



CONSULTATION ON THE SECOND ACTION PLAN

National Plan to End Violence Against Women
and Children 2022-2032

Domestic Violence Prevention Centre

Submission
31st July 2026



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ACKNOWLEDGEMENT

DVPC acknowledges the traditional custodians of the land we work on, the Kombumerri Saltwater People. We stand in footsteps millennia old and pay our respects to Elders past and present. We acknowledge that this land has never been ceded, and always was and always will be, Aboriginal land. We recognise the resilience of Aboriginal and Torres Strait Islander Peoples and that Indigenous women are disproportionately impacted by domestic and family violence used by men against women in Australia.



ABOUT THE DOMESTIC VIOLENCE PREVENTION CENTRE

The Domestic Violence Prevention Centre (DVPC) is the specialist, grassroots domestic and family violence (DFV) service on the Gold Coast, the lands of the Kombumerri Saltwater People. Established in 1992, DVPC works with women, children, young people, men and non-binary people to end domestic and family violence. Guided by a feminist, trauma-informed and child-centred lens, we support women, children and young people experiencing violence and work with men who use violence to promote accountability and change.

We are values-driven, grounded in Respect, Inclusivity, Safety and Accountability. These values guide everything we do and are evident in our partnerships with our community, our service delivery, workforce culture, governance, and integrated systems leadership.

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DVPC SUBMISSION

This submission draws on the experience, knowledge, and specialist views of practitioners across DVPC's programs, as well as the views of community members. Our submission is based upon perspectives gathered through multiple consultations. This submission outlines the knowledge collected from these consultations, combining practice and lived experience, to summarise what the Gold Coast community wants the government to prioritise over the next five years.

Throughout the submission DVPC aims to highlight not only where gaps remain, but also what is working well. Ending domestic and family violence (DFV) requires a sustained, national response that shifts the deeply rooted gender stereotypes that reinforce such violence, as well as a community-wide understanding of what DFV looks like and its impacts.

DVPC would like to place emphasis on the need to understand domestic and family violence as a gender-based crime, to be viewed through a feminist lens. Throughout this submission, DVPC uses the term "people using violence" to refer specifically to men, reflecting the overwhelmingly gendered nature of domestic and family violence. Where women use force in response to violence perpetrated against them, this is a distinct dynamic and is referred to separately throughout this submission as resistive violence.



PRIORITY AREA 1: VICTIM-SURVIVORS

Family Law Court

For many victim-survivors fleeing DFV, Family Law Court proceedings are a necessary step in settling property disputes and parenting arrangements. Victim-survivors face a range of challenges when navigating the legal system, including systems abuse and increased risk to their safety.

There is a clear disconnection between DFV matters heard in the State jurisdiction (in particular the Magistrates Court) and Family Law Court matters in the Federal jurisdiction. As a result, victim-survivors are often subject to systems abuse, or placed at risk, when DFV is not addressed appropriately and with adequate safety considerations in Family Law Court. For example, victim-survivors are sometimes required to share information that if kept confidential would protect their safety, such as their current address or bank statements that reveal the shops they frequent. Family Law Court often does not take into consideration the impacts of DFV on children and permits unsupervised contact between child victim-survivors and the person using violence. This can lead to further abuse toward the child victim-survivors, child victim-survivors revealing information that is keeping the family safe from the person using violence (for example, an address), or child victim-survivors being used as a conduit for further abuse towards the victim-survivor protective parent.

Stronger connection and communication between the two jurisdictions is essential so that safety and risk assessment considered in DFV Court carry weight in Family Law Court proceedings. For example, when a Domestic Violence Order (DVO) is made in the Magistrates Court, it should be considered carefully in Family Law Court, rather than being disregarded. In addition, Magistrates Courts should proceed to make DVOs even when Family Law Court proceedings are occurring, to ensure the safety of victim-survivors. To support this DVPC recommends annual mandatory DFV training for Judges, Independent Children's Lawyers and Family Report Writers and legislation that requires the court to give proper weight to the risk and safety concerns in relation to domestic and family violence.

Protecting victim-survivors' counselling notes (for adults, children and young people) from subpoena in Family Law Court is another way victim-survivors' trust can be strengthened in the justice system. When notes are not protected, disclosures such as mental health struggles can be revealed and used against the victim-survivor parent in Family Law Court without consideration of the DFV context and impacts. The information in counselling notes can be used by a person using violence to continue



exerting control over the victim-survivor even after separation. Subpoenaing children's notes also carries risks, such as exposing a child victim-survivor to a parent's anger over what the child victim-survivor may have disclosed in a counselling session. This can be particularly concerning if the child victim-survivor has unsupervised contact with that parent. It has also been observed that counselling notes have been used against a protective parent where a child victim-survivor has not spoken about DFV to their counsellor, a silence that has been misinterpreted in proceedings as evidence that DFV did not occur. Subpoenas have had further impacts, such as victim-survivors losing trust in services due to limited confidentiality. This can make them less likely to seek support in the future. It also leads to victim-survivors withdrawing from supports they are already engaged with and that are supporting their recovery and wellbeing, such as counselling. DVPC recommends legislation be designed to comprehensively protect the counselling notes of both adult and child victim-survivors from subpoena in Family Law Court.

