



Carers Tasmania's Submission to:
Evidence to Action – Informing the Second Action Plan to
End Violence Against Women and Children

July 2026



About Carers Tasmania

Carers Tasmania is the Peak Body representing the more than 87,000 informal carers (hereafter carers) in the state.

Carers Tasmania's vision is for an Australia that values and supports carers.

Our mission is to work to improve the health, wellbeing, resilience and financial security of carers and to ensure that caring is a shared responsibility of family, community, and government.

Our values drive everything we think, say, and do.

- **Carers first** – we listen to what carers need, commit to their desired action plan, and deliver results that matter most to carers
- **Care in all we do** – we care for our work, about each other, about Tasmania's family and friend carers, and the bigger world we all share
- **Integrity always** – we are transparent, act ethically, own when things don't go to plan and do what we say we will
- **Quality every time** – we don't accept 'good enough' because carers deserve our very best every time
- **Speed that matters** – we are agile and don't put off what can be done today.

These values represent how we engage with and serve carers, how we work with each other, and our commitment to the broader community. Carers Tasmania encourages partnership with governments and health and community sectors to enhance service provision and improve conditions for family or friend carers through policy development, research and advocacy.

We acknowledge and support people of all genders, sexualities, cultural beliefs, and abilities and understand that carers in Tasmania, whilst sharing the common theme of caring for a family member or friend, are diverse individuals with varying beliefs, experiences, and identities. We value and respect the diversity of carers, their lived and living experiences, and recognise that carers are the experts in their own lives.

Carers Tasmania has offices in Moonah, Launceston and Burnie.

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1. Background

Carers Tasmania is the Peak Body representing the more than 87,000 informal carers within the state.

A carer is a person who provides unpaid care and support to a family member, or friend, with disability, mental ill health, a chronic or life-limiting condition, alcohol or other drug dependence, or who is frail or aged. Informal kinship carers who care for a child under the age of 18, because the parent is unable to, are also recognised as carers. Carers are predominantly family members, but may also be friends, neighbours, or colleagues. Informal carers are not to be confused with paid support workers who are often called 'carers', with the difference being that support workers are fully employed and remunerated with all the benefits of employment. On the contrary, family and friend carers perform their caring duties without remuneration, other than minimal carer payments and allowances from the Australian Government.

In addition to representing carers through the Peak Body activities, Carers Tasmania provides support to carers living in Tasmania through its service delivery arm, Care2Serve. The Australian Government Carer Gateway program is delivered through Care2Serve in Tasmania, as are other supports and services, such as the Tasmanian Government's Home and Community Care program.

Anyone may become a carer at any time. The likelihood of this occurring in Tasmania is high, with estimates showing that one in six people living in Tasmania is a carer. This proportion is higher than the national average. The Australian Bureau of Statistics Survey of Disability, Ageing and Carers (SDAC) revealed that there were 80,100 carers in Tasmania in 2018.¹ By 2022, this figure had increased to more than 87,000.²

The Carer Gateway program provides a range of free services and supports for carers which are designed to build resilience and knowledge, increase wellbeing, improve quality of life, and sustain carers to effectively continue their caring roles. The available supports include the provision of information, advice and referrals, holistic identification of carer strengths and needs through a carer support planning process, professional counselling, peer support, and coaching which aims to support carers in achieving specific goals.

Care2Serve, through the Carer Gateway, has capacity to fund certain instances of planned, practical support services such as in-home respite, personal care, domestic assistance, and meal preparation. Care2Serve may also fund items such as laptops to assist carers who are studying or trying to enter the workforce. Care2Serve also coordinates the provision of emergency support during instances where a carer may be unable to provide the care that they usually do, resulting from unexpected illness or injury of the carer.

