serious incidents remain unresolved despite documented prior threats;
- prevent self-representation and legal or tribunal processes from being used to create prohibited contact, intimidation or degradation;

- require behaviour-change interventions to address financial, legal, technological and administrative abuse-not only physical violence;
- measure behavioural change by sustained conduct and improved victim-survivor safety;
- provide consequences for deliberate misuse of government and legal systems; and
- ensure that the person using violence carries the responsibility and cost of changing their behaviour.

The central measure of accountability should be whether the violence and coercive control stop. A system cannot claim to be holding a person accountable while the victim-survivor remains responsible for detecting, documenting, reporting and privately funding every response to the continuing abuse.

Priority Area 5 - System Integration and Workforce

My experience demonstrates that Australia does not lack systems that come into contact with family violence. It lacks effective coordination, shared accountability and a clear mechanism for responding when abuse operates across several systems at once.

Over nearly three years, I have approached or dealt with dozens of departments, services, elected representatives, regulators and oversight bodies. I have attended police stations on tens of occasions and participated in years of court, tribunal and legal proceedings. I have also dealt with Home Affairs, financial institutions, debt collection, revenue and utility providers, child protection, specialist family violence services, lawyers, conveyancers and other organisations.

Each organisation generally addressed only the issue within its own authority. No agency was responsible for understanding how the separate legal, financial, migration, property, privacy and administrative issues formed part of the same continuing pattern.

The victim-survivor becomes the system coordinator

I have been required to carry information between organisations, repeatedly explain the family violence history, provide copies of the same orders and evidence, correct inaccurate records and identify risks that should have been apparent from information already held by government.

This is exhausting, expensive and unsafe. It also disadvantages victim-survivors who cannot prepare extensive written material, retain lawyers, understand complex administrative processes or continue advocating while experiencing trauma.

The consultation's proposed "tell us once" approach must become an operational model, not simply an aspiration. A victim-survivor should be able to make a verified family violence disclosure and, with informed consent and appropriate safeguards, have that information recognised by relevant services without having to repeatedly establish the same history.

Information was held but not connected

Specialist family violence assessments identified the other party as the predominant aggressor. Police had received reports of threats, stalking, weapons-related material and alleged breaches. A court ultimately found that family violence had occurred, was likely to continue and granted a five-year order for my protection.

Other systems separately held information about visa sponsorship, privacy concerns, address changes, joint liabilities, debt collection, property proceedings and reports concerning my wider family. Yet these matters continued to be handled as unrelated transactions.

During the same period, Victoria Police made multiple family violence referrals concerning me to The Orange Door. The Orange Door later confirmed that I was identified as the victim-survivor in each referral and assessed under MARAM as a victim-survivor of family violence. SOCIT held the suspended investigation; Victoria Police held reports of threats, stalking, weapons-related material and alleged breaches; and Home Affairs and ministerial offices held visa and safety escalations.

Several systems were therefore receiving serious information about the violence and risk at the same time. However, no record identified a mechanism through which that combined information was assessed or an agency that accepted responsibility for the overall risk.

The problem was not simply a lack of information sharing. It was a lack of responsibility for interpreting information as a cumulative pattern and acting on it.

Information sharing must also be safe and purposeful. Poorly controlled sharing can expose a victim-survivor's location, contact information, financial circumstances or reports to the person using violence. The objective should not be maximum information sharing, but the timely sharing of verified risk information with the right people for a defined safety purpose.

Disability-worker safeguarding failure

A mandatory reporter raised concerns with the Victorian Disability Worker Commission. The Commission stated in writing that it had concerns about the person's practice as a disability worker but could not progress the matter because it had been unable to locate him.

No cross-agency mechanism was identified through which the Commission could verify his contact information, determine whether he remained engaged in disability work or assess whether interim safeguards were required. Responsibility for resolving that regulatory gap should not fall on a mandatory reporter or victim-survivor.

Children and young people with disability experience violence and abuse at approximately three times the rate of children without disability. This heightened vulnerability makes it essential that worker-screening systems can respond to relevant safeguarding information even where there is no criminal conviction. (NDIS Quality and Safeguards Commission, NDIS Code of Conduct Worker Guidance, 2024).

The person using violence in my case works in roles involving children and people with disability. A person may have no criminal record while being subject to ongoing police, regulatory, fraud or other government investigations, final protection orders, court findings or significant administrative decisions relevant to safeguarding. In this case, in addition to the disability regulator's concerns described above, Home Affairs cancelled his visa on family violence and Medicare fraud grounds and other investigations remain ongoing. I have been unable to establish whether this combined information reached the relevant worker-screening bodies or triggered any reassessment or interim safeguards.

