

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

Response to the Second Action Plan Consultation Paper



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DVConnect receives funding from the Queensland Government

DVConnect respectfully acknowledges and celebrates the Traditional Owners/Custodians throughout Australia and pays its respects to Elders, children, and young people of past, current, and future generations. We are committed to helping anyone experiencing domestic, family and/or sexual violence. This includes the LGBTIQ+ community, people of all ethnicities, religions, ages, abilities, and pets.

About DVConnect

DVConnect operates Queensland's statewide crisis and support services for people affected by domestic, family and sexual violence (DFSV), sexual assault and for victims of violent crime. Our helplines and programs are available across the state, from major cities to the most remote communities, and several operate 24 hours a day, seven days a week.

Our programs include:

- DVConnect Womensline: 24/7 crisis support, accommodation and safety planning for women and children.
- DVConnect Mensline: counselling and referral for men who use violence, and for men affected by violence.
- Sexual Assault Helpline: counselling and support for people impacted by sexual violence.
- VictimConnect: 24/7 helpline, counselling and case management for people affected by violent and personal crime under Queensland's *Victims of Crime Assistance Act 2009*.
- Forensic Support Line: information, counselling and referral for people impacted by the Queensland Commission of Inquiry into Forensic DNA management.
- DVConnect START: a brief intervention for men using violence.
- Pets in Crisis: temporary foster care for pets of families escaping violence.
- Bella's Sanctuary: medium-term housing for women and children rebuilding their lives after experiencing domestic and family violence.

We work within an intersectional feminist framework. We understand DFSV as gendered violence, predominantly perpetrated by men against women and children, while recognising that gender operates within other systems of privilege and oppression, including race, that shape both perpetration and safety. We hold people who use violence accountable, and our services are trauma-informed, culturally safe and inclusive.

DVConnect understands the unique challenges of delivering services virtually across vast geographic distances and diverse communities. Queensland is more than twice the size of New South Wales and over seven times the size of Victoria, yet is home to approximately 2.8 million people living outside Greater Brisbane, a regional population comparable to regional NSW (2.9 million) and substantially larger than regional Victoria (1.6 million). This combination of scale, distance and population dispersion requires service models specifically designed for Queensland's operating environment, providing DVConnect with valuable practical insight to inform national policy, program design and service delivery discussions.

DVConnect also contributes to the evidence base through research and partnerships, including as a partner in the Australian Research Council (ARC) Centre of Excellence for the Elimination of Violence against Women (CEVAW), and through collaborations with She Is Not Your Rehab and Griffith University's Disrupting Violence Beacon.

Opening statement

DVConnect welcomes the opportunity to contribute to the development of the Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032.

In the past year, DVConnect responded to more than 115,000 contacts across our helplines and online channels, as well as over 10,000 police referrals. Our work spans the full continuum the National Plan seeks to strengthen, including prevention and early intervention, crisis response, recovery and healing, and working with people who use violence. This gives us a particular vantage point, as we experience daily how the system operates at the points where a person is seeking help, and where the connections between services either hold or fail.

This submission is offered from that service-delivery perspective. It is not a survey of the evidence, which ANROWS and others are better placed to provide, but a practice-informed account of what will most improve outcomes over the next five years, drawn from our service delivery, our practice experience, and two areas in which we have recently invested most deeply: responding to people who use violence, and improving safety for people with disability.

We work within an intersectional feminist framework. We recognise DFSV as gendered violence, predominantly perpetrated by men against women and children. A gendered analysis on its own, however, is insufficient. Gender operates within intersecting systems of privilege and oppression, and race in particular shapes both who is exposed to violence and how the system responds. An effective national response must hold gender and these wider structural factors together. We affirm that the leadership of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people, faith leaders, and people with lived and living experience must sit at the centre of this work. Where this submission touches on the experiences of First Nations communities, we seek to amplify rather than speak for, and we point to Our Ways – Strong Ways – Our Voices and the leadership of Aboriginal and Torres Strait Islander community-controlled organisations as the authority for that work.

Our central observation is straightforward, and it aligns with the Rapid Review into prevention approaches and the reporting of the Domestic, Family and Sexual Violence Commission. The evidence base is strong, and the policy directions are largely settled. The task of the next five years is less about identifying what to do, and more about implementing it consistently and at scale, and about ensuring that effective, evidence-informed practice is not lost in the gaps between systems, sectors and funding cycles.

Those gaps are not administrative details. They are the points at which systems fail to effectively keep people safe.

Our position in brief

DVConnect's submission is organised around three propositions drawn from our evidence-informed practice. These align with the consultation paper's priority areas and identify where we believe the greatest gains can be made.

