

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

FAIR

AGENDA

July 2026

Foreword

Since consultations for the Second Action Plan opened on 22 May 2026, ten women and girls in Australia have been killed, with men or boys charged with their deaths.

[REDACTED], 58 years old, New South Wales
[Unnamed woman](#), 35 years old, Western Australia
[REDACTED], 23 years old, Queensland
[REDACTED], 13 years old, Victoria
[REDACTED], 39 years old, Victoria
[REDACTED], 30 years old, Queensland
[Unnamed girl](#), 17 years old, Northern Territory
[REDACTED], 30 years old, Western Australia
[REDACTED], 39 years old, Tasmania
[REDACTED], 29, Victoria

A further four women and girls have been killed or died in suspicious circumstances still being investigated.

[Unnamed woman](#), 66 years old, Queensland
[Unnamed woman](#), 32 years old, Queensland
[Unnamed woman](#), 73 years old, Victoria
[Unnamed girl](#), 2 years old, South Australia

We ask that you read every name and age before you continue reading our submission.

None of us should engage with a policy process about violence against women and children without first reckoning with the names of the women and children the *National Plan to End Violence against Women and Children* has not protected. The Second Action Plan is a chance to correct course - but only if it starts from an honest account of who was failed by the first Plan.

Violence against women and girls in Australia is a national crisis. The deaths of these fourteen women and girls are the visible end point of a crisis that is causing harm all around us, every day.

For every woman and girl whose death is counted, there are hundreds of thousands more living with the impacts of gender-based violence. Millions of Australian women and girls have experienced physical and/or sexual violence since the age of 15 - most of which is never reported, rarely prosecuted, and still without the investment or accountability it requires. What's needed for a successful Second Action Plan is a resourced commitment to recovery and healing for victim-survivors around the country, real accountability for perpetrators, transparency around government funding commitments, conditions and expected outcomes; and independent oversight and evaluation of government progress.

The women and girls who have been murdered since this consultation process opened are the tip of an iceberg whose mass - the daily physical violence, rape, stalking, coercion, control, and harassment that precedes fatal violence - remains submerged, undercounted and underfunded.

Each of the women and girls named above had their futures stolen from them. The precious years they should have enjoyed with family, friends, partners and colleagues. Those who knew them now live with an absence that no submission, policy reform or funding commitment can address. But a robust and properly funded Second Action Plan can ensure that fewer people are asked to carry this particular grief. It can ensure that fewer women and girls are subjected to violence, and forced to live in fear; and left to navigate the trauma of harm without support.

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About Fair Agenda

Fair Agenda is an independent campaigning movement of 47,000 people across the country jointly advocating for a fair and gender equal future. Our vision is of a future where we can all live with safety, security, and agency over our lives and bodies, no matter our gender.

Fair Agenda members care deeply about addressing gender-based violence, and have been mobilising for change in this area for more than a decade.

This submission focuses on the issues that Fair Agenda advocates on - grounded in the expertise and evidence base of the specialist domestic, family and sexual violence sector.

Fair Agenda is not a domestic, family or sexual violence service provider, and we do not have clinical or frontline expertise. Fair Agenda's focus in this space is to build direct public and political support for the work of, and reforms being called for by the specialist sector and lived and living experience advocates, and to hold decision-makers accountable for the commitments they make, and systems they control.

Fair Agenda has campaigned specifically on issues related to women's safety and gender-based violence since our launch in 2014, with a sustained and ongoing focus on ensuring that funding for specialist frontline domestic, family and sexual violence services is sufficient to meet demand. Right now, our members are also engaged with the need for reform to improve responses to gender-based violence and supports available to victim-survivors.

Our submission addresses Priority Area 1 (victim-survivors of domestic, family and sexual violence), Priority Area 2 (prevention and early intervention), Priority Area 3 (children and young people) and Priority Area 5 (system integration and workforce). It is organised around four key themes:

1. **Funding** - the urgent need to address the persistent gap between government funding commitments and the actual cost of meeting the demand for specialist domestic, family and sexual violence services, as well as the need to ensure adequate and ongoing funding for the enforcement of the *National Higher Education Code to Prevent and Respond to Gender-based Violence*.
2. **Sexual violence as a distinct priority** - the case for specific and dedicated sexual violence action, funding, monitoring and reporting, instead of continuing to fold sexual violence into the broader domestic, family and sexual violence framing.
3. **Workforce** - addressing key workforce challenges in existing frontline specialist domestic, family and sexual violence workforce through sustainable service funding and education-sector levers.
4. **System reform** - the need to implement reforms to prevent additional harm being caused by government controlled and shaped systems. Specifically, in relation to police accountability, court processes and the need for reforms to defamation laws to enable victim-survivors to disclose violence safely.

Recommendations

Priority Area One: Victim-survivors

To meet this priority, the Commonwealth government must:

- Recognise the critical role played by frontline specialist domestic, family and sexual violence (DFSV) services, and ensure:
 - Services have sufficient long-term funding to meet demand, provide timely responses, and provide job security to retain staff
 - Funding commitments, conditions and expected outcomes are transparent and made publicly available.
 - All levels of government are held accountable when they fail to adequately resource these lifesaving services
- Identify sexual violence as a distinct priority area for action, funding, monitoring and evaluation that meets the scale and urgency of the increasing crisis, instead of continuing to fold it into broader DFSV measurements and reporting.
- Explore how it can partner with the states and territories to ensure faster access to forensic medical examinations for all Australians who have experienced sexual assaults, including supporting more dedicated capacity within hospitals and health facilities.
- Commit to nationwide reform to defamation laws to better protect victim-survivors from retaliatory defamation claims when they disclose gender-based violence.
- Expand funding for trauma-informed legal assistance pilots beyond their current funding until 2028 and ensure:
 - Pilots are transformed into fully funded, permanent services providing services to all victim-survivors of sexual violence navigating the legal system and alternative pathways to justice, such as restorative justice processes
 - Both the Commonwealth and state and territory governments contribute to funding to expand these services nationally.
- Recognise enforcement of the National Higher Education Code to Prevent and Respond to Gender-based Violence (the Code) as a distinct support pathway for student victim-survivors, and ensure:
 - Sufficient, ring-fenced funding for the Department of Education's Gender-based Violence Unit (the GBV Unit), protected from internal reallocation within the Department, to support proper enforcement of the Code.
 - Staffing with expertise in sexual, domestic and family violence response and prevention.
- Work with the state and territory governments to ensure nation-wide reforms to allow all victim-survivors the option to pre-record testimonies in sexual assault trials.