The absence of a conviction must not be treated as the absence of relevant safeguarding information. Such information should not result in automatic exclusion based only on an allegation, but it must be capable of triggering an independent and procedurally fair risk reassessment and proportionate interim safeguards.

In March 2024, the NDIS Quality and Safeguards Commission confirmed that it had considered information provided by a complainant concerning the alleged abuse of two NDIS participants. The Commission stated that it had concerns about whether the person using violence (ungregistered provider) had met its obligations under the National Disability Insurance Scheme Act 2013 and referred the matter to its Compliance and Enforcement Branch. The complaint was then closed because of that internal referral.

The response did not identify whether participant safety would be assessed, whether an investigation had commenced, who was responsible, the timeframe or any substantive outcome. An internal referral must not be treated as a completed safeguarding response where alleged abuse of people with disability remains unresolved.

Information lost between organisations and within systems

Examples described earlier in this submission show that family violence information was lost when a government matter was outsourced, unsafe address and identity information remained accessible within a bank and police evidence was not securely retained. These were not isolated errors. Together, they demonstrate the absence of auditable, safety-centred information governance across systems.

Complaints systems do not provide integration

I repeatedly used internal complaints processes, regulators, oversight bodies, ministerial offices and elected representatives in an effort to escalate unresolved risks. These mechanisms considered whether an individual organisation had followed its own process. They did not examine how failures across several organisations combined to enable ongoing harm.

Complaints were redirected, narrowed, dismissed or returned to the organisation already complained about. No body assumed responsibility for investigating the complete pattern.

Where a victim-survivor has made repeated, substantiated approaches across multiple systems, there should be a pathway for independent cross-agency review. Repeated complaints should be recognised as a possible indicator that ordinary mechanisms have failed-not automatically treated as unreasonable persistence by the victim-survivor.

Workforce capability and culture

Workers across police, courts, tribunals, migration, banking, debt collection, child protection, property, utilities and complaints bodies all make decisions that can increase or reduce safety.

Training must go beyond recognising physical violence. Workers need to understand coercive control, systems abuse, predominant-aggressor identification, retaliatory reporting, technology-facilitated abuse, financial abuse and the risks created by unsafe information handling.

My experience also shows that training alone is insufficient. Workers require:

- clear authority to make safety adjustments;
- access to specialist advice;
- policies requiring documented action;
- secure and auditable recordkeeping;
- appropriate supervision;
- consequences when safety procedures are ignored; and
- protection from institutional cultures that prioritise process, cost or reputation over victim-survivor safety.

A coordinated high-risk response

Complex, high-risk cases require a designated coordinator with authority to bring relevant systems together. The victim-survivor should not be expected to perform this role.

With the victim-survivor's informed consent, a coordinator should be able to:

- identify all active legal, financial, property, migration and administrative risks;
- ensure relevant organisations recognise current protection orders and predominant-aggressor assessments;
- establish safe contact and information-handling arrangements;
- coordinate urgent action where delays are causing harm;
- monitor whether referrals and agreed safeguards are implemented;
- provide the victim-survivor with one reliable point of contact; and
- escalate systemic failures to an independent authority.

This model should be available beyond the immediate crisis period. High-risk post-separation abuse can continue for years through unresolved property, debt, migration, court and administrative matters.

Required action

The Second Action Plan should:

- establish a national "tell us once" family violence disclosure framework;
- create specialist cross-system coordinators for complex and high-risk cases;
- require agencies to recognise relevant court findings, protection orders and predominant-aggressor assessments;
- establish safe, consent-based protocols for sharing family violence risk information;

- ensure family violence information follows matters when services are outsourced or transferred;
- require secure, auditable management of statements, personal information and contact details;
- establish secure information-sharing and escalation pathways between disability regulators, worker-screening bodies, police, courts and relevant Commonwealth agencies, so that final protection orders and court findings, relevant visa cancellation decisions, credible regulatory concerns and ongoing investigations involving family violence, fraud or safeguarding risks can be independently assessed for worker-screening purposes and, where appropriate, trigger reassessment and interim safeguards even without a criminal conviction;
- require interim safeguards where a disability regulator identifies credible concerns but cannot contact or locate a worker;
- create a cross-agency escalation pathway when ordinary complaints processes repeatedly fail;
- introduce nationally consistent family violence capability standards across specialist and non-specialist workforces;
- require organisations to provide written reasons when requested safety adjustments are refused;
- independently audit institutional failures involving lost evidence, unsafe disclosures or unrecorded reports;
- include victim-survivor outcomes and experiences in workforce and agency performance measures; and
- fund long-term system navigation for victim-survivors experiencing prolonged post-separation abuse.