1. Integration is the intervention. The greatest safety gains over the next five years lie not in new knowledge, but in better integration of the systems we already have. That is, integration offers the highest-impact opportunity. Fragmentation is itself a source of risk. Gaps open between crisis services and police, between the domestic violence and disability systems, between specialist and mainstream services, and between one funded pilot and the next. Integration is also about reducing duplication and confusion, so the right service responds at the right time. The Second Action Plan should treat coordination, workforce capability and service-level learning as core safety infrastructure, not optional additions.

2. You cannot end violence without working with those who use it, early, voluntarily, and as prevention. Ending violence in a generation is not achievable while the people who use violence remain largely invisible and outside the reach of the service system. Current responses are narrow: typically, a single crisis contact or a men's behaviour change program, with little in between and promising approaches lost when short-term funding ends. Our practice shows that people who use violence will reach out for help. It also shows that it is important to meet people where they are, both physically and on their change journey. What is needed is a scaffold to recognise and respond to that help-seeking, with clear pathways into the integrated system response described in proposition one. This is not soft on accountability. It is a precondition for it.

3. A system is only as safe as its least-accessible door. Safety should not depend on a person's postcode, their disability, the language they speak, or whether they reach out during business hours. For too many people, the doors to safety are the hardest to open. As we heard through our disability-inclusion work, what is often described as a person's "complex needs" is frequently a description of how complex and inaccessible our systems are. Accessibility is a precondition of safety, not an enhancement to it.

Underpinning all three is the principle that recovery is prevention. Supporting people to recover from violence, including children and young people as victim-survivors in their own right, interrupts the cycles of trauma and adversity that contribute to future harm. Recovery here means more than counselling: it includes financial recovery, housing stability, a return to employment or education, the repair of relationships, and helping children re-settle into safety and routine.

We also echo the consultation paper's recognition that sexual violence should be treated as a distinct problem, requiring its own strategy, investment and specialist response, rather than being folded into the domestic and family violence response.

What our practitioners tell us

The propositions in this submission are not abstract. In a recent internal survey, DVConnect practitioners were asked to identify the single priority area the National Plan should most resource: first for their own work, and then for Australia as a whole. The responses revealed a consistent and telling pattern. For their own daily work, practitioners most often identified system integration and workforce. For what Australia most needs overall, their emphasis shifted to prevention and early intervention.

This is not a contradiction. It is the lived experience of a workforce that spends each day managing the consequences of a fragmented system, while understanding that the long-term goal is to stop violence before it starts. Integration is what they need to keep people safe now; prevention is what will reduce demand over time. Both are true, and the Second Action Plan must hold both as central to all actions.

What practitioners identified as most needing to work, in their own words, reinforces the themes of this submission:

- On integration and shared accountability: *“Improved integration between services to create a more holistic and shared accountability approach when working with the same client.”*
- On consistency across the system: *“More consistency across sector responses, shared language, shared tools, so that the criteria remain consistent no matter which service or practitioner you speak to.”*
- On gaps for specific groups: *“Improving service options for women experiencing [alcohol and other drug] addiction, who currently have limited safe exit options available to them when accessing our service.”*
- On specialist expertise and risk: that the sector’s specialist knowledge be recognised and used, so risk, including lethality risk, can be assessed with genuine expertise *“rather than being fearful in every case.”*
- On acting earlier: being able to *“see the trajectory early”*, while *“systems can’t or won’t respond until a law is broken or a line crossed.”*

Our practitioners’ voices are behind the recommendations that follow.

Summary of recommendations

Integration is the intervention

1. Fund system integration and coordination as core business, not as an add-on or a time-limited project.
2. Fund the specialist DFSV sector to build the capability of universal and generalist services, and protect integration when systems are redesigned.
3. Invest in a sustainable and well-supported specialist workforce, including appropriately funded and scalable after-hours crisis capacity.

Working with those who use violence

4. Fund a continuum of responses to people who use violence, not a single program type, that meets people where they are at.
5. Require a defined continuation pathway for every pilot from the outset, so proven, evaluated practice is not lost when funding ends.

The least-accessible door

6. Make disability-inclusion a baseline safety requirement, embedded in national risk frameworks and NDIS crisis responsiveness, and co-designed with people with disability.
7. Protect and grow crisis and recovery investment as prevention is scaled, and fund recovery as the multi-dimensional, preventive investment it is.

Sexual violence

8. Establish a distinct sexual violence strategy within the Second Action Plan, with its own objectives, investment and measures.

1. Integration is the intervention

This section responds primarily to the consultation's priority area of System Integration and Workforce and connects closely to the priorities for victim-survivors.

