

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

Date: 30 July 2026

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INTRODUCTION

For over 55 years Doncaster Community Care and Counselling Centre (Doncare) has been providing services to the people of Manningham and surrounds, supporting their personal development and health and well-being. Doncare has a strong commitment to drive social change and works closely with government of all levels and other key stakeholders and partners, towards achieving this.

Across FY 2025/26, Doncare supported 2,143 people within our range of services including: Emergency Relief, Counselling, Family Services, Family Violence Recovery, and Social Support for Seniors. Doncare also operates three Op Shops in Manningham. This extensive service delivery model is operationalised via an efficient workforce structure with 31 staff and 242 volunteers across FY 2025/26.

Whilst Doncare responds to a range of critical issues experienced by those most vulnerable in the community, the increasing impact of family violence continues to be reflected across all our programs.

Since its inception in 1969, Doncare's experience in supporting vulnerable women in need, often victims of violence, has strengthened our understanding and response to family violence, victim survivors and their children. This knowledge and experience underpins our range of services which specialise in supporting women and children in their recovery from family violence. These specialist services include: Therapeutic Family Violence Counselling; mentoring support with our DAWN program; and Therapeutic Family Violence Recovery groups for women and children. In the 2026 financial year, Doncare supported approximately 400 women and children in their recovery journey as they worked to rebuild their lives after experiencing family violence.

Outside of these specialist family violence services, Doncare offers a range of supports that not only provide a wrap around response to those experiencing family violence, but also act as a means to early intervention and prevention of family violence. These services include Emergency Relief, Counselling, Family Services and Case Management services. It is through these services where women and children engage for issues unrelated to family violence, and early detection of family violence indicators enable us to safely interrupt and redirect trajectories of abuse. Doncare consider this critical in the prevention of family violence and would like to see increased funding for more generalist services to build capacity in this work.

Doncare acknowledges that family violence recovery does not have a short-term fix, it is a long-term journey. Victim-survivors frequently navigate trauma recovery over their entire life course, requiring the flexibility to exit and re-enter support services as their safety and psychological needs evolve.

When Doncare delivers long-term, trauma-informed support, the positive impacts extend across multiple areas:

- **As a Tool for Recovery:** It stabilises victim-survivors who have escaped family violence, rebuilding their independence, psychological well-being, and long-term autonomy.
- **As a Tool for Intergenerational Prevention:** Recovery supports directly benefits children. By supporting a mother's healing, she can safely engage her children in the recovery process, rebuilding their sense of self and safety with their primary caregiver. This heals developmental trauma and role-models healthy, respectful relationship dynamics - effectively preventing these children from becoming future victim-survivors or perpetrators.
- **As a Tool for Early Intervention:** Counselling frequently acts as a frontline identification mechanism. As family violence situations escalate, women accessing general or specialised counselling often realise for the first time that what they are experiencing is coercive control and abuse. This early identification prevents further escalation of harm.

SUMMARY OF RECOMMENDATIONS

- **Increase Dedicated Funding for Specialised Recovery Models:** increase resource allocation for long-term recovery services that are explicitly tailored to the distinct, complex trauma of family violence survival. Generalist support models fail to address the enduring impacts of abuse. Doncare's **DAWN** program stands as an established and proven example of how tailored, trauma-sensitive recovery initiatives successfully restore long-term safety and independence (refer to case study). Funding frameworks under the National Plan must prioritise and scale these proven, community-led recovery models rather than relying on short-term crisis interventions. Access to specialised family violence recovery counselling funded by DFFH should be strengthened by **increasing the availability and capacity of family violence recovery counselling** and tripling the number of sessions available from 12 sessions to 36 sessions. This will allow women to more deeply enter their healing journey with less fear of a therapeutic relationship ending before they are ready.
- **Upskill the Private Practice, Psychology and Broader Community and Mental Health Workforce for Systemic Prevention and Early Intervention:** by investing in targeted funding and mandatory professional development to equip psychology services and private practice sectors with specialised family violence identification and risk assessment skills. Because these practitioners interact with a broad cross-section of the community, they are positioned for early identification and prevention of family violence. Formalising family violence training within general psychology education and subsidising targeted service provision ensures that early signs of abuse, escalation, and coercive control are captured early, creating a powerful, proactive prevention pathway before crisis intervention is required. While this capability is

beginning to develop in mental health services, we have found the private practice workforce often lacking these skills.

