

SUBMISSION

31 July 2026

AMA submission: Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022-2032)

Submitted via: <https://engage.dss.gov.au/second-action-plan/>

Priority Area 1: Victim-survivors

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

- What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?
- What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?
- What current or emerging issues should the Second Action Plan address, including in relation to coercive control and technology-facilitated abuse?
- What gaps remain in addressing the needs of diverse communities, including Aboriginal and Torres Strait Islander people?

Feedback for Priority Area 1: Victim-survivors:

The Australian Medical Association (AMA), in our Women's Health [Position Statement](#) 2025, recognises gender-based and family violence as a major public health issue with significant and long-lasting impacts on physical and mental health and wellbeing.

The AMA is deeply concerned about the rising rate of family and domestic violence (FDV) offenders recorded by police in the 2024-25 financial year. An increase of 8 per cent, which was the largest annual increase in FDV offenders since national reporting began in 2019-20 (Source: <https://www.abs.gov.au/media-centre/media-releases/family-and-domestic-violence-offenders-rise-8-cent>) is unacceptable. Data suggests that one in three women has experienced physical violence since the age of fifteen, and women are 3 times more likely than men to experience violence by an intimate partner (Sources: Australian Bureau of Statistics (ABS), *Personal Safety, Australia, 2021-22 financial year*, ABS website, 2023 and Australia's National Research Organisation for Women's Safety (ANROWS), *Three times more likely: Findings from the Personal Safety Survey and the National Community Attitudes towards Violence against Women Survey* [Fact sheet], ANROWS, 2023).

The Australian Child Maltreatment Study (ACMS) suggests that 40.2 per cent of children have experienced one of more types of abuse, with 43.8 per cent exposed to domestic violence (Source: Mathews B et al. (2023) The prevalence of child maltreatment in Australia: findings from a national survey. *Med J Aust.* 218 (6). <https://www.acms.au/resources/prevalence-of-maltreatment-in-young-people-aged-16-24-years%2F>).

The AMA considers that the most effective responses for victim-survivors are integrated, trauma-informed and adequately resourced systems. This includes coordinated care across health, legal and social services; sustained funding for housing, legal assistance and specialist supports; and a strengthened role for healthcare in early identification, risk assessment and referral. Clinicians must be trained and supported to deliver trauma-informed care, with clear protocols and referral pathways embedded across the health system.

Earlier access to support is enabled by trusted healthcare settings, routine enquiry, and clear referral pathways, particularly in primary care where GPs are often the first point of contact. However, victim-survivors face significant barriers, including stigma, fear of system responses, limited service

availability, cost, workforce shortages, geographic isolation, and low health literacy. Structural factors such as financial insecurity and lack of access to leave or flexible work arrangements further limit the ability to seek help.

The AMA notes the need for the Second Action Plan to address non-physical forms of violence, including coercive control, psychological abuse and broader patterns of manipulation and isolation, which have significant health impacts. Emerging forms of violence, including technology-facilitated abuse, should also be recognised within systems for identification, response and data collection. The AMA emphasises the importance of prevention, including addressing harmful gender norms and embedding respectful relationships education across the life course.

We recognise that persistent gaps remain in addressing the needs of diverse communities. The AMA emphasises the importance of culturally safe, community-led and trauma-informed responses, particularly for Aboriginal and Torres Strait Islander peoples, given the impacts of colonisation, systemic racism and intergenerational trauma on health outcomes. Barriers also remain for people in rural and remote areas, culturally and linguistically diverse communities, people with disability, and LGBTQIASB+ individuals, who may face compounding challenges accessing safe and appropriate services. Women from culturally and linguistically diverse backgrounds, and women with disabilities, can experience additional barriers to disclosure and support, including communication barriers, lack of accessible information, limited interpreting services, dependence on carers or family members, and fear that services will not be culturally safe or disability inclusive. In emergency departments and other acute healthcare settings, these barriers can make it difficult for clinicians to identify and respond safely to domestic and family violence, underscoring the need for accessible, in-language, culturally safe and disability-inclusive referral pathways.