Australia does not lack strategies, frameworks or evidence about what works. What it lacks is a system that reliably joins those things together at the point a person needs help. This is consistent with the Rapid Review's emphasis on coordinated responses, and with the Commission's finding that the gap lies in implementation. In DVConnect's experience, the single greatest safety gain available over the next five years lies here: treating integration, coordination and system capability not as background enablers, but as the intervention itself. Fragmentation reduces safety, and its effects are visible in our own service data. Integration prevents people being missed in the gaps, and reduces duplication and confusion.

Safety fails at the points of handover

When we examined a full year of our own critical incident reports, the most instructive finding concerned not what happened within our service, but what happened when we handed a person over to another part of the ecosystem. DVConnect contacted emergency services in almost half of all critical incidents reviewed, yet confirmed attendance by emergency services was recorded in only around a quarter of cases and could not be confirmed at all in almost half.

The documented reasons are telling. Safety and welfare checks were declined because a woman had no fixed address, or responsibility was ill-defined between police and ambulance services. A person in crisis is rarely experiencing a single problem; they are commonly navigating health, policing, housing and domestic violence concerns at once. Our systems, however, are built to respond to one problem at a time, and people are lost where those systems are meant to connect. Even where the will to connect exists, effective handover depends on a shared understanding and a defined process. Too often that process is neither structured nor specifically funded, but left to each organisation to build alone, and responsibility for a person's safety is diffused across agencies until it is held by none.

Recommendation 1: Through the next phase of the Family, Domestic and Sexual Violence Federal Funding Agreement, require that system coordination functions are funded, delivered and reported as core service activity.

Coordination, including warm referral, shared risk assessment and reliable handover between services, should be a named, costed and reportable deliverable within Commonwealth and state funding, rather than an unfunded expectation absorbed by individual services. Cross-system protocols for the points where DFSV services intersect with police, ambulance, health, housing and child protection should be a condition of that funding.

In practice: Consistent national data is necessary but not sufficient. Just as a market leader would not rely on industry-wide data alone to improve its performance, individual services cannot improve safety outcomes if they only ever contribute to national datasets and are never resourced to understand their own. DVConnect's self-initiated critical incident analysis surfaced precisely the risk and system intelligence the national system reports it lacks. Service-level data and evaluation capability should be recognised as core safety infrastructure.

A domestic, family and sexual violence lens belongs across the whole system

Most people affected by violence do not first present to a specialist DFSV service. They present to a GP, a hospital, a housing service, a school, a court, or a generalist support line. Where those services cannot recognise and respond safely to violence, opportunities for early intervention are missed. DVConnect sees this within our own system: VictimConnect is a 24/7 generalist service for victims of violent crime of all kinds, yet a significant number of the people it supports are also affected by domestic, family or sexual violence. A generalist door is very often a domestic and family violence door, whether or not it is resourced as one, and this pattern holds across the health, justice, housing and community sectors. A DFSV lens therefore cannot sit only within specialist services; it must be embedded where people actually present.

This must work in both directions. Building the capability of mainstream services depends on specialist services being resourced to support them, through secondary consultation, advice, joint work and training. Capability does not transfer on its own; it requires specialists with the time and funding to build it in others, including the capability to recognise coercive control and to avoid the misidentification of victim-survivors as people who use violence, which remains a serious and recurring risk.

There is also a wellbeing risk for the generalist workforce when specialist supports are not in place. As outlined elsewhere in this submission, a robust and healthy workforce is foundational to safer families and communities. This applies equally when generalist services engage in DFSV work. Secondary consultation, regular professional development and structured supervision support both good practice and resilient workforces.

Recommendation 2: Fund the specialist DFSV sector to build the capability of universal and generalist services, and protect integration when systems are redesigned.

The Second Action Plan should resource specialist services to provide secondary consultation, advice, training and supervision to the health, justice, housing, child protection and generalist victim-support systems, and should require that established cross-system integration is explicitly accounted for, and preserved, in any commissioning or system redesign. Strengthening the whole system's ability to recognise coercive control and to correctly identify the person most in need of protection should be a defined capability priority.

In practice: When a generalist service such as VictimConnect holds a strong DFSV lens, people affected by violence are recognised earlier and supported more safely, regardless of which door they entered through.

In Queensland, DVConnect and Queensland Health worked over more than two years to connect the health and DFV responses into an integrated pathway. An unintended subsequent government direction (now reversed) to reshape these links locally dismantled that integration, because the integration itself had not been made visible or accounted for in the redesign. The issue was not whether a local health service connected with a local DFV service or with DVConnect; it was that integration was not treated as something deliberately built, and therefore to be planned for and preserved. Integration is an asset that must be designed into system change from the outset.