- **Support student placements within community organisations:** This is critical in building and upskilling a trauma-informed workforce which is skilled and capable in recognising the signs of family violence, responding to disclosures and supporting the long-term recovery of Victim Survivors. There is a need for financial support for community organisations to continue this work, such as Doncare, who accommodated 16 students and 37 counselling volunteers in FY 2025/26. With hidden infrastructure and supervisory costs to accommodate students often overlooked by educational institutions, supporting our future practitioners presents as a financial burden that is increasingly impacting our financial sustainability. This is recognised and financially supported in health services but not community organisations.
- **Elevate the Voice of Children:** particularly in ensuring their safety and needs within our support and legal systems. These need to be paramount and supersede the rights of the person using violence when it comes to decision making related to safety and recovery. Furthermore, systemic priority must be granted to the protective parent to guarantee the essential safety and support needs of their children are met.
- **Strengthened Response for Diverse Communities:** Enhance support and training for field practitioners, including interpreters, by actively engaging individuals with lived experience from diverse backgrounds. This collaborative approach will deepen our understanding of community needs, inform responsive service delivery, and guide the strategic development of a more representative and diverse workforce.

DONCARE RESONSE TO PRIORITY AREAS

PRIORITY AREA 1: VICTIM-SURVIVORS

1. Recovery from family violence is a long process that is different for every victim survivor. The pace of recovery and the individual recovery needs are never the same. Recovery services need to be able to work at the pace of the victim survivor and be flexible and broad enough to meet their needs. Services need to be there for the long haul to be successful in impacting long term positive change for these women. Recovery requires a relational approach that breaks through the fear these women constantly feel, enabling them to re connect and work through personal barriers, reinforced with financial, practical and clinical support. Support also needs to respond to the specific challenges for the victim survivor- sometimes as simple as walking around the block with them to break down the fear of leaving their home, to preparing them for a job interview, or attending a court matter.
2. Current strict intake criteria and arbitrary limits on service duration prevent victim-survivors from receiving the sustained, long-term support they require. This rigidity often results in premature exits from services, leaving trauma only partially addressed and placing victim-survivors at risk of further harm. Funding models must shift toward flexible, responsive service

delivery that allows agencies to adapt the length and intensity of support to the actual, ongoing needs of each individual. For example, DFFH funded Specialist Family Violence Counselling can only offer up to 12 sessions to victim survivors which is often not enough time to build trust, address post separation abuse, work through practical life circumstances underpinning initial presenting anxieties, before having the space to focus on the actual recovery work. Our recommendation is, as a start, to triple the number of sessions available to 36 – these may not always be fully used, as each person's journey is different, but it would be sufficient to allow a survivor to feel free to fully explore their therapeutic healing journey without fear of the therapeutic relationships coming to an end prematurely.