¹ Australian Bureau of Statistics (2021). 44300DO006_2018 Disability, Ageing and Carers, Australia: Tasmania, 2018. Australian Bureau of Statistics. (abs.gov.au)

² Australian Bureau of Statistics. (2022). Disability, Ageing and Carers, Australia: Summary of Findings, 2022. Australian Bureau of Statistics (abs.gov.au)

*This response discusses family violence and other sensitive topics.
If this causes any distressing feelings, we encourage you to seek support from
Lifeline on 13 11 14 or from a trusted person.*

*In emergency situations, always call **000** immediately.*

Family Violence Counselling Support Service: State-wide support and late opening
hours: **1800 608 122**

1800RESPECT: National 24/7 support

2. Introduction

Carers Tasmania welcomes the opportunity to respond to the Consultation Paper, *Evidence to Action: Informing Direction for the Second Action Plan*, prepared by ANROWS. This Consultation Paper is intended to help inform the Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032. We acknowledge the progress reported under the First Action Plan, including more than 583 initiatives delivered nationally, support provided to over 1,400 organisations, and assistance reaching more than 449,000 people experiencing family, domestic or sexual violence.³ As the ANROWS Consultation Paper describes, despite this positive progress, continued work is required to reduce all forms of violence against women and children.

This submission builds on Carers Tasmania's 2022 response to the Draft of the First National Action Plan, in which we advocated for female carers and young carers who experience violence to be specifically identified and included as a priority cohort to enable access to appropriate and holistic supports. It also draws on positions developed across our subsequent submissions to the *Family Violence (Miscellaneous Reforms) Bill 2025*, the *Family Violence Act 2004* and Related Legislation Discussion Paper 2026, and the National Child Safety Review 2025.

In Tasmania, it is estimated that one in six people is a carer. This proportion is higher than the national average. Data from the Australian Bureau of Statistics reports that females are more likely to be carers than males.⁴ Paired with the higher rates of violence experienced by women, this makes it highly likely that many Tasmanian carers who identify as female have experienced one or more forms of violence. Carers often experience high levels of isolation and are three times more likely than the average Australian to regularly experience loneliness. When experiences of violence are compounded with these existing challenges,

³ Department of Social Services. (2026). Second Action Plan consultation paper: National Plan to End Violence against Women and Children 2022–2032. Australian Government. <https://engage.dss.gov.au/wp-content/uploads/2026/05/second-action-plan-consultation-paper.pdf>

⁴ Australian Bureau of Statistics. (2022). Survey of Disability, Ageing and Carers, 2022: Key findings in plain language. Australian Bureau of Statistics. Retrieved from <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/2022/key-findings-plain-language#carers>

carers fall into the high-risk category for poor wellbeing outcomes and long-lasting negative impacts on relationships, finances, employment, education and housing.

Peer-reviewed research by Obst et al. (2022), found that in a survey of 305 Australian family carers, 41% reported experiencing abuse from the person they care for. Verbal abuse was the most common form (35.4%), followed by physical abuse (14.1%) and property abuse (14.1%), threats of harm (12.1%), financial abuse (8.2%) and physical injury (6.6%).

Experiences of abuse were significantly associated with higher levels of depression, anxiety and stress, and lower quality of life, with higher risks for carers who were unpartnered, caring for multiple people, or caring for a person with mental health or alcohol or other drug-related disability.⁵

Carers Tasmania notes the Consultation Paper's recognition that experiences of violence, access to support, and interactions with systems are not the same for all people or communities, and that policies and practices across prevention, early intervention, response and recovery must be culturally safe, accessible and responsive to diverse communities. This recognition must extend explicitly to carers, particularly female carers, young carers, and informal kinship carers, as distinct cohorts whose experiences of, and exposure to family and domestic violence are shaped by the sometimes-complex realities of caring relationships.⁶

The following sections of this submission respond to each of the five proposed priority areas within the Consultation Paper which includes:

- Victim-Survivors
- Prevention and early intervention
- Children and young people in their own right
- People who use violence
- System integration and workforce

3. Feedback on the Consultation Paper

Priority Area 1: Victim-Survivors

Carers Tasmania supports the focus on strengthening a whole-of-society and life-course approach to prevention, early intervention, response, recovery and healing for victim-survivors from all communities and backgrounds. However, we remain concerned that carers, in particular female carers, young carers and informal kinship carers, are largely invisible within the National Plan's description of priority cohorts.⁷ As an example, the First Action Plan 2023-2027 describes how violence may be perpetrated by carers to people with disability and children.⁸ The Plan fails to explicitly address the violence and harm often experienced by carers from the people they care for.