There is no integrated system without a workforce to hold it together

An integrated system is, in practice, a set of relationships between services, sustained only by a workforce skilled, supported and stable enough to hold them. The Rapid Review recognised this in calling for a national workforce development strategy for the specialist and intersecting sectors.

The specialist DFSV workforce is under-recognised, under-resourced, and carries a significant, cumulative burden of vicarious trauma. Practitioners spend their days holding others' fear, risk and distress, often at the point of acute crisis, frequently while managing the possibility of lethal harm, and increasingly while responding to suicidality and complex, co-occurring need. Those who work with people who use violence must hold accountability and the safety of women and children in view while also engaging with a person's own trauma.

Under-investing in workforce wellbeing has systemic, as well as individual, consequences. Burnout and turnover erode the continuity on which integration depends. When experienced practitioners leave, the system loses the relationships, judgement and local knowledge that made safe, coordinated responses possible. Wellbeing is therefore a safety issue in its own right, and it needs to be protected by the structures around a practitioner, not by individual resilience alone. Strong clinical governance, including supervision, reflective practice, debriefing, and available leadership, is what allows practitioners to work safely and decide well under pressure. These supports are often the first to be reduced when funding is tight, and are rarely costed or funded adequately. They should be treated as essential infrastructure. Pressures are sharper in regional and remote areas, where practitioners may be few, isolated, personally known to those they support, and covering large areas and after-hours demand with little relief. Availability matters too: crisis does not keep business hours, yet funded after-hours capacity remains uneven, including within our own service, where only two of our four core helplines are funded to operate 24 hours a day.

Recommendation 3: Deliver the Rapid Review's workforce recommendations through a funded National DFSV Workforce Strategy that treats workforce wellbeing and after-hours capacity as safety-critical infrastructure.

This should fund not only headcount but the conditions that sustain a workforce over time: clinical governance, supervision, reflective practice and debriefing; active management of vicarious trauma and psychological safety; viable career pathways; targeted support for regional and remote practitioners; and appropriately funded and scalable around-the-clock crisis capacity that does not rely on individual goodwill and overwork.

In practice: As the practitioner survey above reflects, a well-supported workforce is one that can hold both the immediate work of integration and the long-term goal of prevention, without being worn down in the process. DVConnect's focused investment in workforce support has contributed to a significant reduction in turnover, through structured supervision, training, role clarity and inclusive team support.

2. You cannot end violence without working with those who use it, early, voluntarily, and as prevention

This section responds primarily to the consultation's priority area of People Who Use Violence and reframes Prevention and Early Intervention from a service-delivery perspective.

Australia cannot end violence in a generation while the people who use violence remain largely invisible or outside the reach of the service system. This is reflected in the Rapid Review's call to strengthen and diversify responses to people who use violence, and in the national work now underway on men's behaviour change standards. A system that engages the person causing harm only once they reach a court order or a crisis will consistently be working later than it needs to. Through DVConnect Mensline and START, we work directly with men who use, or are at risk of using, violence, and what we have learned challenges some long-held assumptions about who those men are and whether they can be reached.

Help-seeking is real, and often invisible

There is a persistent belief that men who use violence do not recognise their behaviour and will not seek help. Our experience does not support this. A significant proportion of the men who contact us do so voluntarily, at moments of crisis or rupture, such as after an incident, at separation, or when troubled by their own behaviour. In START, just over half of referrals were self-referrals: men making contact before, or entirely outside of, any involvement with police or courts.

This help-seeking rarely presents as a request for help with violence. More often, a man reaches out about a grievance: because his former partner is "taking him to family law", because he considers himself a good father and describes her as the problem, or because he feels wronged by the system. In his own account, he is the victim. That account is not accurate in relation to his use of violence, but the act of reaching out is real, and it is an opening.

How the ecosystem responds to those openings matters, for him and for the safety of those around him. Two common responses fail. The first closes the door, telling him he is not the victim and offering nothing further, forfeiting the only point of contact available. The second colludes, accepting his grievance at face value and helping him pursue it without regard for the safety of his current or former partner and children. The skilled response is neither: it hears the help-seeking, avoids both dismissal and collusion, and works over time to move him from a victim stance toward recognising his own role in the harm and in his family's safety. This rarely happens in a single crisis call. It is a journey, and services such as DVConnect Mensline and, more intensively, START are designed to support it, with victim-survivor safety as the constant anchor.