3. Offering more services with flexible and responsive wrap around supports, which can adapt to the changing needs of clients are most effective and least traumatising: For example, Doncare offer a suite of services such as case management support, Family Violence counselling, Family Violence mentoring, Family Violence Recovery Groups and Emergency Relief support. Being able to provide all of this in one location, where various supports can be offered simultaneously, fosters a high level of safety, trust and engagement with clients, facilitates more streamlined in-house referral pathways, and most importantly drives stronger lifelong positive outcomes for our clients.
4. Providing a suite of services in one organisation supports the provision of holistic care, but it also supports practitioners and programs to collectively build skills, knowledge, and processes through collaborative planning and provision of support for clients. Recently our counselling accepted a referral from a family violence victim-survivor who had been turned away by a private psychologist lacking specialised expertise. By transitioning to our integrated model, she was able to choose from a diverse range of therapeutic modalities tailored to her recovery needs, delivered by skilled and experienced practitioners. There is a critical need for more local area-based supports to reduce the impact of the violence on the victim survivors and their family: This would allow victim-survivors to maintain safety and stability within familiar surroundings, eliminating the need to disrupt children's schooling or travel long distances to access safety and support
5. A major systemic gap is the lack of interpreters specifically trained in the nuances and trauma of family violence. Providing access to specialised language experts is critical for accurate risk assessment and meaningful engagement with Culturally and Linguistically Diverse (CALD) communities.

Language is still a big barrier for those from CALD communities. 52.5% of our DAWN clients were born overseas. Difficulties in communication can lead to a lack of belief and respect when they tell their stories. For example, a DAWN client who was not taken seriously for many years by police in her attempts to report the person using violence. She felt it was due to her language barrier where she found it difficult to explain what was happening for her in English. After attending police station with her mentor who supported her to communicate, she finally felt listened to by police, resulting in the perpetrator being arrested (see case study).

6. A significant barrier exists for victim survivors who appear to have adequate financial resources on paper and therefore may not meet eligibility criteria for certain services. However, in reality, they may have little or no access to those financial resources due to financial abuse or controlling behaviours by the person using violence (PUV). As a result, they can face significant challenges accessing support despite being in genuine need. The skills of practitioners and assessment processes need to be sophisticated enough to establish this, and services entry criteria need to have the flexibility to accommodate these situations where we know the documentation and the reality of situations don't align.

PRIORITY AREA 2: PREVENTION AND EARLY INTERVENTION

1. Primary prevention and early intervention must begin in early childhood. Perpetration of family violence is strongly linked to common risk factors, indicating it can be a learned behaviour, often rooted in childhood adversity. A longitudinal study conducted by the Australian Institute of Family Studies since 2013, *Ten to Men*, strongly indicates that growing up in a violent home or experiencing a lack of protective factors such as poor relationship with father figures, substantially increases the likelihood that an Australian male will go on to perpetrate.

Furthermore, synthesis by the Australian Institute of Health and Welfare (AIHW, 2024) links perpetration to risk factors like substance abuse, gender inequality attitudes, and weapon access. We must invest more in educational and therapeutic supports for children and young people experiencing trauma, equipping them with the resources to overcome developmental adversity and breaking the cycle of harmful behaviours before they manifest in adulthood, and fostering healthy respectful relationship behaviours.

2. Further education in schools to continue to address gender equality and promote reduction of sexual assaults occurring in schools and online, and education on how to report and get support. Whilst school interventions should continue to address issues of consent and respectful relationships, children and young people also need support with emotional regulation strategies and practical and psychological tools to manage anger, frustration, and distress, without turning to control or physical aggression.
3. Further work on limiting child and youth access to social media and pornography is required, starting with government policies and laws. Schools need support to enforce stronger rules around tech use at school outside of academic requirements.
4. More investment in interventions for perpetrators and those at risk of becoming perpetrators – putting responsibility to access supports on the perpetrator. Interventions for perpetrators need to be more accessible and appealing in their offerings and engagement. An approach such as the Men's Shed may be more appealing than a Men's Behaviour Change Program to some males. We need to have more options. Prevention and Early Intervention approaches would also be very valuable in addressing the early signs of violence in males via strategies such as groups, social activity-based programs (i.e. sport based) and individual therapy.

