

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

Children and Young People with Disability Australia's submission to the Department of Social Services' Consultation.

*"I was seen as a secondary victim. But hearing, witnessing, and growing up in a home with family and domestic violence, is a form of violence. Services need to view us as victim survivors in our own right".*

*Young person with disability*

July 2026



Children and Young People  
with Disability Australia



Women  
With  
Disabilities  
Australia  
(WWDA)



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**A note on terminology:**

In this submission, Children and Young People with Disability Australia (CYDA) uses person-first language, e.g., person with disability. However, CYDA recognises many people with disability choose to use identity-first language, e.g., disabled person.

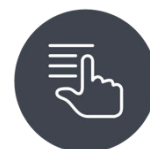
Consistent with the National Plan to End Violence against Women and Children 2022-2032, CYDA uses the collective term 'violence' when referring to all forms of domestic, family and sexual violence, unless specifically referencing domestic and family violence.



**Content note: Domestic, family and sexual violence, ableism, discrimination**

**Acknowledgements:**

Children and Young People with Disability Australia would like to acknowledge the Traditional Custodians of the Lands on which this report has been written, reviewed and produced, whose cultures and customs have nurtured and continue to nurture this Land since the Dreamtime. We pay our respects to their Elders past and present. This is, was, and always will be Aboriginal Land.



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## Summary of recommendations

### **Recommendation 1: Address the needs of diverse communities, including children with disability from First Nations background by:**

- Adopting an intersectional lens, recognising that experiences of disability and Family and Domestic Violence (violence) are multiply shaped by culture, identity and systemic factors.
- Exploring the impacts of family and domestic violence in diverse family structures (such as single parent families, non-nuclear families, same-sex parent families, kinship networks).
- Embedding routine tracking of research data relating to First Nations children across national data sets.

### **Recommendation 2: Strengthen disability-inclusive prevention and early intervention to address the heightened risk of violence experienced by children and young people with disability by:**

- Embedding disability-inclusive prevention and early intervention approaches by:
  - mandating that all early childhood education and care services demonstrate how they keep children with disability safe, heard and included.
  - ensuring accessible communication, proactive adjustments and staff training on recognising and responding to abuse, neglect and exclusion through co-design, accessible information, and targeted investment.
- Strengthening the capacity of governments, schools, workplaces, and community organisations to recognise, prevent and respond to harmful attitudes, behaviours and violence affecting children and young people with disability through:
  - embedding the National Principles for Child Safe Organisations into the National Quality Standard (NQS).
  - disability-inclusive training, accessible reporting mechanisms, and
  - initiatives that address ableism, gender inequality and intersecting forms of discrimination.
  - establishing a cross-sector community of practice where services and organisations can share ways to improve accountability.

**Recommendation 3: Recognise children and young people with disability as rights-holders by strengthening their safety, wellbeing, participation and inclusion in a whole of system response to violence by:**

- Strengthening the capacity of schools and education systems to identify, respond to and prevent violence affecting children and young people with disability and to provide accessible, trauma-informed pathways to support.
- Embedding the meaningful participation of children and young people with disability in the design, implementation and evaluation of the policies, programs and services that affect them through genuine co-design and accessible engagement.

**Recommendation 4: Strengthen an integrated, disability-inclusive workforce and service system to prevent and respond effectively to violence against children and young people with disability by:**

- Building workforce capability through mandatory disability-inclusive, trauma-informed training, practice guidance and ongoing professional development.
- Adopting a no wrong door approach and guarantee genuine, safe choice for families of children with disability across the service system by investing in skilled navigators to support service access.
- Ensuring family violence, disability, child protection, health, education and community services are accessible, inclusive and equipped to identify, respond to and support children and young people with disability experiencing violence.



# About Children and Young People with Disability Australia (CYDA)

Children and Young People with Disability Australia (CYDA) is the national representative organisation for children and young people with disability aged 0 to 25 years. CYDA has extensive national networks of children and young people, families and caregivers of children with disability, and advocacy and community organisations.