System integration should be measured by whether the victim-survivor experiences one coordinated safety response-not by the number of referrals made between disconnected organisations. “No wrong door” must mean that someone takes responsibility for opening the right pathway and ensuring the victim-survivor reaches safety.

Recovery, Healing and Economic Security

Recovery cannot begin while the abuse continues through legal, financial, property, migration and administrative systems. For victim-survivors experiencing prolonged post-separation abuse, the distinction between “response” and “recovery” is artificial. A person cannot heal while still being required to defend herself, manage ongoing risks and privately fund the systems that are supposed to protect her.

The economic cost of seeking safety

Over nearly three years, the combined financial impact on me has reached approximately $200,000. This includes legal fees, counselling and psychological treatment, costs associated with property and financial disputes, lost income and the broader consequences of being required to continually respond to the abuse.

Approximately $55,000 was spent obtaining the final five-year Family Violence Intervention Order alone. Further substantial legal costs arose from defending cross-applications, addressing property and financial matters and responding to continuing litigation and administrative processes.

I was forced to resign from the disability services company I had helped build because of the financial abuse, misconduct and reputational risks surrounding the situation. I was also forced to sell my home and carry joint financial liabilities for an extended period.

These are not incidental consequences of separation. They are forms and consequences of economic abuse that have reduced my future financial security.

Financial institutions and recovery

Financial recovery was made more difficult by institutional responses. Family violence was disclosed to my bank, yet my address was changed to one associated with the other party on two occasions. The bank later acknowledged that he had access to my personal information, but I was not notified when the exposure was identified.

I also experienced hardship reporting, interest charges and barriers to managing joint liabilities while attempting to separate my finances safely. Government debts and utility accounts were referred for collection despite family violence concerns and critical safety information did not always follow the matter to external collectors.

Victim-survivors should not have their credit history, borrowing capacity or future housing options damaged because a person using violence delays settlement, refuses to cooperate, interferes with joint liabilities or uses financial processes to continue control.

My complaint about the bank's handling of these matters has now progressed to the Australian Financial Complaints Authority and has continued for approximately eight months. Even the external complaints process has become another prolonged system that I must manage while the underlying financial and safety issues remain unresolved. A redress mechanism that takes many months to address active family violence-related harm may compound the financial and psychological burden it is intended to resolve.

Property settlement and coerced agreements

The Binding Financial Agreement I signed did not provide a safe or final resolution. I felt coerced by fear when I signed it following threats and serious violence. Its implementation then required further negotiation, legal work and cooperation from the person I feared.

A financial agreement should not be treated as evidence of free and final consent without considering the family violence context in which it was negotiated, signed and implemented. Where coercive control or family violence is present, ordinary contractual assumptions may not reflect the victim-survivor's actual capacity to negotiate or refuse terms safely.

Family violence safeguards must apply not only inside a courtroom but also to negotiations conducted through lawyers, conveyancers, banks and other professionals. No victim-survivor should be pressured to accept an unfair agreement because the alternative is continued threats, litigation or exposure to violence.

The personal cost of surviving systems

Continuing stalking concerns have required me to privately fund vehicle and home-security measures. I paid approximately $2,500 to install cameras in my car last month. On the day the vehicle cameras were installed, I obtained an image showing the person using violence behind me. The point is not the equipment itself; it is that the responsibility and cost of monitoring continuing risk were transferred to me despite an existing protection order.

I have self-funded family violence counselling for nearly three years and psychological support for approximately two years. This support has been essential, but counselling cannot repair harm that is continually being recreated by unsafe institutional responses.

A Victims Assistance Program service has been involved in my case for approximately two and a half years. Despite the prolonged violence, financial harm and extensive system engagement, I have

received no financial assistance through the Financial Assistance Scheme. This demonstrates that connection to support is not the same as timely access to recovery funding.

The day-to-day burden of surviving prolonged systems abuse is difficult to capture financially. It includes the time spent documenting events, preparing complaints, attending police stations and courts, responding to lawyers, correcting records, managing debts and trying to persuade institutions to recognise the same pattern.