Legal Representation

To further address systems abuse, victim-survivors must have access to strong legal representation across both Family Law Court and DFV Court. Duty lawyers in DFV Court are unable to represent if proceedings go to a hearing, and duty lawyers are not available at all in Family Law Court. This leaves many victim-survivors unable to access legal representation, which can lead to disengagement from the justice system altogether. Victim-survivors often experience financial hardship following separation where there is DFV, for example due to financial abuse or needing to move homes. This can leave victim-survivors without funds to hire private legal representation, while on the contrary, the person using violence may have access to money for high-quality, private legal representation. This imbalance has been seen to play out directly in court, where a person using violence with strong legal representation is able to dominate proceedings against a victim-survivor who is self-represented or reliant on limited legal aid. Another factor that places victim-survivors at a disadvantage is if property is still being settled in Family Law Court. This can be a lengthy process, and although a victim-survivor may have assets, they sometimes are not able to access money when they need it. Having such assets, even if unable to access them, disqualifies victim-survivors from free legal aid despite being unable to pay for private representation. Ensuring victim-survivors have access to free, high-quality legal representation is essential to addressing the impacts of DFV and preventing systems abuse.



Reporting to the Police

DVPC often works with victim-survivors who are reluctant to report to police due to previous poor experiences or fear of how the person using violence will react if they do. As the Consultation Paper notes, it is important that policing responses are improved to strengthen trust and ensure equitable access to protection for victim-survivors (ANROWS 2026).

All domestic and family violence is not the same. Police need to be equipped to identify different types of DFV, rather than relying on a victim-survivor to name what is happening to them. Additionally, police need to have the skills and assessment frameworks to assist them in making a contextual assessment in DFV matters, to correctly identify the person using violence and the person most in need of protection and the type of DFV. Practitioners report that it is not uncommon for victim-survivors to be turned away at the police station, told that DFV is not occurring, or expected to justify and explain the forms of abuse they are experiencing. These experiences discourage victim-survivors from seeking help from the police and make victim-survivors feel that reports are not taken seriously when they are made. When a victim-survivor reports to police, if there is insufficient protective action taken, such as a Police Protection Notice (PPN) being issued, the victim-survivor can be placed at higher risk of harm. The person using violence may be contacted by the police or may have found out through other means that the victim-survivor has made a report. The person using violence may be angry with the victim-survivor, leading to further abuse with no police protection to prevent this.

To further ensure victim-survivors are given the best opportunity to communicate what has happened, police should utilise embedded DFV specialist workers who are based in police stations. This model has been rolled out across Queensland as part of the *National Plan to End Violence against Women and Children 2022-2032*, but practitioners note these workers are not being utilised as much as they could be. Making referrals to DFV specialist workers should be included in the Standard Operating Procedure manuals of police, so that it becomes a part of standard practice and is not left to officer discretion to offer the referrals to people attending police stations for DFV matters. Both clients and practitioners have observed the positive outcomes this co-location program has enabled, as well as the opportunities for advocacy, educational discussions with police and more comprehensive joint responses.



Financial Support

As previously mentioned, fleeing DFV can leave victim-survivors in a financially vulnerable position due to the impacts of financial abuse, the cost of legal representation, and the cost of relocating away from the person using violence. Some financial support is currently available through the Leaving Violence Program, however a more immediate and higher level of financial assistance is required to support victim-survivors to be safer once they have left.

The eligibility criteria for the Leaving Violence Program prevent some victim-survivors from accessing this financial support. For example, the payment is not available to people on temporary visas, people under the age of 18, nor those experiencing violence that is not defined as intimate-partner violence. In addition, the payment amount of \$5,000 split across cash and vouchers does not reflect the real costs of rebuilding a life. In addition to this, the process to receive this money is lengthy, unreliable and involves multiple stages. Victim-survivors that DVPC works with often report having their intake calls rescheduled by the program, meaning the process can take longer than a month.

Government messaging actively encourages victim-survivors to leave violent relationships, yet the financial support available once they do falls short of what is needed. This gap in support places victim-survivors at risk of homelessness or returning to the person using violence. To ensure victim-survivors have access to long-term post-crisis support, additional financial supports are needed, including funding for legal representation and higher rental subsidies and grants that reflect the current rental market.