## Background and context

Children and Young People with Disability Australia (CYDA) welcomes the opportunity to contribute to the Department of Social Services' Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032). Our recommendations are grounded in the lived experience of children and young people with disability and their families, and in CYDA's evidence-base and submissions regarding child safety.

The submission incorporates evidence from both peer-reviewed and grey literature, as well as insights from CYDA's research project [\*Safety Beyond Barriers \(SBB\): Diverse Family Perspectives on Violence and Disability \(2025-26\)\*](#), which brings together lived experience experts and key disability representatives (including Women with Disabilities Australia) and family and domestic violence organisations to conduct co-designed research into the diverse experiences of family violence among children and young people with disability. This research is funded by the National Disability Research Partnership (NDRP) in partnership with the Australian Institute of Family Studies (AIFS).

We draw on the findings of the SBB project in our recommendations to this submission and evidence from the project's evidence scan report<sup>1</sup> which reveals:

- People with disability experience higher rates of violence compared to those without disability.
- Society-wide discrimination and marginalisation intersect with ableism to create increased risk of violence for people with disability from diverse groups.
- There are high rates of family and domestic violence for women with disability, and higher again for young women and First Nations women.
- Children and young people with disability are victim-survivors in their own right, experiencing profound and diverse impacts as targets or witnesses of violence.

Additionally, there is limited research that represents the diverse experiences and needs of children and young people with disability in contexts of family and domestic

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<sup>1</sup> CYDA and Australian Institute of Family Studies (2025). [Safety Beyond Barriers Evidence Scan](#)

violence from their own perspective, which highlights the need to tailor intersectional support to diverse groups.

The Disability Royal Commission found higher rates of violence were experienced by young people with disability, women with disability, culturally and linguistically diverse people with disability, people with intellectual disability, and gender diverse people with disability<sup>2</sup>. This points to the need to apply an intersectional lens to better understand impacts of violence across different backgrounds, circumstances, and support needs. People with disability—particularly women, First Nations and culturally and linguistically diverse communities—also experience barriers to service accessibility and effectiveness, as well as gaps in coordination between disability and family and domestic violence sectors<sup>3</sup>.

Our submission draws on CYDA's extensive work to strengthen child safety and prevent violence against children and young people with disability and their families. This work reinforces the need for stronger safeguards, accessible information and practical resources to support organisations to create safe environments for children and young people with disability. It also highlights that violence is gendered, with women disproportionately affected, including parents and caregivers of children and young people with disability who experience violence alongside, or in connection with, the violence experienced by their children.

The submission draws on evidence from a range of sources including:

- CYDA's role leading the [Safety Beyond Barriers Project](#) funded by the National Disability Research Partnership (NDRP) (2025-26)
- [CYDA's Submission on Quality and Safety in Early Childhood Education and Care](#) (2025)
- [CYDA's submission on a Child Safety Annual Reporting Framework](#) (2025)
- CYDA's role leading the multi-year [Child Safe Organisations project](#), funded by the National Office of Child Safety. (2022-2025)
- CYDA's submission to [The National Strategy to Prevent Child Sexual Abuse Final Development Consultation Paper](#) (2021).
- CYDA's involvement in the Royal Commission into Institutional Responses to Child Sexual Abuse National Redress Scheme from 2018 to 2023. CYDA contributed to [developing resources on child safety and prevention of abuse](#).

## Submission Structure

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<sup>2</sup> Commonwealth of Australia (2023), [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Final Report \(Vol. 3\)](#)

<sup>3</sup> Robinson, S. et al. (2022). [Connecting the dots: Understanding the domestic and family violence experiences of children and young people with disability within and across sectors: Final report](#)

In this submission, CYDA addresses questions relating to four of the five priority areas outlined in the consultation paper. We have focused on these priority areas because they are most relevant to the needs of women, children and young people with disability and their families, and they align with CYDA's expertise. For each priority area, we respond to the relevant questions from the consultation paper by presenting a recommendation followed by a more detailed response:

- **Priority Area 1: Victim-Survivors**

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

- **Priority Area 2: Prevention and early intervention**

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?

