

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

Priority Area 1: Victim-Survivors

Broken to Brilliant is a lived-experience-led charity supporting mainly women, some men and children in the long-term recovery, healing and rebuilding phase after safely leaving a domestic and family violence (DFV) relationship. We work with survivors from six to twelve months and more after leaving, through a survivor-led, trauma-informed peer mentoring model (the Roadmap to Recovery program). Our feedback below draws on our program's own client's lived-experience and our practice knowledge, together with a systematic review of the published international and Australian evidence base commissioned for this submission. We welcome the National Plan's recognition of healing and recovery as a distinct pillar and offer the following evidence to help shape it.

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

The single biggest gap is that the service system remains overwhelmingly crisis-focused. Once immediate safety is secured, funded support largely disappears, even though the effects of DFV persist for years and recovery is a long, non-linear process (Loxton et al., 2017; Smith, 2003; Czerny, 2018). Survivors and service providers have reported this gap consistently across successive government reviews (Queensland Taskforce, 2015; ACT, 2016; Victims of Crime Review Committee, 2016), and it is precisely the gap Broken to Brilliant was founded to address.

The strongest evidence-based response is a properly funded, dedicated tier of post-crisis, long-term recovery services, sitting alongside (not instead of) crisis and prevention funding. A realist synthesis of 60 underlying reviews found psychosocial support has the greatest impact on survivor mental health when it is individualised and trauma-informed, and paired with concrete access to safety, resources and social or family support rather than delivered as standalone counselling; treatment frequency mattered, with ten sessions or more producing the strongest gains (Paphitis et al., 2022). This supports funding wrap-around, individualised casework on 12–24-month cycles for complex trauma recovery, not one-off referrals.

PTSD, depression and anxiety are dramatically more common among DFV survivors than the general population, with adjusted odds of PTSD around seven times higher (Trevillion et al., 2012). These effects are not short-lived: Deborah Loxton's 16-year longitudinal cohort study found women who had experienced intimate partner violence had significantly worse physical and mental health than women who had not, with the gap still present at the full 16-year follow-up (Loxton et al., 2017). Recovery funding must therefore integrate mental health support across the long term rather than treat it as a separate, harder-to-access system.

Peer mentoring, lived-experience models also have a growing evidence base as a complement to clinical support. Broken to Brilliant's own Survivor Mentoring Programs is built on this model: survivors supporting survivors through mutual rehabilitation, shared understanding and modelling of recovery, drawing on peer-support and early-engagement literature (Corrigan, 2016; Hegarty et al., 2020). **We recommend the Second Action Plan formally recognise and fund survivor-led, peer-mentoring recovery programs as a distinct, fundable service type, rather than treating them as an informal or volunteer-only add-on to clinical services.**

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

Survivors describe having to navigate many separate, disjointed services, rebuilding trust with new workers each time and repeatedly retelling their story (Stylianou, 2020); some encounter disbelief or have their credibility questioned when engaging with family law and other formal systems (Laing, 2017), which discourages further help-seeking. In our own program's experience, many survivors simply do not know that post-crisis recovery programs exist at all, and face practical barriers such as transport cost and time, or a lack of internet access and digital skills (Pfitzner, 2020). Just as significant are intrinsic barriers: shame, fear, a belief their experience "wasn't bad enough", and a strong sense of self-reliance can all delay help-seeking, themes that recur consistently among the survivors we support. In our own (small, anonymous) client survey using the Composite Abuse Scale (Revised)—Short Form, ninety per cent of respondents reported financial and social isolation after leaving, and half had experienced non-fatal strangulation, a mechanism increasingly recognised in the clinical literature as a cause of traumatic brain injury that can itself impede a survivor's engagement with recovery services if it goes unscreened.

On what helps: Trusted, survivor-led referral pathways help overcome the credibility and trust barriers described above. Self-directed digital tools (safety-decision aids, chatbots, text check-ins) are supported by randomised controlled trial evidence as effective at reducing depression, anxiety and IPV exposure in the shorter term, and can lower access barriers for survivors who are rural, remote or time-poor, though effects fade by around three months, so digital tools should supplement, not replace, ongoing human support (Emezue et al., 2022).

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

Coercive control remains the aspect of DFV hardest to shift, even where perpetrators engage with intervention, according to the most current national evidence brief on men's behaviour change programs (Helps et al., 2025). Our own client data reflects this everyday reality: alongside high rates of financial and social isolation, respondents in our survey also reported being threatened with a weapon, stalked, or deprived of their liberty. Coercive control frequently continues after separation through family law and shared-parenting processes, undermining recovery and, in some cases, giving perpetrators ongoing access to inflict harm (Laing, 2017; Francia, 2019; Smyth, 2019; Bancroft et al., 2012). **We recommend embedding coercive-control literacy and training across family law, child protection and post-separation systems (not policing alone), and reviewing family court processes to prevent their use as a vector for continuing abuse.**

Priority Area 2: Prevention and Early Intervention

Broken to Brilliant works with survivors well after crisis, in the long-term recovery and rebuilding phase. That vantage point does not put us at the centre of primary prevention delivery, but it gives us a distinctive line of sight: our clients' stories consistently show where prevention did not reach in time or reached but without enough dose or follow-through to change behaviour. Our comments below combine that practice perspective with a systematic review of the published prevention evidence base, and with the Australian Government's own 20 February 2026 implementation update on the Rapid Review of Prevention Approaches, so our feedback builds on work already underway rather than duplicating it.