This work occurs while the victim-survivor is also attempting to maintain employment, housing, family relationships, caring responsibilities and physical and psychological health.

Recovery must include restoration

Recovery policy often focuses on counselling, short-term crisis assistance and personal resilience. These supports are important, but they do not restore what was lost through prolonged abuse and institutional failure.

Meaningful recovery should include:

- access to long-term, trauma-informed counselling and psychological care;
- specialist legal assistance extending beyond the immediate crisis;
- support to resolve joint debts, property and taxation matters safely;
- correction of credit reporting and hardship information linked to family violence;
- safe access to housing and finance;
- assistance to rebuild employment or a business;
- review of financial agreements where coercion or serious family violence is raised;
- compensation or redress where institutional failures caused or compounded loss; and
- practical assistance to reduce the administrative burden carried by the victim-survivor.

Required action

The Second Action Plan should:

- recognise economic recovery as a core part of victim-survivor safety;
- measure the cumulative financial cost of post-separation and systems abuse;
- fund long-term counselling and psychological treatment rather than limiting support to the crisis period;
- provide specialist legal and financial advocacy for complex, multi-system matters;
- prevent family violence-related hardship from damaging credit records and future borrowing capacity;
- establish safe pathways for resolving joint liabilities without requiring ongoing cooperation or contact;
- strengthen safeguards around financial agreements made in circumstances of coercive control;
- require timely handling of financial complaints involving active family violence risks;
- fund necessary personal safety measures, including vehicle and home-security systems;
- provide housing and employment-rebuilding assistance;
- establish accessible redress pathways where government or institutional failures compound the harm; and
- ensure that the financial consequences of abuse are not carried primarily by the victim-survivor.

Recovery should not be measured by how well a victim-survivor adapts to continuing harm. It should be measured by whether the abuse has stopped, safety has been restored and the person has a genuine opportunity to rebuild her health, home, work and financial future.

Implementation, Oversight and Measurable Accountability

Implementation must move beyond commitments, policy statements and expressions of concern. My experience demonstrates what happens when there are no enforceable duties, no independent cross-system oversight and no consequences when agencies fail to act.

Across almost three years, government departments, police, regulators, ministers, complaint bodies and specialist services have repeatedly acknowledged the family violence, expressed concern, recorded information, made internal referrals or directed me to another organisation. However, acknowledgement and referral have rarely resulted in a communicated investigation, finding, remedy, corrective action or coordinated safety response.

Each organisation has dealt with only the part of the problem falling within its own jurisdiction. No organisation has accepted responsibility for examining the complete pattern of violence, systems abuse, administrative failure and continuing harm.

Commitments must be enforceable

Every commitment in a national DFSV framework should identify:

- the organisation responsible for implementing it;
- the action that organisation must take;
- the timeframe for completing that action;
- the evidence required to demonstrate implementation;
- the outcome expected for victim-survivors; and
- the escalation or consequence where the commitment is not met.

Statements that agencies will “consider,” “promote,” “support,” “raise awareness” or act “as appropriate” are not measurable commitments. They allow organisations to record that information was received or referred without demonstrating that anyone investigated it, made a decision or reduced the risk.

Independent cross-system oversight

Victim-survivors should not be required to make separate complaints to every organisation involved and then attempt to assemble the combined pattern themselves.

My circumstances have involved Commonwealth and Victorian systems, including immigration, privacy, police, intervention-order proceedings, family law, disability regulation, corporate regulation, family-violence services and multiple complaint and oversight bodies.

Each system has seen part of the evidence. No body has had clear responsibility or authority to examine:

- what every organisation knew;

- when each organisation knew it;
- whether information was properly shared;
- whether identified risks were acted upon;
- whether one system's actions increased risks in another;
- whether referrals produced actual outcomes; and
- whether the combined institutional response enabled the abuse to continue.

An independent cross-system oversight mechanism is required, with authority to obtain information from relevant agencies, examine the entire chronology, identify responsibility, require responses and make enforceable recommendations.

Clear responsibility and timeframes

When serious information is referred internally or externally, the victim-survivor should be told, subject to necessary safety and privacy limitations:

- which area has responsibility;
- what issue has been referred;
- whether an assessment or investigation has commenced;
- what will happen next;
- the expected timeframe;
- how safety will be considered;
- whether further information is required; and
- how the victim-survivor will be notified of the outcome.

A statement that information has been forwarded for "awareness and consideration, as appropriate" does not identify an accountable decision-maker or establish that any action occurred.