The Safer In The Home (SITH) initiative is similarly restrictive, as eligibility only applies to low or medium-risk situations. DVPC recommends that the SITH program be extended to DFV Specialist Services to provide safety upgrades and technology assessments to victim survivors in high-risk situations also.

DVPC also recommends that the government audit the child support system to identify how it enables financial and system abuse. Post-separation, the non-payment of child support is a common tactic used by fathers to perpetrate ongoing financial abuse against mothers where there is DFV, and this contributes significantly to the financial hardship of victim-survivors.



Housing and Accommodation (Short-Term Accommodation and Long-Term Housing)

One of the most significant areas in which support for victim-survivors can be improved is through access to safe housing and accommodation. This includes funding for short-term crisis accommodation, short-term accommodation such as refuges, and long-term rental accommodation. Australia's ongoing housing crisis is a major concern, leading victim-survivors to face homelessness, return to the relationship they fled, or move far from their homes and support networks. This is of particular concern in the Gold Coast, where the rental market is the most expensive in Australia (ABC 2026). The Gold Coast must be considered for specific supports to combat this, such as targeted housing solutions for the area, or bonuses or tax breaks for commercial businesses that partner with DFV services to provide DFV housing.

Increased funding for crisis accommodation is needed, given the length of time it can take for victim-survivors to secure longer-term accommodation in a scarce housing market. It is also important for the DFV and homelessness sectors to collaborate with each other to prevent victim-survivors facing homelessness as a result of DFV. It is not uncommon for victim-survivors that DVPC works with to flee a DFV relationship and then spend nights sleeping in their car, having no alternative accommodation options available to them. The majority of victim-survivors who become homeless as a result of DFV fall through the gaps due to eligibility criteria for accessing homelessness support. Often, when there has been DFV, women are referred back to DFV services. However, DFV services are unable to provide access to ongoing or long-term accommodation if there are no appropriate refuge vacancies or the victim-survivor does not have alternative safe accommodation options. This can leave victim-survivors with no options for accommodation and forced to choose between homelessness and safety from domestic and family violence.

Investing in more refuges would, in turn, reduce money spent on crisis accommodation. More refuge vacancies would enable victim-survivors to move into stable accommodation more quickly, meaning less money would need to be spent on short-term, crisis accommodation in hotels or motels. DVPC recommends funding be directed toward building more refuges for victim-survivors, with accommodation options appropriate for a wide range of needs. Currently, due to limited refuge spaces, priority is given to victim-survivors with children and without accessibility needs, meaning those without children, or those with disability or other needs, are often excluded. It is imperative that refuges are funded so more can be built, as well as for sufficient staffing



to support victim-survivors living with disability and those facing other intersecting challenges that services may otherwise deem "too complex" or "too high risk."

Long-term housing options must be improved to ensure victim-survivors do not have to return to a DFV relationship or risk homelessness once they leave. Even where victim-survivors are not excluded from refuge due to their visa status, income, employment or affordability, these same factors become barriers when seeking long-term housing. Where housing is secured, support is often still time-limited, for example head lease properties and rental subsidies are typically only available for 12 months, leaving victim-survivors little time to rebuild their income before that support ends. Long-term housing options must be genuinely long-term, affordable, and extend well beyond the point of crisis, whether through increased funding for extended rental subsidies and grants, or through increased social housing where victim-survivors and their children can feel safe.

Long-term Support for Healing and Recovery

Alongside long-term accommodation and housing support, other forms of support should be available to victim-survivors beyond the point of crisis. Victim-survivors and community members have consistently noted that support is available when an incident occurs, or when they are fleeing violence, but that this support stops soon after, leaving many victim-survivors feeling unsupported and unsure where to turn after having left the relationship.

Long-term, free, DFV-specific counselling should be available to victim-survivors. Counselling is currently in high demand but limited in availability, and while mental health care plans provide some subsidised sessions, this is capped at 10 sessions a year, which is not enough to support recovery from the cumulative impacts of DFV. Victim-survivors should be entitled to free counselling following crisis to support their wellbeing and long-term recovery.

Case management should also be available for 6 to 12 months following separation, to support victim-survivors through the practical and ongoing challenges that follow, such as finding housing, accessing Centrelink, and navigating Family Law Court. DFV does not always end following separation. Ongoing case management allows current risk to be monitored, supports continued safety planning, and provides advocacy to ensure victim-survivors achieve just outcomes. Brokerage funding should also be provided as part of the case management costs to assist victim-survivors with re-establishing their lives.