Priority Area Two: Prevention and early intervention

To meet this priority, the Commonwealth government must:

- Recognise enforcement of the National Higher Education Code to Prevent and Respond to Gender-based Violence as a distinct prevention and early intervention lever, contingent on the GBV Unit being sufficiently funded and staffed to enforce it properly
- Address the exclusion of sexual violence from prevention-relevant data, monitoring and evaluation frameworks and funding infrastructure, including under the Family, Domestic and Sexual Violence Federation Funding Agreement (FDSV FFA) projects

Priority Area Three: Children and young people

To meet this priority, the Commonwealth government must:

- Recognise enforcement of the National Higher Education Code to Prevent and Respond to Gender-based Violence as a specific mechanism for addressing violence experienced by young people, and ensure the GBV Unit is funded accordingly

Priority Area Five: System integration and workforce

To meet this priority, the Commonwealth government must:

- Ensure sufficient, long-term funding for specialist services to increase job security and sustainability for the existing workforce.
- Support the workforce pipeline for both the domestic and family violence sector and the specialist sexual violence sector, through measures such as targeted HECS or fee incentives.
- Establish independent oversight to hold police accountable for misconduct and systemic failures in DFSV responses, ensuring victim-survivors have a clear avenue for accountability where standards are not met.
- Support nationwide reform to defamation law to better protect victim-survivors from retaliatory defamation claims when they disclose gender-based violence, including when they report abuse to employers, regulators or complaints bodies, or seek professional support from a medical practitioner or counsellor.
- Evolve government systems to enable transparency around resourcing, conditions and expected outcomes.
- Ensure the true independence of any oversight and accountability bodies in this area.

The urgent need for increased, long-term funding of specialist services

The critical role of specialist domestic, family and sexual violence services

The impacts of experiencing domestic, family and sexual violence (DFSV) are lifelong, and can affect a victim-survivor's sense of self-worth, relationships and health. These impacts can include:

- Physical health issues, including but not limited to sexual and reproductive health impacts and substance misuse.
- A range of mental health and wellbeing impacts, such as anxiety, depression, PTSD, and suicidal ideation.
- Intergenerational physical and mental health impacts of trauma and stress, with long-term effects on the family members of people who have experienced violence.
- Barriers to societal, educational and employment participation as a result of ongoing trauma and mental health impacts.

Ongoing, empowerment-focused case management and support has repeatedly been shown to build resilience and resources that compound over time, improving victim-survivors' overall wellbeing and protecting them from further harm. For example, an evaluation of the NSW Integrated Domestic and Family Violence Service (IDFVS) program found that specialist, integrated case management delivered measurable improvements for victim-survivors and their children:

- The program significantly and consistently improved wellbeing and reduced distress
- The specialist, trauma-informed knowledge held by IDFVS staff directly improved the safety and wellbeing of victim-survivors
- The program supported women that systems often miss, as it continued to support women who were unable to leave, unlike crisis services that often require women to have left violent relationships
- The program provided support to children too, recognising them as victim-survivors in their own right.¹

Similarly, a review of DVassist - a specialist counselling and case management service for people experiencing DFV in regional, rural and remote Western Australian communities - found strong evidence that tailored, accessible specialist services meaningfully improve outcomes for victim-survivors:

¹ Zmudzki, F., Breckenridge, J., Newton, B. J., Delaney, M., & valentine, k. (2019). *Evaluation of the integrated domestic and family violence service program* (SPRC Report 7/19). Sydney: Social Policy Research Centre, UNSW Sydney. <https://www.unsw.edu.au/content/dam/pdfs/ada/sprc/research-reports/2021-06-research/2021-06-IDFVS-Final-Report.pdf>

- Barriers commonly experienced by victim-survivors in regional and remote areas (such as distance, long wait times, lack of privacy in small communities, and the absence of local services) were intentionally addressed in the design
- Victim-survivors reported increases in confidence and help-seeking behaviours, empowerment and self-determination, and mental and physical safety, which in turn increased their safety. This increase in safety and wellbeing enabled many victim-survivors to return to employment.
- The service provided ongoing continuity of care to victim-survivors and their children, through multi-session counselling with the same counsellor, ongoing case management and warm referrals to housing, legal and financial support services.²

Research about timely access to specialist support services for victim-survivors impacted by sexual violence provides similar findings to that related to DFV - the sooner trauma-informed support is delivered after an assault, the more effective it is at reducing long-term rates of PTSD and depression in victim-survivors.³

A 2006 review found that Australia's specialist sexual assault counsellors were the most valued and helpful source of support following a sexual assault - above medical services, mental health services, and other support organisations. Victim-survivors reported that specialist sexual assault counsellors understood the specific impacts of sexual violence, describing them as "fundamental to my recovery" and a "lifeline."⁴

Despite the abundance of evidence, successive federal, state and territory governments have chosen not to fund specialist DFSV services to meet demand. Decades of funding choices have left frontline services turning away women and children, running with waitlists that stretch for months. This is the direct result of governments choosing other funding priorities over the services that have proven to save lives and support recovery. The Second Action Plan must correct this as a matter of urgency, with long-term, sustained funding commitments that are reported on publicly and transparently, so the public and the sector can clearly see how much is actually reaching the frontline - and hold governments to account when it doesn't.