- **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?

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

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

- **Priority Area 5: System integration and workforce**

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?

**Note on terminology:** Consistent with the National Plan to End Violence against Women and Children 2022-2032, CYDA uses the collective term 'violence' throughout this submission when referring to all forms of domestic, family and sexual violence, unless specifically referencing domestic and family violence.



# Detailed Recommendations

## Priority Area 1 Victim-Survivors

### Recommendation 1: Address the needs of diverse communities,

#### Recommendation 1

**The Action Plan should address the needs of diverse communities, including children with disability from First Nations background through enhanced research and coordination and by:**

- Adopting an intersectional lens, recognising that experiences of disability and family and domestic violence (violence) are multiply shaped by culture, identity and systemic factors.
- Exploring the impacts of family and domestic violence in diverse family structures (such as single parent families, non-nuclear families, same-sex parent families, kinship networks).
- Embedding routine tracking of research data relating to First Nations children across national data sets.

**including children with disability from First Nations background.**

#### Intersectional impacts

Children and young people with disability experience domestic and family violence at higher rates than their peers without disability, yet their experiences are often overlooked or poorly understood. Rates of violence are even higher for First Nations, multicultural, LGBTIQ+, and regional/remote children and young people with disability. Support systems for disability and for family violence are frequently separate, making it harder for victim-survivors to get the help they need.<sup>4</sup> These challenges are intensified for those experiencing multiple forms of intersectional disadvantage, including those experiencing poverty. Without better research and coordination, these gaps will continue. We urge the national action plan to take a strengths-based approach by considering intersectional identities as a source of strength, as well as a site of marginalisation and discrimination.

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<sup>4</sup> CYDA and Australian Institute of Family Studies (2025). [Safety Beyond Barriers Evidence Scan](#)

### **Better tracking of data**

As First People's Disability Network (FPDN) highlight, no Australian government data system routinely cross-tabulates disability status, Indigenous status, and gender<sup>5</sup>. As a result, outcomes for First Nations women and girls with disability are not visible in national reporting and cannot be tracked over time. We therefore support and reinforce FPDN's recommendation to mandate intersectional data disaggregation across all national datasets.

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<sup>5</sup> FPDN (2025). [Policy Position Statement – First Nations Women and Girls with Disability](#)

## Priority Area 2: Prevention and early intervention

**Recommendation 2: Strengthen disability-inclusive prevention and early intervention to address the heightened risk of violence experienced by children and young people with disability.**

### **Recommendation 2: Strengthen disability-inclusive prevention and early intervention to address the heightened risk of violence experienced by children and young people with disability**

- Embed disability-inclusive prevention and early intervention approaches by:
  - mandating that all early childhood education and care services demonstrate how they keep children with disability safe, heard and included.
  - ensuring accessible communication, proactive adjustments and staff training on recognising and responding to abuse, neglect and exclusion through co-design, accessible information, and targeted investment.
- Strengthen the capacity of governments, schools, workplaces, and community organisations to recognise, prevent and respond to harmful attitudes, behaviours and violence affecting children and young people with disability through:
  - embedding the National Principles for Child Safe Organisations into the National Quality Standard (NQS).
  - disability-inclusive training, accessible reporting mechanisms and,
  - initiatives that address ableism, gender inequality and intersecting forms of discrimination.
  - establishing a cross-sector community of practice where services and organisations can share ways to improve accountability.

### **Inclusive prevention and early intervention in Early Childhood Education and Care (ECEC) settings**

Children with disability are significantly more likely to experience abuse, neglect, and unsafe treatment in institutional and service environments. The Disability Royal Commission found that children with disability are nearly three times more likely to experience violence and abuse than their peers without disability<sup>6</sup>. These harms which

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<sup>6</sup> Commonwealth of Australia (2023), [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Final Report \(Vol. 3\)](#), page 101

are often life-long, begin in early childhood settings, where safety risks are not always recognised as discriminatory or systemic.