Culturally Appropriate Support

The Consultation Paper acknowledges that Aboriginal and Torres Strait Islander victim-survivors face unique, additional challenges, and are less likely to seek support when experiencing DFV. It also identifies that Aboriginal and Torres Strait Islander women and children are too often failed by police and courts through racism, victim misidentification, poor responses to coercive control, and fear of child removal, leaving many reluctant to seek help and less likely to receive protection when they do (ANROWS 2026). Leaving a violent relationship carries with it the added risk of disconnection from culture, family and community, including the risk of children being removed and raised outside their culture. Police, courts and support services need to better understand the considerations unique to First Nations victim-survivors, and tailor their responses accordingly. More funding is needed to upskill the workforce across the system in culturally safe, self-determined responses, consistent with the Consultation Paper's own recommendation to shift focus from documenting these barriers to implementing and scaling proven, community-led approaches (ANROWS 2026). An example of impactful support would be increased funding for more Aboriginal and Torres Strait Islander led services, to allow for healing circles and yarning groups with involvement and guidance from Elders which address DFV in a culturally safe and trauma-informed way.

Culturally and racially marginalised victim-survivors also face unique barriers, including limited access to interpreters and inconsistent use of interpreters when they are available. This can be particularly dangerous where police attend an incident and a victim-survivor is unable to clearly articulate what has occurred. Practitioners have observed that when a person using violence has stronger English proficiency, they are more likely to be believed over the victim-survivor, increasing the risk of systems abuse or victim misidentification. Translating and Interpreting Service (TIS) National, QPS Cross Cultural Unit Police Liaison Officers and local multicultural services are examples of helpful supports currently available. It is important that these supports are utilised to ensure fair outcomes for culturally and racially marginalised people.



PRIORITY AREA 2: PREVENTION AND EARLY INTERVENTION

Education for Young People in Schools

Education is one of the most effective ways to prevent DFV. Education on healthy relationships should be integrated into the curriculum from a young age, and provided continuously throughout each year group, by a suitably qualified professional, rather than delivered as a one-off lesson. This education should be age-appropriate and cover respect, consent, equality and conflict resolution, and should directly address the harms of online content such as pornography and misogynistic ideologies promoted through social media that reinforce gender stereotypes. To ensure this education is delivered consistently and appropriately, external DFV specialists should be engaged to teach these sessions directly, rather than placing this responsibility solely on teachers. This relieves pressure on schools while ensuring students receive accurate, consistent information regardless of individual teacher confidence or training. Consultations with social workers and guidance officers within schools have also highlighted the need for school principals to be DFV trained, so they are equipped to support the delivery of this curriculum and staff feel supported when issues relating to DFV arise. To be effective, this education cannot stop at school. It must continue into universities and colleges, for example through a mandatory introductory course, ensuring young people receive a consistent message about healthy relationships as they move through every stage of their education.

Community Awareness

Beyond education in schools, awareness of DFV is needed across the wider community, so that the values learnt at school are reinforced and sustained into adulthood.

Practitioners and community members alike stress that DFV must be recognised as everyone's responsibility, not something victim-survivors are left to navigate alone. The more the community understands what DFV looks like and its impacts, the more people are equipped to challenge harmful attitudes, safely intervene, and hold people using violence accountable.

Mandatory DFV training should be legislated for workplaces and services where staff are likely to work with clients who may have been impacted by DFV, such as health services, education, financial services, and community services, with regular renewal in



the same way mental health first aid or CPR training is required. Bystander training should be strongly encouraged across all workplaces more broadly, equipping staff to recognise warning signs and respond safely, regardless of whether DFV falls within their day-to-day role. Alongside this, targeted DFV workshops should be delivered in male-dominated spaces, including sports clubs, community groups, workplaces and trades, where cultural norms and peer influence can either reinforce or challenge harmful attitudes. It is critical that men are supported and equipped to call out other men's behaviour. Practical guidance on how to approach these conversations may help reduce stigma, encourage men to speak openly with one another, and encourage individuals to seek support for their behaviour sooner.

Public awareness campaigns are another avenue through which community attitudes can shift. Since gender-based violence has been linked closely to constructs of masculinity and male role models (AIFS 2025), respected male role models engaging publicly on this issue could help shift attitudes, whether through advertising, social media, or broadcast campaigns. This work also needs to contend with the broader problem that violence is often celebrated in sport, television and film, which normalises men's violent behaviour. Public awareness campaigns should aim to reduce stigma, challenge gender inequality and harmful attitudes, encourage safe bystander action, and encourage both victim-survivors and people using violence to seek support.

Increasing Accessibility and Opportunities for Early Intervention

Information for people using violence, or those at risk of using it, needs to be easy to find in public spaces. This may include posters, billboard signs, stickers or information cards across a range of everyday settings such as in public bathrooms on the back of bathroom stalls, at sports clubs and gyms, on public transport, and in doctors' surgeries, hospitals, libraries, pubs and universities. Such advertising and campaigning could also be targeted at major sporting events, such as the AFL, NRL, and international tournaments like the Olympics and Commonwealth Games, which may help address the rise in DFV incidents that occur around major sporting events (Forsdike et al. 2022). Making information about DFV supports visible and accessible helps reduce the stigma that is one of the factors preventing people using violence from seeking support.