² Flatau, P., & Lester, L. (2022). *DVassist: Evaluation of a Regional FDV Service*. Perth: The University of Western Australia, Centre for Social Impact. https://assets.csi.edu.au/assets/CSI_UWA_DVassist-Report-FINAL.pdf

³ See Resnick, H., Acierno, R., Waldrop, A. E., King, L., King, D., Danielson, C., Ruggiero, K. J., & Kilpatrick, D. (2007). Randomized controlled evaluation of an early intervention to prevent post-rape psychopathology. *Behaviour Research and Therapy*, 45(10), 2432–2447 <https://pubmed.ncbi.nlm.nih.gov/17585872/> and Dworkin, E. R., Schallert, M., Lee, C. M., & Kaysen, D. (2023). mHealth early intervention to reduce posttraumatic stress and alcohol use after sexual assault (THRIVE): Feasibility and acceptability results from a pilot trial. *JMIR Formative Research*, 7, e44400 <https://pmc.ncbi.nlm.nih.gov/articles/PMC10354713/>

⁴ Astbury, J. (2006). *Services for victim/survivors of sexual assault: Identifying needs, interventions and provision of services in Australia* (ACSSA Issues No. 6). Melbourne: Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies. <https://aifs.gov.au/resources/practice-guides/services-victimsurvivors-sexual-assault>

Case Study of the impact of service access - [REDACTED] (DV Connect Womensline, Queensland)

A police station in far north Queensland referred [REDACTED] a young First Nations woman, to DV Connect after her partner was detained following escalating domestic violence.

Police advised there was a high likelihood that he would be released within 24 hours - in a small, remote community where he lived near [REDACTED] family.

DV Connect Womensline worked urgently to confirm with [REDACTED] relatives in another town that she could stay with them, booked her on the next available flight and coordinated with local police to get her safely to the airport. She arrived safely within 24 hours of the referral to DV Connect.

[REDACTED] has since graduated TAFE, is working full time, and has stayed connected to her culture.⁵

Case Study of the impact of service access - [REDACTED] (DV New South Wales)

[REDACTED] a single mother and domestic violence victim-survivor, was granted full custody of her daughter with a no-contact order issued for the father after lengthy family court proceedings.

When she received a notice to vacate her private rental, [REDACTED] was studying for a Certificate in Community Services while receiving a Single Parenting Payment. She had limited savings after court costs and received repeated rental rejections, eroding her coping capacity.

[REDACTED] participated in case management and recovery services at a specialist DFV service. She received counselling, assistance with rental applications and brokerage. As a result, she successfully secured alternative private rental accommodation, avoiding emergency refuge accommodation.

This preserved her daughter's routine and maintained necessary safety measures, which enabled [REDACTED] to continue her education and secure her qualification.⁶

Specialist sexual violence services

For many, timely access to specialist sexual violence support including counselling is critical to supporting their healing and recovery in the aftermath of sexual violence, and can reduce or prevent further long-term harm.

⁵ DVConnect. (n.d.). *Survivor stories – Womensline*. <https://www.dvconnect.org/womensline/survivor-stories/>

⁶ Domestic Violence NSW. (2026). *Stretched Beyond Capacity: The Unmet Demand Facing Domestic and Family Violence Services in New South Wales* (pp. 34–35). <http://www.dvnsww.org.au/wp-content/uploads/2026/01/Final-report-The-unmet-demand-crisis.pdf>

In the short-term, crucial support accessed by survivors can include: specialist crisis counselling, access to information about legal options, support reporting to police, the co-ordination of a forensic medical examination and access to other healthcare (for example, screening for STDs or pregnancy). In the long term, support can also include ongoing sexual violence counselling or access to therapeutic support groups to support a victim-survivor's healing and recovery.

Across the country specialist sexual violence services are the primary providers of specialist sexual assault counselling with staff including counsellors, social workers and psychologists who provide short, medium and long term counselling to support victim-survivors' healing and recovery.

Private practitioners and more generalist support services, including 1800Respect, frequently refer victim-survivors back to specialist sexual violence services because sexual violence counselling is a specialist area; and they can provide more appropriate support.

Despite the recognised importance of specialist sexual violence services in providing longer-term care to victim-survivors, they have been chronically underfunded for years. The core funding of specialist sexual violence services determines how many staff they are able to hire, in turn impacting the number of victim-survivors the service is able to support. Too often they cannot fund the staff needed to provide counselling at the scale needed.

Specialist sexual assault services are staffed with specialist practitioners who have a deep understanding of sexual violence and are skilled in a range of sexual violence trauma therapy modalities, many of who have postgraduate qualifications. However, to manage overwhelming demand and waiting lists, services are forced to provide time-limited counselling episodes resulting in victim survivors frequently having to end their counselling well before they have 'recovered'. This can be re-traumatising for clients and can negatively impact and delay their recovery.

What's more - current government funding approaches mean that victim-survivors are being encouraged to come forward and reach out to 'front door' service 1800RESPECT. But 1800RESPECT does not provide ongoing counselling services - which means they need to refer out to local specialist sexual violence services.

The current inadequate government resourcing of specialist sexual assault services across the country means that people are being encouraged to call 1800RESPECT to quickly end up on a waiting list for a specialist service.

Case Study of the impact of access to specialist sexual violence services - [REDACTED] (Sexual Assault Referral Centre, Northern Territory)

After experiencing sexual violence as a child and then experiencing coercive control and sexual assault as a teenager, [REDACTED] was self-harming and experiencing suicidal ideation.

She spent time in medical care for her mental health, before receiving specialist support from the Sexual Assault Referral Centre (SARC) that she credits with saving her life.

[REDACTED] attended weekly counselling for three years and says, "I wouldn't be where I am today if I didn't have access to that service".

[REDACTED] now works as a youth project officer at the Darwin Centre Against Sexual Violence.⁷

Case Study of the impact of access to specialist sexual violence services - [REDACTED] (Canberra Rape Crisis Centre)

[REDACTED] a single mum balancing part-time work and study with limited family support, contacted CRCC in severe distress. She was dealing with unresolved trauma from sexual abuse and assault, PTSD and chronic pain. After an initial crisis session, [REDACTED] was assessed for CRCC's Brief Intervention pathway - a structured short-term program designed to deliver timely, focused support on crisis stabilisation, distress tolerance and practical emotional regulation skills.

Within three sessions, [REDACTED] reported better coping skills, fewer days of acute distress, and a deeper understanding of her triggers. She committed to completing the program to achieve greater emotional resilience and daily stability without needing long-term counselling. By providing [REDACTED] with early, skills-focused support, CRCC was able to help her manage the impacts of trauma while reducing her reliance on long-term services.⁸

"Catastrophic" underfunding across the specialist sector

Right now, DFSV services across the country are grossly underfunded and experiencing increasing demand, in a situation described as "catastrophic". As recently reported, as of March 2026:

- Due to funding shortages, waiting times to access support for child victim-survivors of DFV in Tasmania is three years, while adults face waits of two years.
- An estimated 40% of women in the ACT have experienced sexual violence. They're forced to wait up to two months to access support from the Canberra Rape Crisis Centre, while

⁷ Roussos, E. (2025). *The NT's "horrendous" scourge of sexual violence has victims and frontline services sounding the alarm.* ABC News.