This work, and the skill it requires, is largely invisible in current policy and funding. It is neither a conventional crisis response nor a behaviour change program, but the essential work of keeping a door open long enough for accountability to become possible. It should be recognised and resourced as such, including through dedicated male-DFSV-specialist responses that hold a wide, welcoming entry point while doing the heavy lifting of shifting men from grievance toward responsibility.

A continuum, not a binary

Accountability is best understood as a continuum, not a single program, and this view is now shared well beyond our own service. In October 2025, DVConnect convened AccountabilityConnect, a national forum on responding to people who use violence, hosted by journalist and author Jess Hill and bringing together more than 70 leaders from policing, government, child protection, First Nations organisations, academia and the specialist sector, alongside leading national and international experts. Both the Commonwealth Assistant Minister for the Prevention of Family Violence and the Queensland Minister responsible for the prevention of domestic and family violence contributed, and the conversation reached more than 180,000 people online in a single week.

The forum's central insight was that our systems are effective at controlling men who use violence, but far less effective at engaging them, and that this is where prevention is lost. As Canadian expert Tim Kelly, who has worked in this field for nearly four decades, put it:

"The men we work with are still being managed by a system, not engaged by it."

The task, as the forum framed it, is to bring prevention, early intervention and specialist responses "into the same conversation, not as separate funding streams, but as a continuum of care and accountability." A second theme concerned how we invite men to change. Sarah Brown, of the Aotearoa New Zealand movement She Is Not Your Rehab, challenged the sector while holding accountability firmly in place:

"Your childhood trauma was not your fault, but your healing now is absolutely your responsibility."

This is not a softening of accountability; it holds men responsible while opening a door they are willing to walk through. First Nations leaders were clear that, for Aboriginal and Torres Strait Islander men, this work must be led by community and grounded in connection, not systems alone. This is also where a gender-only analysis reaches its limits: for many men who use violence, racism, dispossession and intergenerational trauma are part of the context in which that violence occurs. Naming this does not diminish responsibility, nor displace the safety of women and children; it recognises that responses must engage with privilege and oppression, including race, to be effective. Murray Benton, of the Queensland Aboriginal and Torres Strait Islander Child Protection Peak, spoke from lived experience of what accountability, done well, makes possible:

"When men change, family heals. When accountability is real, safety, respect and healing follow."

These insights point to a continuum spanning early intervention, brief intervention, intensive case management and culturally led healing, meeting people where they are and holding them in view over time, with victim-survivor safety as the anchor. As the forum concluded, all work with people who use violence is, ultimately, prevention work. Valuing that continuum also means valuing each part for what it is designed to do. As Rodney Vlasis cautioned, brief and early interventions must not become a means to "run things more cheaply" or to "use something really brief to do the deep change." A brief intervention that interrupts harm and builds a platform for accountability is not a substitute for an intensive behaviour change program and should not be funded as though it were.

One element of the continuum is often overlooked. Primary prevention can build a community's general capacity to recognise and respond to violence, but there is also a specific role for accountability networks: the informal supports and natural responders in a man's life who, with specialist guidance, can respond to his use of violence in ways that reinforce accountability rather than excuse it. DVConnect START has begun to explore this, and it warrants further development as a distinct component of the continuum.

START was designed to fill a specific gap in the continuum: a voluntary, phone-based brief intervention with no waitlist and a low threshold to entry, engaging men close to the point of harm for a short, flexible period of one-to-one work. Independently evaluated by Griffith University's Disrupting Violence Beacon, it reached men typically missed by the existing system: self-referrers, men in regional, rural and remote areas, men in detention, men on behaviour change program waitlists, and men with complex, co-occurring needs. It is not a replacement for men's behaviour change programs but a bridge, interrupting harm, building initial accountability, and connecting men to longer-term supports. Victim-survivor safety remained the anchor throughout; the measure is not whether a man feels better, but whether women and children are safer. We offer START not as a mature model – the evaluation was candid about what still requires development, including how victim-survivor perspectives are safely incorporated – but as evidence that this part of the continuum can be built, and that men will engage with it when it exists.

Recommendation 4: Establish, through the National Plan and the national work on men's behaviour change standards, a funded continuum of responses to people who use violence rather than a single program type.

This continuum should include early and brief intervention that engages people voluntarily and close to the point of harm; flexible delivery, including phone and virtual, that reaches regional, remote and otherwise underserved populations; support for accountability networks within a person's informal supports; and culturally led responses designed and delivered by Aboriginal and Torres Strait Islander organisations for their own communities. Victim-survivor safety must remain the anchor, and each response must connect to, not substitute for, deeper behaviour change work.

In practice: DVConnect's independently evaluated START model demonstrates that voluntary, no-waitlist brief intervention can reach men the current system misses and engage them at the point where change is most possible.