Internal referral should not be treated as the completion of a complaint. Closure should occur only after the receiving area has made and documented a decision or the complainant has been clearly told how the matter will continue.

Outcomes must be measured

Accountability should not be measured by the number of complaints received, referrals made, policies published, staff trained or victim-survivors invited to participate in consultation.

It should measure:

- the time taken to assess serious safety complaints;
- whether risks were identified and acted upon;
- whether investigations were completed;
- whether findings and reasons were provided;
- whether corrective or protective action occurred;
- whether referrals resulted in accountable decisions;
- whether repeat institutional failures were prevented;
- whether victim-survivors experienced increased or reduced safety;
- whether systems abuse and legal abuse were identified; and
- the financial, psychological and practical harm caused by delay or inaction.

A complaint system cannot be described as effective simply because correspondence was acknowledged or transferred to another part of the same organisation.

Institutional accountability

Privacy and confidentiality must not be used to prevent an organisation from accounting for its own conduct.

Privacy may legitimately restrict the disclosure of some information about another person. It should not prevent an agency from explaining:

- how it handled the victim-survivor's personal information;
- whether her consent was verified;
- what procedures and safeguards were applied;
- whether her complaint about departmental conduct was substantiated;
- whether administrative errors occurred;
- what corrective action was taken; or
- how future harm will be prevented.

Where access to information is restricted, the agency should identify the legal basis, explain its reasoning and distinguish information belonging solely to another person from information that is also the victim-survivor's personal information.

One example is the official record of my resignation from my company. My ASIC Form 370 expressly stated that the other director's position was being used to control and manipulate me through continuing family violence and that I could not safely continue operating the company for myself or my clients. ASIC retained the document but redacted the family violence explanation from public access.

I later told ASIC that I had been forced to resign and that the redaction left the official public record showing the visible outcome-my resignation-without the coercion and safety circumstances that produced it. Administrative data can therefore misclassify a coerced outcome as a free choice unless the relevant family violence context is preserved.

Institutional accountability also requires records to preserve the circumstances surrounding an apparent decision. A record that shows only that a victim-survivor resigned, withdrew an application, signed an agreement, sold a home or did not proceed with an investigation may conceal the fear, coercion or continuing violence that produced that outcome.

Lived experience must influence decisions

Lived-experience participation is important, but it cannot replace investigation, remedy or accountability.

A victim-survivor should not be repeatedly invited to explain how systems failed so that future policy can be improved while the failures affecting her remain unresolved.

Where a person provides lived-experience evidence about current institutional failures, there must be a pathway for:

- assessing whether the information raises an active safety or integrity issue;
- referring that issue to an accountable decision-maker;
- preventing reprisals or further systems abuse;
- providing an outcome where possible; and
- explaining what changed because of the information provided.

Victim-survivors should not be valued only as sources of information for future reform.

Evidence of the implementation gap

The summary below is grounded in several specific unresolved matters. I made a detailed complaint to IBAC in November 2024 concerning police conduct, alleged failures to investigate serious incidents and concerns about information in police material, but received no substantive outcome. A Victoria Police Freedom of Information matter remained unresolved for more than 12 months.

The Office of the Victims of Crime Commissioner had documented my circumstances from September 2024, including threats, alleged FVIO breaches and my concerns about the lack of police communication and assistance. Despite a further detailed escalation in November 2024 and contact again in January 2026, I received no identified investigation, finding, remedy or coordinated intervention. I also sought answers about what I allege was false evidence in intervention-order proceedings, including the withdrawal of more than 100 pages of material, without an identifiable accountability process.

In ministerial correspondence sent to advocates, Victoria Police was reported to be satisfied that my reports had been thoroughly investigated. I was not given the review, its scope, the evidence considered, findings, reasons or recommendations. At the same time, two detectives provided information concerning my reports to lawyers acting for the person using violence without a subpoena or notice to me. I learned of the disclosure only when the material appeared in the other party's affidavit.

My formal Home Affairs complaint was 24 pages, identified a 56-item evidence list and made 10 numbered requests. The Department responded 174 days later in a two-page letter that made no findings, answered none of the requests and identified no remedy, accountable decision-maker or review pathway. It reframed a complaint about departmental conduct as a relationship dispute and relied broadly on the other person's privacy instead of accounting for its own decisions and handling of my information.

The following table draws together what these examples demonstrate and the reforms they require.