<https://www.abc.net.au/news/2025-08-04/nt-sexual-violence-victim-survivor-schlyer-kennedy-on-healing/105562454>

⁸ Case study provided by Canberra Rape Crisis Centre.

the ACT's Domestic Violence Crisis Service can only answer 50% of the calls made to the service.

- Victim-survivors of rape and sexual assault in Queensland face waiting lists of up to nine months.
- In Western Australia, those who can access support following sexual violence experience wait times of up to 18 months. Many in the state have no access to specialist services at all.
- The nature of crisis responses required in South Australia means that the main DFV service does not have a wait list for those in need of longer-term support.
- The absence of a peak body representing specialist DFSV services in the Northern Territory means that data collection on wait times is challenging, but specialist service workers report that they are “very, very long.”⁹

The gap between need and funding

The Albanese Government has characterised its spending on domestic, family and sexual violence (DFSV) as a “record investment”¹⁰ The Second Action Plan must be judged not by the size of a headline figure attached to it, but whether it closes the gap between what is funded and what is needed to address the scale of the crisis.

As noted below - data shows reports of sexual violence are increasing. Behind each of the 40,087 people recorded as victims of sexual violence in 2024 is someone who needed somewhere to go for care and support in the aftermath of an assault. As prevalence has increased, demand on the services and systems that respond to it have also grown, but investment and resources for the sector has not.

Recommendation - Fair Agenda recommends that the Commonwealth government:

Recognise the critical role played by frontline specialist domestic, family and sexual violence (DFSV) services, and ensure:

- Services have sufficient long-term funding to meet demand, provide timely responses, and provide job security to retain staff.
- Funding commitments, conditions and expected outcomes are transparent and made publicly available.
- All levels of government are held accountable when they fail to adequately resource these lifesaving services.

⁹ Barlow, K. (2026). *Exclusive: Wait times for abuse support reach three years*. *The Saturday Paper*.

<https://www.thesaturdaypaper.com.au/news/health/2026/03/21/exclusive-wait-times-abuse-support-reach-three-years>

¹⁰ Plibersek, T.,(2026). *More funding to help end gender-based violence in Tasmania* [Media release].

<https://www.tanyaplibersek.com/media/media-releases/more-funding-to-help-end-gender-based-violence-in-tasmania/>

The importance of legal support

A victim-survivor of rape or sexual assault who is seeking justice through the criminal legal system will face significant risks to their privacy, mental health, and wellbeing. Yet they are often forced to navigate this system without independent legal assistance tailored to their needs or interests. As a result, they have little control over decisions that affect them and are not treated as equal participants in proceedings that require them to relive one of the most traumatic experiences of their lives.

The recent ALRC Inquiry into Justice Responses to Sexual Violence highlighted the distress and trauma caused by the current system. It recommended significant reforms to make criminal legal processes safer, more supportive, and more responsive to the needs of victim-survivors.

The launch and expansion of Commonwealth-funded, trauma-informed Sexual Assault Legal Service pilots nationally was a positive first step. However, across the country, the vast majority of victim-survivors are still forced to endure a criminal legal system that compounds harm – without access to the legal assistance they need.

Victim-survivors can also be deeply traumatised by being subjected to improper, inappropriate, or aggressive questioning during cross-examination, including questions about their past sexual experiences.

What's more, once a victim-survivor reports to police, they are often treated as a mere witness for the prosecution – not as an equal participant in the criminal legal process. As a result, they:

- Do not receive independent, reliable, and ongoing legal advice throughout their engagement with the criminal legal system;
- Are often denied meaningful consultation or timely information about decisions that directly affect their safety, dignity, and wellbeing – such as bail conditions, plea deals that reduce charges, whether they can give pre-recorded evidence, or whether their private counselling records will be disclosed in court;
- Lack an independent advocate to protect their Victims' Charter rights, promote their safety, ensure privacy protections, witness protections, or other special protections are complied with, or to advocate for their interests in the outcome of the process;
- Are often left uninformed about investigative or prosecutorial decisions that shape the course of the criminal legal process; and
- Have limited pathways to seek recourse when their Victims' Charter rights are not upheld – including the right to be heard, to receive information, and to be treated with dignity and respect.

These experiences also contribute to low reporting rates, withdrawals, and deep distrust in the criminal legal system.

Independent legal assistance is essential to safeguarding victim-survivor's safety, dignity, and wellbeing. It ensures that they:

- Have an independent advocate who acts solely in their interests;
- See their rights and entitlements upheld throughout the criminal legal process – including protections under Victims' Charters and human rights legislation;
- Regain agency in a system responding to the violent denial of their autonomy and bodily integrity;
- Are kept informed at every stage of the criminal legal process, understand their rights, and are empowered to exercise them; and
- Build confidence in the criminal legal process, leading to greater reporting rates and sustained engagement in the system.

Australian and international research has proven independent legal assistance enhances procedural fairness and improves victim-survivor experience – without undermining the accused's right to a fair trial.

This legal assistance should have two components:

1. **Legal advice** – information, advice, and advocacy outside the courtroom that helps a victim-survivor understand their rights, reporting pathways, alternative avenues to seeking justice (such as restorative justice), evidence issues, and the implications of their decisions and testimony for other areas of law (family violence, family law, visas, child protection, compensation).
2. **Legal representation** – a lawyer who can appear in court to advocate for a victim-survivor and protect their rights, privacy, and interests. This should include legal representation for victim-survivors in pre-trial proceedings, including in relation to subpoenas for evidence and special witness arrangements and protections, and at trial, particularly during cross-examination of the victim-survivor. Alongside this, legislative reform is needed (at the Commonwealth level and in all states and territories) to provide standing for lawyers to appear in court on behalf of victim-survivors in pre-trial hearings and at trial in certain circumstances.