⁵ Obst P, Murray K, Walbank S, Kelly R, Brazel D. (2022). Experiences of abuse in Australian family carers and predictors of mental health and well-being. *Health Soc Care Community*. 30:476–487. <https://doi.org/10.1111/hsc.13147>

⁶ Department of Social Services. (2026). Second Action Plan consultation paper: National Plan to End Violence against Women and Children 2022–2032. Australian Government. <https://engage.dss.gov.au/wp-content/uploads/2026/05/second-action-plan-consultation-paper.pdf>

⁷ Ibid.

⁸ Department of Social Services. (2023). First Action Plan 2023–2027 under the National Plan to End Violence against Women and Children 2022–2032. Australian Government, Department of Social Services. Carers Tasmania's Submission to Evidence to Action- Informing Direction for the Second Action Plan to end Violence Against Women and Children 2022-2032

In our 2022 submission, we highlighted the section of the Draft Plan titled '*Towards Zero*' and recommended that female carers and children who are young carers be identified within this group as a priority cohort. We reinforce the importance of including this recommendation for the Second Action Plan and also advocate for informal kinship carers to be considered.

Carers may be victim-survivors of violence perpetrated by the person they care for, by another family member, or by a former partner whose conduct continues to impact a caring household. Carers Tasmania continues to hear from carers about varying experiences of violence or harm. In our response to the *Family Violence Act 2004* and Related Legislation Discussion Paper, we advocated for the definition of family violence in Tasmania to be expanded, to better align with other jurisdictions who recognise the diversity of family violence.⁹ In Tasmania, family violence is only defined as being perpetrated by a current or former partner. Expanding this definition would assist in recognising the breadth of family violence occurrences, which is essential to help address these challenges. In addition, we advocated for increased resourcing and expanded support services to facilitate the assistance required alongside an expanded definition. This specific consultation closed in April 2026 and noted that the related Discussion Paper contributes to Tasmania's role in the National Plan to End Violence Against Women and Children by reinforcing their commitment to inclusive protections, a consistent risk framework and a justice system centred on victim-survivors. Findings and recommendations have not yet been released.¹⁰

Carers Tasmania hears from carers whose experiences of violence or harm arise within complex caring relationships where the person they support may be living with severe mental ill health, cognitive impairment, dementia, intellectual disability, alcohol or other drug dependence, or significant levels of inappropriate or difficult behaviours. In some situations, the behaviour experienced by carers may not be motivated by coercive control or an intention to cause harm, but may occur during periods of distress, confusion, impaired insight, pain, fear, withdrawal, trauma response, or unmet communication and support needs. This can include verbal aggression, threats, physical aggression, property damage, or behaviours that place the carer at risk. Regardless of intent, the impact on carers and other household members can be serious and cumulative, particularly where they remain responsible for providing care and have limited access to respite, behaviour support, mental health intervention, safe accommodation, or practical assistance.

Recognising these dynamics does not minimise the harm experienced by carers; rather, it highlights the need for responses that intentionally aim to protect carer safety while also addressing the underlying health, disability, mental health, or alcohol or other drug related factors contributing to the behaviour.

Relationships between carers and those they support can sometimes be complex. Sometimes, carers may choose not to end their caring role despite experiencing violence. It is therefore essential that carers who experience violence are supported to access tailored services that recognise both their victim-survivor status and their caring role, regardless of whether they remain in the caring relationship.

We also draw attention to the experiences of informal kinship carers, who may be subject to coercive control, threats or abuse by the birth parent(s) of the children in their care. Carers Tasmania has heard that in some circumstances, informal kinship carers may be threatened with child removal or physical violence if they seek Centrelink payments such as Family Tax

⁹ [Carers-Tasmanias-2026-Submission-to-the-Family-Violence-Act-2004-and-Related-Legislation-Discussion-Paper.pdf](#)

¹⁰ [Strengthening Our Responses to Family Violence in Tasmania: Family Violence Act 2004 and Related Legislation Discussion Paper](#)

Benefit or other formal recognition of their caring role. Lack of access to support payments quite often means that informal kinship carers turn to their savings to afford to support the children they care for. Without formal legal recognition, informal kinship carers can remain vulnerable to intimidation, have limited access to legal protections and support services, and face increased risk of placement disruption and further trauma for the child. Violence within this context can have significant implications for the children involved both directly and indirectly.