5. Embed more positive male role models in universal settings. Incentives for more male primary school teachers and males in other “caring” roles will break down rigid gender stereotypes.
6. Look beyond the specialist family violence sector; fund more services and train more students and professionals/practitioners in broader community and private sectors. Doncare counselling practitioners often identify very early signs of family violence during counselling sessions with women and children, such as coercive control, where initial presentation is entirely unrelated to family violence. Here we are able to safely interrupt and redirect trajectories of abuse before they cause compounding, long-term harm to victim-survivors or manifest into future pathways of perpetration by children.

PRIORITY AREA 3: CHILDREN AND YOUNG PEOPLE IN THEIR OWN RIGHT

1. Elevating Children’s Voices in Intervention Order (IVO) Breach Reporting: Systemic responses must recognise children as direct victims when Intervention Order breaches occur. When a person using violence (PUV) uses a child to relay threats to the mother, police frequently dismiss the breach due to an alleged "lack of evidence." This creates profound helplessness for victim-survivors and teaches children that systems cannot protect them. Police should be mandated to accept and investigate child-reported or child-witnessed breaches.
2. Preventing Systems Abuse in Early-Stage Custody Arrangements: Children’s voices need to be heard earlier in custody disputes. Perpetrators frequently use child visitation and handovers as tactical tools to continue post-separation abuse and further traumatise both the mother and child. Custody frameworks must embed child-inclusive practice from the initial point of separation.
3. Expanding Affordable Supervised Access Infrastructure: High fees and long waitlists mean families are forced into unsafe private handovers. To safely manage handovers and mitigate ongoing post-separation trauma, there needs to be a significant increase in the low-cost, accessible supervised access infrastructure. Removing financial barriers to these centres prevents perpetrators from manipulating contact arrangements to perpetrate further harm.
4. The child's recovery and wellbeing must take absolute priority over a perpetrator's decision-making rights. Consent requirements need immediate reform so that a PUV cannot block or dictate the critical support services these children urgently need. The lack of clarity in relation to the rights of the child, the victim survivor and PUV in these scenarios, can create delays in critical service provision, and at times prevent service provision at all.
5. Fund and support organisations to better engage children and establish youth-led advisory panels to address gender-based violence and online sexual coercion. With many sectors lacking specialised child-lens expertise, supporting organisations with the tools and clinical guidance required to engage with young people safely and ethically will support them to provide a safer and more responsive service to children.

PRIORITY AREA 4: PEOPLE WHO USE VIOLENCE

1. Increased accountability for PUV, particularly for repeat offences. Such as Compulsory/Court ordered Men's Behaviour Change program attendance with strict oversight and compliance monitoring through service providers.
2. Tighter court proceeding to avoid the PUV using lawsuits, legal system delays and cross examination as a way to continue abuse.
3. Youth specific Men's Behaviour Change Programs to address behaviours before they become entrenched.
4. Early screening of PUV: once they enter the statutory system they undergo a screening and assessment process to determine their mental health status and needs, their likelihood / capacity and intent to change, and their ongoing risk to the community. This will support wrap around Mental health support for PUV as well as increase safety for the victim survivor.

PRIORITY AREA 5: SYSTEM INTEGRATION AND WORKFORCE

1. MARAM could benefit from having a centralised platform where all updates are recorded in one place. This would allow services working with the same client to have a live, collaborative and wholistic assessment process that is relevant and always up to date. A shared system could improve information sharing, support timely safety planning and protection measures, and assist in identifying and coordinating the most appropriate services to meet the client's needs. At the moment there is no central spot for assessment so clients may have a number of MARAM assessments sitting with various services with differing degrees of assessed risk.
2. The information sharing system in Victoria has been very effective in supporting our assessment and safety planning processes for women and children. It supports a collaborative approach to keeping women and children safe, and PUV accountable.
3. Acknowledgement by government, policy makers, system designers and services providers that family violence recovery is a long-term process, 6-10 years of support is needed in community, legal, housing, and counselling support. The system needs to be resourced to provide this level of support for the required duration.
4. Provide enhanced family violence training for general counsellors, the private practice workforce and community practitioners who interact with clients daily but do not work directly in specialist family violence sectors. Upskilling these professionals enables early identification and timely intervention, ultimately preventing the escalation of harm and breaking intergenerational cycles of violence.
5. Community agencies like Doncare play a vital role in building the future workforce by hosting up to 60 student and volunteer counsellors annually. However, managing these placements