Recommendation - Fair Agenda recommends:

Both Commonwealth and state and territory governments expand funding for trauma-informed legal assistance pilots beyond their current funding until 2028 and ensure pilots are transformed into fully funded, permanent services providing services to all victim-survivors of sexual violence navigating the legal system and alternative pathways to justice, such as restorative justice processes.

Sexual violence demands its own priority actions and resourcing

Sexual violence requires its own dedicated priorities, dedicated its own funding stream, and its own measurements under the Second Action Plan. It cannot continue to be treated as a subset of domestic and family violence policy. This isn't just about how policy is categorised, it's about who gets left out when sexual violence is folded into a family and domestic violence framework.

ABS data on women's most recent incident of sexual assault by a male shows why. Less than a third of perpetrators (28.2%) were a cohabitating partner. The remainder were a boyfriend or date (25.4%), a stranger (15.6%), a friend or housemate (14.4%), an acquaintance or neighbour (11.7%), or a co-worker (4.7%).¹¹ The majority of victim-survivors of sexual violence, in other words, have experiences that sit outside of a cohabiting relationship.

A failure to consider sexual violence as a separate priority area means these victim-survivors are not served by these Plans, not because it is unrelated to the National Plan's broader goals, or because it occurs exclusively outside of domestic and family violence contexts, but because folding it into DFV has consistently meant their needs and experiences aren't accounted for.

Sexual violence was not made a priority under the First Action Plan, or under the National Plan itself, despite sustained advocacy from the specialist sector and victim-survivors pushing for its recognition as a distinct area of need.

We are concerned this gap is continuing to manifest in current government plans. We note in particular:

- The Australian Institute of Health and Welfare's project to measure unmet need for frontline support services excludes sexual violence support services from its scope.¹² This means that as the government builds its evidence base it says it needs to plan future investment, sexual violence services are not part of the picture being built.
- Analysis conducted by Fair Agenda has found that of the 42 projects publicly available on the [Department of Social Services 2025-26 Project Plan Summaries](#) that highlight Commonwealth funding allocated to the states and territories under the Family, Domestic

¹¹ Australian Bureau of Statistics. (2023). *Sexual violence, 2021–22 financial year*.

<https://www.abs.gov.au/statistics/people/crime-and-justice/sexual-violence/latest-release>

¹² Australian Institute of Health and Welfare. (2026). *Context for developing a national data collection on specialist crisis FDV services*.

<https://www.aihw.gov.au/family-domestic-and-sexual-violence/resources/specialist-crisis-fdv-services-pilot-project/developing-national-data-collection-fdv-services>

and Sexual Violence Responses 2021-30 Federation Funding Agreement (FDSV FFA), just four have been classified as “sexual violence services”.¹³

- In the recently released Monitoring and Reporting Framework for the National Plan, just a single measure - community attitudes - was included as a measurable target to address sexual violence. Every other monitoring indicator is related to domestic and family violence. There was no sexual violence prevalence, service access or funding indicator in the Framework, including within the proposed National Funding Mapping Framework.¹⁴

Taken together, this is not a series of isolated gaps. It is a consistent pattern that means government approaches are failing to properly integrate the needs of the majority of victim-survivors of sexual violence across inquiry design, data infrastructure, consultations, projects, funding decisions and accountability mechanisms. This is despite the evidence that confirms that sexual violence prevalence has not followed the trajectory of other forms of violence against women, with an increase to reported rates in recent years.

While most jurisdictions recorded reductions in some form of violence against women, sexual violence has not shared in that progress. Police-recorded data shows sexual violence trending upwards across Australia, reaching a record high in 2024 with 40,087 victims nationally.¹⁵ Data from the Australian Institute of Health and Welfare shows that sexual assault victimisation of women increased by 64% between 2010 and 2024,¹⁶ and the Second Action Plan’s consultation paper itself notes “persistent, non-declining rates of sexual violence”¹⁷ - language that acknowledges that sexual violence is moving in the opposite direction to the National Plan’s stated goals.

Recommendation - Fair Agenda recommends that the Commonwealth government:

Identify sexual violence as a distinct priority area for action, funding, monitoring and evaluation that meets the scale and urgency of the increasing crisis, instead of continuing to fold it into broader DFSV measurements and reporting.

¹³ Department of Social Services. (n.d.). *Partnering with states and territories*. Australian Government. Retrieved July 31, 2026, from <https://www.dss.gov.au/partnering-states-and-territories>

¹⁴ Domestic, Family and Sexual Violence Commission. (n.d.). *Monitoring and Reporting Framework*. Australian Government. Retrieved July 31, 2026, from <https://www.dfsvc.gov.au/monitoring-and-reporting-framework>

¹⁵ Australian Bureau of Statistics. (2025). *Recorded crime — victims, 2024*. <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release>

¹⁶ Australian Institute of Health and Welfare. (2025). *Sexual assault reported to police*. Australian Government. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/police/sexual-assault-reported-to-police>

¹⁷ Department of Social Services. (2026). *Consultation paper: Second Action Plan (National Plan to End Violence against Women and Children 2022–2032)*. Australian Government. <https://engage.dss.gov.au/second-action-plan/consultation-paper/>

The need to improve access to forensic medical examinations

The increases in sexual violence prevalence are not abstract trends. Behind each of the 40,087 people recorded as victims of sexual violence in 2024 is someone who needed somewhere to go for care and support in the aftermath of an assault. As prevalence has increased, demand on the services and systems that respond to it have also grown, but investment and resources for the sector has not. That mismatch is particularly acute in access to forensic medical examinations (FME) where the increasing rates of violence outlined above have been met with the same patchy, under-resourced system that leaves victim-survivors in regional and remote Australia waiting days for care - if they can access it at all.

Since 2024, Fair Agenda members have campaigned for reforms to improve timely access to forensic medical care, working alongside victim-survivor advocates who have spoken out publicly about the impact of being unable to access a timely exam. Their accounts have focused a spotlight on systemic failures that compound trauma, risk additional harm due to delayed care, and threaten the ability to collect evidence.