Sustaining what works

A structural failure must be addressed if any of this is to endure. Across the sector, promising and even evaluated innovation is repeatedly developed, piloted and shown to work, then lost, because there is no pathway from a time-limited pilot to sustained funding. When funding ends, the capability is dismantled, the workforce disperses, and years later the same gap is identified again, and a new pilot is funded to address it. This cycle is wasteful and counter-productive: it fragments the service system, asks a workforce to build things it knows may be withdrawn, and means people who could have been reached are not, because the response that would have helped them existed only for the life of a grant.

The problem is not piloting itself, but piloting without a plan for what follows. The remedy is to build the next step into the investment from the outset. When a pilot is funded, its purpose, the learning it is intended to generate, and the criteria that would justify continuation should

already be defined. Piloting undertaken for short-term or stakeholder goodwill, with no articulated long-term goal, is worse than not piloting at all, because it consumes scarce effort and trust for no lasting gain.

Recommendation 5: Require that Commonwealth investment in pilots and innovation includes a defined continuation pathway from the outset, so effective, evidence-informed and value-for-money pilots can move smoothly into permanent or scalable funding where warranted, and so learning is not lost even where a pilot itself does not continue.

Funding for any pilot should specify its purpose, the learning it is intended to generate, and the criteria that would trigger continuation or scaling. Responsibility for ensuring that evidence of “what works” translates into sustained investment, rather than a further round of short-term piloting, should sit with the national governance arrangements under the National Plan. Continuation funding should also sustain the whole continuum rather than trading its parts against one another.

In practice: This is a sector-wide problem, not a single service’s concern. It is, however, immediate: effective, evaluated responses to people who use violence, including but not limited to DVConnect START, face precisely this funding cliff. The evidence indicates these responses work; the funding system too often ensures they do not last.

3. A system is only as safe as its least-accessible door

This section responds primarily to the consultation's priority area for victim-survivors and speaks to the distinct experiences of children and young people as victim-survivors in their own right.

A safety system is only as effective as its most difficult door to open. For too many people, the doors are hardest to open precisely because of who they are, where they live, how they communicate, or when they need help. A system that works well for a metropolitan, English-speaking woman without disability who reaches out during business hours, but works poorly for everyone else, is not a safe system. It is a system that has decided, in practice, whose safety counts. This reflects the Rapid Review's call to prioritise marginalised communities, and the consultation paper's recognition that support is not experienced equally across Australia.

DVConnect's work over the past two years, particularly our disability-inclusion work with Queenslanders with Disability Network (QDN) and our own practice experience, has brought this into focus. The people most exposed to violence are frequently those our systems are least designed to reach.

"Complex needs" are often a complex system

Through AbilityConnect, our joint work with QDN, one insight was consistent. What services describe as a person with disability's "complex needs" is very often not a description of the person, but of how fragmented, inaccessible and difficult to navigate our systems are. As QDN's Karin Brady put it:

"What's often described as complex needs is often more about how complex the system is."

This reframing changes where the problem is located, and therefore where the solution lies. When complexity is located in the person, we ask them to work harder to fit our systems. When it is located in the system, we accept responsibility for redesigning it.

This is also consistent with Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities, which affirms the rights, dignity and full and equal participation of people with disability. A safety system that is inaccessible in practice cannot meet that obligation, regardless of its intent.

People with disability experience violence at higher rates, over longer periods, in more settings, and from a wider range of people than people without disability, including from the carers they depend on. Yet they encounter a service system that is often physically, communicatively and procedurally inaccessible: crisis lines, refuges, courts and safety tools not designed with disability in mind; an over-reliance on carers who may themselves be the person using violence; and a National Disability Insurance Scheme (NDIS) not built to respond at the speed a crisis requires. As a result, people with disability are frequently assessed as "too complex" and fall into the same gaps, described in Section 1, where safety fails.

Our AbilityConnect work identified that many necessary changes are neither expensive nor complicated: accessible crisis information in Easy Read and Auslan; non-auditory first-contact channels, so a person is not required to use a phone line to reach help; disability-

inclusive safety planning embedded in common risk frameworks; and a mechanism for urgent NDIS responses when a participant is in crisis. Above all, these changes must be designed with people with disability, not for them.

Recommendation 6: Make disability-inclusion a baseline safety requirement across the Second Action Plan, embedded in national risk frameworks and NDIS crisis responsiveness, and co-designed with people with disability.

Specifically: embed disability-inclusive safety planning within national risk assessment frameworks; require accessible crisis pathways and information, including Easy Read, Auslan and non-auditory first-contact options, as a condition of service funding; build the disability capability of the DFSV workforce and the DFSV capability of the disability workforce; and task the responsible Commonwealth agencies with establishing a mechanism for urgent, crisis-responsive access to NDIS supports. People with disability should be resourced as co-design partners throughout.