without external funding creates a financial strain on small organisations. To secure and scale the sector's workforce pipeline, governments or educational institutions should provide subsidies or financial reimbursements to offset the operational and supervision costs borne by hosting agencies. We note there is already a framework for payments for placements in health services which could be readily adapted so that the community sector is also financially supported for the critical they play in building our future workforce (Standardised schedule of fees for clinical placement of students in Victorian Public Health Services for 2026, Sept 2025, Victorian Dept of Health).

5. CONCLUSION

Drawing on over 55 years of frontline experience in Melbourne, Doncare actively aligns its grass-roots service delivery with the National Plan's core pillars of **Prevention, Early Intervention, Response, and Recovery and Healing**. By leveraging its deeply integrated community services, Doncare commits to embedding these national objectives into localised, wrap-around support networks that protect vulnerable women and children.

This submission for the Second Action Plan (2022–2032) outlines Doncare's recommendations to address family violence, highlighting the need for long-term, specialised recovery models and early intervention through general services as well as the current specialised services in place. Key proposals include increasing funding for trauma-informed recovery, upskilling the community and private psychology sector, supporting student placements, elevating the voice of children, and strengthening support for diverse communities.

A case study provided below exemplifies the complexities of working in the family violence recovery space, and the life changing work that can occur when victim survivors are provided with the right support and time to attend to the most simple and complex aspects of life when recovering from family violence.

DAWN CASE STUDY 2026

■■■■ met ■■■■ whilst he was on vacation in her home country. After becoming pregnant she came to Australia on a tourist visa under the promise of ■■■■ family support. ■■■■ came from a prominent family in Melbourne, earning them a level of power and respect in their community.

■■■■ has a history of mental health and drug issues and was well known to police. To force ■■■■ to stay in Australia, he took her passport from her. Unable to speak English, ■■■■ felt helpless with nowhere to go. During the birth of her child, ■■■■ tried to get help from the hospital, but ■■■■ forced her to be discharged early before any support could be set up.

Every time that ■■■■ tried to get help, her attempts were sabotaged by ■■■■ who had financial resources and links to ensure ■■■■ was left powerless with no services she could trust.

After some time of ongoing family violence, ■■■■ escaped with her daughter ■■■■ to seek help from a women's shelter. She stayed in three different shelters over a period of six months, where she was robbed of most her belongings, before being allocated public housing where she lived for twelve months. Despite a family court order and intervention order, ■■■■ continued to follow ■■■■ and her daughter and even after reporting this to the police many times, she felt helpless because they could not do anything. Out of desperation and concern for her daughter's safety, she eventually returned to ■■■■

Eventually ■■■■ left ■■■■ however over a period of 12 the years, there were several IVOs with full conditions and four final Family Court Orders. ■■■■ describes her experience at court as extremely difficult, as by herself she could not communicate well, always crying while trying to explain her family violence experience.

■■■■ committed multiple breaches of the IVOs and continued to perpetrate abuse against ■■■■ through their daughter. The sexual abuse, controlling and harassment caused her to fear going out and trusting people. ■■■■ was afraid of leaving her house, as ■■■■ would stalk her, which left her feeling constantly under watch.

■■■■ was in constant fear that ■■■■ would harm ■■■■ while she was in his care. ■■■■ would tell her that she did not want to go to her dad's because he treated her badly but ■■■■ could not do anything, as every time she sought help, ■■■■ would find a way to minimise what she was reporting and nobody would believe her.