The more services and workplaces understand DFV, the greater the chance people using violence have to access support before harm escalates. As the Consultation Paper notes, support often arrives only once violence has escalated, rather than when early warning signs are visible, meaning many opportunities are missed where people using violence already have touch points with services (ANROWS 2026). For example, in a hospital



setting, a pregnant person will typically be asked screening questions about experiencing DFV, and provided with support if DFV is identified, while their partner is not asked the same sorts of questions. DVPC recommends that health services routinely ask screening questions to assess a partner's risk of using violence, not only the pregnant person's risk of experiencing it. This can be done supportively, through curious, low-pressure questions such as "how are you feeling now the baby is on the way?" or "how are things going in your relationship?" In these instances, men using violence can be provided with early intervention support.

Rehabilitation and Sentencing

To prevent DFV, it is imperative that people who have already used violence can access rehabilitation to lower the likelihood of reoffending. It is commonly observed in practice that people using violence are released into the community following arrest, charges or sentencing without having accessed rehabilitation, and go on to reoffend. DVPC recommends that men's behaviour change programs be made accessible within prisons, and mandatory for those who have committed a DFV-related offence.

Sentencing for DFV-related offences must also better reflect the seriousness and impact of the offence. Victim-survivors have reported feeling safer when sentencing is harsher, giving them greater confidence that the person using violence will face genuine consequences and be unable to harm them for a period of time. However, sentencing for DFV-related matters is often lower than for other, less serious offences, meaning people using violence can return to the community shortly after the offence, sometimes before adequate safety planning is in place. Stronger, more consistent sentencing is needed both to reduce the likelihood of reoffending and to reinforce that the impacts of DFV are serious.



PRIORITY AREA 3: CHILDREN AS VICTIM-SURVIVORS IN THEIR OWN RIGHT

Increased resourcing for DFV Specialist Workers to Respond to Children and Young People

Specialist DFV workers are needed across all the systems that engage with children and young people, not only within DFV services. Specialist DFV workers should be embedded in schools, youth services and mental health services to enable coordinated responses and support. Ongoing professional development is also needed for everyone who works with children and young people, including teachers, blue card holders, childcare workers and health professionals such as General Practitioners, so that recognition of DFV is not limited to a single agency. To protect children and help prevent DFV, it is essential that all workers who interact with children are trained to recognise the impacts of DFV and how it may present in young people. Specialist outreach co-response workers within police services would also allow children and young people to be supported post-incident while police speak separately with the adult victim-survivor and person using violence.

As noted under Priority Area 1, DFV training should be mandatory for those who work in Family Law Court, so that DFV is properly understood and not misinterpreted or misrepresented in Family Law Court. Protecting child victim-survivors' counselling notes from subpoena, as recommended earlier, is equally critical to safeguarding their privacy and safety, for example, so a person using violence cannot use what a child victim-survivor has disclosed in counselling against them. Embedding this DFV lens across Family Law Court processes will lead to better outcomes for children and young people who have experienced DFV in the home.

More funding is required to ensure an adequate number of specialist DFV counsellors are available for child victim-survivors. Long wait-times currently mean young people are not receiving support in a timely manner. Ensuring children and young people can access support shortly after an incident occurs is critical to promoting healing and recovery. As victim-survivors in their own right, children and young people require support that is specific to their needs.



Education for Young People

As noted under Priority Area 2, consistent, routine education about DFV, delivered by external DFV specialists rather than through sporadic one-off lessons, is critical to tackling harmful ideologies and reinforcing that DFV is serious and unacceptable. This is especially important for children and young people, who are particularly vulnerable to the harmful ideologies and misogynistic views prevalent online and on social media.

Programs Designed with and for Young People

Children must be listened to and believed. DVPC agrees with the Consultation Paper's observation that children are too often seen as 'witnesses' to DFV, when they should be recognised as victim-survivors in their own right, not merely bystanders to what has happened to a parent (ANROWS 2026). This reframing matters in practice, including in how risk assessments are conducted and how responses are designed. Much of the support currently available to victim-survivors is designed for adults, leaving minimal tailored support for children and young people who are victim-survivors. The first step in addressing this is recognising that children are not just observers of DFV, but are directly impacted by DFV in the home. Children and young people are often portrayed in the media, and by the community, through a deficit-based lens, when in fact they have considerable strengths and ideas to contribute. Positive actions by children and young people must be recognised and celebrated. In order to encourage this, and to ensure programs and interventions meet their needs, children and young people who are victim-survivors should be included in consultation and decision-making processes regarding the supports designed for them.