Carers Tasmania supports the Consultation Paper's recognition that systems abuse, coercive control and technology-facilitated abuse must be systematically addressed across sectors. Carers experiencing systems abuse, for example through misuse of family law, child support, financial systems, or NDIS processes, often face additional barriers because the perpetrator may also be a co-parent, joint NDIS nominee, or formal decision-maker.¹¹

In summary, we emphasise the need for the Second Action Plan to make carers visible as victim-survivors, including female carers, young carers and informal kinship carers, and to ensure that safety, support and recovery pathways reflect the realities of diverse caring relationships.

Priority Area 2: Prevention and Early Intervention

Carers Tasmania supports the priority focus on embedding prevention initiatives where people live, work, learn and connect; addressing the gendered drivers of this violence; addressing influences such as harmful substance use, gambling and adverse childhood experiences; and supporting attitudinal and behavioural change to prevent harm before it occurs as well as prevention of escalation.¹²

We note the Consultation Paper's observation that the four established gendered drivers of violence may not fully capture the dynamics within complex caring relationships. Many incidents of violence experienced by carers occur in contexts where a person uses violence that may be related to health circumstances or disability. The Royal Australian College of General Practitioners identifies that aggressive behaviour in these contexts may also be associated with discomfort or pain, lack of sleep, effects of medication, fear, cognitive decline, hallucinations, loss of autonomy and communication attempts.¹³

Effective support in these contexts requires sustainable access to:

- Early intervention supports, medication management and specialist behaviour supports,
- Flexible respite, including for those caring for people experiencing mental ill health, which is limited and further impacted by recent changes to inpatient and rehabilitation services through Tasmania's Statewide Mental Health Services,
- Responses that address the housing and cost-of-living crises, which compound risk and limit the options available to carers seeking safety,

¹¹ Department of Social Services. (2026). Second Action Plan consultation paper: National Plan to End Violence against Women and Children 2022–2032. Australian Government. <https://engage.dss.gov.au/wp-content/uploads/2026/05/second-action-plan-consultation-paper.pdf>

¹² Ibid.

¹³ Royal Australian College of General Practitioners. (2021). Abuse and violence: Working with our patients in general practice (5th ed.). The Royal Australian College of General Practitioners.
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- Universal prevention infrastructure (GPs, allied health, schools, workplaces) equipped to recognise the distinct dynamics of violence in caring relationships, including episodic aggression linked to illness, and to avoid victim-blaming responses such as those reported by carers of children with extreme behavioural challenges,
- Timely and equitable access to residential respite options as well as in-home support for people with Dementia or suspected Dementia, and
- Non-judgemental and accessible alcohol and other drug supports.

We also support the Consultation Paper's emphasis on the need for consistent, long-term prevention to begin in primary school, the development of healthy male role models, and engagement with boys and young men. Education on respectful relationships must include content that prepares young people, including young carers, to recognise and respond to violence in non-partner family contexts.¹⁴

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

Carers Tasmania strongly supports the Consultation Paper's commitment to centring children and young people's voices, rights and safety across prevention, early intervention, response and recovery, and to providing tailored, developmentally appropriate support. We agree that children must be supported as victim-survivors in their own right.¹⁵

This support must explicitly extend to young carers, who are those aged 25 or under with caring responsibilities. Young carers may experience family violence, abuse or coercive control while providing support to a family member or friend. For those aged under 18, this constitutes child abuse or neglect and must also be considered within the context of family violence. In our 2022 submission, we noted that some children who are victim-survivors or witness violence within their family may also be young carers, and therefore should receive support both for their experience of violence and tailored support specifically as young carers.

We note the Consultation Paper's observation that an adult-centric framework has created a fragmented, inconsistent and crisis-driven response system that can further increase harm, and that three-quarters (76%) of filicide cases followed a known history of domestic and family violence. Young carers living in households affected by violence may go unrecognised when services focus only on the dynamics between parents, rather than identifying the caring responsibilities a young person is undertaking.¹⁶

We also draw attention to the National Child Safety Review, in which Carers Tasmania highlighted that children with disability, whose numbers rose from 8.3% of children and young people in 2018 to 12.1% in 2022, face additional safeguarding risks and exclusion from early childhood, outside school hours care (OSHC) and other education and care settings.