CYDA's National Education Surveys show that children with disability in ECEC are routinely excluded from activities, denied full time enrolment or refused enrolment altogether<sup>7</sup>. These experiences send a harmful message at a formative stage—that their participation and safety are conditional. When staff are not trained to communicate with children using non-verbal methods or to recognise distress in children with complex communication needs, unsafe situations go unnoticed, unaddressed, or unreported.

### **Strengthen the capacity of governments, schools, workplaces, and community organisations**

As outlined in the guiding principles of Australian Children's Education and Care Quality Authority (ACECQA) National Quality Framework for children's education and care: the rights and best interests of the child are paramount, and principles of equity, inclusion and diversity underpin the national law.<sup>8</sup> Despite these principles, children with disability are not explicitly mentioned in the provisions of the national law or the National Quality Standard (NQS)<sup>9</sup>.

**Embedding the [National Principles for Child Safe Organisations](#) into the NQS would close these gaps.**

The National Principles explicitly require accessible reporting, cultural safety and active participation of children. Making these expectations explicit in regulation would ensure that all children, including those with disability, are protected physically, emotionally, and socially in their early years.

### **Initiatives that address ableism, gender inequality and intersecting forms of discrimination**

The National Action plan should spotlight examples of international<sup>10</sup> and domestic initiatives<sup>11</sup> to ensure every young person and child has access to services that are free from ableism and other forms of discrimination and understand how to appropriately include people with disability.

### **Cross-sector community of practice**

CYDA recommends establishing a cross-sector community of practice that enables schools, sporting organisations and other services to share evidence-based accountability practices, build capability, and implement consistent best practice approaches to the prevention of violence against women and children.

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<sup>7</sup> CYDA (2023) [Surveys of the learning experiences of children and young people with disability](#)

<sup>8</sup> ACEQA (2010) [National Law](#)

<sup>9</sup> ACEQA (2018) [National Quality Standard](#)

<sup>10</sup> UNICEF (2024) [Disability-inclusion – Frontline workers training](#)

<sup>11</sup> CYDA (2026) [Workplace Disability Inclusion](#)

Through the networks within communities of practice, benefits arise from peer sharing and mentoring<sup>12</sup>, including up-to-date information and practice examples. We suggest that a shared network should include working groups for organisations to focus their discussions on key topics.

Key topics could be used to build communities of practice around shared focus areas, for example organisations working in culturally diverse communities, with children with disability, women or First Nations' children.

Noting that the proposed communities of practice model would apply to a wide range of organisations, this would be a useful way to link commonalities, and organisations could belong to several communities of practice at once.

One key topic should be a focus on maintaining and improving accountability to identify and take steps to proactively prevent and respond to violence. This would allow participating organisations to build a positive culture around accountability by discussing concrete examples, benchmarking, and best practice. Established models, such as the Australian Children's Education and Care Quality Authority (ACECQA) accountability network<sup>13</sup>, with a cooperative legislative and operational network linking federal, state, and territory governments and independent authorities, can inform this process.

A collective focus on accountability would strengthen the consistent implementation of measures such as the National Principles for Child Safe Organisations in settings where children and young people with disability spend time. It would also enable mandatory training, reporting, and worker registration requirements, moving accountability beyond a compliance exercise towards a shared commitment to continuous improvement and child safety.

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<sup>12</sup> Lancaster et al (2023) [Effectiveness of Peer Support Programmes for Improving Well-being and Quality of Life in Parents/Carers of Children With Disability or Chronic Illness: A Systematic Review](#). *Child: Care, Health and Development* 49(3): 485–496.

<sup>13</sup> ACEQA (2018) [National Quality Framework](#)

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

### Recommendation 3: Recognise children and young people with disability as rights-holders by strengthening their safety, wellbeing, participation and inclusion in a whole of system response to violence

#### Recommendation 3:

**Recognise children and young people with disability as rights-holders by strengthening their safety, wellbeing, participation and inclusion in a whole of system response to violence.**

- Strengthening the capacity of schools and education systems to identify, respond to and prevent violence affecting children and young people with disability and to provide accessible, trauma-informed pathways to support.
- Embedding the meaningful participation of children and young people with disability in the design, implementation and evaluation of the policies, programs and services that affect them through genuine co-design and accessible engagement.