There are many examples of support services currently assisting victims and survivors across intersections, including being involved in prevention and early intervention. The AMA wishes to highlight the below examples as we understand these services need sustained investment to ensure their valuable work continues. These services at the grassroots are a core component of ending violence against women and children in Australia.

The Wiyi Yani U Thangani Institute for First Nations gender justice

The AMA was [supportive](#) of the establishment of the Institute, as an opportunity to better the health outcomes for Aboriginal and Torres Strait Islander women and girls, by recognising the links between gender justice, equity and health. (Source: <https://www.wiyiyaniuthangani.com.au/>)

Rainbow Door

Rainbow Door is a free specialist LGBTIQ+ (Lesbian, Gay, Bisexual, Transgender and Gender Diverse, Intersex, Queer, Asexual, BrotherBoys, SisterGirls) helpline providing information, support, and referral to all LGBTIQ+ Victorians, their friends and families. This service is run by [Switchboard Victoria](#).

"All staff in the Rainbow Door are experienced specialist workers with case management, suicide intervention and risk assessment skills. We can provide Family Violence risk assessment and safety planning. We can assist you to access LGBTIQ+ friendly services and connection to advocacy or advice in relation to mental health, disability, relationship or support for older people" (Source: <https://www.rainbowdoor.org.au/home>)

Changing the Landscape

Changing the landscape is a national resource to prevent violence against women and girls with disabilities, created by Our Watch and Women with Disabilities Victoria (WDV).

"Women and girls with disabilities experience violence, abuse and neglect at much higher rates, over longer periods of time and perpetrated by more people, than people without disabilities, or men with disabilities. Changing the landscape shows how inequality and ableism 'intersect' to drive higher rates of violence against women and girls with disabilities". (Source: Our Watch, & Women with Disabilities Victoria. (2022). *Changing the landscape: A national resource to prevent violence against women and girls with disabilities*. Melbourne, Australia: Our Watch).

The resources have been translated into a suite of accessible video, audio and static resources which include:

- video explainers in series called 'Take note'
- case study videos in a series called 'Get real'
- audio episodes in a series called 'Shift the culture'

- infographic posters for the workplace.

(Source: <https://www.ourwatch.org.au/change-the-story/changing-the-landscape>)

inTouch

inTouch Multicultural Centre Against Family Violence is a specialist family violence service that supports migrant and refugee women and their communities to recover from and move beyond experiences of family violence. The service is Victorian based and focuses on providing culturally responsive support and addressing the unique barriers faced by people from diverse cultural and migration backgrounds, this is done by providing in-language and in-culture support.

inTouch also work with men who use violence in an early intervention program called [Motivation for Change](#).

(Source: <https://intouch.org.au/>)

Overall, the AMA emphasises that improving outcomes for victim-survivors requires whole-of-system reform, grounded in trauma-informed care, cultural safety, workforce capability, and sustained investment, with clear accountability and measurable outcomes to drive meaningful change.

Priority Area 2: Prevention and early intervention

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

- What would make the biggest difference in preventing and ultimately ending violence?
- How can existing efforts to prevent violence be strengthened or built upon at the individual, community, organisational, institutional and societal levels?
- How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?
- What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?
- What emerging issues should the Second Action Plan address in relation to primary prevention and early intervention?

Feedback for Priority Area 2: Prevention and early intervention

The AMA advocates that preventing violence requires a whole-of-society approach that addresses gender inequality and the social, cultural and political determinants of health.

The most effective action to prevent violence is early, sustained intervention that addresses harmful gender norms and power imbalances, including embedding respectful relationships education across the life course and investing in evidence-based prevention programs.

Prevention efforts should be strengthened by:

- Improving health literacy and community-led education, with culturally appropriate messaging;
- Building organisational capability across schools, workplaces and health services to recognise and respond early;
- Addressing structural drivers of violence, including poverty, discrimination and access to services.

Governments and systems can better support early recognition of, and response to, violence by embedding consistent training, clear referral pathways, and public awareness initiatives that challenge harmful attitudes and misconceptions about violence.

Some approaches that are starting to become more common in Australia include early identification in healthcare (particularly primary care), population-level education programs, and coordinated cross-sector responses. These should be strengthened through national consistency, dedicated service funding, workforce training, and improved data collection and evaluation.