¹⁴ Department of Social Services. (2026). Second Action Plan consultation paper: National Plan to End Violence against Women and Children 2022–2032. Australian Government. <https://engage.dss.gov.au/wp-content/uploads/2026/05/second-action-plan-consultation-paper.pdf>

¹⁵ Ibid.

¹⁶ Ibid.

Tasmanian carer comments:

"He basically can't attend any OSHC or Vacation Care programs either due to issues with inclusion, funding, and staffing, so we are pigeonholed to use our NDIS for Support Workers for school holidays." ¹⁷

Exclusion from universal settings reduces opportunities for protective contact with workforces who may be well placed to identify abuse. This exclusion also increases social isolation and intensifies pressure on parent carers. The Second Action Plan should therefore align with the National Child Safety Review and the Disability Standards for Education to ensure that universal child-facing settings can recognise and respond to violence experienced by children with disability and by young carers.

Carers Tasmania also supports the Consultation Paper's emphasis on independent legal recognition for children and young people, and the Inquiry's recommendation that children and young people should be able to apply for family violence orders in their own right, as opposed to only as a secondary person on a parent or guardian's order. We note that the *Victorian Family Violence Protection Act 2008* expressly defines family violence to include conduct that causes a child to hear, witness or otherwise be exposed to violence, recognising children as victim-survivors.

Priority Area 4: People Who Use Violence

Carers Tasmania supports the priority focus on advancing prevention, early intervention, response and recovery, and healing throughout the life course for people who use violence, supporting earlier identification, and multi-sector approaches to accountability and behaviour change.¹⁸

We emphasise that the Second Action Plan must recognise that people who use violence are not a homogenous group. As previously highlighted, violence within caring relationships may be influenced by numerous factors. These factors may result in unsafe behaviours that cause significant harm to carers and other household members, even where the behaviour is not primarily driven by coercive control or intention of causing harm.

Other situations may involve more deliberate coercive control, such as where a birth parent uses threats, intimidation or systems abuse against an informal kinship carer. The Second Action Plan should respond to this breadth of circumstances without excusing violence, minimising carer safety, or assuming that one model of accountability or behaviour-change intervention will be appropriate for all people who use violence.

In these contexts, accountability and behaviour-change responses should not rely solely on criminal justice pathways. Forensic options, such as the Wilfred Lopes Centre in Tasmania or Community Forensic Mental Health Services, typically require a Forensic Order or being assessed as high risk of criminal justice involvement, leaving many carers without timely therapeutic options when risk does not meet these forensic thresholds. At the same time,

¹⁷ [Carers-Tasmanias-Submission-to-the-National-Child-Safety-Review-2025-2.pdf](#)

¹⁸ Department of Social Services. (2026). Second Action Plan consultation paper: National Plan to End Violence against Women and Children 2022–2032. Australian Government. <https://engage.dss.gov.au/wp-content/uploads/2026/05/second-action-plan-consultation-paper.pdf>

traditional men's behaviour change programs may be inappropriate where the person using violence has significant cognitive, psychiatric or developmental needs.

The Tasmania Law Reform Institute's Research Paper No 9 (*Safeguarding Against the Abuse of Older Tasmanians*, December 2025) found that a high prevalence of abuse against older people is perpetrated by their sons or daughters, but that this type of abuse is not currently considered 'family violence' under Tasmanian law. The Report cites carer perspectives describing parents concerned for the wellbeing of their child and themselves. This complexity underscores the importance of understanding violence beyond the partner-based framework, including the interplay of caring responsibilities and health issues within families.

The Second Action Plan should therefore support the development of disability, mental health, and alcohol and other drug informed accountability and behaviour-change pathways that operate alongside, but are distinct from, mainstream men's behaviour change programs, and that integrate clinical, therapeutic and safety responses.

Priority Area 5: System Integration and Workforce

Carers Tasmania supports the strong focus on a connected and capable workforce delivering trauma-and violence-informed responses across multi-sector services and programs, recognising the role of specialist domestic, family and sexual violence services and the importance of building capability across non-specialist workforces.

For carers, system integration must connect the family violence service system with:

- Mental health services, including Statewide Mental Health Services, community mental health and forensic mental health,
- Disability services, including the NDIS, behaviour supports and state-funded disability services,
- Aged care and dementia services,
- Alcohol and other drug services,
- Carer supports,
- Child protection and education,
- Housing and homelessness services, including flexible support packages currently linked to intimate partner violence.