During years of trying to access support without success, ■■■■ felt trapped in Australia. She believed that the only way to survive this experience was to wait until her daughter turned 18 so they could leave Australia together. After 11 years of violence, ■■■■ enrolled in a law degree where she was referred to the DAWN program by her student wellbeing counsellor, who identified the family violence and the isolation ■■■■ was experiencing.

After hearing ■■■■ story and matching her with her DAWN mentor, ■■■■ it was identified that ■■■■ needed additional support, so she was referred to family violence counselling at Doncare, and ■■■■ was engaged in the Children's Art Therapy Group. When ■■■■ first engaged with DAWN, all her time was focused on studying, working, and caring for her daughter, as this was the only way she felt she could survive her experience. She did nothing for herself. This was the first time she considered spending time on herself and participating in enjoyable activities.

With ■■■■ she started walking around the block and then going to cafés close to her house, building safety, strength and connection. This was a significant change, as ■■■■ would previously only leave the house to attend university or for essential errands, not for leisure or enjoyment. As ■■■■ began to feel supported and safe with ■■■■ she started disclosing the ongoing abuse she had been experiencing from

■■■■ even after years of separation and despite ■■■■ having re-partnered. This abuse had become normalised, and ■■■■ had become desensitised to it, as she believed it was the only way she could survive. The mentor reported this to the DAWN coordinator, and it was identified that, over 11 years of experiencing family violence, ■■■■ had never been properly assessed and recommended with the support of her mentor, that she go to The Orange Door (TOD).

■■■■ supported ■■■■ to engage with TOD and supported her throughout the entire assessment process as she disclosed the many years of abuse she and her daughter had suffered. An assessment identified that ■■■■ had significant complex trauma. ■■■■ was referred to case management and Family Services by TOD and she began receiving the additional support she had lacked when she escaped years ago.

Soon after ■■■■ again breached the IVO, killing their family pet and sending the pictures to ■■■■ to intimidate her. ■■■■ did not want to go to the police as she had not found this helpful in the past.

■■■■ supported her to report this matter and accompanied her to the police station. ■■■■ explained her situation to the police and for the first time in years, she felt heard. Police soon after issued an arrest warrant for ■■■■

Through her engagement with DAWN mentoring support, ■■■■ has been connected with critical services able to assist her in a crisis situation. ■■■■ was moved into an undisclosed temporary accommodation where she felt safe and for the first time in 12 years. ■■■■ felt that something different was happening.

Over the last two years, ■■■■ has accompanied ■■■■ to police stations, magistrates' court and federal family court; ■■■■ stated she feels safe ■■■■ as she is the only one who helped her emotionally in Australia.

Current Situation:

For the first time in 12 years, ■■■■ does not have access to their daughter.

Through the unconditional care, support and connection with her mentor and the DAWN program, ■■■■ has established a level of safety, trust and vision in her life that she has not experienced since coming to Australia. ■■■■ and ■■■■ (12 years old) are now enjoying simple things, such as going to the beach, feeling safe and participating in other fun activities they were previously unable to enjoy.

■■■■ will receive a further 12 months support from the DAWN program, providing companionship, practical support, court support, exercising, walking and enjoying the weather.....the ordinary things that are often taken for granted when we have support networks and feel safe. ■■■■ will continue to support ■■■■ to build social independence, working towards developing her own social connections and enjoying friendships and activities post DAWN.

■■■■ and ■■■■ will also continue to receive support through counselling at Doncare.

The "professional friendship" that DAWN offers is like having an unconditional friend who cares without expecting anything in return.

"I am so grateful for the support that DAWN has given me. In my long history with family violence, this is the first time that an organisation has gone deeper in supporting me, not just by providing money or accommodation, but by truly supporting me emotionally and being there for me. That kind of support is priceless. It makes me feel like I'm part of something, giving me a sense of belonging, not just a number or a task to be ticked off a list. Nobody does what DAWN does. Thank you" (■■■■)