The importance of fast access to a forensic medical examination is two-fold:

1. **Access to justice for victim-survivors.** Forensic medical examinations can play a part in improving evidence in the criminal justice system.¹⁸ In particular, they can increase the likelihood of cases proceeding to trial.¹⁹ A forensic medical exam can help confirm the identity of the person who committed the crime and support the account of the victim-survivor in court proceedings. Any delays in collecting this forensic evidence can result in the evidence being contaminated or unusable.
2. **Access to medical care and recovery.** This includes important screening for signs of non-fatal strangulation, STI and BBV (hepatitis B, hepatitis C, HIV), and pregnancy. This is an important step in the journey towards recovery and healing.

In many parts of the country, forensic medical exams cannot be accessed easily or quickly. Many victim-survivors are forced to wait many hours and travel long distances before they can access an exam. Meanwhile, they will be encouraged to stay in the clothes they were assaulted in, unable to wash, drink, change, or go to the bathroom to avoid compromising forensic evidence.

While delivery systems vary from state to state, there are several common barriers to accessing safe and timely forensic medical exams across Australia. These barriers are compounded for

¹⁸ Victorian Law Reform Commission. (2021). *Improving the Justice System Response to Sexual Offences: Forensic Medical Examinations*. <https://www.lawreform.vic.gov.au/publication/improving-the-justice-system-response-to-sexual-offences-report/16-forensic-medical-examinations/>

¹⁹ Kjærulff, M. L. B., Bonde, U., & Astrup, B. S. (2019). The significance of the forensic clinical examination on the judicial assessment of rape complaints – developments and trends. *Forensic Science International*, 297, 90-99. <https://doi.org/10.1016/j.forsciint.2019.01.031>

Aboriginal and Torres Strait Islander victim-survivors of sexual assault, including fear of repercussions and police attitudes.²⁰

System failures are subjecting victim-survivors to agonising wait times. For example:

- In Western Australia, some hospitals, instead of providing fast, critical care on site, are referring victim-survivors to the Sexual Assault Resource Centre in Subiaco, Perth. This is a round trip of nearly 150km for those in Mandurah and surrounds. That is an agonising journey for someone who has already experienced a traumatic event and may then have to wait further once arriving at the SARC. Regional areas in WA also face poor support for survivors seeking help. One woman was forced to wait eight hours after arriving at [REDACTED] before a forensic medical examination commenced.
- The recent Royal Commission into Domestic, Family and Sexual Violence in South Australia found that victim-survivors outside Adelaide are forced to travel up to 7 hours one way to reach a healthcare facility that can provide an examination. In one case, a 17-year-old girl had to travel an 8-hour round trip from [REDACTED] to Adelaide due to a lack of available services in her area.²¹

While any doctor can technically undertake an examination, there are several reported barriers to timely access:

- Hospitals are very busy, and victim-survivors are often waiting many hours in emergency rooms or are sent away from their local hospital to another facility.
- Doctors in busy hospitals may not have the time (examinations can take between 3 - 7 hours).
- There are reports about doctors not feeling confident to do an examination, which may require them to later go to court to speak to their report.

Every hospital and healthcare facility in the country should be able to provide a timely forensic medical examination to a sexual assault victim-survivor when it is needed.

The main barriers to victim-survivor access are a lack of trained and available staff (nurses or doctors) who are available 24/7 to perform forensic medical exams. This lack of trained and available staff able to provide an examination has led to long wait-times for victim-survivors and survivors being sent to multiple healthcare providers before being able to access an examination.

We encourage scoping dedicated nurse examiner positions that are prepared and available to conduct examinations, are trauma-informed, and prepared to go to court if needed. These nurse examiner positions have been rolled out in Victoria, Queensland, and NSW to help with capacity.

²⁰ Willis, M. (2011). *Non-disclosure of violence in Australian Indigenous communities* (Trends & Issues in Crime and Criminal Justice No. 405). Australian Institute of Criminology.

<https://www.aic.gov.au/sites/default/files/2020-05/tandi405.pdf>

²¹ Royal Commission into Domestic, Family and Sexual Violence. (2025). *With Courage: South Australia's Vision Beyond Violence*. <https://www.royalcommissiondfsv.sa.gov.au>

Recommendation - Fair Agenda recommends that the Commonwealth government:

Explore how it can partner with the states and territories to ensure faster access to forensic medical examinations for all Australians who have experienced sexual assaults, including supporting more dedicated capacity within hospitals and health facilities.

Enforcement of *The National Higher Education Code to Prevent and Respond to Gender-based Violence* as support for children and young people, and prevention and early intervention

Enforcement requires funding

Fair Agenda campaigned alongside our partners, End Rape on Campus Australia, the STOP Campaign and [REDACTED] as well as students and victim-survivors, for national reforms to deliver independent oversight and accountability to address university failures in addressing sexual violence.

We welcome the world-leading National Higher Education Code to Prevent and Respond to Gender-based Violence (the Code), and the creation of a National Student Ombudsman, that resulted from years of sustained advocacy and genuine government leadership, as strong frameworks to facilitate this accountability and oversight.

But the Code is only as strong as its enforcement.

Fair Agenda and partners know from years of experience advocating around this issue that higher education institutions have a history of telling government reporting agencies they are meeting certain standards; while the reality is vastly different.

Dedicated expert oversight that can assess institution's plans and practices, visit campuses; and ensure providers are actually meeting the stringent standards legislated through the Code is vital.

Fair Agenda holds serious concerns that this work is not being adequately resourced; and that funding initially announced for this enforcement function has been reallocated within the Department of Education, shifted away from the newly-established Gender-based Violence Unit to the Australian Tertiary Education Commission (ATEC).

We are concerned that any such reallocation risks diminishing the capacity of the GBV Unit to uplift the sector and enforce the Code as intended.

Enforcement is at the core of realising the Code's promise; and of delivering on the goals of the National Plan.

In addition to proper resourcing, we note the vital role of ensuring all government accountability bodies are staffed by people with specific expertise in sexual, domestic, family violence response and prevention.

Recommendation - Fair Agenda recommends that the Commonwealth government:

Recognise enforcement of the National Higher Education Code to Prevent and Respond to Gender-based Violence as a distinct support pathway for student victim-survivors, and ensure:

- Sufficient, ring-fenced funding for the Department of Education's Gender-based Violence Unit, protected from internal reallocation within the Department, to support proper enforcement of the Code.
- Staffing with expertise in sexual, domestic and family violence response and prevention.