System example	What occurred	What it demonstrates	Required reform
Police and ministerial review	Advocates were told that Victoria Police was satisfied my reports had been thoroughly investigated, but I was not given the review's scope, evidence, findings or reasons. Information from my reports was separately provided to the other party's lawyers without a subpoena or notice to me.	A victim-survivor may be denied the basis for an official assurance while information concerning her reports is disclosed elsewhere.	Require an appropriately redacted review or statement of scope, methodology, findings and reasons. Require auditable authorisation and notification for external disclosures.
Home Affairs complaint	A detailed complaint supported by more than 50 evidence items and 10 formal requests received a response nearly six months later that made no findings, answered none of the requests and identified no remedy, decision-maker or review pathway.	Acknowledgement and internal referral can be recorded as a response even where no accountable decision is made.	Require responses to address each formal issue, identify evidence considered, give reasons, name the accountable decision-maker and explain review rights.

System example	What occurred	What it demonstrates	Required reform
Disability safeguarding	A disability regulator acknowledged concerns but could not progress because it could not locate the worker. A separate NDIS safeguarding complaint was closed after internal referral without a substantive outcome being communicated.	A referral or inability to make contact can end a safeguarding process without resolving the risk.	Establish cross-agency identity and contact-verification pathways, interim risk controls and a rule that internal referral does not constitute complaint closure until an accountable decision is made.
Complaint and oversight bodies	Police, integrity, information-access and victims' oversight processes remained unresolved for extended periods while I continued seeking basic information about whether matters had been assessed.	Oversight without enforceable timeframes can become another source of delay and harm.	Apply service standards, mandatory timeframes, automatic escalation and review rights to oversight bodies themselves.
Records of apparent choice	Institutional records showed outcomes such as resignation or a suspended investigation without necessarily preserving the fear and family violence context that produced them.	Administrative records can misclassify coerced withdrawal, resignation or inability to proceed as a free choice or absence of violence.	Require records to preserve relevant safety and coercion context and prohibit adverse inferences merely because a victim-survivor could not safely continue a process.

These examples demonstrate a consistent pattern: serious information is received, acknowledged and referred, but no responsible decision-maker, timeframe, substantive outcome or remedy is identified. The victim-survivor must then begin another complaint or information-access process.

A national DFSV framework must therefore require more than acknowledgement, referral and policy development. Accountability must mean that someone is responsible, a decision is made, reasons are given, action is taken and the victim-survivor is told what occurred.

Required action

The Second Action Plan should:

- convert key family violence principles into enforceable national standards that identify the responsible body, required action, timeframe, evidence of implementation, expected victim-survivor outcome and consequence for non-compliance;
- establish an independent cross-system oversight and escalation mechanism with authority to obtain information and coordinate Commonwealth, state and relevant private-sector bodies;
- set mandatory response and resolution timeframes, with automatic escalation when delay is causing continuing harm;
- require public reporting on safety outcomes, action taken in response to risk, completed investigations, communicated findings, corrective action and the harm caused by delay or inaction;
- provide accessible redress and compensation pathways where institutional failures cause or compound harm; and
- embed paid lived-experience leadership in implementation, monitoring and evaluation without using consultation as a substitute for investigation, remedy or accountability.

Conclusion

My experience demonstrates that Australia's current DFSV response can recognise parts of a pattern while failing to stop the pattern as a whole. Police, courts, departments, regulators, financial institutions and complaint bodies each received information, yet responsibility for connecting that information, identifying the cumulative risk and pursuing accountability remained with me.

A five-year FVIO was necessary and important, but it did not end the systems abuse, financial harm or institutional entanglement. A national plan cannot treat protection orders, service referrals or complaint acknowledgements as the endpoint if victim-survivors remain exposed through legal, financial, property, migration, privacy and administrative systems.

The Second Action Plan should therefore recognise systems abuse as a distinct and continuing form of post-separation coercive control. It should require pattern-based assessment, a genuine "tell us once" response, clear responsibility and timeframes, safe information handling, cross-system perpetrator accountability, long-term recovery support and independent oversight with enforceable consequences.

Victim-survivors should not have to become their own investigators, systems coordinators and accountability bodies. Reform should be measured by whether warnings lead to action, referrals lead to decisions, institutions can account for their conduct, perpetrators lose the ability to misuse systems and victim-survivors and their families become safer and are able to rebuild. The test of the Second Action Plan is simple: after a victim-survivor tells a system that she is unsafe, does someone become responsible for acting-and can that responsibility be enforced?