The Second Action Plan should also address emerging risks in digital and social environments, and strengthen the evidence base to ensure prevention strategies are targeted, equitable and effective. Overall, the AMA emphasises that prevention requires sustained investment, cross-sector coordination, and accountability to achieve long-term change.

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

- When providing your feedback on this area, you might like to consider:
- What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?

- How can governments, services, education settings, families, communities and others better recognise and respond to children and young people experiencing violence or harm?
- What approaches are most effective in supporting children and young people who are using violence or displaying harmful sexual behaviours to take accountability, change behaviours, and reduce harm?
- How should the Second Action Plan respond to current or emerging forms of harm affecting children and young people, including technology-facilitated abuse, harmful online content, and violence within peer and dating relationships?
- How can children and young people be meaningfully involved in shaping the policies, programs and services that affect them?

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

The AMA recognises that children and young people have the right to safety, dignity, and the highest attainable standard of health. Violence against children and young people has significant, lifelong impacts, requiring a child-centred, trauma-informed and strengths-based approach that recognises their resilience, agency and right to participate in decisions affecting them.

Improving safety, recovery and wellbeing for children and young people who are at risk of or experiencing violence, requires early identification, integrated support services, and access to trauma-informed health and mental health care. Implementation alongside family and community-based supports that build on protective factors and strengths must occur. Strong connections between primary care, education and community services are critical in supporting children and young people, both as preventive measures, as well as supporting individuals experiencing violence.

We advocate that Australian systems should better recognise and respond to harm by strengthening workforce capability across sectors that interact with children and young people. This must include increasing the embedding culturally safe and child-rights-focused practice, and improving referral pathways across health, education and social services.

For children and young people using violence, early, therapeutic and evidence-based interventions are needed that support accountability, behaviour change, and positive development, while addressing underlying trauma and social determinants.

The AMA also considers it important that the Second Action Plan recognise the violence and cumulative harm experienced by children and young people through punitive justice and correctional system responses, including for children as young as ten years old. Young people who come into contact with the justice system are also more likely to have experienced violence, trauma and other forms of harm, and responses must recognise these experiences rather than further entrenching disadvantage. Responses that frame children's behaviour through punitive slogans such as "adult time for adult crime" risk entrenching harmful misconceptions about the root causes of violence by children and young people, and can compound trauma, disengagement and poor health outcomes. A child-rights-focused, culturally safe and therapeutic approach is needed to prevent harm, support rehabilitation and address the underlying drivers of violence, particularly for Aboriginal and Torres Strait Islander children and young people who are disproportionately impacted by youth justice systems.

The Second Action Plan should respond to emerging harms, including technology-facilitated abuse, harmful online content, and violence in peer and dating relationships, recognising their impact on young people's safety and mental health. The AMA emphasises the importance of meaningful participation of children and young people in policy and service design that involves them. This must ensure that their voices inform responses, that their engagement is met with culturally safe and inclusive approaches for diverse populations.

Overall, improving outcomes requires coordinated, child-centred systems that uphold children's rights, strengthen protective factors, and invest in early intervention across sectors.

Priority Area 4: People who use violence

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

- What would make the biggest difference in preventing and responding earlier to the use of violence?
- How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?
- What approaches are most effective in supporting people who use violence to take accountability, change behaviours, and reduce the use of violence, while focusing on victim-survivor safety?
- How can governments and services, among others, strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?

Feedback for Priority Area 4: People who use violence

The AMA understands that preventing and responding to people who use violence requires early, evidence-based intervention that prioritises victim-survivor safety, while addressing the underlying drivers of behaviour, including trauma, mental health, and social determinants. Preventing and responding earlier requires strengthening early identification and referral pathways, particularly through healthcare settings such as General Practice, where warning signs may first be identified and where some people disclose that they are using violence, coercive control or controlling behaviours. Doctors must be supported to recognise these disclosures, assess risk safely, and respond in a way that maintains victim-survivor safety while connecting the person using violence with appropriate, evidence-based interventions. This must be supported by a trained workforce, clear protocols, and integrated service responses across health, justice and community systems.