***In practice:** DVConnect's AbilityConnect work with QDN demonstrated that small, co-designed changes, such as accessible formats, non-phone entry points and disability-inclusive safety planning, can improve access quickly, while larger structural reforms are progressed.*

Safety should not depend on postcode or the clock

Accessibility is also a matter of place and time. In our review of a year of critical incidents, Aboriginal and Torres Strait Islander clients were experiencing domestic and family violence at disproportionately high rates, reflecting the ongoing impacts of colonisation, intergenerational trauma, and systemic inequality. For this reason, the leadership of Aboriginal and Torres Strait Islander communities and community-controlled organisations, and the self-determined approach set out in Our Ways – Strong Ways – Our Voices, should sit at the centre of how the Second Action Plan responds, not at its margins.

The same review found that almost half of all critical incidents occurred in motel-based temporary accommodation, a reminder that a nominally safe placement is not automatically a safe environment, particularly in regional and remote areas where it may be the only option. This echoes the Rapid Review's call to replace high-cost, unsupported crisis accommodation with specialist options offering wraparound support. For people outside the major centres, distance, isolation, reduced privacy in small communities, and the absence of local services compound risk. Safety should also not depend on the hour a person reaches out; crisis does not keep business hours, yet after-hours capacity remains uneven.

Recovery is prevention, and children and young people cannot be an afterthought

The least-accessible door is often the one marked recovery. System investment is heavily weighted toward crisis, with far less for the longer, non-linear work of healing that follows. This is a false economy: supporting people to recover, by rebuilding safety, stability, connection and economic security, contributes to prevention, because unresolved trauma is among the more reliable drivers of future harm.

This is nowhere more important than for children and young people. DVConnect's direct work with children is limited, and we do not claim the expertise of those who specialise in it. However, we see children constantly, in the majority of the families we support and in a

significant share of the critical incidents we review. What we see confirms what the evidence and the consultation paper both affirm: children and young people are victim-survivors in their own right, not simply witnesses to adults' experiences, and their recovery needs are distinct and too often unmet. Meeting those needs is both an obligation and one of the most effective preventive investments available, because supporting a child to heal reduces the likelihood that the cycle continues into the next generation.

Recommendation 7: Protect and grow crisis and recovery funding as prevention is scaled, and fund recovery as the multi-dimensional, preventive investment it is.

The Second Action Plan should avoid trading response against prevention, and should explicitly resource recovery beyond counselling, including financial, housing, employment, education and relational recovery, trauma-informed and culturally safe supports, and services designed for children and young people as victim-survivors in their own right. Recovery investment should be recognised as reducing future demand and funded on that basis. The Plan should also address the factors, including childhood trauma and cumulative adversity, that link unaddressed harm to future violence.

In practice: Supporting recovery reduces cycles of harm, strengthens attachment and resilience for children and families, and over time reduces demand on crisis services. Investing in healing is investing in prevention.

4. Sexual violence requires its own response

This section responds to the consultation paper's recognition that sexual violence differs from domestic and family violence in prevalence, drivers and service response, and should be considered distinctly.

DVConnect welcomes the consultation paper's acknowledgement that sexual violence and domestic and family violence, while related, are not the same, differing in prevalence, drivers, patterns of disclosure, and the responses they require. We urge the Second Action Plan to act on that recognition and develop a distinct sexual violence response, rather than folding it into the domestic and family violence response, where it has too often been under-prioritised and under-resourced.

The evidence on sexual violence points in a different direction from most other forms of violence. As the consultation paper notes, while many forms of family and domestic violence have declined or held steady at a population level, sexual violence has not: it has remained persistent, and by some measures increased, while continuing to be substantially under-reported. It also occurs well beyond intimate and family relationships, including in workplaces, institutions, public spaces, online, and between acquaintances and strangers. A response system built around the dynamics of domestic and family violence will not, on its own, meet the needs of people who have experienced sexual violence.

From our service-delivery perspective, three features of sexual violence require a tailored response.

First, disclosure works differently. People who have experienced sexual violence frequently disclose long after the event, sometimes years or decades later, often carrying particular burdens of shame, self-blame and fear of not being believed. Data from DVConnect's Sexual Assault Helpline bears this out: more than half of the people we supported last financial year were disclosing sexual assault or abuse that occurred months, years or decades earlier, and more than 12 per cent were first-time disclosures. First disclosures are not confined to historical abuse. In the same dataset, almost a third of acute presentations, within 72–96 hours, were first-time disclosures, as were close to a quarter of recent presentations, within two weeks. Through our Sexual Assault Helpline, our specialist counsellors work from a clear principle: we listen, and we believe. Where a first disclosure is met with disbelief or blame, the harm compounds and help-seeking stops. A distinct response must be built around the reality of delayed, difficult and non-linear disclosure, and the primacy of being believed.