In addition to recognising children and young people as victim-survivors, increased support must also be made available to young people who use violence. It is widely recognised that people who use violence often experienced adverse childhood experiences, including abuse, growing up (AIFS 2024), meaning support for young people using violence is itself a form of DFV prevention. Specialist behaviour change programs for young people should be trauma-informed, recognising that young people using violence have most likely experienced trauma, abuse or family violence in their own upbringing. As with supports for victim-survivors, these programs will only be effective if young people using violence are engaged in their design, to ensure they genuinely meet their needs.



PRIORITY AREA 4: PEOPLE WHO USE VIOLENCE

Understanding Different Types of DFV

The system currently applies a binary framework, categorising people as either victim-survivors or people using violence (Aggrieved or Respondent). It has been observed by practitioners that this creates significant barriers for women who are victim-survivors of DFV and who have used resistive violence to protect themselves. A shared, national and system-wide understanding is needed that distinguishes coercively controlling violence from resistive violence, and that equips workers across sectors to apply a contextual assessment of patterns of abuse, rather than an incident-based response. These understandings should be based upon the knowledge and trainings offered by Domestic Abuse Intervention Programs (DAIP) in Duluth, Minnesota, who are international leaders in understanding DFV as a community and gender-based issue (DAIP 2025).

Currently, the legal consequences of DFV are applied the same way regardless of context, without consideration for the use of resistive violence. This leads to women who are victim-survivors being misidentified as respondents and facing the same consequences as people who use violence, without factoring in previous DFV incidents, power dynamics, fear, and evaluation of who is the person in most need of protection.

Strengthening Criminal Justice Responses

To prevent DFV, the consequences for using it must reflect the seriousness of the offence.

Currently, practitioners have noted that when police serve DVOs to people using violence, the explanation is often delivered casually, in a way that does not convey the seriousness of the incident that led to it. This leaves people using violence believing their actions were not significant in the eyes of the law. Police placing greater emphasis on the seriousness of a DVO when serving it would help reinforce that the behaviour is not tolerated.

As previously mentioned, inadequate sentencing contributes to ongoing reoffending. All too often a breach of a protection order conviction is dealt with by way of fine. It is not uncommon for such a fine to be less than a fine for a minor driving offence. This sends a message that DFV is permitted, reinforcing its normalisation in society. Sentencing



needs to be harsher, both to act as a genuine deterrent and to reflect the seriousness of these offences. Without meaningful consequences, people using violence have little reason to change their behaviour. DVPC recommends that sentencing be reviewed to better reflect the impact of DFV on women and children. This would not only protect women and children, but would help dissuade people using violence from reoffending, and would signal to the community that DFV is treated seriously under the law, helping to shift attitudes toward gender-based violence more broadly.

Greater consideration also needs to be given to parole and bail decisions. It is at these points of release where DVPC sees reoffending commonly occurring, placing women and children at risk of harm. The safety of victim-survivors must be a central consideration when a person using violence is released on parole or bail. One way to strengthen this would be to ensure parole boards have access to specialist DFV training or DFV workers. Additionally, greater consideration should be given to the wishes and safety needs of the victim-survivor, and there should be processes in place to ensure victim-survivors are contacted when such decisions are made.

To further support victim-survivors when people using violence are to be released, the Victims Register should be extended so that victim-survivors become eligible to access it from the point a person using violence is charged, rather than only once sentenced, and should also include people who are remanded in custody. It is common for people using violence to be released and immediately reoffend or breach an order. Earlier access to the register would allow for victim-survivors to reach out to services at times of increased risk, and to make informed decisions about their safety.

More Supports for People Using Violence

Although behaviour change and intervention programs for people using violence are largely available, these programs need stronger regulation and oversight. DVPC recommends that behaviour change programs be accredited, to ensure the curriculum is evidence-based, grounded in accountability, and takes into account the gendered nature of DFV, power imbalance within relationships where there is DFV and broader socio-political factors contributing to DFV. Programs should also be longer, as shorter programs cannot meaningfully address the multiple complex intersecting factors, including misogynistic and other harmful attitudes and beliefs.

It is also recommended that people using violence be offered pre-program and post-program support. Case management support prior to starting a program can help build rapport before someone enrolls, creating a solid foundation for facilitators to challenge



beliefs once group work begins. When rapport is established early, people using violence are more likely to understand that facilitators are challenging them because they care, rather than experiencing this as judgement. Post-program case management can provide an opportunity for people using violence to reflect on ideas from the program, ask questions and continue safety planning and messages of accountability.

It is also important for separate groups to be available for women who have used resistive violence. These groups must be run differently and must have an evidence-based curriculum that takes into account the gendered and contextual analysis of resistive violence.

Individual DFV-specialist counselling should also be made more readily available for people using violence. It is important that they have a safe space to share what they are going through, and an opportunity to deconstruct the ideologies that contribute to DFV. Ideally, this would occur alongside behaviour change groups, allowing specific topics to be unpacked in more depth. Wraparound supports should also be made available alongside group or counselling participation, such as support for alcohol and other drug use, mental health, or gambling.