#### **Improve the capacity of governments, services, education settings and communities to recognise, respond to and prevent violence**

School-aged children and young people with disability spend a significant proportion of their lives in education settings. This means schools are well placed to recognise indicators of domestic and family violence and connect children and families with appropriate supports. However, evidence shows that mainstream services often lack disability-specific knowledge and capability, while disability services may lack expertise in responding to family violence, highlighting the need for stronger cross-sector collaboration and disability-informed practice<sup>14</sup>. It would be beneficial, therefore, to strengthen workforce capability through disability-inclusive and trauma-informed training, accessible referral pathways, and stronger collaboration between education, disability, and family violence services to support earlier identification and intervention.

Inclusion and belonging build child safety by creating trusting environments where children feel valued, confident, and emotionally secure. When children experience a sense of belonging, they are far more likely to speak up or seek help if something feels

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<sup>14</sup> Robinson, S. et al. (2022). [Connecting the dots: Understanding the domestic and family violence experiences of children and young people with disability within and across sectors: Final report](#)

wrong.<sup>15</sup> Within education settings, there is no current regulatory system which consistently recognises or enforces disability inclusion as a quality and safety issue. Families repeatedly tell CYDA that the quality of inclusion depends more on individual educators' attitudes than on systemic requirements<sup>16</sup>.

A strong regulatory system should ensure that inclusion and accessibility are not optional or dependent on goodwill. ACECQA's research has found that while awareness of inclusion has grown under the NQF, the practical implementation of adjustments and inclusive environments remains uneven<sup>17</sup>. However, families of children with disability report to CYDA that inclusive practice depends too much on individual attitudes rather than consistent regulatory expectations<sup>18</sup>. Strengthening regulatory capability would ensure that services are held accountable for upholding children's rights to access and participation, consistent with Australia's obligations under the UN Convention on the Rights of Persons with Disabilities (CRPD).

By developing national "inclusive quality" indicators—covering enrolment practices, communication access, environmental adjustments and family engagement—regulators could drive improvement while ensuring consistency. Transparency in reporting on these indicators would build public confidence that the system actively protects and includes children with disability.

### **Embed the meaningful participation of children and young people with disability in the design**

CYDA recommends the creation of guidance documents in line with the National Action Plan, to support organisations and services to meaningfully involve children and young people. This could include:

- establishing a disability-led, lived experience advisory group that provides strategic direction and advice to the organisation,
- providing co-design opportunities to children and young people from diverse groups, involving them in the development of organisational services, processes and/or resources,
- creating clear and accessible feedback channels (such as complaints processes, surveys, and access needs forms) for children and young people to provide their views and concerns.

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<sup>15</sup> Allen, K., Kern, M. L., Vella-Brodrick, D., Hattie, J., & Waters, L. (2018). What schools need to know about fostering school belonging: A meta-analysis. *Educational Psychology Review*, 30(1), 1–

34. <https://doi.org/10.1007/s10648-016-9389-8>

<sup>16</sup> Smith, C., Hart, J., Dickinson, H. (2025) [“They lowered the bar rather than raise the child”: CYDA Parent and Caregiver Education Survey 2024. CYDA Youth Education Survey 2025.](#) Report prepared for Children and Young People with Disability Australia (CYDA), Melbourne

<sup>17</sup> ACEQA (2021) [Report Summary consultation Disability Standards for Education \(DSE\) for ECEC, OSHC](#)

<sup>18</sup> CYDA (2024) [Submission on the Draft Report of the Productivity Commission's Inquiry into Early Childhood Education and Care](#)

CYDA's research project [\*Safety Beyond Barriers \(SBB\): Diverse Family Perspectives on Violence and Disability \(2025-26\)\*](#) highlights the following important messaging for policy, practice and community:

- Children and young people with disability are victim-survivors in their own right
- Their voices must be heard and centred in research, policy and services
- Current systems are often disconnected and need to work better together
- Supports must be flexible, accessible and tailored to individual needs
- Different life experiences require different types of support
- Co-designed planning is essential to creating solutions that work in practice.