This principle is tested daily in a system not built for it. Our counsellors routinely support people with too few specialist services to refer them to, particularly outside metropolitan areas and for people facing additional barriers. The gap between the scale of sexual violence and the specialist capacity to respond is, in our experience, wider than for almost any other form of violence. People reach out at the point they are finally ready to be heard, and too often the trauma-informed support they need is unavailable or behind a long waitlist. A first disclosure is a narrow window, and a system that cannot respond within it risks losing a person for years.

Second, sexual violence intersects with, but is not reducible to, other forms of violence. It frequently co-occurs with domestic and family violence, and with heightened risk of suicidality and self-harm, which we observe across our services. It also occurs entirely

outside those contexts, with its own drivers and specialist service needs. A response that can only recognise sexual violence when it appears alongside domestic violence will miss much of it.

Third, the sexual violence service system is under-built. Specialist sexual violence services have historically been siloed from, and under-resourced relative to, the domestic and family violence system, despite the scale of need. Prevention, early intervention, response and recovery for sexual violence each require dedicated attention and investment, not a share of what remains from the domestic and family violence response.

Important work is already underway, including the Australian Law Reform Commission's inquiry into justice responses to sexual violence, and justice reform is a critical part of the picture, though not sufficient on its own. A distinct response must span the full continuum, from prevention and consent education to specialist, trauma-informed, accessible recovery services, and be designed for the diverse communities who experience sexual violence differently, including people with disability, Aboriginal and Torres Strait Islander peoples, LGBTIQ+ people, and young people. As long-standing members of the Queensland Sexual Assault Network (QSAN), DVConnect supports and echoes QSAN's advocacy on the specific needs of the sexual violence sector and points the Department to QSAN's contributions for specialist depth.

Recommendation 8: Establish a distinct sexual violence strategy within the Second Action Plan, with its own objectives, investment and measures, rather than folding sexual violence into the domestic and family violence response.

This strategy should span the full continuum, from prevention and consent education through early intervention, crisis and justice response, to long-term specialist recovery, and should explicitly resource the under-built specialist sexual violence workforce and services. It should align with the Government's response to the Australian Law Reform Commission's inquiry into justice responses to sexual violence, be designed with and for the diverse communities affected, and centre the principle that people who disclose are listened to and believed.

In practice: With first disclosures arriving across acute, recent and historical contacts alike, DVConnect's Sexual Assault Helpline works from the principle that we listen and we believe, because a first disclosure met with belief opens the door to recovery, while one met with doubt too often closes it.

Conclusion

Australia is not short of knowledge about how to end violence against women and children. After more than a decade of national effort, there is a strong understanding of what works. The defining task of the next five years is to build a system that delivers it consistently and prevents effective practice from being lost in the gaps between services, sectors and funding cycles.

From DVConnect's service-delivery perspective, three shifts would do the most to close those gaps.

Integration is the intervention. The greatest safety gains lie not in new programs, but in joining up the systems we already have: funding coordination as core business, embedding a DFSV lens across the services where people actually present, and sustaining the workforce that holds it together.

We cannot end violence without working with those who use it, early, voluntarily, and as prevention. A genuine continuum of responses to people who use violence, funded to last rather than lost when a pilot ends, and attentive to the help-seeking men already show, is one of the most direct preventive investments available.

A system is only as safe as its least-accessible door. Safety should not depend on a person's disability, postcode, language or the hour they reach out. Accessibility, equity and recovery are not enhancements to a safe system. They are what make it safe.

Running through all three is a workforce that carries this work at real personal cost. A system that depends on the goodwill and resilience of an under-supported workforce is not sustainable. Investing in that workforce's wellbeing is part of the foundation of the safety agenda, not separate from it.

We also urge the Second Action Plan to recognise sexual violence as a distinct problem requiring its own response, and to keep the leadership of Aboriginal and Torres Strait Islander peoples, and of people with lived and living experience, at the centre of this work rather than at its margins.

DVConnect offers this submission in a spirit of partnership. We have not only identified these challenges; we are actively working to address them, through DVConnect START, our disability-inclusion work with QDN, our convening of the sector, and the daily work of our services. We would welcome the opportunity to work with the Commonwealth, states and territories, and sector colleagues to help shape the Second Action Plan and put these ideas into practice.