Australian Government
Department of Social Services

31 July 2026

Dear Committee,

Second Action Plan (National Plan to End Violence against Women and Children 2022-2032)

Thank you for the opportunity to make a submission as part of the consultation in support of the National Plan to End Violence against Women and Children 2022-32.

I am a policy professional and researcher who recently finalised a year-long policy research project entitled "*Falling through the Cracks: Closing Gaps in Australian Technology Regulation to Combat Domestic Violence Cyberstalking*", submitted as my capstone project for the Master in Public Policy at the [redacted]. This project was submitted for an external client, [redacted], and drew on interviews with more than 30 government leaders, academic experts and civil society leaders in Australia and the United States. This submission draws on some of the findings and recommendations from this thesis.

Domestic violence cyberstalking is a high-risk consumer harm that is enabled by both maliciously designed stalkerware, and by ordinary technology products that lack safeguards against their use for stalking and surveillance. The products that are weaponised for cyberstalking span industry sectors including technology, financial services, telecommunications, consumer goods, and government services. Therefore, these products extend across the jurisdictional boundaries of many regulatory agencies including but not limited to the eSafety Commissioner, Australian Consumer and Competition Commission, the Office of the Australian Information Commissioner, the Department of Home Affairs cybersecurity functions, the Australian Communications and Media Authority, and the Australian Securities and Investments Commission.

Currently, eSafety is the only regulatory agency with a deep level of engagement on technology-facilitated gender-based violence. This is concerning because eSafety currently lacks the regulatory powers to disrupt cyberstalking risks in technology product and service design across the full scope of industries where this risk occurs. Whilst the proposed digital duty of care would provide stronger regulatory powers to eSafety, it would only apply to the existing 'tech stack' currently within scope of the Online Safety Act which excludes technology products in other sectors that are misused for domestic violence cyberstalking. Given this, proactive and coordinated regulatory action is needed by a broader range of regulators to address regulatory gaps on cyberstalking, and avoid overlaps, including eSafety, ACMA, ACCC, Home Affairs, OAIC, and ASIC.

In my view, a **cross-agency technology-facilitated abuse regulatory task force** is needed to focus on building a whole-of-government regulatory response to technology-facilitated abuse and domestic violence cyberstalking. This taskforce could lead three pillars of effort:

1. **Strengthen enforcement** of existing regulations to address cyberstalking
2. **Coordinate law reform efforts** across agencies to close gaps in protections
3. **Convene cross-sector fusion cells on cyberstalking** between government, industry, and civil society, implementing Recommendation 28 of Delia Rickard's Statutory Review of the Online Safety Act 2021

This has precedence in the United States, where the White House Task Force to Address Online Harassment and Abuse drove a more coordinated government response to technology-facilitated abuse. Likewise, in Australia a cross-agency response has been adopted in the context of financial scams as part of the National Anti-Scam Centre scam fusion cells.

In an appendix to this letter, I have included a case study on the White House Task Force to Address Online Harassment and Abuse.

If it would be helpful, I would be happy to provide the full copy of my Master in Public Policy thesis with detailed findings and recommendations.

Yours sincerely

[redacted]

[redacted]

Case Study 1: White House Task Force to Address Online Harassment and Abuse

The White House Task Force to Address Online Harassment and Abuse was established in 2022 by the Biden-Harris White House as a whole-of-government effort to address technology-facilitated gender-based violence (TFGBV). The Task Force idea emerged during President Joe Biden's primary campaign policy commitments in 2019/20 and was formally established in June 2022 as a Presidential Memorandum issued by President Biden.[i]

The Presidential Memorandum specified that the mission included "improving coordination among executive departments, agencies, and offices to maximize the Federal Government's effectiveness in preventing and addressing technology-facilitated gender-based violence".[ii] The Task Force had four lines of effort focused on (1) Prevention; (2) Survivor support; (3) Accountability of perpetrators, schools and industry; and (4) Research. An Initial Blueprint was required to be delivered to the President within 180 days "outlining a whole-of-government approach to preventing and addressing technology-facilitated gender-based violence, including concrete actions…"[iii]

Key features and lessons:

(1) Strong political leadership and central coordination

According to Cailin Crockett, Senior Advisor to the Biden-Harris White House Gender Policy Council and National Security Council Director, who helped launch and coordinated the Task Force, it was critical that the Task Force was led by the White House with "*strong political will and leadership behind it***".** The Task Force was centrally coordinated within the Executive Office of the President and Vice-President Kamala Harris launched the Task Force with a survivor and expert roundtable.