Together, these insights reinforce the need for a more inclusive, coordinated and rights-based approach to supporting children and young people with disability experiencing violence as victim-survivors in their own right.

## Priority Area 5: System Integration and Workforce

### Recommendation 4: Strengthen an integrated, disability-inclusive workforce and service system to prevent and respond effectively to violence against children and young people with disability

#### **Recommendation 4: Strengthen an integrated, disability-inclusive workforce and service system to prevent and respond effectively to violence against children and young people with disability by:**

- Building workforce capability through mandatory disability-inclusive, trauma-informed training, practice guidance and ongoing professional development.
- Adopting a no wrong door approach and guarantee genuine, safe choice for families of children with disability across the service system by investing in skilled navigators to support service access.
- Ensuring family violence, disability, child protection, health, education and community services are accessible, inclusive and equipped to identify, respond to and support children and young people with disability experiencing violence.

#### **Education workforce capability**

The quality and safety of educational settings are inseparable from the quality of the workforce. Children with disability rely on consistent, trusting relationships with educators and other service providers who understand their communication, behaviour, and support needs. High staff turnover or reliance on untrained casuals (particularly prevalent on the early childhood sector) undermines this trust and can make environments unsafe.

CYDA's child safety stakeholder consultations show that when educators lack time, support or training, this impacts their capacity to consider the rightful inclusion of children with disability<sup>19</sup>. Adequate training is therefore crucial to avoid key safety concerns, such as misinterpreting a child's distress or behaviour, exclusionary practices such as time-outs, reduced hours, or early pick-up calls. Conversely, when educators receive training in inclusive practice and behaviour support, outcomes for all children improve.

A national workforce strategy that recognises inclusion as a necessary capability is essential. This includes paid time for educators to plan collaboratively with families and allied health professionals, and clear incentives for long-term retention. When staff are supported to build meaningful relationships and confidence, children with disability

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<sup>19</sup> CYDA (2022). [National Principles for Child Safe Organisations Consultation Report](#).

experience stability, predictability, and belonging which are the foundations of safety and learning.

### **Facilitate access to service systems – no wrong door**

CYDA recommends and seeks a guarantee of genuine, safe choice for families of children with disability across the service system by making reasonable adjustments and child-safe capability (accessible complaints, disability-informed practice, supervision plans for high-risk routines) in all services that interact with children with disability. The action plan should account for existing systems where disabled victim-survivors are engaging, including NDIS, DSS, Centrelink, and that there is a clear cross-government response/effort to identify, respond, and support, in a disability-affirming and accessible way. This could be facilitated by the introduction of skilled navigators (preferably with lived experience of disability) to direct victims-survivors to appropriate services, including ECEC services, schools and allied health professionals.

When services gatekeep access, children and families are often forced into ad-hoc arrangements or long travel times to distant service providers which erodes safety by fragmenting relationships. CYDA's early-childhood survey<sup>20</sup> documents widespread gatekeeping and exclusion of children with disability by ECEC providers, including enrolment refusals and exclusion from activities, which undermines both inclusion and child safety. A system that tolerates gatekeeping effectively channels children into higher-risk situations and silences them when they try to speak up. Embedding a mandate to make adjustments and to demonstrate child-safe capability would flip the default from *"prove you deserve a place"* to *"we will make this safe and work for your child"*.

### **Accessible alternative forms of housing**

Young people and families may need to seek alternate housing in circumstances where they are faced with violence. For youth and in particular LGBTIQ+ youth, family rejection and violence are a significant contributing factor to homelessness. The availability of accessible, safe, and affordable housing can mean the difference between leaving an unsafe situation or experiencing homelessness. Increased availability of accessible short-term, emergency housing and affordable, longer-term housing options will help to address these challenges.