Services, families, communities and institutions can better recognise and respond to those who use violence, by building capability to identify risk factors and escalating behaviours. This capability must prioritise safe, coordinated responses that maintain a clear focus on victim-survivor safety.

A significant gap remains in clear, accessible referral pathways for people who disclose that they are using violence or controlling behaviour, particularly in primary care. Doctors should not be left with police referral as the only apparent option; they require nationally consistent pathways to specialist perpetrator intervention services that are timely, culturally safe, clinically appropriate and linked to coordinated risk management.

The AMA supports evidence-based perpetrator interventions that promote accountability, behaviour change and long-term risk reduction, and are integrated across systems and culturally responsive. These approaches must be consistently evaluated and linked with broader support services.

Governments should strengthen responses by ensuring culturally safe, accessible and community-led programs, particularly for Aboriginal and Torres Strait Islander peoples, and by addressing structural factors such as inequality, disadvantage and access to services that contribute to the use of violence.

Overall, the AMA emphasises that effective responses require early intervention, system coordination, workforce capability and sustained investment, with a clear and consistent focus on safety and accountability.

Priority Area 5: System Integration and Workforce

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

- What would make the biggest difference in creating a more coordinated and connected system response for people affected by violence against women and children and other forms of gender-based violence and people using violence?
- What workforce capabilities, supports, or conditions are most needed to strengthen prevention, early intervention, response and recovery?
- What approaches or models appear most effective in improving collaboration, coordination and information sharing across services, systems and programs?
- What supports do specialist and universal services need to provide inclusive, accessible and response services?
- What evidence, workforce or system gaps should the Second Action Plan prioritise to strengthen implementation and improve outcomes over time?

Feedback for Priority Area 5: System Integration and Workforce

As mentioned in previous questions, the AMA supports a coordinated, system-wide response to violence, with stronger integration across health, justice, housing, education, and social services. The biggest impact will come from clear referral pathways, shared protocols, and improved continuity of care to support victim-survivors and respond safely to people using violence. The workforce must be supported through dedicated and sustained funding for consistent training in trauma-informed care, gender-based violence, coercive control, culturally safe practice, risk assessment and referral pathways, alongside organisational support for frontline staff. This is particularly important for doctors and other healthcare providers, many of whom receive limited formal training in responding to disclosures of family, domestic and sexual violence, despite increasing community awareness and increasing disclosure in clinical settings.

The AMA advocates that effective approaches for improving system integration across sectors must include multidisciplinary models of care, that have clear governance and safe information sharing to protect both victims, survivors and those at risk, as well as providers of care. Services require sustained funding, workforce capacity, and culturally safe, accessible models of care, particularly for underserved populations.

The AMA wishes to highlight the current key gaps in workforce capacity, service fragmentation, and data and evaluation, and emphasises the need for stronger evidence, coordination and accountability to improve outcomes and end violence against women and children.

Other areas of action

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

The AMA emphasises that a critical additional priority is adequately resourcing the health workforce to play its central role in prevention, early intervention, response and recovery.

Healthcare professionals, particularly in primary care, are often the first point of contact for victim-survivors and, in some cases, people using violence. However, this role is constrained by workforce shortages, time pressures, and limited resourcing for longer, complex consultations.

To strengthen the national response, the AMA recommends:

- Sustainable investment in the health workforce, including primary care, to support longer consultations, continuity of care, and early intervention;
- Funding models that enable trauma-informed, patient-centred care, recognising the time and complexity required to respond safely to violence;
- Expansion of multidisciplinary care, including access to mental health, social work and specialist support services within or connected to healthcare settings;
- Ongoing workforce training and support, including supervision and wellbeing supports for clinicians responding to violence; and
- Strengthening rural, remote and underserved workforce capacity, to address inequities in access to care.

The AMA reiterates that without adequate workforce capacity and resourcing, even well-designed policy and service reforms cannot be effectively implemented. Strengthening the health workforce is therefore foundational to preventing violence and improving outcomes across all priority areas.

Please see also: AMA Women's Health Position Statement 2025 <https://www.ama.com.au/articles/ama-womens-health-position-statement-2025>

Contact

[REDACTED]