At the start of the process, "*agencies had a varying degree of interest, capacity, and knowledge base and understanding for why they were coming to the table" which was "why we needed the Presidential Memorandum…the President tells you that this is your job*…" - Cailin Crockett

(2) Whole-of-government approach and senior departmental leadership buy-in

The Task Force was co-chaired by the Director of the White House Gender Policy Council and the Assistant to the President for National Security Affairs. The Members included fourteen Cabinet Secretaries, Heads of Departments and Agencies, and some of the President's closest advisors. The Federal Communications Commission and Federal Trade Commission also sent senior representatives to meetings.

"*We wanted to be very ambitious and have this effort be whole-of-government. A lot of different capabilities that were housed in different agencies with different missions and different statutory authorities would need to all be brought to bear to tackle the issue. We wanted all agencies to bought-in, so basing it in just one agency would inevitably change the level of equity that one agency had over another…We needed to make sure that at the Cabinet level we had the Heads of Departments and Agencies bought in, and that buy-in only comes from [initiatives led from] the White House."* - Cailin Crockett

(3) Educating agency leaders on technology-facilitated gender-based violence

The Task Force met regularly over a four-year period. In the first year, the Task Force senior officials met monthly for nine *Task Force Roundtables* that acted as listening sessions for senior officials to be educated on specific dimensions of TFGBV by survivor-advocates, civil society, and academic experts. The listening session Roundtables were critical "*to educate the Task Force and expose them to experts working in this space…to get their juices flowing*" on how they could apply their organization's "*resources, legal authorities, and grant making capabilities*" to this issue (Cailin Crockett). Survivor testimonies were particularly impactful.

(4) Emphasis on building the capacity of federal agencies

The Task Force intentionally focused on "*build(ing) the capacity of federal agencies*" to develop and implement policies, programs and research to prevent and address TFGBV informed first and foremost by survivors and people who have experienced tech-enabled harms, rather than dedicate the limited time and resources of the Task Force to engaging with industry. It took "*a process of deliberate policy consideration that could be independent from industry's position*" (Cailin Crockett).

(5) Select regulatory actions emerging from the Task Force

The **Federal Trade Commission** took action on privacy default settings, and against firms operating in the geolocation data marketplace selling "information that can be used by abusers used to stalk, harass, intimidate, and assault, including links to intimate partner homicides".[iv]

The **Federal Communications Commission** strengthened the Safe Connections Act making it "easier for survivors to access domestic violence hotlines, leave a family wireless phone plan, and afford phone service", and engaged with automakers requesting information on "connectivity options, including information on connected apps and devices,

policies for survivors, privacy and retention policies", and adopted a Further Notice of Proposed Rulemaking on connected cars and domestic violence.[v]

The Administration also advanced a whole-of-government approach to "combatting the misuse of commercial spyware", including through "export controls, visa restrictions, and sanctions against those who misuse or enable the misuse of commercial spyware".[vi] This included a "Joint Statement on Efforts to Counter the Proliferation and Misuse of Commercial Spyware", endorsed by 23 countries including Australia.[vii]

The Task Force also convened **state legislators**, with 55 bills and 17 laws passed by May 2024 to prevent and address tech abuse.

(6) Long-term effort

Cailin Crockett reflected "*This is a big effort, and it takes time. We had four years and we achieved a lot in those four years. We still just scratched the surface. Be able to budget for staff and effort over a longer time horizon*."

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[i] Administration of Joseph R. Biden, Jr., *Memorandum on Establishment of the White House Task Force to Address Online Harassment and Abuse* (22 June 2022) <https://www.govinfo.gov/content/pkg/FR-2022-06-22/pdf/2022-13496.pdf> ('Task Force Presidential Memorandum').

[ii] Task Force Presidential Memorandum.

[iii] Task Force Presidential Memorandum.

[iv] United States Government, *White House Task Force to Address Online Harassment and Abuse: Final Report and Blueprint* (May 2024) <https://bidenwhitehouse.archives.gov/wp-content/uploads/2024/05/White-House-Task-Force-to-Address-Online-Harassment-and-Abuse_FINAL.pdf> ('Task Force Final Report').

[v] Task Force Final Report.

[vi] Task Force Final Report.

[vii] US Department of State, Joint Statement on Efforts to Counter the Proliferation and Misuse of Commercial Spyware (2024) <https://2021-2025.state.gov/joint-statement-on-efforts-to-counter-the-proliferation-and-misuse-of-commercial-spyware/>.