Without accessible alternative forms of housing, children and young people with disability and families experiencing homelessness or unstable housing need to navigate multiple services and systems. This increases the number of barriers to receiving appropriate, trauma-informed supports. Cross-agency partnerships (such as housing, health, and disability services) to facilitate access to accessible housing

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<sup>20</sup> CYDA (2022) [Report: Taking the first step in an inclusive life – Experiences of Australian early childhood education and care](#)

would be required to address this. A skilled, lived-experience navigator role could also provide vital support.

### **Accessible and inclusive bespoke resources**

CYDA recommends that services and organisations working with children be provided with a bespoke resource kit and training/coaching about child safety in relation to supporting children and families from diverse backgrounds.

This kit should be developed by conducting an audit of existing resources to identify best practice resources with a strong grounding in promoting and upholding child safety for First Nations, culturally and linguistically diverse, LGBTIQ+, regional/remote, and children and young people with disability.

If there are any gaps in resources for intersectional cohorts, CYDA recommends investment in the development of new resources to address these gaps.

In terms of resources for children and young people with disability, CYDA has developed a *Responding to Disclosures of Sexual Abuse by Children and Young People with Disability* guide, as well as a series of factsheets with case studies on how to identify and respond to violence, abuse and harm.<sup>21</sup>

CYDA has also co-designed video resources on child safety and disability for organisations as part of the Child Safe Organisations Project.<sup>22</sup> CYDA recommends that these resources are included in the bespoke resource kit to organisations, alongside other relevant resources.

CYDA also recommends that the National Action Plan include targeted training and coaching for organisations and services to strengthen understanding of the child safety needs and risks experienced by diverse cohorts, including disability awareness, cultural capability, and intersectionality.

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<sup>21</sup> Children and Young People with Disability Australia (2023) [Resources on Child Safety and Prevention of Abuse](#).

<sup>22</sup> Children and Young People with Disability Australia (2025) [Creating Child Safe Organisations](#).



## Case studies – children, young people and families

This section presents two real life case studies that illustrate the impact of violence on children and young people with disability and their families. The first describes a mother's experience of fragmented coordination between education and support services in meeting the needs of her children with disability. The second highlights the barriers another mother faced in accessing accessible emergency accommodation while fleeing family violence with her children.

Pseudonyms have been used to protect the identities of those involved.

### Case Study 1

“Angus, 9, and Libby, 14, are currently experiencing family breakdown. Their mother, Penny, is trying to leave their father who has been using coercive control on her and the children. They have been living together for 6 months since the relationship broke down and the abusive behaviour has been escalating.

Penny called a well-known family violence organisation for help and waited for a call back. During the call back she explained that because it was school holidays and her children's disability related needs were higher in this period, her ex-husband was working from home. She told them she was being monitored by her ex-husband and asked if they could speak in 10 days once the children had gone back to school so she could leave the house to speak privately. The service told her they were unable to hold a place for that long so they would need to close the case.

Both children are NDIS participants but none of the services they engaged with – psychology, occupational therapy, speech therapy – offered additional support or referrals based on the situation the family were in. Penny said, ‘Having friends I can count on has been the ultimate support, but I worry for those who don't have this’.”

## **Case Study 2**

“Rehna called a local branch of a family violence service seeking help to leave her husband whose violence towards her was escalating as the pressure on the family increased. Rehna’s 9 year-old daughter had recently lost a lot of funding from her NDIS plan and the family were struggling with the loss of skills and capacity this caused. Rehna had to cut her work hours when the decline in her daughter’s mobility led to a decrease in school attendance. Bills were going unpaid and stress increased.

Rehna had to turn down the offer of emergency accommodation because it was inaccessible for her child’s mobility and neurodevelopmental condition. She was forced to choose between staying in the family home and compromising her own mental health and safety or going to safe but inaccessible accommodation, likely placing her daughter in severe distress which has in the past led to the need for emergency mental health services.

The disability services they were using were not educated enough on recognising and responding to family violence and have said and done unhelpful things, including the physiotherapist who said, ‘a lot of people crack under the pressure.’ Rehna felt like this was minimising the abuse and compromised her safety.”

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