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

The single strongest and most consistent finding across the prevention literature is that programs actively engaging men and boys outperform programs that target women only. A multilevel meta-analysis pooling 26 global studies found a protective pooled effect against intimate partner violence, with engagement of men as the only moderator that reached significance (Alsina et al., 2023). This directly supports the Rapid Review's Recommendation 6 for a coordinated national approach to engaging men and boys, and the Healthy Masculinities Trial (delivered by The Man Cave), Movember Partnership and Men's Wellness Centres already underway under the National Plan (Australian Government, 2026). **We recommend the Second Action Plan treat engagement of men and boys for prevention funding.**

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

Online misogyny and radicalisation of boys and young men is a genuine emerging issue: the Office of National Intelligence is currently funding research into misogyny, radicalisation and digital pathways (Australian Government, 2026), but this is still a research question rather than a funded program response. **We recommend the Second Action Plan commit now to translating this research into funded prevention programming once findings are available.**

Priority Area 5: System Integration and Workforce

Broken to Brilliant sits at the point where system fragmentation is felt most acutely. Too many survivors reach us after falling through the cracks of well-funded, well-resourced programs and service. Then the unfunded, volunteer-run, survivor-led programs like ours that pick up the pieces and do the best we can with what we have. One survivor who came to us after this experience put it starkly:

"Everything was seemingly ok when we were in the acute phase of leaving, in safe housing — there were so many organisations willing to help support us through that horrible time. Unfortunately, as soon as we were able to return home, it appeared that everyone thought we were fine now and could just go back to the way things were. We have been abandoned by every. single. service that once offered us hope."

She then reached out to Broken to Brilliant. Her experience is not unusual among the survivors we support, and it is the clearest illustration we can offer of why system integration matters: safety in the acute phase means little if it is not followed through with a referral for long term recovery and support. Our feedback below combines that practice perspective with the published evidence base and the Australian Government's 20 February 2026 Rapid Review of Prevention Approaches implementation update, which already sets out substantial work underway on 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?

First, completing the Australian Institute of Health and Welfare's needs analysis on unmet demand in DFSV crisis response, recovery and healing, and acting on it with a funded pathway rather than treating it as a data exercise (Rapid Review Recommendation 9; Australian Government, 2026).

Second, finishing the audit of how perpetrators weaponise Commonwealth systems, family law, child support, immigration, taxation and social security and moving from audit findings to legislated protections at the same pace, rather than leaving reform as an ongoing consultation (Rapid Review Recommendation 16; Australian Government, 2026).

Queensland's Specialist Domestic and Family Violence Court, evaluated against a matched comparison site, found victims rated their experience markedly better in the specialist court (81% "excellent" versus 50%) and understood their orders more often (88% versus 64%), but the same evaluation found perpetrator-program waitlists of six to eight weeks persisting as a bottleneck that undermined the court's own referral pathway (Bond et al., 2017). This is the clearest illustration in the evidence base of why coordination without matching capacity in every linked service does not fully deliver its promise. **We recommend any expansion of specialist court or multi-agency models be paired, from the outset, with funded capacity in every service the model refers into.**

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

We also recommend the National Plan formally recognise lived experience as a distinct workforce capability in its own right, with its own training, credentialing and career pathway, rather than folding peer mentors and lived-experience facilitators into generic volunteer or support-worker categories. The Department of Social Services' National Workforce Survey, currently rolling out with a final report due June 2026 (Rapid Review Recommendation 14; Australian Government, 2026), is a welcome step. **We recommend the Second Action Plan build in an explicit mechanism to update its own workforce commitments and include lived experience as a distinct workforce capability.**

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

Universal services GPs, primary care, nurse-led clinics and mental health services in particular are frequently a survivor's first point of contact. Nurses and nurse practitioners are frequently the primary or most frequent point of contact in perinatal care, rural and remote general practice, and community health settings, and are already named alongside GPs and perinatal services in the Rapid Review's health-system recommendation (Rapid Review Recommendation 11a; Australian Government, 2026). **We recommend the Second Action Plan explicitly extend case-finding training, safety-planning protocols, and any new Medicare-style funding recognition to nurses and nurse practitioners delivering primary, perinatal and community care, not GPs alone, and that the Primary Health Network trials already underway (Rapid Review Recommendation 11; Australian Government, 2026) be evaluated across this full primary care workforce rather than doctors only.**

Other Areas of Action

Beyond the priority areas addressed above, further actions emerged:

First, recognise long-term, post-crisis recovery as a distinct, nationally funded service tier in its own right, not an extension of crisis services or an assumed outcome of them. This is the gap Broken to Brilliant was founded to fill, and it recurs throughout the earlier government reviews we cite in our Priority Area 1 submission (Queensland Taskforce, 2015; ACT, 2016; Victims of Crime Review Committee, 2016), and just as clearly in the Government's own most current evidence. The 2024 Rapid Review of Prevention Approaches specifically named recovery and healing as demand requiring its own dedicated data and

funding pathway, separate from crisis response (Rapid Review Recommendation 9), and called for the DFSV sector to be resourced for long-term case management (Rapid Review Recommendation 10b; Australian Government, 2026). **We recommend the Second Action Plan name recovery and healing as a fundable service category with its own funding envelope, separate from crisis and prevention budgets, so it cannot be absorbed back into either when funding is tight.**

Broken to Brilliant recommend the Second Action Plan create a funding pathway specifically for smaller, proven, lived-experience-led organisations, so that services already delivering this work can be properly recognised and resourced to continue.

References

- Alsina, E., et al. (2023). Preventive interventions to reduce intimate partner violence: A multilevel meta-analysis. *Violence Against Women*. <https://doi.org/10.1177/10778012231183660>
- Australian Government. (2026). Rapid review of prevention approaches: Australian Government implementation update – 20 February 2026. Office for Women, Department of the Prime Minister and Cabinet.
- Bancroft, L., Silverman, J. G., & Ritchie, D. (2012). Supporting recovery: Assessing risk to children from batterers and structuring visitation. In *The batterer as parent: Addressing the impact of domestic violence on family dynamics* (2nd ed., pp. 189–222). SAGE Publications.
- Bond, C., Holder, R., Jeffries, S., & Fleming, C. (2017). Evaluation of the specialist domestic and family violence court, Southport (Summary and final report). Griffith Criminology Institute.
- Corrigan, P. (2016). Peer support and services. In *Principles and practice of psychiatric rehabilitation: An empirical approach* (2nd ed.). The Guilford Press.
- Czerny, A., Lassiter, P., & Lim, J. (2018). Post-abuse boundary renegotiation: Healing and reclaiming self after intimate partner violence. *Journal of Mental Health Counseling*, 40(3), 211–225. <https://doi.org/10.17744/mehc.40.3.03>
- Emezue, C., Chase, J. D., Udmuangpia, T., & Bloom, T. L. (2022). Digital or virtual aids for intimate partner violence: A systematic review and meta-analysis. *Campbell Systematic Reviews*, 18(2), e1271. <https://doi.org/10.1002/cl2.1271>
- Francia, L., Millea, P., & Sharman, R. (2019). Addressing family violence post separation: Mothers' and fathers' experiences from Australia. *Journal of Child Custody*, 16(3), 211–235. <https://doi.org/10.1080/15379418.2019.1583151>
- Hegarty, K., Gleeson, S., Brown, S., Humphreys, C., Wheeler, J., Hooker, L., & Tarzia, L. (2020). Early engagement with families in the health sector to address domestic abuse and family violence: Policy directions. Safer Families Centre.
- Helps, C., Bell, N., Schulze, D., Vlasis, R., Clark, J., Seamer, K., & Buys, N. (2025). The role of men's behaviour change programs in addressing men's use of domestic, family and sexual violence (ANROWS Insights 01/2025). ANROWS.
- Laing, L. (2017). Secondary victimization: Domestic violence survivors navigating the family law system. *Violence Against Women*, 23(11), 1314–1335. <https://doi.org/10.1177/1077801216659942>
- Loxton, D., Dolja-Gore, X., Anderson, A. E., & Townsend, N. (2017). Intimate partner violence adversely impacts health over 16 years and across generations: A longitudinal cohort study. *PLOS ONE*, 12(6), e0178138. <https://doi.org/10.1371/journal.pone.0178138>
- Paphitis, S. C., et al. (2022). A realist review of psychosocial interventions to improve mental health among survivors of intimate partner violence. *PLOS ONE*, 17(3), e0264845. <https://doi.org/10.1371/journal.pone.0264845>

Domestic Violence Survivors mentoring fellow survivors to recover, heal and rebuild their lives.

- Pfitzner, N., Fitz-Gibbon, K., Meyer, S., & True, J. (2020). Responding to Queensland's 'shadow pandemic' during the period of COVID-19 restrictions: Practitioner views on the nature of and responses to violence against women (Report). Monash University.
- Smith, M. (2003). Recovery from intimate partner violence: A difficult journey. *Issues in Mental Health Nursing*, 24(5), 543–573. <https://doi.org/10.1080/01612840305290>
- Smyth, B. (2019). Post-separation parenting disputes and the many faces of high conflict: Theory and research. *Australian and New Zealand Journal of Family Therapy*, 40(1), 74–84. <https://doi.org/10.1002/anzf.1346>
- Stylianou, H. (2020). Transitioning out of an urban domestic violence emergency shelter: Voices of survivors. *Violence Against Women*. <https://doi.org/10.1177/1077801220954270>
- Trevillion, K., Oram, S., Feder, G., & Howard, L. M. (2012). Experiences of domestic violence and mental disorders: A systematic review and meta-analysis. *PLOS ONE*, 7(12), e51740. <https://doi.org/10.1371/journal.pone.0051740>