People using violence should also have access to practical supports such as accommodation, particularly when served with a PPN or DVO that includes an ouster condition. Where accommodation is available, this reduces the likelihood of breaches occurring, as people using violence have somewhere to go, making it less likely for them to return to the home, which in turn increases safety for women and children. Residential options could include DFV-specialist supported hostel-style accommodation or transitional accommodation. This would also create an opportunity for intervention, allowing people using violence to take part in programs addressing their behaviour while housed. It would also mean women and children are not forced to flee the home, which is a common outcome of DFV-related separation.

Reducing Stigma and Improving Accessibility to Support

For people using violence to change their behaviour, it is necessary that they have support. For this support to be accessed, it must be easily available and stigma around seeking it must be reduced. This links to earlier sections of this submission, about education in schools and discussions within the community, such as in sports clubs, men's sheds and public awareness campaigns. Once people using violence feel able to speak openly about DFV, they will be more likely to seek support. Stigma will also be reduced when people who have addressed their behaviour and made meaningful change



Speak with others about how those changes were made. Oversight must be provided in these conversations, however, to ensure collusion does not occur.

As mentioned previously, people using violence need the opportunity to seek support for DFV in different areas of the community. This could include having more specialist workers stationed at police stations, courthouses and hospitals. In these settings, people using violence could ask questions about DFV, and be better supported to understand a DVO if they have one, including what its conditions mean and what happens if they breach it. This kind of education may help prevent breaches, thereby reducing violence against women and children. Making support practically accessible, such as allowing time off work to attend a behaviour change program, may also help reduce the barriers that otherwise prevent people from seeking support.



PRIORITY AREA 5: SYSTEMS INTEGRATION AND RESPONSE

Community-wide Involvement

DFV needs to be recognised as a whole-community issue, not a woman's problem to manage alone. DFV is pervasive across all parts of the community, including workplaces, sports clubs and community organisations, and all services need to take responsibility for their part in the response, rather than leaving this to DFV specialist services alone. For this to occur effectively, intensive and accredited training must be made available across sectors where services may work with those impacted by DFV. This would open the door for victim-survivors and people using violence to seek support earlier, and for children and young people impacted by DFV to be supported sooner.

If the whole community understands what DFV is and how to support others, this is likely to reduce the stigma associated with DFV and encourage people to talk to one another. It should be the responsibility of men in our communities, not just women, to call out unacceptable behaviour, name DFV and encourage people to seek support. As previously mentioned, bystander training should not just be available, but should be strongly encouraged in higher education, workplaces and community groups.

Nationalising Systems

DVOs should be nationalised, along with current DFV legislation, so that all states respond to DFV in the same way. While DVOs issued in different states have been nationally recognised since 2017 under the National Domestic Violence Order Scheme, conditions still differ across states, meaning they can be misinterpreted or not fully enforced in different jurisdictions. This legislative inconsistency makes it easier for people using violence to move to a different state without facing the same consequences if they breach an order. Ensuring DFV risk remains known and visible even when a person using violence moves interstate would help protect the safety of women and children. DVPC observes the consequences of such inconsistency due to being situated in a border town. It is easy for a person using violence to evade criminal consequences by moving interstate. On the other hand, it is particularly challenging for a victim-survivor to move interstate due to strict catchment areas for services to work within, legislative differences and lack of ability to share information between services.



DVPC also calls for a national information sharing system. This should include shared police databases across states, allowing a person's history of DFV offending to be visible anywhere in Australia. Police can currently request information from other states, but this process is slow and tedious, meaning it is often not pursued. Additionally, it should be possible for services to request information from other services interstate, to inform risk assessment and safety planning. Nationalising DFV systems would allow agencies to work more collaboratively across state borders, so that support for victim-survivors remains continuous if someone needs to flee interstate. Currently, support is disjointed, meaning victim-survivors fleeing interstate face multiple barriers and gaps in support, even when this may be the safest option available to them. An example of how this would be improved is if there were to be a National Refuge Network, where specialist DFV services can consider interstate refuges and work collaboratively to ensure victim-survivors can safely travel interstate and be supported by the local DFV refuge or service.

Federal legislation on DFV, rather than state-specific approaches, would also ensure consistency in the terminology used across the country, supporting a more unified community understanding of DFV. When different terms, phrases and definitions are used across jurisdictions, public education becomes harder to deliver consistently. Greater consistency in terminology and policy would also strengthen the impact of public awareness campaigns and community conversations about DFV due to everyone having the same understanding of DFV. To complement this, national media standards on reporting DFV should be designed to ensure DFV is named in the media and is not minimised or normalised. Additionally, legislation should include shared data sets where statistics on DFV can be collected nationally. Currently, there is no consistent data set across states that holds information about the number of DFV assaults or DFV-related deaths. A Federal DFV death register would enable a deeper understanding and evaluation of DFV-related deaths and how to prevent them. Having national data sets such as these will allow for easier national discourse regarding DFV.