The Code as prevention and early intervention

Higher education represents one of the last points of structured contact with young people before they enter the workforce and independent adult life, making it one of the areas in which prevention and early intervention activities can be successful.

A properly enforced Code creates regulatory incentives for higher education providers to embed evidence-based, expert-delivered prevention education programs and to identify and respond to harmful behaviours early - before they escalate or solidify into patterns that carry into adulthood, future relationships, workplaces and the broader community.

However, this is only likely to succeed if the Department's GBV Unit is staffed with people with specific expertise and properly funded to hold providers accountable to the Standards the Code sets. An under-resourced Unit means an under-enforced Code, which means that prevention and early intervention opportunities will be lost.

Recommendation - Fair Agenda recommends that the Commonwealth government:

Recognise enforcement of the National Higher Education Code to Prevent and Respond to Gender-based Violence as a distinct prevention and early intervention lever, contingent on the GBV Unit being sufficiently funded and staffed to enforce it properly.

The Code as targeted support for children and young people

The 2021-22 Personal Safety Survey (PSS) found that 12.4% of women aged 18-24 experienced sexual violence in the two years before the survey, compared with 4.5% of those aged 25-34 and 2.5% of those aged 35-44. The PSS also found that the rate of sexual violence was higher for women who were currently studying (7.7%) compared with women who were not currently studying (2.2%).²²

The Code is one of the few government mechanisms that reaches this cohort of young people directly, inside the settings where they spend much of their time. If it is able to function as it is intended, the Code requires higher education providers to maintain complaints pathways, implement interim safety measures and support responses specifically for this age group - support that many student victim-survivors would not otherwise be able to access due to the lack of available support services specifically for young people, or that they would not know how to access due to a lack of information available to this age group more broadly.

The Code mandates responses for a cohort that is statistically at the highest risk of sexual violence, and one that the Second Action Plan is committed to recognising and supporting in its own right, however, as noted above, this is entirely contingent on the GBV Unit receiving sufficient, protected funding to hold higher education providers accountable to meeting the Standards.

Recommendation - Fair Agenda recommends that the Commonwealth government:

Recognise enforcement of the National Higher Education Code to Prevent and Respond to Gender-based Violence as a specific mechanism for addressing violence experienced by young people, and ensure the GBV Unit is funded accordingly.

Addressing workforce capacity concerns

The specialist sexual violence workforce sector

Staff at specialist sexual assault services have specific skills, knowledge and expertise that enables them to provide highly specialised care to those who have experienced sexual assault.

Most specialist sexual violence services are trauma-informed and trauma specialist. The term “trauma specialist” refers to services or practitioners that have specialist skills in the provision of services designed to address the impacts and effects of trauma and assist them to recover. While

²² Australian Bureau of Statistics. (2023). *Sexual Violence, 2021–22 Financial Year*. <https://www.abs.gov.au/statistics/people/crime-and-justice/sexual-violence/2021-22>

many agencies are required to be trauma-informed (i.e., operate with an awareness of the impacts and effects of trauma), trauma specialists are both trauma-informed and deliver trauma-specific interventions or therapeutic treatments.²³

In line with national standards of practice, staff within specialist sexual assault services are not only tertiary qualified (for example as social workers, psychologists or tertiary qualified counsellors or mental health nurses), but also been provided with focused supervision and development working in this area.

This expertise goes beyond a generalist training in psychology and mental health - with specialist services across the country frequently receiving referrals back from private practitioners who feel they don't have the expertise to provide appropriate support for victim-survivors. Additionally, while some private practices have staff who can specialise in trauma and sexual assault, these private practices can be highly unaffordable for many clients and many of these private practices have closed their lists to clients who are a part of victims services programs. As such, these practices can be inaccessible to many victim-survivors who are in need of longer-term counselling and support - leaving many victim-survivors without financial means to pay the high costs of private care without the recovery support they seek.

Specialist sexual violence service workers provide not only counselling support - but can also provide insights and practical support to understand and navigate associated systems - such as police, courts and victims of crime frameworks.

Retaining & growing the specialist workforce

Workers in specialist DFSV roles not only carry the psychological weight of providing frontline responses to people in crisis; they are doing so while navigating an underfunded sector (that means their assessment of crisis and priority lead to victim-survivors being put on waiting lists), and work at services who are often subject to short-term funding cycles, providing little employment security.²⁴

Without adequate, recurrent funding for services themselves, high turnover will continue to persist and today's new positions will simply refill tomorrow's vacancies. Growing the workforce and stabilising it are two separate problems, and governments must fund both. Initiatives that add workers to an underfunded system without addressing the unsustainable workloads that result in burnout is simply treating the symptom, not the cause.

HECS and tertiary fee settings are levers that the Commonwealth Government can and should be utilised to grow the specialist workforce pipeline.

²³ Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report: Volume 9, Advocacy, Support and Therapeutic Treatment Services*. Commonwealth of Australia.
https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_9_advocacy_support_and_therapeutic_treatment_services.pdf

²⁴ Ross, I. (2026). *NSW domestic and family violence services workforce shrinks*. ABC News.
<https://www.abc.net.au/news/2026-04-02/nsw-domestic-and-family-violence-services-workforce-shrinks/106437540>

The professions that feed into the sector - social work, psychology and allied health - require lengthy, placement-based training that discourage entry at the point where the sector needs more students to choose DFSV specialisation over better remunerated alternatives.

Alongside the expansion of the Commonwealth Prac Payment program, reforms that reduce HECS or provide targeted fee waivers for students who commit to specialist DFSV service roles could address this pipeline problem, in the same way that the Government has already used fee incentives to steer students to other national workforce priorities such as teaching and nursing.

Recommendation - Fair Agenda recommends that the Commonwealth government:

- Ensure sufficient, long-term funding for specialist services to increase job security and sustainability for the existing workforce.
- Support the workforce pipeline for both the domestic and family violence sector and the specialist sexual violence sector, through measures such as targeted HECS or fee incentives.

The need for systems reform

Right now, government controlled and shaped systems are subjecting victim-survivors of gender-based violence to additional harm.

Fair Agenda notes three particular areas of opportunity for the Second Action Plan to address.

Nation-wide reforms to enable pre-recorded testimony

Reporting sexual violence and engaging with the criminal justice system should not expose victim-survivors to further trauma. Victim-survivors deserve a justice system that treats them with respect, recognises the harm caused to them, and supports their safety, choice and agency. But right now, the processes of courts are causing unnecessary additional harm and distress.