In our 2026 submission to the Tasmanian Family Violence Act Review, we recommended that the Safe at Home model be expanded, with significant additional investment to include alternative entry points beyond police, specialised triage and co-responder models, disability-informed behaviour-change programs, restorative and family-healing models, and flexible support packages tailored to non-partner family violence dynamics. The Second Action Plan can support similar integrated models nationally.

We also support the Consultation Paper's emphasis on developing the prevention, response and non-specialist workforces, including capability to deliver culturally safe, trauma-informed services for Aboriginal and Torres Strait Islander people, migrant and refugee communities, LGBTIQ+ people, and people with disability. Workforce development must include capability to:

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- Recognise and respond to violence experienced by carers and perpetrated within caring relationships, including for young carers and informal kinship carers,
- Avoid the misidentification of carers as the predominant aggressor,
- Apply carer recognition obligations including those under the *Carer Recognition Act 2010* (Cth) and state-based equivalents such as the *Tasmanian Carer Recognition Act 2023* across the family violence service system,
- Provide trauma-informed and developmentally-appropriate engagement with young carers who present at health, education, police or community services.

4. Recommendations

Carers Tasmania makes the following recommendations to inform the Second Action Plan:

- The Second Action Plan should explicitly recognise carers, particularly female carers, young carers and informal kinship carers, as priority cohorts of victim-survivors, with dedicated, culturally safe, trauma-informed pathways for safety, support and recovery.
- National prevalence and family, domestic and sexual violence data systems should capture and report the experiences of violence among carers, including through the ABS Personal Safety Survey, ANROWS evidence activity and the Australian Institute of Health and Welfare Family, Domestic and Sexual Violence Integrated Data System.
- The Second Action Plan should recognise non-partner family violence, coercive control and systems abuse within caring and informal kinship care relationships and encourage nationally consistent legal and service responses across jurisdictions.
- Prevention and early intervention should include accessible behaviour supports, medication management, mental health, and alcohol and other drug interventions, flexible respite, housing support and cost-of-living relief to reduce the incidence and escalation of violence within caring relationships.
- Respectful relationships education, primary prevention campaigns and universal service settings should include non-partner family violence dynamics relevant to caring relationships, supporting earlier identification by carers, families and service providers.
- The Second Action Plan should recognise young carers, including those under 18 and aged 18–25, as victim-survivors in their own right and ensure access to tailored, developmentally appropriate response and recovery pathways.
- The Second Action Plan should align with the National Child Safety Review by strengthening inclusion, staffing and violence-identification capability across early childhood, OSHC, education and care services, particularly for children with disability and young carers.
- The Second Action Plan should support nationally consistent legal recognition of children and young people as victim-survivors of family violence in their own right.

- The Second Action Plan should support accountability and behaviour-change pathways for people using violence whose conduct is shaped by disability, mental ill health, cognitive decline, or alcohol and other drug dependence, including state-funded supports where NDIS access or funding is inadequate.
- The Second Action Plan should support information-sharing frameworks, national protocols and co-responder models that connect police, mental health, alcohol and other drug, disability, child safety and carer support services to provide therapeutic and safety responses for carers, not solely justice intervention.
- All specialist and non-specialist workforces engaged under the National Plan should receive training to recognise and respond to violence in caring relationships, avoid misidentification of carers as predominant aggressors, apply carer recognition obligations, and respond appropriately to young carers, informal kinship carers and people with disability, mental ill health, neurodiversity or alcohol and other drug related needs.
- The Second Action Plan should introduce routine carer safety screening, referral pathways, national indicators for carer safety and wellbeing, and clear public information for carers about protection and support options beyond intimate partner family violence.

5. Conclusion

Carers Tasmania thanks ANROWS and the Australian Government for the opportunity to contribute to the Second Action Plan. We urge the Australian Government to explicitly recognise carers, particularly female carers, young carers and informal kinship carers, as a priority cohort of victim-survivors, and to ensure reforms reflect the complex realities of violence in caring relationships.

Carers' safety and wellbeing must be central to Australia's efforts to end violence against women and children. Integrated, trauma-informed responses, supported by strong safeguards against misidentification, are essential to protect carers and sustain their vital contribution to families and communities.