Resourcing the Workforce to Meet Demand

In several specific areas, DVPC recommends increased resourcing to support workers being appropriately trained to work with a DFV lens. DFV specialised counsellors are needed to provide support to people using violence. Training for magistrates and duty lawyers is also required, to ensure DFV tactics and impacts are appropriately identified, understood and considered in court and proceedings are viewed through a DFV lens. Where a court outcome does not increase safety for the victim survivor, it is important



that there are avenues for the decisions of the judiciary to be reviewed by an independent body – this needs to be more than the current appeal of a point of law, to allow unsafe decisions to be reversed and safety promoted.

DVPC workers visited Duluth, Minnesota, in March 2026, to learn about their Coordinated Community Response. During this visit, DVPC met with a local judge, who emphasised the need for magistrates and judges to utilise the knowledge of those in the community, and listen to input from a variety of people, to make informed decisions. DVPC agree that magistrates and judges must connect with the communities they are working within (such as local services) rather than working autonomously, to improve outcomes for both victim-survivors and people using violence.

Alongside training, DVPC recommends funding additional staff in specialist roles across non-DFV sectors, to ensure DFV is addressed appropriately in a range of contexts and that there is sufficient support available for both people using violence and victim-survivors. This could include co-responder models with police, where specialist DFV workers speak with people using violence as well as victim-survivors and children. It could also include DFV specialist workers, based at child safety, housing services and courts to provide advocacy, DFV specialist workers involved in parole boards and bail assessments to help ensure the safety of victim-survivors is considered, and an increased number of co-response workers supporting people using violence in watchhouses. It is important that the DFV Specialist workers are employed by a DFV Specialist Service, to ensure best practice and to ensure that the DFV Specialist workers are adequately skilled and supported.

Specialist courts should also have multi-agency integrated response networks to offer comprehensive supports to victim-survivors and people who use violence when they attend court.

Workforce recruitment, retention and wellbeing also need direct attention. This includes the need for governments to fund services to be able to suitably remunerate the workforce, to cover associated overheads and other workforce costs, including indexation and award increases. Current federal funding under the National Plan does not cover these costs and so DFV Specialist Services are running at a loss when employing the federally funded front line workers.

Attraction of suitably skilled professionals to the DFV workforce is an ongoing challenge, particularly in regional and remote areas. DVPC recommends that the National Plan addresses this through initiatives such as reducing HELP debts for professionals that work in regional and remote locations.



Inter-agency Collaboration

DVPC recognises that DFV training and increased numbers of workers are not sufficient on their own to end DFV. Services across different sectors must also be connected with one another, including through Integrated Response Networks. This allows services to hold each other accountable, and provides an opportunity to review processes, policies and responses to DFV. An example of where this has worked well is the Domestic Violence Integrated Response on the Gold Coast, where members work closely together through monthly meetings and smaller working groups to address current trends and issues in the DFV space. It is important that Integrated Response Networks are tailored to the area in which they operate, so they can respond to the concerns emerging in that specific location.

Although DVPC supports a nationalisation of DFV legislation and guidelines, it is important to continue to value and invest in place-based organisations that have a strong connection with the local community. This is because local services have a rich understanding of appropriate referral pathways to other local supports and knowledge of the current issues facing that specific area. DVPC encourages larger organisations to connect with local organisations to ensure there is a deep understanding of the local resources and concerns. Such connection also supports the functioning of an Integrated Response Network, where the sharing of information and education can occur. The danger of investing more money in national services and less in place-based organisations is that there is a disconnection between services and the local resources available. This can lead to increased risk to safety for victim-survivors and reduced accountability for people using violence if they are not getting access to the supports they require.



CONCLUSION

DVPC wishes to stress the importance of a national approach to ending DFV. DFV cannot be effectively tackled while states continue to work in silos. A consistent, national approach is needed across risk assessment, communication between jurisdictions, police responses and information sharing, so that a person's DFV history and risk profile remain visible no matter where they are in Australia.

This same national consistency should extend to the language used to describe DFV, and to the programs and knowledge shared across states, including evidence-based programs for victim-survivors and people using violence. National public awareness campaigns are also needed, to ensure all Australians share a common understanding of what DFV is and how to respond to it.

Queensland practitioners and communities are already doing significant work to support victim-survivors, hold people using violence accountable and prevent harm before it occurs. The Second Action Plan offers an important opportunity to build on this work through stronger national coordination, sustained investment and a shared, whole-community commitment to ending violence against women and children.



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