Giving evidence requires a victim survivor to recount some of the most difficult moments of their life, and then be questioned on specific details of the sexual assault committed against them in minute and graphic detail. The process can be extremely distressing. The period of waiting to give evidence at the trial can be one of the most challenging experiences a victim-survivor may have. Knowing the process of giving evidence looms ahead causes significant stress and anxiety, and therefore has detrimental impacts on someone's wellbeing, healing and recovery.

Pre-recording their testimony allows victim-survivors to give evidence much earlier on, reducing the harm caused by trial delays, and enabling them to start moving on with their lives, and focus on their wellbeing. It increases victim-survivor agency, and research suggests the improved

timeliness of pre-recording testimony also allows a victim-survivor to remember more details and provide better evidence.

Recommendation - Fair Agenda recommends that the Commonwealth government:

Work with the state and territory governments to ensure nation-wide reforms to allow all victim-survivors the option to pre-record testimonies in sexual assault trials.

Holding police accountable when they cause harm

Fair Agenda members have expressed deep concern that police often fail to provide appropriate responses or support to victim-survivors of sexual, domestic and family violence, and can also cause increased trauma and harm. Fair Agenda supports calls for independent oversight and accountability of police.

We note our members concern in response to the 2022 Independent Commission of Inquiry into Queensland Police Service responses to domestic and family violence, which found that multiple male police officers were known to be perpetrators of sexual assault against their colleagues.

We note that that Commission of Inquiry found in relation to domestic and family violence that:

- Queensland Police Service responses do not consistently meet community expectations, and police officers do not always meet their human rights obligations to victim-survivors,
- the failures of the Queensland Police Service in this area persist despite multiple previous reviews and reports, and
- Queensland Police Service responses can fall short of community expectations and human rights obligations at every state of interaction with a victim-survivor, including from initial report, throughout an investigation and during court proceedings.²⁵

Such issues are a barrier to achieving the outcomes of the National Plan.

Recommendation - Fair Agenda recommends that governments:

- Establish independent oversight to hold police accountable for misconduct and systemic failures in DFSV responses, ensuring victim-survivors have a clear avenue for accountability where standards are not met.

²⁵ Commission of Inquiry into Queensland Police Service Responses to Domestic and Family Violence. (2022). *A call for change*. Queensland Government. <https://www.qpsdfvinquiry.qld.gov.au/about/report.aspx>

Reforming defamation laws

Fair Agenda echoes the concerns raised by Women's Legal NSW and Human Rights Law Centre about the need for nation-wide reform to defamation laws to better protect survivors, and interrupt the behaviour of abusers.

Current laws enable systems abuse

Current defamation laws allow abusers to cause further harm, by suing their victim under defamation laws.

As Women's Legal NSW note: suing for defamation has become a tactic widely used by abusers to silence women who report domestic, family and sexual violence. These current laws put victim-survivors at legal risk for telling their employer, doctor, counsellor or family about their experience.²⁶

While these laws appear to protect victim-survivors by virtue of the defence of truth; in actual fact, they allow perpetrators to subject someone to further distress and financial harm - as even a survivor who 'wins' a defamation case brought against them is likely to be left with thousands of dollars of legal fees. Instead, current laws have a chilling effect on survivors.

As noted by lawyer [REDACTED], 'abusive lawsuits are frequently used against victim-survivors who speak up about sexual harassment, domestic violence and assault. The law, when misused, is another avenue perpetrators use to extend their control and abuse to emotionally and financially drain their victims.'²⁷

As [REDACTED] notes, 'these threats create an access to justice issue. Community legal centres are not funded to operate in defamation defence work which means victim-survivors must seek out private legal assistance.' Where a victim-survivor refuses to apologise and withdraw their imputations they must fund a defamation defence.

The current law is not only enabling abusers to perpetrate further harm - it also creates deterrents to the kind of reporting needed to prevent predators abusing their power in workplaces, services and community spaces.

We note human rights lawyer [REDACTED]'s note that "Defamation-threat letters are common, but private – and often result in self-censorship that the public does not see. Our research, and my legal practice, shows that cases you read about in the media... are merely the tip of the iceberg." And "The threat of a lawsuit and crippling legal costs is often enough to silence."²⁸

²⁶ Women's Legal Service NSW. (n.d.). *I'm speaking*. <https://wlsnsw.org.au/law-reform/im-speaking/>

²⁷ Featherstone, R. (2025). *Recent cases and reform on the use of defamation to silence victims*. LSJ Online. <https://lsj.com.au/articles/recent-cases-and-reform-on-the-use-of-defamation-to-silence-victims/>

²⁸ Robinson, J., & Yoshida, K. (2025). Defamation law means the allegations you hear about in the media are just the tip of the iceberg – but we can limit that silencing effect. The Guardian. <https://www.theguardian.com/books/2025/mar/08/defamation-law-means-the-allegations-you-hear-about-in-the-media-a-re-just-the-tip-of-the-iceberg-but-we-can-limit-that-silencing-effect-ntwnfb>

The maintenance of current laws are undermining progress across the National Plan - and action to address this must be part of the Second Action Plan, if we are to achieve the progress goals laid out.

Recommendation - Fair Agenda recommends that the Commonwealth government:

Support nationwide reform to defamation law to better protect victim-survivors from retaliatory defamation claims when they disclose gender-based violence, including when they report abuse to employers, regulators or complaints bodies, or seek professional support from a medical practitioner or counsellor.

The need for transparency and independent oversight

Government systems must evolve to enable genuine transparency around how projects under the *National Plan* are funded, the conditions attached to this funding, and the outcomes that it is expected to deliver. Allowing the sector and the public to track commitments from announcement to outcomes is critical for accountability.

This accountability must be paired with independent oversight bodies whose independence is real, not nominal. These bodies must be able to scrutinise government performance against their own commitments without being constrained by the same Departments or Ministers they are responsible for holding to account.

Recommendation - Fair Agenda recommends the Commonwealth government:

- Evolve government systems to enable transparency around resourcing, conditions and expected outcomes.
- Ensure the true independence of any oversight and accountability bodies in this area.